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The Leadership Forum

a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)

April Fitzgerald

From the Editor

The ACLGIM community would like to send a hearty thank-you to Carlos Estrada for his three-year service as Editor of the Leadership Forum. Both Carlos and his predecessor, the Leadership Forum's founding editor Valerie Weber, did superb work bringing relevant leadership topics to the ACLGIM and SGIM readership. Thank you, Carlos. We know you will keep busy and engaged in the ACLGIM community, as always.

In this issue, we continue our prior format with ***Words of Wisdom*** from ACLGIM members to; ***Perspectives in Leadership***, where we hear from leaders and followers to; and the ***Harvard Business Review Corner***, where we bring recent or classic HBR articles into context.

The ***Leadership Forum*** is a compilation of input from many members. There is so much to contribute and to learn in our journey as leaders. Your feedback and discussions help sustain, improve, and develop the ***Leadership Forum***. I both welcome and encourage your contributions!

Correspondence may be sent to afitzg10@jhmi.edu

Words of Wisdom
A Glimpse into the Discussions of Chiefs

In 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.

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

continued on page 2

Words of Wisdom

continued from page 1

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

He advised that he had "learned the most by listening to faculty and staff and from colleagues at ACLGIM."

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.

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.***

Perspectives in Leadership

Juliana Macri

This Leadership Forum "Perspectives" article highlights leadership issues observed in medical school. Written by a first-year medical student, the author, Juliana Macri, describes medical student engagement in the feedback process for the curriculum, specifically medical students partnering with faculty for course improvement. Partnering is an extension of the teamwork concept, an important concept for leaders to consider. Partnering provides a sense of common purpose, reduces friction, and promotes an understanding of different perspectives.

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.

Medical Student Input into Their Educational Experience

By Juliana Macri, MSI, Johns Hopkins School of Medicine, Baltimore, MD

Medical students love to complain. We are over-worked and under-rested and so we gripe as the already overwhelming medical school curriculum gets packed with additional topics such as health policy, inter-professional education, and public health. However, we also know that these curricular reforms are a good thing. We want a medical school curriculum that is relevant, humanistic, and geared towards skills used in everyday practice. We want this because we want to be the best physicians we can be.

Underlying our complaints is a desire to have a say in what and how we learn. Students are the users of the curriculum, day in and day out, and therefore we have keen insights into what we want from our education and what would work better for us and for future medical students.

Partnering provides a sense of common purpose, reduces friction, and promotes an understanding of different perspectives.

One existing forum for medical students to voice their opinions is the end-of-course evaluations. Unfortunately, students often vent their frustrations through this venue in a way that is more critical than constructive. Although these evaluations are reviewed by course directors and by the formal institutional curriculum review, it's not always clear whether medical student

continued on page 3

continued from page 2

voices are heard and understood.

Last year, students at my school designed a new approach to help turn end-of-course evaluations into concrete, constructive solutions. This student-led feedback process involved distilling positive and negative "themes" from a course's evaluations, holding a student town hall meeting to brainstorm solutions to improve the course, and then holding a face-to-face dialogue about these proposed solutions with the course director. The effect is productive rather than critical. It helps students engage, to consider the value of some of the very same things we complain about, and to develop a vision of how medical school could better fit our needs.

This partnership model of feedback ensures that student perspectives are effectively communicated to course directors. It allows medical students to negotiate with faculty while preserving course director autonomy to decide what can be cut, tweaked, and added in a course. The model encourages medical students to understand the medical school curriculum and take ownership in the educational process, making us more engaged learners now and, we hope, more engaged clinicians in the future.


Nicole Redmond

Harvard Business Review Corner

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Managing Your Boss by Gabarro JJ, Kotter JP. *Harvard Business Review Classic 2005, original print 1993.*

Team-based clinical care and teaching has garnered more emphasis in recent years. In most academic medical centers, teams remain relatively hierarchical. With rare exceptions, everyone in the organization is called upon to lead—whether as a senior resident, teaching attending, or mid-level to senior administrator—and to follow someone else "higher up" in the chain of command. Demands and expectations of supervisors strongly influence productivity, work environment, and, ultimately, key outcomes such as the quality of clinical care, research, and medical education. Therefore, managing your boss (aka "managing up") is a critical skill needed by all trainees, faculty, and administrators.

Zuber and James define managing-up as "the process of consciously working with your boss to obtain the best possible results for you, your boss, and your organization."[1] In order to do this effectively, one must first recognize that the boss-worker relationship is mutually dependent. A boss depends on workers to carry out specific tasks in order to achieve objectives; workers depend on the boss to provide context for their activities and resources needed to complete tasks. However, this interdependence is between two fallible human beings and therefore requires specific strategies to obtain optimal results: 1) understanding your boss, 2) understanding yourself, and 3) managing the relationship. These steps to managing-up are spelled out in this *HBR* Classic.

> **"…recognize that the boss-worker relationship is mutually dependent."**

Understand your boss. First, you must seek a deeper understanding of your boss's perspective. You must understand the boss's organizational and personal objectives to provide context for his/her decisions and actions. Seek to understand the pressures imposed on your supervisor (e.g., time or financial constraints). Take an inventory of your supervisor's strengths (e.g., easy accessibility) and weaknesses (e.g., short-tempered). Acknowledge variations in work styles (e.g., early birds vs. night owls; scheduled meetings vs. informal drop-ins) and communication styles (e.g., "listeners," who prefer phone and face-to-face communication vs. "readers," who prefer written communication such as emails and memos).

Understand yourself. Next, take stock of your roles and goals within the organization and how well they are aligned with your boss's. Evaluate your strengths, weaknesses, and communication/work styles. Most importantly, recognize your responses to dissonance in these areas when interacting with your boss. "Rebellious" and "compliant" are two common response styles, both of which are counterproductive to your boss's goals and your own. Negative responses from you or your boss due to differences in goals, communication styles, or work styles will result in areas requiring more intense management.

Develop and manage the relationship. Acknowledge and accommodate differences in work styles. For example, a boss who is a "reader" may prefer reviewing an agenda and related documents *prior* to a meeting, whereas a "listener" may prefer receiving a memo *after* a meeting to summarize the discussion. Second, solicit and clarify expectations and priorities. Sometimes establishing mutual expectations occurs in a formal process such as an annual review, but frequently additional ad-hoc

continued on page 4

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Harvard Business Review Corner

continued from page 3

meetings or informal check-ins are needed to evaluate progress and adjust to changing environments.

Once these basic strategies are employed, then tackling additional techniques of managing-up can be useful, including keeping information flowing about challenges and achievements and helping your boss manage his or her time, resources, and influence. Managing-up is a key skill that will improve all working relationships. In academic medicine, effectively managing-up can improve the quality of care provided by teams on the wards, productivity of mentee-mentor partnerships, and the overall work environment of academic general medicine divisions.

1 ***Managing Your Boss.*** *Thomas J. Zuber, MD, and Erika H. James, PhD Fam Pract Manag. 2001 Jun;8(6):33-36. (http://www.aafp.org/fpm/2001/0600/p33.pdf)*