

# The Leadership Forum

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

*"To be the voice of ACLGIM and communicate about leadership challenges and solutions in academic medicine to members, the SGIM community, and other stakeholders."*

## Editorial Corner From the Editors

Sunil Sahai, MD; Rita Lee, MD; Lauren Block, MD



Sunil Sahai



Rita Lee



Lauren Block

As with previous issues this year, the future of academic general internal medicine dominates the conversation. We welcome Dr. Mohan (Mo) Nadkarni as our ACLGIM President for this term as he reflects on the main findings from the Hess Institute meeting with Civic Canopy. Dr. Nadkarni mentions that we need to recognize the increased workload of primary care, especially regarding

asynchronous care. Dr. Hooper reminds us that, as leaders, we need to apply the same attention and diligence to leadership rounds as we do to patient care rounds. Dr. Kimberly Manning, better known by her social media handle of @gradydoc, shares a heartwarming two-part story of a chance encounter with a young man during the height of the COVID-19 pandemic. Stay tuned to read

about what happened when she told him that "Medicine needs you."

Finally, it's time for us to seek out the next generation of editors for the ACLGIM *Leadership Forum*. With this issue, we are requesting applications for the next editor of the forum. Full details will be posted on the ACLGIM Member Forum on GIMConnect.

## Leadership Rounding and Connecting for Outcomes: What, When, and the Vital Whys

Jacqueline S. Hooper, PhD



Jacqueline  
Hooper

*Dr. Hooper (jackie@integratedexcellence-co.com) is Principal and Owner, Integrated Excellence Consulting, LLC. She is also an ICF-certified leadership coach and Prosci-certified Organizational Change Management (OCM) practitioner*

Leadership rounding is increasingly important in today's healthcare settings. Huron Consulting, a global professional services firm, defines rounding as, "the consistent practice of asking questions of key stakeholders—leaders, employees, physicians, and patients—to obtain

actionable information".<sup>1</sup> A gold standard for engaging others, rounding for outcomes is correlated with bottom-line metrics, such as improved patient outcomes, higher employee retention, fewer clinical errors/omissions, and enhanced collaboration amongst clinical

staff. While the importance of effectively leading others through times of great uncertainty has long been important, the last three years of the COVID era have brought unique and multiple challenges to leaders in health care—not "merely"

*continued on page 2*

for care delivery but also for how they lead their subordinates.<sup>2</sup> Leaders can deliver these questions via a coach approach to enhance the experience, invigorate the relationship between leaders and their subordinates/colleagues, and improve care for patients served by rounding recipients. This article will discuss common rounding questions, how to adapt and tailor rounding, and two specific coaching skills that can be infused in rounding.

The following four most common rounding questions can be tailored and including follow-up questions:

### 1. What's working well?

Starting with "What's working well?" is preferred as it leverages appreciative inquiry to tap into positive affect, pride, and open rounding on an upbeat note.

### 2. Do you have the resources to do your job?

If a leader finds out that a subordinate does not have the resources

needed to do her/his job, it's vital to act on that information in as timely a manner as possible.

### 3. Is there anything that I can do better to help you perform well?

Be curious and sincere and ask what you, the leader, can do to help your people perform better. Rounding can help leaders hone communication and talent development skills while giving employees opportunities to ask questions, discuss goals, share challenges and interests.

### 4. Is there anyone who has been especially helpful to you?<sup>3</sup>

Just as the opening rounding question can elicit the positive, this final question also leverages an appreciative inquiry lens. By simply asking, leaders can know whom they should recognize for doing great work.

Rounding for outcomes is more intentional and deliberately prescriptive to glean valuable information in a short period of time as compared to the practice of *management by walking around*. The term was coined in the early 1980s, describing better managers/leaders as better communicators by engaging in informal (i.e., outside of the meeting room) conversations with their employees.<sup>4</sup> In other words, rounding isn't just being "friendly" at work; it helps drive organizational success, foster connection, and uncover information to act upon. Rounding can offer a competitive advantage in retaining and engaging employees who desire this type of connection and 1-on-1 time with leadership.

For companies who have moved to hybrid work models following pandemic-influenced remote work, ensuring that rounding can occur when employees are present does require planning.<sup>5</sup> Rounding can also be adapted and done in a virtual fashion. Some considerations and recommendations to make virtual rounding impactful are: have those conversations occur on "less busy" days (e.g., administrative days); ensure you schedule more time than you may actually use; and, have no more than three weeks between virtual rounding conversations.

Rounding serves to develop leader skills in the person who rounds as well

as can serve as development for those rounded on. Two specific coaching skills that integrate well within rounding conversations are: first, appropriate self-disclosure (on the part of the leader) and second, maximizing open-ended questions when rounding. Rounding provides a customizable framework to yield high value information in 10 minutes or less. In conclusion, rounding makes good business sense and can be mutually beneficial and enjoyable for both the leader and rounding recipient. It also can significantly enhance patient care and patient outcomes.

