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SGIM FORUM

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ANNUAL MEETING UPDATE

SOCIETY OF GENERAL INTERNAL MEDICINE ANNOUNCES ITS 2025 AWARD AND GRANT RECIPIENTS

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The Society of General Internal Medicine presented numerous awards and grants at its Annual Scientific Meeting, held May 14-17, 2025, at The Diplomat Beach Resort in Hollywood, Florida. SGIM is proud and pleased to announce the recipients by category.

Recognition Awards

Robert J. Glaser Award—Presented to *Jean Kutner, MD, MSPH (University of Colorado School of Medicine)* for outstanding contributions to research, education, or both in generalism in medicine. The award is supported by grants from the Henry J. Kaiser Family Foundation, the Commonwealth Fund, and individual contributors.

Herbert W. Nickens Minority Health and Representation in Medicine Award—Presented to *Valerie Stone, MD, MPH (Brigham and Women's Hospital)* for a demonstrated commitment to cultural diversity in medicine.

David R. Calkins Award—Recognizes the extraordinary commitment that many members make when they choose to advocate on behalf of SGIM. It is named for the late David R. Calkins, MD, because of his tireless advocacy on behalf of SGIM on health policy issues since its inception as SREPCIM in 1978. The 2025 award was presented to *Anders Chen, MD, MHS (University of Washington School of Medicine).*

ACLGIM Chiefs Recognition Award—Presented to *Katherine Bensching, MD (Oregon Health & Science University School of Medicine).* This award is given annually to the general internal medicine Division Chief who most represents excellence in division leadership.

ACLGIM UNLTD (Unified Leadership Training in Diversity) Award— Recognizing that academic leaders are expected to navigate complex structures and systems; the Unified Leadership Training for Diversity (UNLTD) Program aims to equip current and aspiring academic leaders with the essential skills to thrive and drive diversity in academic organizations. The 2025 recipients are *Maylyn Martinez, MD, MSc (University of Chicago Division of*

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the Biological Sciences The Pritzker School of Medicine); and *Desiree Burroughs-Ray, MD, MPH (University of Tennessee Health Science Center College of Medicine).*

ACLGIM Leadership Award—Given to a member of the ACLGIM who is within the first 10 years of faculty appointment. It recognizes skills in leadership in any number of areas of academic medicine, including clinical, educational, research or administrative efforts. The 2025 award was presented to *Jennifer Schmidt, MD (Washington University in St. Louis School of Medicine).*

Quality and Practice Innovation Award—Recognizes a general internist and their organization that has successfully developed and implemented innovative role model systems of practice improvement in ambulatory and/or inpatient clinical practice. The 2025 award was presented to *Team of the Healthcare Associates Hypertension Multidisciplinary Clinic (Jennifer Cluett—Beth Israel Deaconess Medical Center).*

Excellence in Medical Ethics Award—Recognizes the original scholarship that SGIM members have done to advance medical ethics. The 2025 award was presented to *Neil Wenger, MD (University of California, Los Angeles, David Geffen School of Medicine).*

John Goodson Leadership in Health Policy Scholarship—Awards funding for one incoming Leadership in Health Policy (LEAHP) scholar who is working in the field of clinical practice/payment reform. The 2025 award was presented to *Ruth Bishop, MD (Medical University of South Carolina Medical Center).*

Research Awards

John M. Eisenberg National Award for Career Achievement in Research—Presented to *Amy Justice, MD, PhD (Yale School of Medicine)* in recognition of a senior SGIM member whose innovative research has changed the way we care for patients, the way we conduct research, or the way we educate our students. SGIM member contributions and the Hess Foundation support this award.

Outstanding Junior Investigator of the Year—Presented to *Lisa Rotenstein, MBA, MD (University of California, San Francisco Medical Center)* for early career achievements and overall body of work that has made a national impact on generalist research.

Mid-Career Research Mentorship Award—Presented to *Renuka Tipirneni, MD, MSc (University of Michigan Medical School)* in recognition of mentoring activities as a general internal medicine investigator.

Best Published Research Paper of the Year—Presented to *Jeffrey Kullgren, MD, MPH, MS (University of Michigan Medical School)* for his 2024 publication "Using Behavioral Economics to Reduce Low-Value Care Among Older Adults: A Cluster Randomized Clinical Trial." This award is offered to help members gain recognition for their papers that have significantly contributed to generalist research.

