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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."

Rita Lee

Michael Klein

Sunil Sahai

Editorial Corner

From the Editors

Rita Lee, MD; Michael Klein, MD; Sunil Sahai, MD

With the new year, we are excited to introduce the newest member of our editorial team, Michael Klein, MD. Michael is a Clinical Assistant Professor of General Internal Medicine at University of Iowa Hospitals and Clinics, where he has worked in outpatient clinic since 2019. In 2023, he started as Co-Clinic Director of the Iowa River Landing general internal medicine ambulatory site. He is a graduate of University of Iowa Carver College of Medicine and University of Iowa Internal Medicine residency program. Welcome aboard, Michael!

In this issue of the *Leadership Forum*, we continue our conversation about the sustainability of primary care practice, focusing on ways that we can make our work more fun and fulfilling. The article by Curls focuses on a novel use of clinical time to allow faculty flexibility to explore their unique interests and develop a niche area of expertise. The article by Hopf discusses applying a new "golden rule" so you can focus on high-value work that brings out your best self. In addition to bringing joy and value back into our work, we also must recognize the critically important perspectives and skills that generalists bring to our leadership roles. Graves and Conigliaro explore these concepts further through a discussion of the fable of the fox and the hedgehog. We encourage you to read the article if you're curious which one you might be!

As we consider improving recruitment and retention into academic general internal medicine, these articles bring important perspectives to ponder. Creating flexible time to allow junior faculty to find areas of focus is one strategy to increase recruitment. As we grow as leaders, emphasizing the strengths we bring as generalists and centering high-value work can augment retention and sustainability.

Evelyn Curls

Clinical

Creating a Niche: Four Hours of "Choose Your Own Adventure"

Evelyn Curls, MD, MBA

Dr. Curls (ECurls@mednet.ucla.edu) is Vice Chair of Ambulatory Medicine for the UCLA Department of Medicine and Clinical Chief of the UCLA General Internal Medicine and Health Services Research.

The aspirations and values of new physicians, fresh out of residency or fellowship, shape the future of academic primary care in profound ways. We are witnessing a paradigm shift, where flexibility and the pursuit of niche clinical interests, often acquired through additional training, are increasingly prized by new graduates. At UCLA's Department of Medicine (DOM), we attempt to provide faculty positions in Primary Care that align with these emerging trends, offering physicians a unique blend of flexibility and specialized care within the

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framework of academic primary care medicine.

This approach is structured around 3 key frameworks: referral structures, specialized visit blocks, and carve-out/protected time. These strategies not only cater to the diverse interests of physicians but also enhance patient care through specialized expertise.

Referral Structure

In addressing the specific clinical interests of physicians, the EMR referral structure plays a pivotal role. For instance, primary care physicians with extensive training in Women's Health can join a specialized medicine referral pool. This allows them to focus on areas of care, such as IUD placements, Nexplanon insertions, or treating menopausal symptoms. High-volume referrals in these areas result in dedicated blocks in their schedule, enabling them to concentrate on these specialized services apart from their regular primary care responsibilities.

Similarly, physicians with a background in Sports Medicine are afforded a comparable referral infrastructure. This arrangement ensures they have dedicated time blocks for their sports medicine practice, integrating their specialty into the broader fabric of their primary care clinic.

Specialized Visit Blocks

Once a physician chooses a niche, we establish specialized visit types in the appointment template to cater to physicians' interest in caring for specific patient populations. Physicians designated as LGBTQ champions, having undergone additional training, are provided with gender health blocks featuring expanded visit durations. This initiative ensures comprehensive and specialized care for the LGBTQ community.

Physicians with an interest in Obesity Medicine can participate in the Program for Reducing Obesity (PRO). This multidisciplinary, supervised medical weight loss program features group visits led by physicians, offering a novel approach to tackling obesity. Physicians have time set aside to conduct group visits with visit blocks placed into their schedules.

A similar initiative caters to patients with sickle cell disease. Physicians interested in this condition are grouped in certain offices, providing concentrated care for this patient population using specialized visit blocks.

