

The Leadership Forum

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



Notes from the Editorial Team

April Fitzgerald MD, Associate Editor afitzg10@jhmi.edu.

The *Perspectives in Leadership* article by Dr O’Rorke highlights an important skill in leadership, reflection. Reflection is a critical skill necessary for all who strive for excellence. How do we know where we want to go if we don’t stop and reflect? Leaders must continually appraise their programs, question the status-quo, and actively look for ways to improve. As a key leader at the University of

Reflection is a critical skill necessary for all who strive for excellence.

Texas Health and Science Center, Dr. O’Rorke identified a problem commonly encountered in residency training; the outpatient experience for residents often falls short of the ideal. She describes her experience in

exploring the problem by querying other residency program directors. Realizing that her concern is shared by many program directors led her to write this article asking us all to reflect on the importance of the ambulatory training experience.

Please send your submissions for *Perspectives in Leadership* to Dr. April Fitzgerald.



Words of Wisdom

A new resource to highlight the joys of an Academic GIM career

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One of the challenges in recruiting talented students and residents to a career in academic general internal medicine may ironically be the aspect of GIM that gives many of us the most professional satisfaction—the varied nature of our careers. Most of our interaction with trainees occurs in the context of inpatient or outpatient care. Meanwhile, our careers may be filled with diverse activities ranging from innovative curriculum design to research to program or division lead-

ership, to practice management to health policy activism. Exposing students and residents to the richness of academic GIM may stimulate more to pursue this career.

Clearly there are many ways to facilitate this sort of interaction. Exposure to generalists in clinical care can forge a great connection; however, the increasing reliance on hospitalists will likely limit the amount of interaction between GIM faculty and trainees. Additionally, while general-

ists serve as excellent role models and mentors in the clinical setting, clinical care only illustrates one of the many dimensions of academic GIM careers. Encouraging students and residents to attend regional and national SGIM meetings presents an excellent opportunity to showcase the diversity of GIM ; however, this is a relatively expensive endeavor with limited application. To help serve the need for enhanced exposure of stu-

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Word of Wisdom

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dents and residents to the multifaceted careers of academic generalists, SGIM, under the leadership of the education and membership committees, videotaped nearly 50 academic internists attending the 33rd annual meeting in Miami.

The videos include testimonials of internists from across the country at early, mid-, and senior-levels with careers that have focused on education, research, and service. Together, they highlight both the joys of a career in academic GIM and provide practical tips on success. Among the important lessons learned were:

- The large variety of career options within academic GIM including clinical work, research, education, health policy, advocacy, and administration
- The rewards that come with a varied career and the ability to change your career as your interests and personal life changes
- The value of effective mentorship and ways to obtain it
- The importance of an academic society to find like-minded colleagues working on similar projects, mentors, and external

validation of the importance of academic GIM work

SGIM has formatted five of these videos (available at the www.sgim.org under education → resource → clinical educator videos). The videos could be used by division chiefs or their representatives at student or resident career/recruitment sessions, played to student internal medicine interest groups, or even forwarded to faculty members not usually engaged in “academic” activities. The videos could potentially offer a rich source of data for research about academic GIM as well.



Perspectives in Leadership

“Bummer I have clinic today”: Improving satisfaction and conveying importance of training in the ambulatory setting.

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The other day a PGY 2 resident said to me, “You know I went into internal medicine to be an outpatient General Internist, but then I did clinic and I absolutely hated it.” She felt ineffective in the clinic where as in the hospital she felt better able to help and treat her patients.

Sadly, I do not believe her feelings are unique. Due to heavy inpatient responsibilities resident-patient continuity is difficult to ensure. Residents rarely see their own patients for acute visits, a time when they might actually help patients feel better. Residents often have little relationship with the clinic staff because they come infrequently, and many hospital systems favor rotating staff over maintaining the nurse-doctor relationship.

I recently posted this concern to the SGIM Resident Clinic Directors’ List Serve to see what others across the nation are doing to improve the ambulatory experience for their residents. Many have developed innovative programs, some against great institutional resistance. Common themes include: an effort to ensure

...mentors in the clinical setting, clinical care only illustrates one of the many dimensions of academic GIM careers.

continuity, creating teams that consist of a faculty physician, a team nurse and residents, adequately trained staff to ease administrative hassles, minimizing inpatient and outpatient conflict, care coordinators to help with management of difficult and complex patient populations, and setting the bar higher for resident participation and ownership of their patient panels.

Continuity clinic provides valuable ambulatory experience for residents choosing generalist and subspecialty careers. Greater than 70% of all medical care is now administered in the outpatient setting and 70% of the internal medicine board question scenarios are office based. Additionally, as Medicare continues to reduce reimbursement for inpatient care of many diagnoses, patient care will con-

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tinue to shift to the ambulatory setting. Many of these patients will be quite complex; in need of the well trained outpatient general or subspecialty internist.

I believe we need to do everything possible to improve the clinic experience for our residents. We need help and support in conveying the impor-

tance of excellent ambulatory training to our institutions. Superior ambulatory training helps to ensure that our residents, general or subspecialty bound, are adequately prepared for ambulatory practice.

