

The Leadership Forum

a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)

From the Editors Hello, Forum Readers!

Happy (early) Fall! This time of year is always a busy one, since school is starting up and the conference schedule begins again. In this issue of *The Leadership Forum*, we wanted to follow-up on the Annual Meeting's theme of Resilience & Grit. So, we asked Drs. Colin West and Lotte Dyrbye to summarize their view of what GIM leaders should do

to combat burnout. We also asked Dr. Nattinger, former SGIM President, to recommend "leadership" books and describe how and why they are important to her. The list of suggestions includes old and new classics worth adding to your "wish" list. And last, but not least, Dr. Mindy Fain recaps her Hess Institute talk on Thriving through Transitions—a particularly

important issue during these changing times. We hope you enjoy the articles as much as we have, and let us know if you have suggestions or feel inspired to write an article!

—Neda Laiteerapong, MD, MS, FACP, and Elisha Brownfield, MD, FACP, Editors, ACLGIM *The Leadership Forum*



Neda Laiteerapong Elisha Brownfield

Words of Wisdom What GIM Leaders Can Do to Address Physician Burnout

Colin P. West, MD, PhD, and Lotte N. Dyrbye, MD, MHPE

Dr. West (west.colin@mayo.edu; @ColinWestMDPhD) is a professor of medicine, medical education, and biostatistics at Mayo Clinic. He practices general internal medicine and co-directs the Program on Physician Well-Being at Mayo Clinic in Rochester, MN. Dr. Dyrbye (dyrbye.liselotte@mayo.edu; @dyrbye) is a professor of medicine and medical education at Mayo Clinic. She practices primary care and co-directs the Program on Physician Well-Being at Mayo Clinic in Rochester, MN.

The physician burnout epidemic is increasingly recognized as a threat to modern medicine. Approaches to address burnout often focus on the individual physician despite the main roots of burnout lying within our institutions,

health care system, and culture of medicine. Given these roots, there are important guiding roles for organizations and their leaders to embrace if they wish to successfully reduce burnout and promote physician well-being.

Broad strategies have been described by Shanafelt and Noseworthy¹, and include willingness to acknowledge the problem, measure it, and develop interventions based on local

continued on page 2



Colin P. West Lotte N. Dyrbye

Words of Wisdom

continued from page 1

input and engagement with physicians within individual practices. In addition, meaning in work is crucial and can be promoted by community-building efforts and a commitment to shared values between leaders and their constituents. Attention to key drivers of burnout such as work-home interference and lack of efficiency and support in work activities is also important.

Each of these strategies is relevant to GIM leaders, as outlined by Linzer and colleagues.² Specific recommendations for GIM leaders include the following:

1. Make physician well-being a metric of institutional success.
2. Support work efficiency and meaning by addressing clerical burdens such as those often imposed by electronic health records and computerized physician order entry.
3. Ensure that physical work environments for GIM physicians allow positive work experiences.
4. Provide work control to physicians to the greatest possible extent, balancing the benefits of standardization against the risks of diminished autonomy in work roles.
5. Consider career fit and allow physicians to pursue the aspects of their career they find most personally meaningful. Even 20% FTE in these roles can mitigate against burnout.
6. Model professional values that recognize physician well-being as a key requirement for professionalism, as we cannot optimally care for our patients if we are not ourselves well.

With attention to these recommendations, GIM leaders can work with the physicians they lead to minimize burnout and promote meaningful medical practices and sustaining careers. Leaders must have the courage to openly confront the problems their physicians face, but this courage will be rewarded many times over if leaders can implement these strategies to improve their physicians' work lives and promote joy in medicine.

References

1. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clin Proc.* 2017;92:129-146.
2. Linzer M, Levine R, Meltzer D, et al. 10 bold steps to prevent burnout in general internal medicine. *J Gen Intern Med.* 2014;29:18-20.

Words of Wisdom Readings on Leadership

Ann B. Nattinger, MD, MPH, MACP

Dr. Nattinger (anatting@mcw.edu) is a professor of medicine and senior associate dean for research at Medical College of Wisconsin in Milwaukee, Wisconsin.