Founders' Grant—Awarded to *Natalie Cameron, MD (Northwestern University Feinberg School of Medicine).* The SGIM Founders Award provides up to $10,000 support to junior investigators who exhibit significant potential for a successful research career and who need a "jump start" to establish a strong research funding base.

Lawrence S. Linn Award—Awarded to *Marc Shi, BA, MD, MSc (Montefiore Medical Center)* for his project "Mobilizing Integrated Community Health Workers to Address Unmet Social Needs in Undocumented People Living with HIV." This award provides up to $20,000 funding to a young investigator to study or improve the quality of life for persons with AIDS or HIV infection.

Mary O'Flaherty Horn Scholarship—Awarded to *Amrapali Maitra, MD, PhD (Stanford University School of Medicine).* This two-year career development grant is awarded to a junior clinician-educator to promote their academic career while maintaining a healthy balance between personal and professional responsibilities by providing the scholar with a flexible schedule and protected time to engage in meaningful career development and scholarly activities. This grant funds the scholar $30,000 yearly for two years in addition to their institution matching $30,000 yearly for two years.

Clinician-Educator Awards

Achievement in Education and Innovation Award—Recognizes gifted teachers who have demonstrated a track record of employing innovative teaching methods, developing outstanding courses and curricula, or novel educational programs shared at a national level. The 2025 award was presented to *Monica Lypson, MD, MHPE (Columbia University Medical Center).*

Mid-Career Education Mentorship Award—Recognizes outstanding mid-career clinician educators actively engaged in education research and mentoring junior clinician educators. The 2025 award was presented to *Anne Cioletti, MD (University of Utah Hospital).*

Frederick L. Brancati Mentorship & Leadership Award—Presented to *Mim Ari, MD (University of Chicago Division of the Biological Sciences The Pritzker*

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School of Medicine). The Brancati Award honors an individual at the junior faculty level who inspires and mentors trainees to pursue general internal medicine and lead the transformation of health care through innovations in research, education, and practice.

National Award for Scholarship in Medical Education—Presented to *Amy Farkas, MD, MS (Medical College of Wisconsin)* for individual contributions to medical education in one or more of the following categories: Scholarship of Integration, Scholarship in Educational Methods and Teaching, and Scholarship in Clinical Practice.

Presentation Awards

Mack Lipkin, Sr., Associate Member Awards—Presented to the scientific presentations considered most outstanding by students, residents and fellows during the 2025 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2025 are as follows:

- *George Karandinos, MD (Massachusetts General Hospital)* "The Mental Health Effects of Parental Firearm Injury on Their Children: A Matched Cohort Study"
- *Rohan Khazanchi, MD (Brigham and Women's Hospital)* "Readdressing Race-Based Medicine: A Difference-in-Differences Analysis of How a National Wait Time Modification Policy Affected Kidney Transplantation Inequities"
- *Katherine Majzoub Morgan, MD (Harvard Medical School)* "Trends in Primary Care Physicians Accepting New Patient Visits, 2016-2022: Evidence from Medicare."

Milton W. Hamolsky, Junior Faculty Awards—Presented to the scientific presentations considered most outstanding by junior faculty during the 2025 SGIM annual meeting. Awards are made based on participant evaluations of the presentations and are endowed by the Zlinkoff Fund for Medical Education. The award winners for 2025 are as follows:

- *Richard K. Leuchter, MD, (UCLA Ronald Reagan Medical Center)* "Enhanced Patient Portal Tickler Email to Improve Message Read Rates and Preventive Measure Completion: A Randomized Controlled Trial of 35,000 Patients"
- *Adam Markovitz, (University of Michigan Medical School)* "The Impact of Third-Party Conveners on Clinician Networks: Evidence from the Medicare Shared Savings Program"
- *Joshua Rager, MD (Indiana University School of Medicine)* "Estimating Individual and Population Impacts of Miscalibration in Predicting Risk of Cardiovascular EVENTs (PREVENT): Implications for Setting Treatment Thresholds and Clinical Decision Making."

SGIM Clinical Vignette Oral Presentation Award—Recognizes the best presented clinical cases by a medical student, internal medicine residents or GIM fellows (not faculty) at the SGIM National Meeting. This year's recipient was *Divya Yogesh Popat (Baylor College of Medicine)* "Keep Moving to Find a Diagnosis in a Patient Who is Not Moving: Catatonia as a Presentation of Cervical Neuroendocrine Carcinoma."

