

## PRESIDENT'S COLUMN

## Leadership and the Search for SGIM's New Executive Director

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The new executive director should be someone who can bring out the best in people and help continue this extraordinary rate of meaningful participation in the organization.



After 18 years of service as SGIM's executive director, David Karlson retired last June. We will miss David's wise counsel and warm smile. While goodbyes can be difficult, this transition period provides an opportunity for SGIM to consider anew the type of leadership that will best prepare us for the future challenges and opportunities facing academic general internal medicine (GIM).

Here's a quick primer on SGIM's organizational structure. As members of SGIM, you elect SGIM Council each year. Council includes the president, treasurer, secretary, and at-large Council members, among others. Council functions as a board of directors, staying at the 30,000-foot strategic vision level. SGIM's numerous committees, task forces, and interest groups—all comprised of volunteer members—embark on specific initiatives and programs. Parallel to these member-driven groups, a paid full-time SGIM staff serves to facilitate and implement these visions and programs. SGIM's Acting Executive Director Kay Ovington is responsible for leading the staff and coordinating activities with SGIM Council. Historically, the SGIM executive director and staff have played supportive roles, following the lead of the elected SGIM Council. (In contrast, some other organizations such as American College of Physicians (ACP) have a full-time paid physician executive director and leadership group that lead the strategic vision of that organization in conjunction with the elected ACP governing group.) Different leadership structures can work well for different types of organizations.

Since graduating from residency,

I've been very fortunate to have four extraordinary bosses: Lee Goldman, Christine Cassel, Wendy Levinson, and Deborah Burnet. All are remarkable leaders, yet each has fairly different styles. Like many GIM fellows, I had difficulty deciding what my main fellowship research project would be. About four months into my fellowship, Lee Goldman took me aside and said something like: "Marshall, there are those who think and those who do. You tend to be a thinker. Thinking is good. But at some point you need to decide what you want to do and then go do it. We will meet again in one week. If you don't have your research project idea by then, I will find another project for you." Suddenly I had visions of a parallel universe in which I was spending my fellowship doing data entry for Lee. Needless to say, I had my research idea ready the following week.

Wendy Levinson was my chief during most of my time as junior faculty. Wendy is an international expert in doctor-patient communication. Besides advising on the technical aspects of my research, Wendy made a conscious effort to check on how I was feeling about the research process and the various challenges of a junior clinician-investigator. She explicitly addressed my emotional well-being in my career development. In reality, Lee and Wendy are more similar than I am conveying in these two brief vignettes. For example, Lee is an excellent listener, has great intuition about people, and is a tremendous supporter of his mentees. Besides her outstanding emotional intelligence, Wendy is an astute strategic thinker and is appro-

priately decisive. Lee Goldman and Wendy Levinson, who happen to be former SGIM presidents, demonstrate that both leadership styles can be extremely effective.

Which brings us back to the question of what kind of leadership should we be looking for as we search for the new SGIM executive director? Bob Centor is chairing the search committee whose members are Michael Barry, Shobhina Chheda, Bradley Crotty, Arthur Gomez, LeRoi Hicks, Dan Hunt, Monica Lypson, Happy Menard, Bill Moran, Kay Ovington, Brita Roy, Mark Schwartz, Valerie Weber, and Ellen Yee. Last year a committee chaired by Barbara Turner and comprised of Michael Barry, Tom McGinn, Ann Nattinger, and Lisa Rubenstein performed a scan of SGIM and the external environment and raised a number of issues to consider during the search. One option is choosing a leader similar to David Karlson—a PhD-trained executive with experience in non-profit management who serves supportive, coaching, and advisory functions to SGIM's elected-member leadership council. Other options include picking an MD who can play a major strategic leadership role similar to ACP's structure, finding a leader who can further develop and expand our partnerships with other organizations, identifying a change agent who can help lead in health care reform and system redesign, or picking a leader who is particularly entrepreneurial and can develop new programs and funding streams. Many of these choices are not mutually exclusive, and thus some strong candidates may incorpo-

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rate several of these qualities and directions. However, these different leadership paradigms provide a useful framework for discussing what kind of vision we should have as we search for the new executive director.

When presented with this report, SGIM Council acknowledged that each pathway has strengths and weaknesses and agreed that the quality of the candidate is most important and should trump all else. For example, there could be extraordinary PhD candidates and extraordinary physician candidates; thus, the initial pool of candidates should be broad. It's a tall order being the ideal candidate. This person would have outstanding communication and interpersonal skills, understand the health care system and health care reform, be a strong strategic thinker, have the ability to manage staff well, have experience developing

and participating in partnerships and coalitions, have success in fundraising and creating new financial streams to the organization, and be passionate about the mission of SGIM, including clinical care, education, research, administration, and policy.

I'll end by reflecting on what characteristics of leaders within SGIM I have found most impactful and powerful, keeping in mind that just as everyone in SGIM is an advocate, everyone in SGIM is a leader. Whenever I come back from an SGIM event such as our recent Midwest SGIM meeting in Cleveland or the last national SGIM meeting in Toronto, I feel inspired by the quality of people and their passion for serving others, whether it's teaching early learners or caring for high-risk populations. SGIM members are good, nice people. I think the next executive di-

rector must be a kind person who truly shares our organization's mission. In addition, one of SGIM's six strategic priorities is to be on the cutting edge of important issues. Being at the forefront requires creativity, judgment, open-mindedness, the ability to listen, and wisdom. Finally, SGIM is unique as a volunteer organization in that a high percentage of members are actively involved in planning and participating in our major events and initiatives. The new executive director should be someone who can bring out the best in people and help continue this extraordinary rate of meaningful participation in the organization. The Executive Director Search Committee and SGIM Council welcome your recommendations regarding the characteristics you value for this important new leader.

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