So said Jen Smith, chief of general medicine at Stroger-Cook County Hospital, a large public safety-net hospital in Chicago, at the recent ACLGIM Summit in Phoenix, which focused on resilient leadership in times of stress. She was speaking of the time in 2009 when the County budget was cut 20% across the board and the division of general internal medicine (DGIM) leadership left the institution. In the midst of that crisis, she was asked to step up to take on the role of DGIM chief.

Sensing opportunity even in the midst of chaos, Jen resolved to take on the role of division chief. She knew she needed to get others rapidly on board, as many colleagues were departing. The DGIM provided a great deal of teaching and clinical service but was losing stature and recognition in the hospital. Faculty members did not share a common vision of what it meant to be clinician-educators; individuals did their work but did not always step up for teaching and other roles. Jen called together a leadership group from within DGIM, which numbered about 45 faculty overall. They went back to basics—who they were, why they were at the County, what they stood for, and what they wanted others to know about them. They developed a draft of these principles and brought them to the whole division for discussion and modification. As a result of this process, all members of the DGIM could say they knew what the division stood for and what each member contributed to the effort.

To maintain a high level of investment, Jen empowered section chiefs in areas such as preventive medicine, medical education, women’s health, palliative medicine, geriatric medicine, and consult medicine. Every member of the division was asked to join a section. Most sections meet twice a month—one for a business meeting and once for didactics and faculty development. The result has been the development of a cadre of effective section leaders, an effective mechanism for mentorship and accountability, and productive academic work coming out of each section.

“Chaos” comes from the Greek word for “gaping wide open.” In Greek, krisis refers to the turning point in a disease, with roots meaning “to sift, to separate.” Jen stepped into leadership during a time of enormous stress. She saw possibilities gaping wide open. She challenged faculty to sift through the meaning of their work and to come up with a vision they could embrace, articulate to others, and implement. She empowered others to become leaders and implemented a system of accountability and mutual support. The result has been a healthy, more productive, and resilient workforce.

ACLGIM develops leadership skills for division chiefs, hospitalist directors, associate chiefs, section heads, administrators, and other emerging and aspiring leaders in academic general internal medicine (GIM). ACLGIM met in Phoenix in December for our Seventh Annual Winter Summit to consider current issues in health care and strengthen leadership skills. The meeting theme was “The Post-Election Affordable Care Act Era: Leading Sustainable Change,” and the meeting presentations are available at http://www.sgim.org/aclgim-meetings/past-summits.

Update from the ACLGIM Seventh Annual Winter Summit

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Tim Ferris, Partners HealthCare vice president for Population Health Management and medical director of the Massachusetts General Physicians Organization, sparked discussion on “Population Health Management” in light of new policies and incentives under health care reform, reviewing evidence from demonstration programs. Coleen Kivlahan, senior director of Health Systems Policy and Innovation at the Association of American Medical Colleges, gave us timely insights on the implementation of health care reform and its implications for academic medicine.

Chiefs and other leaders shared relevant experience from their own institutions.

Participants organized into learning teams focused on topics such as medical education, research, health care policy, administration, and faculty development, as we worked with facilitator Dorie Blessoff, adjunct instructor of learning and organizational change at Northwestern University, to identify opportunities for resilience in times of change and fiscal constraint. She used “scenario planning” as a method for envisioning potential environmental

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trends and planning strategically for various outcomes.

A highlight of the program was a case study presented by Jen Smith, DGIM chief at Stroger-Cook County Hospital in Chicago. Participants explored with their learning team members how they would apply principles of resilience and scenario planning at their home institutions, and some groups planned to continue conversations and follow-up beyond the meeting.

For more information or meeting materials, visit our website. The spring Hess Management Institute, to be held April 24, 2013, in Denver, will showcase a day-long program on management and leadership skills for chiefs and other leaders in GIM. The morning will feature a panel of chairs and deans discussing the value of GIM and how we can interact more effectively to advance clinical care, education, and research missions in our institutions. Afternoon breakouts will address electronic communications and other leadership challenges. Join us!

—Deborah Burnet, MD, MA