You likely have faculty in your ranks that are very passionate about outpatient training. They need sup-

port in creating resident clinics that more closely reflect the modern practice of ambulatory medicine, now and in the future. In addition we need leadership's help emphasizing the importance of ambulatory training as well as inpatient training.



Harvard Business Review Corner

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Why Men Still Get More Promotions Than Women

Ibarra H, Carter NM, Silva C. Harvard Business Review. 2010;88:80-85.

I was very intrigued by this study. Even though the setting is a multinational corporation, I believe some lessons are applicable to the academic medical setting.

At the heart of the study is the difference between mentorship and sponsorship and what role that plays in women's career advancement into more senior leadership roles. Classical mentoring is a combination of psychosocial and career support. Sponsorship is somewhat different and is usually not provided by the same person or program. While most people derive more satisfaction from mentoring, without sponsorship a person is likely to be passed over for promotion regardless of performance and competence. This is especially true for those who are at mid-career and beyond.

Background

In 2008, Catalyst, a nonprofit that works with businesses to expand opportunities for women, surveyed 4,000 graduates from top MBA programs worldwide. In general, women were paid \$4,600 less than their male counterparts, even after accounting for industry, education, prior work experience, career aspirations and children. None of this was new information except for the fact that women reported having *more mentors and fewer sponsors*.

Catalyst 2010

In a follow up study, the authors set out to find out why many high-poten-

tial women are not getting promoted despite implementation of women-specific mentoring programs. In-depth interviews with 40 high-potential men and women selected by their large multinational company to participate in its high-level mentoring program. Participants were asked about hurdles faced as they moved into more senior roles and kinds of help and support received for transitions.

Results

All mentoring is not created equal, a special kind of mentoring is "sponsorship." A sponsor is a mentor who goes beyond giving feedback and advice and uses his or her influence with senior executives to advocate for the mentee.

Although more women had mentors, *women are over-mentored and under-sponsored* compared to their male peers. Women's mentors tended to have less organizational clout which turned out to be a real disadvantage. The more senior the mentor, the faster the mentee's career advancement.

Most descriptions of sponsorship

was provided by men who said that their sponsor helped plan their moves and helped them take charge in new roles. Men's sponsors publicly endorsed their authority; men received 15% more promotions.

Recommendations for Sponsorship that Works

1-Define intent of the program.

Clearly define what the program is trying to accomplish. If the goal is to have more women promoted to critical leadership positions then that should be clearly stated.

2 Select and match sponsors and high-potential women.

If the objective is career advancement, then mentors and sponsors should be selected on the basis of position power.

3 Coordinate efforts.

Effective sponsorship never stands alone but is part of a comprehensive program including performance evaluations, training and development and succession planning.

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Mentors

Any level in the hierarchy
Provides emotional support, feedback, sense of competence and self-worth
Focus on mentees' personal and professional development
Navigate politics
Role model

Sponsors

Senior managers with influence
Provides exposure to other executives
Expose to promising opportunities and challenging assignments
Protect from others
Fight to get people promoted

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4 Train sponsor. Sponsors may not possess the required skills and sensibilities required. For example, the assertive, dominant behaviors that people often associate with leadership are deemed less attractive in women. Male mentors who have never faced this dilemma may find it difficult to provide useful advice.

5 Hold sponsors accountable. In the IBM Europe program, sponsors are charged with making sure high-potentials (men and women) are ready for promotion in 1 year and are responsible for seeing that skill gaps are addressed. Failure to obtain promotion is viewed as a failure of the sponsor not the candidate.

These findings mirror trends observed in other companies. Sponsorship may lead to faster promotion, however, it is not a magic bullet. Since many medical schools now have some type of formal mentoring program for women faculty, I think this information could also prove useful.



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Medical College of Wisconsin, Milwaukee, WI Assistant/Associate Professor

Division of General Internal Medicine/Center for
Patient Care and Outcomes Research

The Medical College of Wisconsin is seeking applications for a full-time faculty position as a clinician-investigator at the level of Assistant/Associate Professor.

The position is for an appointment in the Division of General Internal Medicine and the Center for Patient Care and Outcomes Research.

Applicants must be board-certified or board-eligible in internal medicine and have demonstrated their potential for success as an independent, funded investigator. The Center for Patient Care and Outcomes Research is an interdisciplinary research group that includes clinician-investigators, biostatisticians, and social scientists. The Medical College of Wisconsin has a broad commitment to Community and Population Health. In addition to the Center for Patient Care and Outcomes Research, an active program in health services research is ongoing at the affiliate Clement J. Zablocki VA Medical Center. Areas of current research focus at the Center for Patient Care and Outcomes Research include cancer, cardiovascular disease, risk communication and decision making, and models of primary care and hospital based health care delivery. The Patient Care and Outcomes Research Center has numerous health services researchers, senior mentors, K-awardees, a research fellowship in primary care. The new faculty member will have 70-80% of their time protected for research for up to three years, as well as an active clinical practice in the inpatient or ambulatory setting. Salary and academic appointment will be commensurate with qualifications.

Interested individuals should mail a letter of interest and curriculum vitae to Marilyn M. Schapira, MD, MPH, Interim Director, Center for Patient Care and Outcomes Research, 8701 Watertown Plank Road, Milwaukee, WI, 53226; or email to: mschap@mcw.edu, 414-456-8847

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