

The Leadership Forum

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



April Fitzgerald

From the Editor

ACLGIM's goal is to provide professional development through leadership and management training for general internists. There are two major meetings per year—the Winter Summit in December and the Leon Hess Management Training and Leadership Institute held prior to the spring National SGIM meeting. ACLGIM invites and encourages

Chiefs and Leaders in medicine to attend and actively participate in these meetings.

This issue of the *Leadership Forum* highlights the Winter Summit held December 8-10, 2013 in Paradise Valley, Arizona. The theme—*Building the GIM Enterprise*—fostered lively discussion for the best practices in recruitment, bringing new

faculty onboard, and creating sustainable faculty jobs in GIM and Hospital Medicine. ACLGIM would like to thank the presenters at the Winter Summit for graciously offering their words of wisdom for publication.

As always, we both welcome and encourage your contributions to the *Leadership Forum*. Correspondence may be sent to afitzg10@jhmi.edu.

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A Leadership Home

By Stewart Babbott, MD (sbabbott@kumc.edu) President ACLGIM, Associate Professor of Internal Medicine, Director DGIM, Associate Residency Program Director, The University of Kansas, Kansas City, KS



Stewart Babbott

Our goal at ACLGIM is to become a leadership home for Chiefs and Leaders of General Internal Medicine. The ACLGIM leadership home aspires to offer current and future chiefs and leaders an enhanced program of communication, networking, and web-based support.

Physician leaders bridge the clinical, research, and educational missions of our institutions, and they help develop narratives that move their programs and institutions forward. Increasingly, physicians are placed in leadership positions to bring expertise,

perspective, knowledge, and vision to the complex medical environment.

Leadership requires skill and vision. Mentors, coaches, books, articles, and targeted training are aids for the emerging as well as the established leader. Support networks are essential but not always available within one's organization, so networks outside one's institution are crucial. The Association of Chiefs and Leaders in General Internal Medicine ACLGIM is one such outside support network.

The metaphor of a home is timely and appropriate. Just as a patient-cen-

tered medical home provides a structure for care, the goal of a leadership home is to develop a thoughtful structure with purposefully designed functions and outcomes. Our ACLGIM leadership home is multi-faceted.

In this issue of the Leadership Forum, readers get a look at some of the helpful advice from presenters at our Summit, one of two ACLGIM conferences held each year. ACLGIM supports the Unified Leadership Training for Diversity (UNLTD) Program and co-sponsors the Academic

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Hospitalist Academy, now in its 5th year. We offer Site Visits for divisions wishing to have outside consultation, are part of the Society of General Internal Medicine (SGIM), and have a liaison relationship with the

Association of Specialty Professors. This spring will be ACLGIM's inaugural offering of the LEAD Program, an innovative program to develop leadership ability in junior faculty.

In enhancing and improving our leadership home to best serve you, we need your input, ideas, and en-

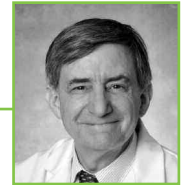
ergy. ACLGIM helps and supports physician leaders. We have a house framework in place. I'm asking for your help to choose the furnishings that will truly make it a comfortable and highly functional home. Please visit the ACLGIM website at www.sгим.org/aclgim-home.

Mentoring and Creating Sustainable Faculty Jobs

By Sara Poplau (sara.poplau@hcmed.org), and Mark Linzer, MD (mark.linzer@hcmed.org), Director, DGIM, Hennepin County Medical Center, Minneapolis MN



Sara Poplau



Mark Linzer

How can chiefs ensure that their most valuable resource—faculty—have sustainable careers? Encourage faculty to use proven methods to prevent burnout and develop good (protective) skills early in a career. Many of these strategies are outlined in our recent Comment in JGIM.¹ Here, we adapt them to the crucial mentoring roles in which division chiefs and leaders may serve.