David E. Rogers Junior Faculty Award—Awarded to junior faculty for workshops judged to be the most outstanding among those presented at the 2025 annual meeting. The Zlinkoff Fund for Medical Education endows these awards:

- "WP16: Confronting Challenging Personality Traits in Medical Practice: A Practical Toolkit"— *Stephanie R. Young, PsyD, MPH; Geffen School of Medicine, University of California Los Angeles*
- "WJ18: Learn from a Lawmaker: Lobbying Lessons from Experts"— *Elizabeth "Betty" Kolod, MD, MPH; Icahn School of Medicine at Mount Sinai.*

Distinguished Professor of Women's Health Best Oral Abstract Award—Elisheva Danan, MD, MPH (Minneapolis Veterans Affairs Medical Center) for the abstract titled "Self-collected HPV Testing in VA: A Pilot Study."

Distinguished Professor of Women's Health Best Poster Award—Rachela Smith (McMaster University Michael G. DeGroote School of Medicine) for the poster titled "Domperidone Use in Lactation and Risk of Postpartum Psychosis: A Retrospective Cohort Study."

Distinguished Professor of Geriatrics Best Oral Abstract Award—Rachela Smith (McMaster University Michael G. DeGroote School of Medicine) for the abstract titled "Stimulant Related Emergencies in Older Adults: A Cross-Sectional Time Series Analysis."

Distinguished Professor of Geriatrics Best Poster Award—Alaine Murawski (Northwestern Medicine) for the poster titled "Evaluating the Usability of NegotiAge: An AI-Based Negotiation Training Program for Family Caregivers of Older Adults with Alzheimer's Disease."

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Distinguished Professor of Health Equity Best Oral Abstract Award—Steven Allon, MD (Vanderbilt University Medical Center) for the abstract titled "Community-Engaged Qualitative Study on Supporting Transgender and Gender-Diverse Standardized."

Distinguished Professor of Health Equity Best Poster Award—Megha Shankar, MD (University of California, San Diego Healthcare) for the poster titled "Advocating for Change: Implementing a Social Justice and Advocacy Curriculum in the UCSD Internal Medicine Residency Program."

Distinguished Professor of Hospital Medicine Best Oral Abstract Award—Delia Motavalli (Beth Israel Deaconess Medical Center) for the abstract titled "Gaps in Safety with Opioid Prescribing on Hospital Discharge: A Prospective, Multicenter Cohort Study."

Distinguished Professor of Hospital Medicine Best Poster Award—Nivedita Ravi (Columbia University Medical Center) for the poster titled "The Raven Before the Storm: Adult-Onset Asthma and Rash as Harbingers of EGPA."

SGIM

FROM THE EDITOR: PART I

SUCCESSION PLANNING: LEADERSHIP SHOULD PLAN FOR THE UNEXPECTED

Michael Landry, MD, MSc, FACP
Editor in Chief, SGIM Forum

"You play like you practice and practice how you play."[1]

"Next man up" screams the coach scanning the sideline for the backup quarterback. *"Get in their kid and win the game!"* This scenario plays out repeatedly on fall weekends in college and professional football. The backup quarterback enters the game after the starting quarterback is injured. The offense sputters. The team may lose. A quiet despair falls over the team in ensuing weeks as they face the reality of multiple games without their starting quarterback.

The reality is that the backup quarterback (the "next man up") is not as "good" as the starter they replaced at that critical moment. If they were, they already would be the starting quarterback. Many reasons might exist why the backup quarterback is not the starter, ranging from being inexperienced, not receiving a fair chance, or not possessing the talent to overtake the starting quarterback. But their role is still important as the team cannot function without them assuming the starting quarterback role. The importance of successful succession planning is highlighted in this article by comparing leadership responsibilities in football and health care.

Role of the Coach

How does the coach prepare his team for the weekly grind of punishing football where players are often injured? Game plans are developed that are specific to the opposing team and often lead to strategic uses of individual players. Game plans and particular scenarios are practiced in the week leading up to the game. Although the starting quarterback receives most of the repetitions in practice, the coaches must dedicate adequate practice repetitions to the backup so that they can step in (if needed) for the injured starter and execute the game plan.

All healthcare leaders function in the role of a coach. Although this may seem obvious for leaders such as hospital and medical school administrators, this concept is relevant to all leaders (including hospital ward teams and outpatient primary care teams). The leader must know the roles of each team member, plan for their absences (e.g., illness, departures, and retirement), assign duties, and ensure that the members are prepared to function as a team to meet the goals of patient care. A good leader will ensure cross training to ensure there are redundancies within the team to cover unexpected needs.

