

# The Leadership Forum

*an ACGIM publication for leaders in  
academic general internal medicine*

## The Leadership Forum—Your Inaugural Issue

Valerie D. Weber, MD, *Director, General Internal Medicine. Geisinger Medical Center*

In medical organizations around the country—academic medical centers, medical schools, group practices, managed care organizations, and community practice networks—you will find general internist leaders. Just about everywhere you look, they are there. Some of them have planned careers in physician leadership. But most have been asked to lead because of what general internists uniquely bring to the table—system perspectives, an overarching view of what patients need, and important management skills often learned

during the clinical care of complex patients. Because these careers are often evolved, there are varying degrees of abilities and training.

ACGIM was founded almost a decade ago to address just this issue, by helping to develop and foster leaders in general internal medicine. We've now grown beyond including just chiefs. Our ranks are now also filled with hospitalist program leaders, ambulatory section leaders, general internal medicine administrators, and others. With its maturity, it is now time to launch our own publication.

We hope that an ACGIM publication will increase our visibility among the academic general internal medicine community and enable us to provide additional resources and information to the GIM leadership community.

As editor, I would like to invite your submissions—in particular, reflections on leadership and management and reviews of books and management activities in which you have participated. All ideas are welcomed as this new publication takes shape. Please send me your ideas and submissions at [vdweber@geisinger.edu](mailto:vdweber@geisinger.edu). ACGIM

## Leadership and Storytelling

Frederick L. Brancati, MD, *Chief, Division of General Internal Medicine. Johns Hopkins Medicine*

Back in December, our housestaff program director asked me to speak at a grand rounds designed to honor our four outgoing assistant chiefs of service—the Hopkins equivalent of chief residents. In light of the context and my new executive position in ACGIM, I volunteered to speak on the topic of leadership. It seemed like a brilliant idea at the time, but as unusually hot springtime weather enveloped Charm City, I began to sweat. Can you really give a lecture on leadership? After all, there's really no empiric evidence base. There are plenty of books, but most of them degenerate

into platitudes. I had nightmares of myself giving a PowerPoint laundry list of New Age slogans that you find emblazoned on framed posters with eagles and rock climbers—the kind sold in airline magazines.

For inspiration, I turned to one of my family's most beloved saints, a religious figure whose icon hung for years in the living room of our tiny apartment in Queens: John Fitzgerald Kennedy. It had been years since I read "Profiles in Courage" and I decided it was time for a re-read. JFK didn't let me down.

These stories about U.S. Senators who faced defining moments (and, in

some cases, moments that effectively ended their political careers) are fascinating

and well told. But the important point is that they're all stories. Then I got it: you can't talk about leadership in a vacuum. You can only tell stories that demonstrate leadership in action and in context. Like watching "Gladiator" or "The Hunt for Red October"—only set in the real world.

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## Leadership and Storytelling

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I went back to my computer and got to work. When grand rounds rolled around, I was ready. I told the four Hopkins leadership stories that I found most compelling and inspiring. The first was about Mary Elizabeth Garrett—the B&O Railroad heiress who used philanthropic (and moral) leverage to open the medical school to women and raise the intellectual bar for admission. The second was about Franklin Mall—the professor of anatomy who bucked a variety of institutional forces (including Sir William Osler himself) to mentor the first female faculty member at the medical school and establish the ‘full-time’ system for clinical departments (previously run entirely by part-timers whose high clinical salaries lured them away from more scholarly pursuits). The third was about

H. MacGhee (‘Mac’) Harvey—the department of medicine chair who quietly broke a historic glass ceiling by appointing the first Jewish full professor in the medical school. And the final story was about Bob Heyssell, the hospital president who courageously (and generously) funded the Hopkins HIV Clinic in the early days of the epidemic when many executives and healthcare professionals were afraid to go anywhere near these patients—let alone concentrate them in the heart of their facility.

Before telling the stories I asked for a show of hands from the audience of residents and faculty to see how familiar these stories were. The Garrett story, widely celebrated in official Hopkins lore, was well known. The other three stories were completely mysterious. I had picked them up over the past 19 years from various places—one from an out-of-print book written by a Harvard historian

that was on a college reading list; another from a letter to the editor in a Hopkins magazine; the third from a grand rounds speaker a few years back talking about HIV care. None of the three were cast as stories about leadership—even though all of them were.