To avoid over-commitment, faculty should consider subtracting something when they add a new task (“if you add something, subtract something”). Encourage faculty to speak up when their plate is full. Communication is a key factor in preventing stress buildup, which leads to burnout.

Think about instituting policies to protect faculty. A float pool is a great way to prepare for life events such as births or illness. A float staff will benefit by getting to practice without

being tied to a schedule, thus offering more flexibility. Establish an email policy that allows faculty to “unplug” when away from the office, especially on nights and weekends. Set up listening meetings with faculty to discuss their work-life balance, work roles, and future goals.

Keep in mind each burned-out provider equals lost revenue and disjointed patient care. These outcomes support the business case for burnout prevention.

Finally, try to practice these habits yourself. Set an example for a healthy, *sustainable* career.

1. Linzer M, Levine R, Meltzer D, Poplau S, Warde C, West CP. 10 bold steps to prevent burnout in general internal medicine. *J Gen Intern Med*. 2013;28 (9): on line at <http://link.springer.com/article/10.1007/s11606-013-2597-8/fulltext.html>



Gary E. Rosenthal

Building New Research Programs in GIM in a Challenging Environment

By Gary E. Rosenthal, MD (gary-rosenthal@uiowa.edu) Professor of Internal Medicine and Health Management and Policy, Director, Institute for Clinical and Translational Science, University of Iowa and the Iowa City VA Healthcare System, Iowa City, IA

“It was the best of times, it was the worst of times.” This well-known quote from Dickens’ *A Tale of Two Cities* is a timely metaphor for

the environment confronting GIM division chiefs in building new research programs. While efforts to curb the
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federal budget deficit have made NIH funding (the traditional bedrock of academic research programs) increasingly competitive and threaten academic medical centers' abilities to invest clinical revenue in the research enterprise, several new opportunities for divisions of GIM have also emerged.

First is the Patient Centered Outcomes Research Institute (PCORI), whose interests are synchronous with those of GIM faculty. Similarly, new initiatives from the Center for

Medicare and Medicaid Innovation (CMMI) offer opportunities to implement and test innovative healthcare delivery strategies. Second is the availability of big healthcare datasets that link EMR and other healthcare data and that enable investigators to examine a myriad of questions regarding access to, cost of, and quality of care. Third is the need for academic medical centers to develop competencies in population management and risk stratification if they are to thrive in a reimbursement environment dominated by ACOs and shared

savings and risk arrangements. Last is the promotion of "learning health systems" by the Institute of Medicine and AAMC and the increasing realization that the ability to incorporate new learning into practice is essential for the survival of any healthcare organization. All of these opportunities dovetail exceptionally well with the unique skills and cultural values of general internists and represent the potential foundations and revenue sources to create thriving new research programs in the midst of an overall challenging funding climate.

Recruiting and Hiring

By Jennifer Kambies, MBA (kambiej@ccf.org), Director Special Initiatives, Physician Recruitment
Cleveland Clinic, Lyndhurst, OH



Jennifer Kambies

Recruiting physicians in a time of change and uncertainty can present many obstacles. General Internal Medicine (GIM) faces recruitment challenges because many internal medicine residents opt to specialize or take hospitalist positions. As an in-house physician recruiter, I have experienced the change in recruiting GIM physicians first-hand. We have fewer applicants, the candi-

date pool has changed, and we need to filter out physicians that are seeking hospitalist positions or short-term opportunities prior to fellowship.

It is important to be choosy, even in times of want. The majority of physicians consider three top priorities when entering the workforce or changing jobs: geographic location, call/personal time, and lifestyle. Most

candidates are not fixated on salary, although many new graduates seek loan repayment incentives. Gear your job postings to highlight academic responsibilities, professional development opportunities, and the pleasant lifestyle. Position yourself as an attractive employer to the current candidate pool to maximize your chance to hire the best fit for your department.

