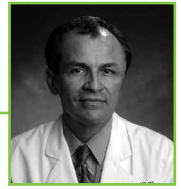


# The Leadership Forum

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



Carlos Estrada

## From the Editor's Desk

Carlos Estrada, MD, MS. Editor [cestrada@uab.edu](mailto:cestrada@uab.edu)

This is my last issue as Editor of the Leadership Forum, my thanks to all contributors for the past 3 years. The field, opportunities, and challenges in general internal medicine continue to evolve; Russ Phillips provides words of wisdom on becoming a chief and leader. The Leadership Forum's format will remain the same. Your submissions will continue to inform leaders on what makes you happy, what makes you come to

work every day, what path to take, and what are areas to pay even more attention to.

The *Perspectives in Leadership* is a venue for faculty, trainees, staff, and patients to let us know what they look for in a leader. Leaders benefit from hearing about their successes, experiences, and what keeps them going. The *Words of Wisdom* section is a venue for seasoned or younger chiefs and leaders to share

their opinions, experiences, lessons learned, and words of wisdom. The *Harvard Business Review Corner* places a recent or classic HBR article into context. The case-based method often showcased in HBR is similar to the way clinicians learn—one patient at a time.

Please welcome our new Editor, April Fitzgerald, MD ([afitzg10@jhmi.edu](mailto:afitzg10@jhmi.edu)), she would love to hear from you.

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## Harvard Business Review Corner

Neda Laiteerapong, MD, MS is an Instructor of Medicine at the University of Chicago, Chicago, Illinois ([nlaiteer@medicine.bsd.uchicago.edu](mailto:nlaiteer@medicine.bsd.uchicago.edu)) and an Associate Editor for the Leadership Forum. Minal Kale, MD, MPH is a fellow in General Internal Medicine at Mount Sinai School of Medicine.



Neda Laiteerapong



Minal Kale

"No, You Can't Have It All" by Sinoway, E.C. Harvard Business Review, October 2012.

It's the classic debate among working parents: Is it possible to balance your dream job with your ideal family life? This issue was highlighted by the famous (or infamous, depending on your perspective) article by Anne-Marie Slaughter in the Atlantic July/August 2012 issue, in which she describes her work-life balance struggles as the director of policy planning at the State Department.<sup>1</sup> Physicians,

both men and women, are not immune to this dilemma, especially as parents become older and ill, children enter the world, and clinical practice becomes increasingly laborious with documentation requirements. In a re-

**Is it possible to balance your dream job with your ideal family life?**

cent national survey of physicians, only 48% felt that their work schedule left enough time for personal or family life.<sup>2</sup> For leaders in general internal medicine, the struggles between work and the rest of life are amplified because the personal choices and challenges of each internist affects the Division's clinical and research productivity.

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In “No, You Can’t Have it All”, E.C. Sinoway proposes a different way of resolving the “having it all” debate. Instead of worrying about which ball may be accidentally dropped, Mr. Sinoway’s article highlights a framework for deciding which work-life goals should be pursued, and then dropping those goals that don’t (or no longer) fit.

The key to this proposed framework is thinking explicitly about the seven primary domains of your life—*family, social, spiritual, physical, material, avocational, and career*—and

prioritizing them via three fundamental questions:

- 1 Who do I want to be in this part of my life?
- 2 How much do I want to experience this dimension?
- 3 Given that I have a finite amount of time, energy, and resources, how important is this dimension relative to the others?

It is no easy task to prioritize these domains and these prioritizations are not static. The article suggests, however, that once domains are prioritized, identifying which opportunities should be pursued and which should be rejected becomes considerably easier.

The process of choosing among opportunities is derived by answering several additional questions: Does this opportunity fulfill a need or a want? What are the tradeoffs (investment vs. opportunity costs)? And are the potential benefits worth the costs? These questions apply to opportunities that are practicable. For

some options, it’s important to ask if the opportunity is even possible, e.g. Steve Jobs couldn’t buy a cure to cancer, or if you can postpone this specific goal until later.

This relatively simple framework has the great potential to help those of us struggling with work-life balance to recognize that it’s not about “having it all”, it’s about having what is truly important. From the perspective of leaders in general internal medicine, helping internists align their values with their personal and work goals may be a novel, yet important, strategy to sustaining a productive clinical and research environment.

#### Reference:

1. Slaughter A. Why Women Still Can’t Have It All. *The Atlantic*. 2012;Jul/Aug 2012.
2. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172:1377-85.

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## Words of Wisdom

### Advising faculty who are considering seeking positions as Division Chief

Russell S. Phillips, MD, Director, Center for Primary Care, William Applebaum Professor of Medicine, Harvard Medical School in Boston, MA (Russell\_Phillips@hms.harvard.edu).



Russell S. Phillips

For many faculty members, the next step in career progression is becoming division chief. However, the role often seems mysterious. I remember many years where I had little appreciation for the work that chiefs do, or a sense of whether I was prepared to take on the role. Recently, I was asked to testify for a search committee about what they might look for in a new chief, and I thought my reflections might be of interest to those who are considering taking on this new role. The following is a summary of my comments:

“New chiefs will be asked to lead general medicine divisions at a time of great challenge and opportunity. Beside the academic missions of education

and research, the high costs of care and resulting new payment systems are requiring organizations to rethink financial and clinical operations. As organizations opt for risk and shared savings through Accountable Care Organizations, the focus will be on reducing inpatient bed use, transitioning care

the role often seems mysterious.

to lower cost settings, and building infrastructure for care management. Rather than seeking to drive procedure and inpatient volume, forward-thinking CEOs, CFOs and department chairs will

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**Words of Wisdom**  
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be looking to increase the number of patient lives cared for, while reducing cost and enhancing quality.

