

Words of Wisdom A Glimpse into the Discussions of Chiefs

n the June edition of the ACLGIM Leadership Forum, Dr. Russell Phillips outlined some of the many challenges facing faculty members as they move into leadership positions, specifically when taking on the role of Division Chief. He advised that he had "learned the most by listening to faculty and staff and from colleagues at ACLGIM." We're taking a step towards helping everyone learn from one another by bringing an on-line discussion among ACLGIM members to the Leadership Forum.

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Question for Discussion: What is the Work Effort Associated with Running a GIM Clinic?

Some of the factors that determine the amount of work effort, i.e., the percentage full-time effort, that is necessary to lead a GIM Clinic include:

- the number of physicians supervised and the number of clinical sites
- responsibility for the Resident's clinic and teaching
- presence or absence of an Ambulatory Chief Resident

From ACLGIM on-line discussions, we learned how sister institutions have addressed the question of Work Effort:

Institution 1:

- Faculty practice director receives 10% protected time
- Clinical Director for Resident's clinic receives 10% protected time
- No Ambulatory Chief Resident

• Institution 2:

- Faculty practice director oversees three sites and receives 30% protected time
- Clinical Director for Resident's clinic receives 25% protected time
- No Ambulatory Chief Resident

Institution 3:

- Faculty practice director no such position
- Clinical Director for the Resident's clinic receives 50% protected time
- Yes, there is an Ambulatory Chief Resident

Words of Wisdom from the

ACLGIM: The work effort associated with running a GIM clinic is variable based upon the expected roles and responsibilities of the position. Pro-

tected time should include at least one half day per week but might require more.

Good leadership includes knowing when and what to delegate.

In addition to advocating for sufficient protected time, running a GIM clinic requires sufficient support staff, including secretarial/administrative support. Clinical directors should consider advocating for an on-site physician to act as a deputy and/or an on-site non-physician clinic manager to help handle daily issues that arise. The help in handling personnel, human resources, and regulatory issues might prove far more valuable than additional protected time.

Good leadership includes knowing when and what to delegate. Clinical Directors are in a leadership role to serve their staff, so it is the director's responsibility to have an appropriate structure in place to make the workload manageable. Only with appropriate support is a leader then free to take steps necessary to help the organization strive for excellence.