## References

1. Huron Consulting Group. Rounding for outcomes. <https://www.huronconsultinggroup.com/insights/rounding-outcomes-increase-employee-retention-higher-patient-satisfaction#:~:text=What%20is%20Rounding%20for%20Outcomes,patients%20%E2%80%94%20to%20obtain%20actionable%20information>. Published 2022. Accessed August 15, 2023.
2. Powers KW, Diaz JBB. What employees most want in uncertain times. *MIT Sloan Management Review*. 2023;64(2):30-35.
3. Huron Consulting Group. Using leadership rounding to retain employees in education. <https://www.huronconsultinggroup.com/insights/using-leadership-rounding-to-retain-education-employees#:~:text=-To%20use%20rounding%20to%20improve%20retention%20in%20districts%2C,on%20how%20to%20improve%20the%20organization.%20Plan%20differently>. Published 2022. Accessed August 15, 2023.
4. Peters TJ, Waterman RH. *In Search of Excellence: Lessons from America's Best-run Companies*. NY: Harper Business Essentials, 2006.
5. Harter J, Wigert B, Agrawahl S. Coordinating hybrid work schedules: 5 important findings. *Gallup*. <https://www.gallup.com/workplace/401738/coordinating-hybrid-work-schedules-5-important-findings.aspx>. Published November 7, 2022. Accessed August 15, 2023.

## Officers

### Mohan Nadkarni, MD

Charlottesville, VA  
President

### Cynthia Chuang, MD

Hershey, PA  
President-Elect

### Mark A. Earnest, MD, PhD

Denver, CO  
Past President

### Katie Benschung, MD

Portland, OR  
Secretary-Treasurer

### Nancy Denizard-Thompson, MD

Winston-Salem, NC  
Secretary-Treasurer Elect

## Ex-officio Council

### Martha Gerrity, MD, MPH, PhD

Portland, OR  
SGIM President

### Mitchell Feldman, MD, MPhil

San Francisco, CA  
ASP Liaison

### Jane Liebschutz, MD

Pittsburgh, PA  
Institute Chair

### Molly Conroy, MD

Salt Lake City, Utah  
Summit Chair

### Eric Bass, MD, MPH

Baltimore, MD  
Chief Executive Officer

### Sunil K. Sahai, MD

Editor, Leadership Forum

### Rita Lee, MD

Associate Editor, Leadership Forum

### Lauren Block, MD, MPH

Senior Editor, Leadership Forum

### Frank Darmstadt

Copy Editor, Leadership Forum



Kimberly Manning

## Mentoring Medicine Needs You: A Chance Encounter (Part One)

Kimberly D. Manning, MD, FACP, FAAP

*Dr. Manning (kdmanni@emory.edu) is a professor of medicine and associate vice chair, diversity, equity, and inclusion for the Emory University Department of Medicine. She practices hospital medicine at the Grady Memorial Hospital in Atlanta, GA*

I listened intently and chimed in with my ideas in yet another meeting about underrepresentation in medicine (URIM) recruitment. We talked in depth about outreach descriptions and holistic review processes—and all of it was meaningful and good. And, like always, we wrapped up and left with our hopes, aspirations, and action items. I'd participated in so many of these meetings that they'd all become an amalgamation of similar points, plans, and vision statements. The population has *this* many people in it. The percentage of individuals of *this* demographic does not align with the percentage of doctors who share racial, ethnic, or cultural concordance with them. Though now we must be mindful about how we say it, we know the uncomfortable truth about the foundation of how medicine was built in the United States and for whom it was meant to serve. And here we are—still searching for novel ways to tackle a problem as old as the Declaration of Independence.

But then came the day I met *you*. Somewhere between those regularly scheduled recruitment meetings on what seemed like an ordinary day, I encountered you. And, in honesty, it was during the height of the COVID-19 pandemic which had become our new normal. It also proved to me that perhaps the panacea to building a more diverse workforce of medical professionals had been right in front of us all long.

Let me explain.

In December 2021, the omicron variant of COVID-19 was running rampant. For our family, that meant a disappointing cancellation of a New Year's trip to Jamaica and a need for PCR tests in the frenzied midst of other people trying to

do the same. My sons groaned in the back seat as we approached the long line of cars at the drive-through testing site. Horns honking, frustrations high, and people on edge. This would not be fun, but I settled in for the long wait, as every major news outlet reported how this was typical of many COVID-19 testing locations.

Finally, our car eked into the parking lot. That's when I saw you. You were waving your arms to direct cars to the large number of testing and vaccination lanes while simultaneously approaching windows to answer queries, complete consent forms, and even perform nasal swabs. I was in awe of not only your efficiency but also the amicable nature in which you helped people. From the anxious, crying children to the frazzled (and sometimes entitled) adults, you diffused the tension with aplomb.