An essential component of leadership is also preparing for succession planning at the coach level. The leader

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must prepare their coaching staff for the game ahead, the long season, and off-season departures. Leaders want to leave their team in better shape than what they inherited. Key to that concept is identifying individuals that can assume critical positions, so team functions continue uninterrupted in the leader's absence.

Many leaders face this reality when the unexpected happens and the team is not prepared to continue services uninterrupted. Personally, I learned this hard lesson early in my administrative career. My practice manager left for a routine weekend vacation. Having known cardiovascular issues, he was at substantial risk for future cardiac events despite his active lifestyle and regular medical care. That weekend, he died from a massive myocardial infarction. Unexpectedly, I was left to address multiple simultaneous issues: consoling and assisting his family with human resource issues, guiding our colleagues through their grief, and continuing the clinical patient services we were expected to deliver while I tried to rapidly learn all his duties. After that experience, succession planning became a focal point in preparing for the unexpected.

Role of the Starting Quarterback

The role of the starter is to help the team win to the best of their ability. Regular preparation includes both physical and mental repetitions. The quarterback is a team leader, so they set the tone for team culture. Key traits of a successful starting quarterback are knowing the responsibilities of each offensive player, providing on-field guidance, and ensuring smooth execution of the game plan.

An often-hidden element of the starting quarterback's responsibilities is their relationship with the backup quarterback. The backup quarterback can assist the starter by offering an extra set of eyes and insight to describe what they see occurring on the field as the game unfolds, but only if that advice is welcomed. A successful starting quarterback will invest time and effort in the backup quarterback assisting in the backup's growth and development for the short-term (that game) or longer-term success. The starter may worry that the backup will take their job over time, but team success should override this insecurity and motivate the starter to prevent that from happening.

In health care, many SGIM members are starting quarterbacks. The clinician educator physician leads a group of healthcare professionals including trainees of all levels. The team goal is to provide excellent care by executing the healthcare game plan specific to that patient. The attending leads daily rounds or precepts clinic visits while providing care and accommodating days off, sick days, educational sessions, etc. The attending guides the upper-level residents to assume care during off hours in the hospital while preparing them to be independent practitioners post training. Succession planning for the attending (starting quarterback) delivers the next generation of high-quality healthcare practitioners.

Role of the Backup

The crowd often cheers the backup quarterback entering the game with the same expectations for success. To be successful, the backup quarterback prepares diligently during the week leading up to each game as if they were the starter with mental repetitions but fewer physical repetitions. When their number is called, they are expected to produce a winning result while following the game plan designed for the starting quarterback's strengths.

In health care, SGIM members may be a starting quarterback in some situations while a backup quarterback in other scenarios. The hospitalist or clinic attending is the starter in leading the patient care team but may be a backup in the GIM section leadership structure. Climbing the next rung of the leadership ladder to assume the open role in leadership implies a readiness to take the next step. Successful backups prepare for leadership roles, exercise intellectual curiosity and seek opportunities to show their readiness.

Where Succession Planning Goes Wrong

Succession planning involves forethought and commitment. American businesswoman Anne Mulcahy says, "One of the things we often miss in succession planning is that it should be gradual and thoughtful, with lots of sharing of information and knowledge and perspective, so that it's almost a non-event when it happens."[2] Coaches and leaders miss opportunities to plan for the unexpected just as I did in my early career. It is not a matter of "if" successions will happen as opposed to "when" successions will happen. These successions can be expected, such as the planned retirement of a leader or unexpected such as a sudden illness or death.[3] Preparation and cross training improve the chances that the team succeeds in the absence of the starting quarterback/leader.

Leaders must be able to spot talent in their backup quarterback who may elevate their game when given the opportunity. "On June 2, 1925, (Wally) Pipp, the New York Yankees starting first baseman, asked out of the lineup because of a headache. Yanks manager Miller Huggins turned to his bench, where he found 21-year-old Lou Gehrig."[4] This launched a 2,130 consecutive game streak for Lou Gehrig, who became one of baseball's greatest baseball players during his Hall of Fame career. "Lou was the most valuable player the Yankees ever had because he was the prime source of their greatest asset—an implicit confidence in themselves and every man on the club," wrote Stanley Frank in the *New York World Telegram*. "Lou's pride as a big leaguer rubbed off on everyone who played with him."[4] A great leader will recog-

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nize the talents of their backups and innately know when and how to use their strengths to kickstart the employee's Hall of Fame career.

