

PRESIDENT'S COLUMN

OUT OF CHAOS COMES OPPORTUNITY: MOVING SGIM FORWARD IN TURBULENT TIMES

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Academic medicine. . . faces a turbulent environment and (we) need to consider our strategy. How should SGIM respond to a VUCA world? How should we prepare as an organization in this “new normal” environment? The theme of our 2019 annual meeting—“Courage to Lead: Equity, Engagement, and Advocacy in Turbulent Times”—will give us the opportunity to think about and respond to the issues academic generalists face in a volatile, uncertain, complex, and ambiguous environment.



We live in a turbulent world characterized by social, economic, technological, and environmental change, occurring at seemingly lightning speed. Some might argue that the current chaos is not all that different than chaotic times of the

past while others might consider this to be the “new normal”. Regardless, the pace and scope of change has garnered an acronym in the business sector—VUCA: Volatile, Uncertain, Complex, and Ambiguous. The term was initially coined by the US Army War College in the early 1990s as we emerged from the Cold War, and gained traction in the business community after the 2008-2009 global financial crisis.¹⁻³ Today, VUCA concepts are shaping strategic planning in a variety of contexts ranging from large multi-national businesses to small local enterprises, and from for-profit to not-for-profit organizations.

Academic medicine is no different than other professions; we face a turbulent environment and need to consider our strategy. How should SGIM respond to a VUCA world? How should we prepare ourselves as an organization in this “new normal” environment? I am excited to announce that the theme of our 2019 annual meeting will be “Courage to Lead: Equity, Engagement, and Advocacy in Turbulent Times,” and will give us the opportunity to think about and respond to the issues academic generalists face in a volatile, uncertain, complex, and ambiguous environment.

Leadership in a VUCA environment is complex. How do we as a profession capitalize on the turbulence in our environment? How do we set a course and use the collective strength and influence of our organization and

its members to lead our field? How do we stay focused on our mission and values, but simultaneously have the courage to deploy bold strategies to survive external turbulence and volatility? To this end, I offer concepts as described by Bill George in his 2017 article in *Forbes* in which George’s VUCA 2.0 strategy provides a way for us at SGIM to consider our approach to managing in turbulent times.⁴ The following is my overview of each concept, and how we might begin applying it in SGIM over the next year:

Vision: conceptualized in VUCA 2.0 as the organization’s “true north,” an internal compass and anchor point providing consistent direction in a constantly changing environment.

Application in SGIM: Dr. Eric Bass, our CEO, is coordinating a workgroup to refine our existing Vision and Values document to distill our “true north,” providing a consistent statement of aspiration against which individual members and the organization can consider possibilities, discuss options, evaluate decisions, and make judgments. Keeping the SGIM ship on our “true north” course will afford us the agility to flex and respond to rapidly unfolding situations, guide our organization internally, and effectively manage our resources, external relations and activities.

Understanding: a clear understanding of our organization’s capabilities, and the value it brings to SGIM members will enable us to leverage strengths and minimize weaknesses, stay attuned to changes in the healthcare markets, and identify and address “mega issues” that face our profession generally and our members as academic generalists specifically and identify changes as they are

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occurring. We *must* be open to a diversity of perspectives, look to early adopters to understand trends, and seek sources of data covering a full spectrum of members viewpoints (not just those who agree with us) to ensure we truly understand our organization and its role in your work life and in society at large.

Application in SGIM: great sources of data reflect the voices of SGIM members through our member and communications surveys. We will leverage the diversity of our members' perspectives and draw on the multiple points of view and experiences they offer. Over the coming year, we will examine our portfolio of activities and prioritize those programs and products that add value to your work life and capitalize on the strengths of SGIM. Collectively, we *must* learn the future is not as predictable and need to expect the unexpected and continually touch base with our "true north."

Courage: we need the courage to employ non-traditional ways of addressing the challenges facing us in today's environment. Uncertain times bring opportunities for bold moves and the chance to influence the direction of changes around us, rather than just reacting to those forces. At times, we will be making audacious decisions and going against the grain, and may not always succeed. We must be willing to "fail forward"—innovate, take risks, and incorporate the lessons learned into future approaches. SGIM's greatest risk as a society lies in not having the courage to make bold moves. This era belongs to the bold; we must seize the chance to innovate.

Application in SGIM: our members have always courageously stood for the values that guide our organization in education, research, and care to benefit our patients. However, we also need to harness that courage to take a hard look at our programs and products to make sure what we do as an organization not only meets

the needs of our members but also advances the field of general internal medicine.

Adaptability: adaptability has not been the strength of academic medicine and may be one of the greatest hurdles SGIM faces. We can no longer rely on past solutions; instead, we must place increased value on innovative solutions in response to the "new normal" climate. We must develop flexible tactics for rapid adaptation to changing external circumstances while continuing on our "true north" direction. Our challenge is to build on our strengths, experiment with multiple contingency plans to cope with unforeseen events, evaluate the results, and learn what works and what does not while maintaining our fiscal health.

Application to SGIM: Council will review and refine the important strategic priorities developed by Dr. Marshall Chin during his presidency to position the organization for the future. We are committed to hearing about, developing, and implementing novel approaches to becoming a more agile and adaptable organization. What are the ways that we can recognize the need to make midcourse corrections while staying true to SGIM underlying values?

Through the SGIM19 theme, we plan to explore how a VUCA environment can both influence and be influenced by equity, engagement, and advocacy in our profession. "Courage to Lead: Equity, Engagement, and Advocacy in Turbulent Times" places these concepts within the context of today's volatile, uncertain, complex, and ambiguous working environment. Below, I offer some initial thoughts regarding equity, engagement, and advocacy. In coming *Forum* columns, we will explore how VUCA forces can affect these three values, and discuss ways to stay true to what we believe.

While *equity* can be a polarizing term in current times, its concept and value is foundational to SGIM.

Today's environment requires us to articulate this fundamental value not only within our organization, but also to people and organizations across the political spectrum. How do we bring an equity lens to our organization? What are the opportunities to use an equity framework to guide our work in our institutions and within our spheres of influence?

In recent years, *engagement* has become an essential component of medical education, research, and clinical practice. We have seen some remarkable advances in methods of engaging patients, family members, and research participants, using principles of participatory action research and human-centered design, and placing the user at the center of program and product development. As an organization, how can we prioritize needs and wants of patients and communities we hope to serve in our roles as generalists, even as the healthcare system is changing around us?

Advocacy has been and continues to be a core value and strength we have maintained in our organization; it has anchored our three core missions of clinical practice, research, and education. We have seen recent outstanding innovations in the form of the successful LEAHP program to develop a cadre of outstanding leaders in health policy. Now, we need to look for other opportunities and innovative approaches to ensuring the effectiveness of our advocacy platform. How can we use the full strength of our membership to support advocacy and influence policy implementation locally? Where are opportunities to forge partnerships with other like-minded organizations with similar platforms in advocacy? How can we bridge partisan lines to find areas of synergy, agreement, and convergence in agreed-upon areas?

Turbulent times create opportunities for professional organizations like SGIM to become even stronger and better. I look forward to work-

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ing with our SGIM national office, Council, committees, commissions, and interest groups to distill our organization's "true north," ensure SGIM meets the needs of its members, and advances the field of general medicine by prioritizing programs and products that add value to your work life and find ways to help us become a more agile and adaptable organization. I am honored to serve as your president and look forward to working with you to meet the challenges we face in this "new normal" environment.

References

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