Adding to these initiatives is the RAIN program—Reducing Alcoholism in Neighborhoods. This innovative program positions primary care physicians (PCPs) at the helm of a multidisciplinary team, including behavioral health specialists, to address alcoholism. In this medically supervised program, the team works collaboratively to provide comprehensive treatment and support for patients struggling with alcoholism, blending medical expertise with behavioral health strategies to offer holistic care.

Carve-out/Protected Time

We recognize the importance of nurturing new areas of specialization as well. Physicians interested in becoming LGBTQ champions, who did not complete additional training prior to joining on as faculty, are offered 10% protected time for a two-year training program. Post-training, these physicians integrate gender health visits into their clinical practice.

Opportunities also exist for protected time for faculty who join the Quality team, those who are interested in Health Equity, or Global Health.

Offering structured pathways for specialized primary care, the department caters to the evolving desires of our physicians and hopefully helps new faculty members to find value and fulfillment in academic primary care at the start of their careers.

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Leadership: Part I
A Fox among Hedgehogs: The Value of Generalism in Leadership

Kencee Graves, MD; Joseph Conigliaro, MD, MPH

Dr. Graves (kencee.graves@hsc.utah.edu) is an associate professor and currently serves as Chief Medical Officer for Inpatient Health and works clinically as a hospital medicine and palliative medicine physician. Dr. Conigliaro (jconigliaro@northwell.edu) is the Barron Professor of Medicine and was recently appointed Interim Chair of the Department of Medicine at LIJ Medical Center, North Shore University Hospital, and the Zucker School of Medicine and an Editor in Chief of the Journal of General Internal Medicine.

In 1953, philosopher Isaiah Berlin published "The Hedgehog and the Fox," an essay in which he applied an ancient Greek poem to modern leaders. The fable of the fox and the hedgehog is attributed to poet Archilochus, who wrote, "the fox knows many things, but the hedgehog knows one big thing." Berlin's piece enjoyed popularity in discussions of leadership, as he described popular historical figures such as Plato and Nietzsche as "hedgehogs" while Shakespeare and Aristotle were determined to be "foxes."

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There are many famous "hedgehogs" who are known for being exceptionally successful at one thing. Their stories demonstrate the power of early specialization leading to peak performance. A common narrative involves golfer Tiger Woods, who was carrying his first club at the age of 2 years and played competitively as a teen. Venus and Serena Williams are two other hedgehog examples, as they specialized in tennis early and became two of the greatest players in the sport. Malcolm Gladwell's book, *Outliers*, gives other examples of giants in their field and opines that this success is likely the result of prolonged and focused practice.

Although "foxes" are equally famous and successful, their stories are less well known. In his book, *Range*, David Epstein describes the story of LeBron James, who was a top football prospect as a high school senior in Ohio, despite his fame as a basketball star. Tennis legend Roger Federer played nearly every sport as a child and chose tennis later in his life. Despite this, Federer earned more than 1,250 wins and 20 Grand Slam championships.[1] In *Range*, Federer's story is compared with Woods' to illustrate there are multiple paths to excellence.

Despite these examples that broad experience can lead to excellence, little is known as to how these patterns of skill and knowledge acquisition translate to leadership. As we explore paths of leadership preparation, establishing a framework for leadership is important. Joanne Ciulla, an American philosopher in leadership ethics, wrote a definition that is relevant here, "Leadership is not a person or a position. It is a complex moral relationship between people, based on trust, obligation, commitment, emotion, and a shared vision of the good."[2]

Using this definition, we consider how experience as a generalist might translate to leadership ability. Practicing general medicine requires the development of relationships based on trust. Working to relate to others can advance one's self-understanding and self-management, which are crucial skills in effective leadership. Also, those who have a variety of experiences are usually more curious, and curiosity can lead to comprehensive assessments of problems. Lastly, experience in different arenas often leads to humility, which, in leadership, helps with stakeholder engagement and empathy.

