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The Leadership Forum

an ACLGIM publication for leaders in academic general internal medicine

From ACGIM to ACLGIM—entering a new era with a broader tent

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ACGIM is about to enter its second decade of existence. In our first 10 years, we have successfully established ourselves as an important voice in academic internal medicine and a valued source for networking and support for chiefs in academic general internal medicine. As a founding member, I feel a special connection to our organization and its roots. My professional career has been significantly and positively impacted by the colleagues I have met, the mentorship I have received and the lifelong friends I have made. I have also benefited from the management and leadership training I have received, and the networking and best-practice sharing opportunities.

Three years ago, under the leadership of Valerie Weber, the membership voted to expand our membership to formally include leaders in general internal medicine who were in positions other than division chiefs. This move reflected growing demand for participation by individuals such as those leading research groups, hospital medicine groups, ambulatory groups and also emerging leaders such as associate chiefs. They were participating in our Summit and Institute and represented a growing portion of our membership. In addition, many founding members were moving on from the role of chief. Though we do have an emeritus category of membership, many wanted to remain as full members as they moved in to new leadership roles such as chairs and deans.

Since that time, we have seen further increases in the growth of members who are leaders but not chiefs and have maintained our original membership of chiefs. On the other hand, we have heard repeatedly from prospective members that the name of our organization initially turned them away because they did not perceive our membership to be open in spite of the changes to our bylaws.

At our winter retreat, the Executive Committee of ACGIM decided to give serious consideration to the idea of changing our name to reflect our membership more accurately. This was not a new conversation by any means, and prior Executive Committees had entertained the idea. Nonetheless, the data was clear and the timing seemed right. With a new decade ahead of us, we should take the opportunity to define our future course.

In January, I convened a task force of ACGIM members and asked them to consider the idea of a name change that would reflect our previous bylaws changes and membership. We also asked them to look over the bylaws and do what was necessary to better define "leaders", to "modernize" them and to update them to ensure they reflect areas in which we have evolved such as officer elections and communications. Larry McMahon was generous enough to co-chair this effort with me and lend his critical eye to our bylaws. Mark Linzer also provided critical input on needed changes. The task force (see web for membership) was diverse and included prior presidents and leadership from SGIM. I also had the opportunity to discuss the notion with leaders from ACGIM and the SGIM executive team. We had a rich and thoughtful discussion but it was clear there was vehement agreement that we should change the name. Since we were not radically changing our purpose, but rather widening our tent, we thought the most logical new name was to add an "L" for leaders and become Association of Chiefs and Leaders of General Internal Medicine (ACLGIM).

We sent notice to the membership in late winter about our proposed changes. An overwhelming majority approved the name change and amendments. For a refresher on those bylaws changes, please visit the website.

continued on page 2

From ACGIM to ACLGIM

continued from page 1

And so we enter a new era. I anticipate nothing will significantly change with respect to what we have come to know and love about ACLGIM. It will be a dynamic next ten years at the end of which I suspect we will be the go-to resource for general internists seeking mentoring, skill building opportunities, networking and support in their leadership roles at a level beyond what we have already accomplished. We will do so with more diversity and inclusiveness.

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Perspectives in Leadership

—Through the Eyes of a Patient-Medical Student

This Leadership Forum "Perspectives" article highlights leadership as seen through the eyes of a patient-medical student. Written by a Johns Hopkins second year medical student with a chronic medical condition, the author describes the leadership attributes he noticed during a recent trip to the Emergency Room (Emergency Department).

We welcome submissions from leaders and followers, both physicians and staff members. Please send your submissions for *Perspectives in Leadership* to Dr April Fitzgerald at afitzg10@jhmi.edu.

By Benjamin Murphy

Examples of both good and bad leadership can be found daily in virtually any aspect of the culture of medicine. As medical students, we often have a unique perspective on the leaders of our field. However, few individuals have as much insight into the leadership of the medical care team as the patient. Last March, as a first-year in medical school, I reported to the ER with nausea and headache following a bump on the head during a basketball game. As a hemophiliac, trips to the ER were not a novel experience, but my condition is luckily mild, so I have only been to the ER as a patient a few times in my life. However, this was my first experience as a medical student and patient in a major academic tertiary care facility.

