

PRESIDENT'S COLUMN

Networking SGIM

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This issue of *Forum* is filled with reflections on the amazing 2016 SGIM Annual Meeting. With record-breaking attendance, the meeting helped our members take advantage of many career development opportunities. There are so many reasons to attend the meeting—to hear leaders speak, to present your work, to learn from workshops, to engage a new mentor, and to develop your network.

When doctors hear the word “networking,” they tend to think of smartly dressed business people drinking fancy cocktails and trying to meet someone who can “do” something for their careers. For SGIMers, though, networking means meeting other people who do similar work across the country or world, getting advice from wise faculty who are at distant institutions, and collaborating with members who have similar passions and interests. In fact, in the 2014 SGIM Member Survey, 53% said that networking was an “important” function at regional and national meetings, and 42% said that it was “critical.” That makes networking the single most important service that SGIM provides, at least according to the survey.

It’s ironic that our membership survey identified networking as a highly important opportunity because the residents and leadership fellows I teach most often feel uncomfortable about very deliberate networking. Given that networking is really about intentionally meeting people who may be able to help your career (or you theirs) and then maintaining a relationship with them, the concept can feel inappro-

priate for us generalist physicians who spend our work time trying to help others instead of ourselves. However, networking is an important skill. Increasingly, research suggests that faculty with broad professional networks have greater academic success.^{1,2} In fact, professional societies do play a key role in professional networking for physicians.³

In a classic article from the business literature on networking (a quick and useful read), Ibarra and Hunter suggest that leaders develop three types of networks:⁴

1. *Operational networks.* These are typically within your organization; they are connections and contacts that help you get work or projects done. For example, if you know a surgeon well, you can curbside her about clinical questions rather than have your patient wait for a formal consultation. Leaders need strong interpersonal skills and relationship building to develop and maintain these connections throughout their organization, which helps them succeed at work.
2. *Personal networks.* These networks provide personal and professional benefit to a leader. Those in a leader’s “personal” network are typically external and relate directly to current and future career interests. Leaders with the strongest personal networks have breadth in their influence and connection. These leaders can reach out to their network for referral to yet

another more distant layer of connection. This is the essence of the networking that our members typically seek during the SGIM annual meeting. Catching up with friends from other institutions, signing up for a mentoring program, and introducing yourself to a speaker or an abstract presenter are all examples in this category of networking. Keeping in touch with this group is not only fun, but it’s also wise and may help with your next job search, grant collaboration, or promotion letter.

3. *Strategic networks.* These connections may be internal or external to your current organization and are future oriented; that is, they are aimed to help a leader understand the environment and trends that influence his/her work. It’s harder to imagine how academic generalists utilize and grow strategic networks, but one way SGIM members can grow theirs is by attending the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) Summit (<http://www.aclgim.org/>), an annual gathering of leaders across our generalist fields to discuss clinical work and payment environments.

These types of networks pertain to each of us as individuals, but SGIM itself needs to network, too. It’s the third type—strategic networking—that SGIM uses to advance its organizational priorities. What you don’t see during the an-

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nual meeting is the “meeting within the meeting.” SGIM leaders have a robust schedule of formal sessions with external leaders, connecting in person with strategically placed members and leaders to help us advance our mission and priorities and to seek advice and wisdom about how to react and plan given ongoing environmental change.

Some of these leaders are appointed by SGIM to be our representatives to other organizations. As just one example, the Alliance for Academic Internal Medicine (AAIM) asks SGIM to appoint two members to sit on the Internal Medicine Education Advisory Board (IMEAB). This group of organizations, which is deeply invested in internal medicine education, meets twice each year to forecast and innovate around environmental changes in graduate medical education. Other members of this board include appointees from the American Board of Internal Medicine, the American Council on Graduate Medical Education, the American College of Physicians, and the Society of Hospital Medicine. It's important that we are represented to be sure our viewpoints are heard and considered. Shobhi Chheda and Monica Lybson have represented us, with Eva Aagaard now taking over for Monica. During the annual meeting, we met with Shobhi and Craig Brater, president of AAIM, to discuss the ways our organizations can and do collaborate. SGIM has appointees to many different societies, committees, and councils.

SGIM leaders also spend time networking with our members who are themselves leaders in other organizations. Through these meet-

ings we are able to advocate for our positions and needs, and we are able to learn how outside organizations will be evolving and thinking in the coming months. Examples of this strategic networking include our formal meetings with Andy Bindman (director of the Agency for Healthcare Research and Quality), Karen DeSalvo (acting assistant secretary for health in the US Department of Health and Human Services), Tom Tape (chair of the ACP Board of Regents), and David Atkins (director of Health Services Research and Development at the VA). It's easy to see how these members would have wisdom for us—and how SGIM's reach and influence expand when our members assume leadership positions in other governmental or membership organizations.

Finally, SGIM invites a small number of external organizations to the annual meeting to explore areas of mutual benefit. One terrific example is the meeting we had with Kelly Thibert, DO. Kelly is the current president of the American Medical Student Association (AMSA). The AMSA is a key ally and target for the #ProudtobeGIM campaign. SGIM also continues to explore opportunities to collaborate with family physicians. Tony Kuzel, president of the Association of Departments of Family Medicine, met with us in Florida to continue the alliance we have formed over the past few years. Just one example of our growing relationship with family medicine is the recent Starfield Summit, held in April by the Graham Center—the policy and advocacy home of the American Academy of Family Physicians. The summit of primary care leaders included the

Society of Teachers of Family Medicine and SGIM and focused on measurement, payment, and deploying teams in primary care. You can read more about the Summit at <http://www.graham-center.org/rgc/press-events/events/forums/primary-care-macra.html>.

Networking at the SGIM meeting is something we all do, whether we call it networking or not (though I hope you got a fancy cocktail). Our national meeting is fertile ground for members to expand their reach by growing and maintaining personal and strategic networks. You should network deliberately and consciously. Likewise, SGIM's strategic networking is becoming more and more intentional. We have broad reach with many members in important places and many connections in like-minded organizations. It's one way that our medium-sized organization works to achieve our outsized goals and priorities.

References

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