It struck me that we internists do a great job at telling stories and learning from stories when the stories are about patients, but we do a lousy job when the stories are about ourselves. And this, at Hopkins, one of the most history conscious medical institutions in America! As ACGIM re-commits itself to promoting leadership in general internal medicine, I suggest we look around us at the history of our divisions, our departments, and our hospitals to find stories of leadership and pass them down to the next generation for instruction and inspiration. I believe that’s a torch that JFK would have been proud to pass. AGCIM

## A Chief’s World—Then and Now

Valerie D. Weber, MD, Director, General Internal Medicine, Geisinger Medical Center

Responding to member requests, in 2004 the Association of Chiefs of General Internal Medicine (ACGIM) began using internet-based survey technology to gather data from its membership in an effort to provide benchmarks for various activities in the academic divisions of GIM. The first survey was designed to better understand the role of a chief—a “GIM chief’s job description.” We asked a variety of questions including salary, work hours, benefits, job responsibilities, resource support, and whether or not the chief had undergone formal leadership or management training. Completed in the summer of 2005, that first survey had 49 chiefs responding (47% of the total membership). Eighty-two percent of the respondents were male; 18% were female. These percentages reflected the overall make-up of ACGIM’s membership at that time. Only 8% of the respondents were racial minorities. The level of experience of responding chiefs ranged from one year to over 11 years, in a

roughly bell-shaped distribution of experience. Most chiefs (77%) had been recruited internally from within their division and had prior administrative responsibilities, including clerkship director, interim chief, head of primary care, and administrative roles. Most chiefs reported working 55-70 hours a week. Almost all chiefs reported spending less than 40% of that time on clinical responsibilities (the average clinical time was 25%); 40-60% of time was reported as spent on administrative tasks. Relatively small amounts of time were spent on research and teaching. Almost all reported directly to their chairperson of medicine, although some reported jointly to a chief medical officer, a dean, or a director of a research center.

In the spring of 2008 the survey was re-sent to our membership. At the time of this article, the response rate is 30%. Given the limitations of this type of survey instrument, assumptions and comparisons are pre-

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mature. But there are some patterns that have emerged that are worth discussing.

Notably, the recent survey respondents are 30% female and 18% are minorities. This is a notable increase in both categories in a three-year time span. Similar to the previous survey, 76.7% of chiefs in the current survey reported having moved into the chief role as an internal candidate. An interesting trend is the fact that many of the respondents (nearly 30% compared with 16% in 2005) indicated that they were in their chief role for less than three years. Also, 35.7% assumed the role *without a previous formal leadership role* (compared to no respondents indicating this in 2005) and 69% had no initial training or preparation to be chief—compared with 31% in the previous survey. A majority (58.6%) had attended the

ACGIM Institute since becoming a chief. Others (34.5%) had attended an external leadership development training not related to the ACGIM Institute.

The mean salary reported in 2008 was \$236,000 with a range from \$150,000 to \$381,000. The minority of chiefs reported receiving bonuses or incentives. When offered, incentives were most often based on financial performance, quality, and/or teaching parameters. Most division chiefs indicated that a large number of faculty report to them (sometimes as many as 300) and they have responsibility for a number of programs (outpatient sites, residency clinics, hospitalist programs and research centers). Many division chiefs reported having to share administrative support and operations management staff with other areas.

What can we conclude from this

preliminary comparison? It appears that GIM division chiefs have very large portfolios of programs and faculty to manage and direct, yet formal management training and mentoring is lacking. Many have taken the chief position from their internal ranks. Although this has been the case for many years, it appears that this situation has increased over the past few years. The ACGIM exists (in part) to fill this void and we hope that any chief in need of assistance will contact us. Our President, Fred Brancati—or any of the other members of the Executive Committee—welcome your questions at any time. Please remember that there is also a wealth of experience at your fingertips via the ACGIM list-serve.

Data from these surveys may be found on the ACGIM website (<http://www.acgim.org>)

ACGIM

## You Are a Leader!

April S. Fitzgerald, MD, *Clinician Educator, Division of General Internal Medicine. Johns Hopkins Hospital and Health System*

**A**nyone who has both the capacity to lead and the responsibility to guide others is a leader. Whether that individual will be an *effective* leader, however, depends on a number of factors. Leadership is characterized by people and culture interacting through a complex web of dependent relationships towards a goal.

Physicians at all levels are leaders. Each physician has a daily leadership role when working with patients, families, and staff. Providing excellent care means guiding, supporting, and leading patients through an increasingly complex healthcare system. Leadership of patients requires dealing with dependent relationships, empowerment issues, and overcoming obstacles.

The American Council on Graduate Medical Education (ACGME) has identified interpersonal and communication skills as a critical competency for physicians, including “work[ing] effectively as a member or leader of a healthcare team or other professional group.”<sup>i</sup> Despite the importance of

these leadership issues and the prominence that the concept of leadership holds in medicine, leadership skill development of faculty, residents, and medical students may be quite limited. Frequently residents have had no formal training in leadership skills. Many programs assume that progression through the residency experience provides young physicians with some of the necessary tools. Yet residents often express a desire for a more in-depth exploration of leadership. Medical students also identify leadership training as an area of interest. They note that many interactions in the clinical skills class, anatomy class, and on hospital units require group interactions and leadership skills where they feel training would help these groups function more effectively.