Several aspects of leadership were apparent during my stay in the hospital. The *communication* between myself and both the ER resident and the hematology staff was excellent. I was always apprised of my situation and aware of the projected course of my stay in the hospital. The ER resident also effectively *negotiated* with me regarding my admission to the hospital, as I was reluctant to stay since I was feeling better and had a test coming up in just a few days. Another aspect of my care that I found impressive was that the ER resident took full responsibility for my admission, even though she was only admitting me on the recommendation of the hematology staff. When we had talked earlier in the night, she had said that, since my CT scan was clear, I could be discharged and sent home. However, she explained that she wanted to contact the hematology attending to hear his opinion. When she told me that I was going to be admitted, I was certainly a bit flustered; it was late and I had planned on going home and sleeping in my own bed. However, instead of diverting the blame for the incident, which she could have easily done, she clearly presented the reasoning behind the hematologist's decision to admit me for monitoring. By acting as his proxy, she showed the unity of the care team in their decision, and she essentially convinced me that admission was the right choice. Furthermore, she built a rapport for the hematologist who would be coming in to take care of me. She reassured me that he was an excellent clinician, which increased my confidence in the transfer of care. Her actions displayed an excellent example of *working as part of a team* by communicating within the care-team and also communicating to the patient.

With the demands placed on physicians and nurses by the nature of our chosen profession, it can prove difficult to take the time to properly evaluate our patients and communicate both with our patients and with our colleagues. However, these skills do more than just improve patient compliance; they earn a patient's trust and promote patient emotional well-being. Had the ER resident simply diverted the blame to the hematology attending, I could have easily left the hospital that night and potentially had a negative outcome. Her leadership skills gave me confidence in my care-team and earned my compliance.

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Physician Leadership—What does it take?

Valerie Weber, MD

At some time during a physician's professional life, he or she will probably be asked to lead. This opportunity may come when the physician is appointed chair of a department at a community hospital, managing partner in a group practice, or chair of a task force on violence in the community. Like all-star athletes who are asked to become player-coaches, physicians have been trained to excel as solo performers. But when physicians become leaders, they become responsible for molding a team, setting a direction, and teaching others how to play. Some all-star players make this transition well; others do not (1).

As the above quote illustrates, most physicians have the opportunity to lead, but many do not have the skills and abilities to excel as leaders. Physician leaders face unique challenges to success in the role of leader of other physicians because of our professional selection, socialization, and professional training. But yet our value as 'boundary spanners' between administration and other physicians is invaluable to our organizations.

One author (2), exploring the differences between physicians and administrators and executives, points out the challenges that differences in acculturation and orientation between these groups of leaders may produce. As a group, physicians tend to be highly intelligent, competitive individuals who identify strongly with their professional roles. They are typically action oriented and are used to making decisions without the input of multiple others. They are data driven and, as experts in its interpretation, do not follow others' conclusions about the data without a serious personal effort at analysis. Executives and administrators, on the other hand, are comfortable achieving results with and through other people, and actually view delegation as a key component of their work success.

To transition to a leadership role physicians cannot leave their professional values behind, but they must in fact leave some of their behaviors behind. They must be able to modify their "expert" mindset, realize that they do not always have the answer to every question, and that they may not be the ultimate authority on every issue.

When asked what the most important skills and qualities for successful physician leaders are, a sample of physician leaders felt the most valuable personal qualities and skills to be:

- **Oral communications**
- **Listening ability**
- **Team building and being a team player**
- **Conflict resolution**
- **Interpersonal skills**
- **Being a 'systems thinker'**

Other critical skills included time management, conflict resolution, and meeting skills (3). I would assert that due to our comfort with uncertainty in clinical situations, general internists as a group often have a much better ability to remain flexible in leadership positions, and this explains why so many in our field are well suited to lead. Our health care organizations require our involvement as leaders uniquely able to implement most of the changes needed in health care environments.

References

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A Word from the Editor

The Association of Chiefs of General Medicine (ACGIM) was founded on the philosophy that developing successful leaders in general internal medicine is key for success of the field. As I write this article, the organization has just approved a name change to more broadly reflect the perspective that the field of general internal medicine is full of talent in both formal leaders (chiefs, section heads, hospitalist directors) and informal, potential leaders, and that the organization wants to create a 'large tent' to support the needs of all of these individuals.

After two years as editor of the Leadership Forum, I will be handing over the reins to Carlos Estrada, Chief at the University of Alabama and longtime ACGIM member. Carlos will be taking over beginning with the September 2010 issue. During the past year, I have moved on from my role as a GIM Division Chief to assume the role of Founding Chair of Medicine at a new allopathic medical school in Northeastern Pennsylvania, The Commonwealth Medical College. During my time leading a GIM division, ACGIM was an invaluable resource for me, and participation on the Executive Committee, first as an at-large member, then as Secretary-Treasurer and finally, as President during its initial formative years was a very rewarding experience. I hope that the organization, as it continues to change and thrive, will be an ongoing source of support and inspiration for GIM's established and upcoming leaders.

—Valerie Weber, MD

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