There are studies that examine what healthcare teams find to be effective leadership skills. In one, researchers conducted focus groups and structured interviews to understand what makes a great leader. Their results showed that a great leader acts with personal integrity, communicates effectively, pursues excellence, builds and maintains relationships, and thinks critically.[3] A good general internist will recognize these as essential functions for high quality patient care in either an inpatient or ambulatory setting.

Delivering high-quality patient care can feel challenging in a world full of complexity. Much of what we have thought of as stable now feels unpredictable, such as our workforce and the cost of supplies. In moving forward, General Stanley McChrystal's words come to mind. As he describes in the book *Team of Teams*, when faced with complexity and uncertainty, the best response is not one that is predictable and rigid. Rather, it is one where many people, with a variety of knowledge and experiences, rapidly form teams to address new problems.[4]

Returning to the fox and the hedgehog, it is important to observe how these two animals behave when threatened. The fox finds many clever ways to avoid predators whereas the hedgehog curls up into a spiky ball and lies still every time. In our evolving world, moving forward takes leaders who have a variety of experiences to pull from. It takes leaders who are familiar with rapidly forming teams, communicating clearly, and who possess self-knowledge and self-regulation. Leadership in an evolving world is a role for which general internists are well suited.

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Leo Hopf

Leadership: Part II
Learning to Truly Value Your Time

Leo Hopf, MBA

Mr. Hopf (teamhopf@gmail.com) is co-author of Stop Competing and Start Winning: The Business of Coaching *and co-author of* Rethink, Reinvent, Reposition: 12 Strategies to Renew Your Business and Boost Your Bottom Line*, the latter named the "book of the month" by the Institute for Management Studies.*

As an internal medicine physician, you will always be busy. But there is a vast difference between how much value you add to your organization and how much to yourself, depending on what work you choose to do. This column discusses how to prioritize and delegate work so you can bring the most value to your team and organization.

High-value tasks leverage your expertise and experience and thus challenge you to bring your very best to your work. Low-value tasks are easy for you to do, but they could have been done by someone with far less training and capability. Every hour you divert from a high- to a low-value task gives you a compli-

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mentary downgrade in your value and importance as a physician. And while you are doing work that could be done by someone with less capability, who is doing the job only you can do?

Not only does diverting time to low-value work lessen your contribution to your organization but also it lessens your value as a professional in the eyes of those who see you doing that work. When someone sees you doing a low-value task, they don't see you as someone who is a team player and pitches in no matter what the job. They see you as someone who doesn't seem to be growing and developing in the way that you should. Their first thought would typically be "I thought she was beyond that in her career!" After all, your chair won't be impressed by an associate professor who can do the work of a resident or an administrative assistant better and faster than they do.

The "golden rule" for high-value professionals is the following:

*Anything that **can** be delegated **must** be delegated.*

Without the golden rule, delegation is a complicated process. You must first decide if a task or project should be delegated. To do that, you will need to balance priorities, capabilities, workloads, trust, and urgency. Then, for each of the things you have chosen to delegate, you need to decide to whom you will delegate it and then actually delegate it and ensure the person understands exactly what you need.

But you only need to decide one time to accept the golden rule—once you do, your life is simplified. You will no longer need to spend a lot of time and energy deciding whether to delegate each task or project. Instead, all you need to ask yourself is if there is anyone below you in the organization who could credibly perform the work. If there is, you delegate to them. It is that simple.

There are two main challenges to applying the "golden rule." The first challenge is thinking you can do it better and faster yourself. That is almost certainly true. But tasks (or ones like it) repeat. If you invest 3 times the effort of doing it yourself to train someone else, you will reap the benefit the next 20 times a task of that nature arises.

The second challenge is that there may be no one organizationally below you to whom you can delegate. Rather than looking at this as a lost cause and jumping in to do it yourself, take a moment to ask what would happen if it wasn't done at all? After all, many of your esteemed colleagues don't do all the things you do, and you don't do all the things they do. Rather than spreading yourself too thin and doing a passable job on a low-value task, you might be far better off simply to not do the work and to focus instead on the unending number of higher-value activities you could choose to do with excellence.

How will you prioritize high-value tasks—and your own value—in 2024?