Ann B. Nattinger

In putting together this list of interesting books about leadership and management, I have tried to include some older, but still relevant works, as well as more recent selections. Although I think reading about leadership is useful and important, I encourage those interested to also take advantage of several excellent courses offered. In addition to the ACLGIM Leadership Academy, one program I found quite useful was at the Harvard School of Public Health: "Leadership Development for Physicians in Academic Health Centers" (<https://www.hsph.harvard.edu/ecpe/programs/leadership-development-for-physicians/>). It is a rigorous two-week program during which you spend evenings with your

small group preparing cases in the classic business school approach, and I thought it was very helpful. It is quite expensive (\$7,400.00) so negotiate the fee up front when taking on a leadership role!

The following is a list of books that I recommend:

1. *Good to Great: Why Some Companies Make The Leap . . . and Others Don't* by Jim Collins. Harper Collins Publishers, 2001.

Many of us likely function in good environments that could be great. Jim Collins describes findings from his empiric research of companies that

continued on page 3

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Words of Wisdom

continued from page 2

have excelled. I found much useful information about leadership from reading this book, although it doesn't focus on healthcare.

2. *Renegotiating Health Care: Resolving Conflict to Build Collaboration*. 2nd ed. by Leonard J. Marcus, et al. John Wiley & Sons, Inc., 2011, pb.

Dr. Marcus regularly speaks at the Harvard course mentioned above, and has spoken at ACLGIM receiving rave reviews. This book describes his approach to negotiating, which is an important skill for every GIM leader. His seminars are perhaps better than the book, but the book is also useful.

3. *How Google Works* by Eric Schmidt and Jonathan Rosenberg. Grand Central Publishing, 2014.

Google is one of the most successful companies of our era, and these current/former senior executives describe their approach to creating a unique environment that has fostered the success of smart and creative people. The material is not all relevant for our environment, but it gave me some good ideas.

4. *Outliers* by Malcolm Gladwell. Back Bay Books, 2011.

Malcolm Gladwell is an interesting thinker, and I enjoyed this book about "what makes high-achievers different?" He talks about several as-

pects that relate to our profession, including the idea of a minimum number of hours to achieve competency, the importance of EQ in addition to IQ, and others.

5. *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, Societies* by Scott E. Page. Princeton University Press, 2007.

This book essentially makes a business case for diversity. Many general internists value diversity, but sometimes it helps to be able to frame these values within a business-oriented rationale, when making a case for resources. This book is helpful in that regard.

Words of Wisdom

Thriving through Transitions: Strategies for GIM through Health System Change

Mindy J. Fain, MD

Dr. Fain (mfain@aging.arizona.edu) is the Anne & Alden Hart Professor of Medicine at the University of Arizona College of Medicine. She teaches and practices at Banner University Medical Center and leads the Division of Geriatrics, General Internal Medicine and Palliative Medicine at the University of Arizona College of Medicine in Tucson, Arizona.

Health care in the United States is consolidating, and the drive toward health system mergers and acquisitions has already impacted many academic health centers across the nation. The changing health system landscape creates both opportunities and challenges for leaders of academic general internal medicine divisions, especially in light of the national focus on primary care, population health, and high value care. Although all politics are local, similar strategies can be used to address the common issues that arise when any large health system affiliates with, or acquires, an academic medical center. I was a member of UAHN's Governing Board, and Chief of Geriatrics, General Internal Medicine and Palliative Medicine at the University of Arizona College of Med-

icine during Banner Health's acquisition of the University of Health Network (UAHN), the academic health delivery system.

Leading during times of transition is a challenge; pursuant to personal interviews with key academic and health system leaders as well as my own experience leading a GIM division through a major health system acquisition, I share the following insights and lessons learned:

1. never underestimate the power of culture, and that it takes a deliberate approach and lots of time to integrate two different systems;
2. health systems depend upon a robust primary care base, so prepare in advance for discussions as to how to expand, and the

impact of different approaches (e.g., acquisition, affiliation, or other arrangements) on your academic division and the development of a GIM pipeline; and

3. utilize your skills in leading change (e.g., communicate, empower others/take risks, and plan for short-term wins) to achieve the best outcomes.

Through these insights, we continue to work together to integrate our academic medical center and health system, while still growing and thriving. As many academic health centers across the country are anticipating, or are in the midst of, similar changes, the hope is that these shared lessons learned can facilitate successful transitions.



Mindy J. Fain

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1500 King St., Suite 303, Alexandria, VA 22314



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4



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