I felt happy when you were the one to approach our car window for the tests. You quickly shifted the energy from the second we rolled down the window. You called my grumpy sons "little brothers" and offered them fist bumps. Before they could complain further, they'd been swabbed with lightning speed. You looked at me and, even under your mask, I could see you smiling.

"Alright, mom! These fellas are all set. You'll get a text message with the results to this number—"

You looked down at your smart device and read off my number. After I confirmed it, you prepared to bid me adieu and return to the omicron parking lot mayhem.

I cleared my throat to get your attention. "Hey—um, do you mind me asking you a question?"

You paused and stepped closer.

"Who *are* you? And how can I get you to come work with me on my hospital team at Grady?"

You burst into nervous laughter, but I could tell that you were flattered. After sharing your name, you told me more.

"I'm a college student but I work here for extra money and experience because I like people."

You went on. "I've thought about med school, but it's a lot, you know? So, I don't know. Hopefully I can do something working with patients, you know?" I saw you look around once more.

I shook my head and grew serious. "From what I see in this parking lot? You could run a hospital team right now."

"Listen," I said quickly through the window, "My name is Dr. Kimberly Manning and I'm a medical doctor on the faculty at Emory in the school of medicine. I'm just so impressed with you. I want you to reach out to me if you need support with your quest for medical school."

You paused and then widened your eyes.

"I'm serious. I mean. . . just the little bit of time I've watched you in this parking lot has been amazing." I sifted through my console for a scrap of paper and an ink pen. "Here is my contact information. Reach out if you need advice or help, okay?"

You took the paper, looked down at it, and gave me a hard nod. "Thank you, uh . . . Dr. . . Manning. I'll do that." And with that, you waved and made a diagonal jog through the parking lot while stuffing the paper into your pocket.



Mohan Nadkarni

## President's Corner

### ACLGIM President's Message: Hess Institute Recap

Mohan (Mo) Nadkarni, MD, FACP

*Dr. Nadkarni (MMN9Y@uvahealth.org) is a professor and division chief of general, geriatric, palliative and hospital medicine at the University of Virginia School of Medicine. He practices in primary care at UVA and the Charlottesville Free Clinic in Charlottesville, VA*

As the new president of ACLGIM, I am delighted to work with a dedicated and innovative group of leaders. One of the most important issues facing our group, as outlined by Dr. Earnest in the last ACLGIM forum, is the "Recruitment and Retention of Academic Generalists" as it relates to the future of Primary Care. To that end, ACLGIM engaged the consulting group, Civic Canopy, for a day-long session at the annual Hess Institute Meeting in May 2023. The session was hugely successful with 100 faculty ACLGIM attendees and more on the waiting list of participants. Discussion was lively and passionate, and it became clear how important this topic is to so many of our group, not to mention the well-being of our faculty and the health of our nation. After large-group and small-group breakout discussions, the issues to address were collated by the Canopy consultants and provided back to ACLGIM leadership in a multipage report.

The following three priorities areas were identified, along with areas of focus:

#### 1. Enhance Focus on Team Based Delivery of Care:

- Provide high functioning teams with all members working at the "top of their license"

- Leverage the electronic medical record for maximal performance
- Develop new outcome metrics that capture the work of the team and focus upon patient and physician centered outcomes (as opposed to common productivity measures currently in use).

#### 2. Rebalance Primary Care Compensation to Align with Work:

- Recognize the increased workload caused by the explosion of portal-based, asynchronous work
- Advocate improved reimbursement for both Fee For Service and Value-Based Care patient care work lead by primary care physician
- Develop a toolkit to help leaders present the business case for enhanced compensation.

#### 3. Increase Learner Exposure to and Training Time in High-Functioning Primary Care Settings:

- Advocate with ACGME and LCME to require an increased time of exposure to and training in primary care
- Build a pipeline of future primary care physicians with outreach as

well as creative hiring practices designed to recruit trainees early in their career

- Reinvigorate the "Proud to be GIM" campaign and activities at academic medical centers.

A long list of possible tactics to achieve these broader goals as generated by the ACLGIM faculty group was also provided and summarized.

The ACLGIM Executive Committee has now reviewed the report and we are in the process of prioritizing the most important and most actionable items to pursue. We have identified a lead for each of the priority areas and will be asking ACLGIM members to provide input on the next steps we should take as a group. We would like to take actions that have a good chance of making a difference. Please contact us if you have a preference to participate on one of the three topics. Both I and the executive council of SGIM realize that addressing Recruitment/Retention now is imperative if Academic Primary Care is to survive and flourish. I look forward to more hearty discussion as we work to take action to extend the great work that has already been done.