A definition by John Kotter in the Harvard Business Review makes an important point: “leadership is different from management, and the primary force behind successful change is the former, not the latter.”<sup>ii</sup>

Management is the process of keeping a system running through hierarchy and systems, through planning, budgeting, organizing, staffing, controlling, and problem-solving. Leadership is the process of directing into the future: vision and strategy, the alignment of relevant people behind a strategy, the empowerment of individuals to make the vision happen, despite obstacles.<sup>iii</sup>

At all levels, physicians are managers and leaders. Being an effective physician requires both. For example, reviewing a patient’s lab results and relaying those results—that’s management, and it’s important. Persuading a patient to take action to improve their health—that’s leadership, and it’s equally important. Many physicians only think of the obvious and stereotypical leadership roles we assume: the senior residents leading junior residents or the code team leader—active leadership requiring decisive, quick action. But leadership roles are sometimes more subtle: identifying

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and overcoming patient obstacles to care, persuading others of the validity of a care model, forming a vision for a research study, or working with colleagues as a team member.

Leadership skill workshops were held at both SGIM and ACP national meetings this past spring. Speakers at each conference asked the assembled crowd for a show of hands indicating who had received team or

leadership skill training in medical school. At both conferences the result was the same: no one. This new ACGIM forum will provide some of that training missed during medical school. We hope it will inspire you to contemplate the leadership role that you assumed the day you entered medical school. Through topic discussion and book reviews, we'll give you tools to improve the skills that you al-

ready use each day. You are a physician, therefore you are a leader! **ACGIM**

<sup>i</sup> "Common Program Requirements: General Competencies" Approved by the ACGME Board February 13, 2007, www.acgme.org.

<sup>ii</sup> John P. Kotter, **What Leaders Really Do**, Chapter 1, Copyright and published 1999, Harvard Business Review, pp. 1-25

<sup>iii</sup> *ibid.*

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## SECTION CHIEF The University of Arizona, College of Medicine

The Department of Medicine, Section of General Medicine, invites applications for a General Medicine Section Chief at the Associate or Professor level, tenure or non-tenure eligible. The Department is seeking an individual of national renown with demonstrated leadership in research and education with a record of funding and publications in peer-reviewed journals. Of interest would be a candidate with research interests in Health Promotion and/or Health Disparities, Medical Decision Making, or Information Technology. The expansion of the Health Sciences Campus at a second teaching hospital with a diverse ethnic and socioeconomic demographic would provide an ideal setting for these research efforts. Dr. Steve Goldschmid, Department of Medicine Chair, recognizes the critical need for a General Medicine Section Chief and is very supportive of training and research initiatives in the Section of General Medicine. Strong collaborations are possible with the UA College of Medicine in Phoenix, College of Public Health, the Arizona Cancer Center Cancer Prevention Program, and the Diabetes Center. The chosen candidate will guide and supervise all clinical and academic aspects of the Section of General Medicine including management of overall section operations, and the development and supervision of teaching, research, clinical, financial and human resources. This position includes a comprehensive benefits package. Tucson, AZ offers an unsurpassed quality of life with diverse cultural and outdoor activities. Department of Medicine Chairman Steve Goldschmid, M.D. invites interested candidates to go online to: <http://www.hr.arizona.edu>, click on "Applicant Resources", "apply for jobs", "Search Postings", enter Job #37817, and follow directions to apply for position. Application review will continue until the position is filled. If you have any questions about this faculty position, feel free to call the Department of Medicine Administrator, Tara Krupp at 520 626-5833, or email at [tkrupp@deptofmed.arizona.edu](mailto:tkrupp@deptofmed.arizona.edu). The University of Arizona is an EEO/AA-Employer-M/W/D/V.

## SAVE THE DATE!

What: 3rd Annual ACGIM Summit

When: Sunday, December 7th—  
Monday, December 8th, 2008

### Location:

The Sanctuary at Paradise Valley,  
AZ

### Theme:

Patient-centered Medical Home:  
Nuts and Bolts, and Transitions  
of Care

All division chiefs, hospitalist  
leaders, section chiefs, GIM  
administrators, and other  
generalist leaders: please join us  
in this beautiful setting to explore  
the most critical issues in  
GIM today.

Mark your calendars! Full details  
available at [www.acgim.org](http://www.acgim.org).