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

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.

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

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-centered 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 (UNLT) Program and co-sponsors the Academic

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A Leadership Home
continued from page 1
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 energy. 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.sgim.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

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.


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... continued on page 3
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.
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.

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 interdependencies, 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.