Chiefs will need to advocate for resources for general medicine as their divisions provide the bulk of inpatient care, teaching, primary care and their researchers may be well positioned to lead the type of innovation, evaluation and dissemination being modeled by successful organizations. Resources will need to be deployed wisely, with transparency and accountability. To fully capitalize on their influence, she will need superb communication skills, and to be able to forge strong relationships both within and outside the division. Developing relationships with departmental and hospital leaders should be a primary focus of any new chief.

**Chiefs will need to advocate for resources for general medicine**

Given the importance of academic rank and research within many academic departments, the chief might need to qualify for appointment as a professor, have a strong record of funded research, and a nationally recognized area of expertise. Expertise in mentorship, and research career development and funding are essential. Given the importance of managing change, and leading innovation, some search committees may consider those who have

been practice innovators, or who have demonstrated expertise in moving institutions forward to reach a shared vision. New chiefs will need to have a thorough understanding of the financing of health care, and new payment models that support the patient-centered medical home.

The chief will need strong clinical

**Expertise in mentorship, and research career development and funding are essential.**

skills and provide direct patient care. In divisions that combine hospital medicine with primary care, the chief should have a strong understanding of practice models for each, as well as interest in innovative new approaches to care. Where primary care is particularly challenged given the national crisis, a strong commitment to primary care is key. Keeping such joined divisions together may help address the care management and coordination function that will be so important to enhancing value in healthcare. Where divisions of general medicine are split, efforts must be made to assure strong relationships between faculties of hospital medicine and primary care. The skills of working across disciplines will be important to efforts to integrate care and to define new primary care-subspecialty interactions.

The new chief should be able to model superb teaching skills and to articulate a compelling vision for the

future both within and outside the division. And the chief should be comfortable both with grant funding and philanthropy, as both will be needed to sustain divisions.

Additional skills include building teams, negotiation, writing business plans, managing and leading change, performance measurement and improvement, accounting and financial management, and an ability to delegate effectively while insisting on accountability. And since few will be fully prepared for this new role, the chief should be ready to learn, adapt, and continually improve, to take courses to provide needed expertise, and to identify mentors for guidance."

After being chief for a decade, I know I was not fully prepared for the work to come. But the process of becoming prepared has been fun and challenging. Some advice I might offer to new chiefs includes the following.

"I learned the most by listening to my faculty and staff, and from my colleagues at ACLGIM. Despite becoming chief of an already strong division, I found real opportunity to make a difference. For those starting out now, the challenges are great, but the opportunities are even greater. If you feel ready to take the next step, I encourage you to do so. But be prepared to partner, listen, share, to learn, and to be flexible. And be prepared to learn from everyone with respect. Follow those simple rules, and I am sure you will find your way, and be the kind of division chief your organization needs."



Deborah Burnet

**Words of Wisdom**  
**Leading**

Deborah Burnet, MD, MA, Professor of Medicine & Pediatrics, Chief of General Internal Medicine, Medicine Vice-Chair for Faculty Development at University of Chicago in Chicago, IL (dburnet@medicine.bsd.uchicago.edu).

**M**y family likes to ride bikes on the Old Plank Road Trail, south of Chicago. On weekends, all kinds of folks enjoy the trail—younger cyclists, walkers and joggers, families with strollers, people with dogs on leashes. The cyclist in the lead has to watch carefully, exercise good judg-

ment and communicate well, both to others on the trail and to the rest of the cycling party, in order to keep

**The leader sets the pace—fast enough for a good workout,**

everyone safe. But that's not the leader's only job. The leader sets the pace—fast enough for a good workout, but sustainable for everyone who's on the ride. It's physically hard to be the leader—cyclists who follow expend about thirty percent less ef-

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1500 King St. Suite 303 Alexandria, VA 22314

## **Words of Wisdom** *continued from page 3*

fort when they tuck in close and aerodynamically 'draft' the leader.

Leading in academic medicine shares many characteristics with leading on the bike path. We share the road with all kinds of folks—patients, students, hospital administrators, payers, policy-makers—and we need to understand their varied interests and perspectives. It's also our job to scout out what's up ahead—what will the Affordable Care Act mean for primary care practices and academic health centers over the next three years? How should this understanding influence our health center's strategic planning? We have to communicate constantly—what do our neighbors and our partners in the healthcare system need to hear from us about what we're up to these days? And how can we bring along faculty, staff and learners, to keep them abreast of changes?

Sometimes in healthcare, we don't get to set the pace. Through anticipating and preparing for possible change scenarios, we can usually help constituents adapt to changes at a pace that's challenging but tolerable, stimulating individual and organizational development in a changing environment. And deepening our leadership bench is important—an effective leadership team can share responsibilities in a way that's more sustainable in the long run, and moves the group farther and faster overall.

Next time you're out biking or hiking take turns leading—and see how much you learn!

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