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Sustainability—Job Structure and Development Opportunities

By Will Southern, MD (wsouther@montefiore.org), Professor of Clinical Medicine, Chief, Division of Hospital Medicine, Albert Einstein College of Medicine and Montefiore Medical Center, New York, NY



Will Southern

At our institution, the philosophy is that academic hospitalist job sustainability is dependent upon two factors: a job's structural aspects and developmental opportunities.

The structural aspects of a position include both the workload (number patients, hours, days) and working environment. These features can be measured at a single time point, and, traditionally, sustainability has been discussed focusing only on these aspects.

The developmental opportunities

of a position are the extent to which academic and personal growth for a faculty member is facilitated. We believe that a sustainable academic job must include the opportunities and support to create one's own quirky, personalized academic job. These aspects can only be measured longitudinally over time.

To facilitate development, we have focused on faculty development programming, advanced training opportunities, and an effort to actively

encourage each member to find interesting morsels to add flavor to their hospitalist position. This focus has led to a stable and heterogeneous faculty who are engaged in scholarship in interesting and personalized ways.

In short, job sustainability is not only about the hours worked and patients seen; sustainability requires the opportunity to develop as an individual and the flexibility to construct an interesting position suitable for both personal and professional growth.



Eric Howell

Academic and Clinical Success

By Eric Howell, MD (ehowell@jhmi.edu), Director of the Division of Hospital Medicine at the Johns Hopkins Bayview Medical Center, Baltimore, MD

Our Division has been both academically and clinically successful by following a few basic concepts:

- *We look for opportunities to collaborate.* Often, trying to solve someone else's problem is an ideal opportunity. Whether it's ED throughput, increasing volumes in an era of ACGME changes, or ambulance diversion due to ICU capacity, our hospitalist group has frequently provided solutions to vexing problems.
- *We strive to innovate.* We develop

"outside of the box" solutions to increase quality and drive down costs. Whether it's re-imagining the block schedule, triaging ICU admissions, or developing an "on the job learning" system to compensate for the lack of fellowship training, our division has come up with unique and cost-effective solutions to challenging problems.

- *We believe that being patient-centered means developing a faculty-centered approach.* We have initiated strong protocols for

safeguarding a healthy work-life balance, while still providing 24-7 in house care. We have dedicated rest space, including a lactation room (complete with a refrigerator). We have broad input on new initiatives and divisional operations at all levels.

- *We study what we do.* Our scholarly activities rest on our clinical work, especially operations, patient safety and quality, leadership, clinical excellence and professional development.

Mentorship and Faculty Development

By Luci K. Leykum, MD, MBA (leykum@uthscsa.edu), Chief of the Division of Hospital Medicine University of Texas Health Science Center at San Antonio / South Texas Veterans Health Care, San Antonio, TX

Mentorship and faculty development are crucial to creating sustainable positions for academic hospitalists. While mentorship with regard to promotion and career advancement is important, it is not enough. We work in highly complex organizations with multiple missions. In clinical, educational, and research endeavors, collaboration across disciplines is increasingly important for success. For this reason, we must help faculty to develop their organizational capabilities. These include building relationships, managing inter-

dependencies, and navigating uncertainty and ambiguity. Obtaining this type of development is not easy.

At our institution, we implemented a year-long faculty development activity in collaboration with a career coach who had significant experience with the culture of academic medicine. We targeted nine faculty members who were in their first leadership positions, in hopes that their likelihood of success would increase through enhancing their organizational capabilities and their own self-actualization. All participants completed a self-assessment,

obtained formative feedback from both leaders and peers, and interviewed local leaders. Ongoing activities included participating in facilitated, intensive sessions on organizational effectiveness, as well as a monthly leadership journal club. In addition to developing this specific cohort of faculty leaders, we hope this program will have a sustained impact by strengthening our internal mentorship capabilities and enhancing our ability to evolve sustainably as a group in a rapidly changing environment.



Luci K. Leykum