Conclusion

Succession planning is a leadership responsibility. Planning for the unexpected should occur not only for team members but the successful leader also plans for their own succession. Getting the backup ready for future positions is done routinely in clinical areas but is often overlooked for administrative tasks and business management. As leaders, transition should be part of what we do. To be successful, SGIM members need to be intentional and plan successions for the expected and unexpected transitions that will eventually occur.

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SGIM

PRESIDENT'S COLUMN

RIDING OUT THE STORM: LISTENING AND LEADING IN TIMES OF CRISIS

Carlos Estrada, MD, MS, FACP, President, SGIM

"Where should you go when a typhoon strikes? A bamboo grove. Tie yourself to the bamboo and hold on."

At the 2025 SGIM Annual Meeting in Florida, I made a deliberate effort to listen more to SGIM members across all career stages. It was energizing to hear the excitement and passion of SGIM members, including random conversations, throughout the meeting. Members exchanged ideas and sought partnerships to innovate and collaborate. I reconnected with old friends and made new ones. I sought advice from senior members on the best ways to navigate the current challenging times during my presidential term. My initial analogy was that our profession's ship is under attack—instead of weathering the storm, we should seek calmer waters to recharge and chart a new course. Time is of the essence, however, as the challenges facing medicine are accelerating rapidly, from workforce shortages to evolving healthcare delivery models and regulatory pressures.

In this context, an SGIM Past President shared a proverb attributed to Japanese wisdom about resilience and flexibility during turbulent times. I was told: "Where should you go when a typhoon strikes? A bamboo grove. Tie yourself to the bamboo and hold on." The bamboo is flexible in the wind but is anchored by its strong roots. SGIM has strong roots as we are grounded in our members and mission: "to cultivate innovative educators, researchers, and clinicians in academic general internal medicine, leading the way to better health for everyone."

As SGIM plans to weather the storm, we will continue to manage immediate challenges and strategically protect our core mission. Drawing from literature and personal experience, my article shares aspects of crisis leadership in academic medicine and our plan for the year ahead.

Setting the Strategic Compass

During crises, SGIM leadership has provided clear, unwavering strategic direction. Our vision—"A just system of care in which all people can achieve optimal health"—serves as our North Star for Council decisions. SGIM has maintained frequent communication through multiple channels, sharing what we know even when information remains uncertain or evolving. In the past few months, SGIM Council worked with the Health Policy Committee

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to streamline our processes and prioritize advocacy efforts within three categories: active advocacy, coalition advocacy, and monitoring efforts.[1,2] Communication is critical so that all members are moving in the same direction and understand where the organization is headed.

Grassroots Empowerment

SGIM empowers frontline clinicians, researchers, and educators by providing advocacy tools that currently focus on three priority areas: primary care, Medicaid funding, and medical research funding. For example, the June 6, 2025, SGIM Legislative Alert asked members to prevent Medicaid cuts by contacting their state representatives while providing templates via the SGIM online platform. Participants at the 2025 Annual Meeting Community Forum provided important feedback that helped guide Council's discussions on society-level actions to support members and their institutions—more to come about this in a future article. SGIM creates a unified voice that amplifies the impact of individual advocates working toward shared goals.

Adapting with Agility

Crisis leadership in academic medicine demands continuous adaptation and agility.[3] The ability to learn, pivot, and innovate rapidly is crucial for navigating dynamic, unpredictable circumstances. Embracing operational flexibility while maintaining mission focus is paramount.

The COVID-19 pandemic taught us valuable lessons:[4] comprehending the operational environment, staying resilient amid change, adapting to change, managing and caring for staff, and cooperating and communicating with diverse stakeholders. We should leverage this knowledge and collective insights through venues like the Forum, members' online communities, and regional meetings.

My Presidential Vision

My vision as we sail forward to face the challenges in the year ahead is deeply rooted in my career journey. My main priority is supporting front line clinician-educators, clinician-administrators, and clinician-investigators. First, SGIM is committed to fostering the practical and rational use of artificial intelligence (AI) in medicine, recognizing that AI is here to stay and offers significant promise for improving efficiency and advancing medical discoveries. In April 2024, SGIM Council endorsed a position statement on AI that provides recommendations for clinicians, technologists, and healthcare organizations on how to responsibly implement generative AI in medicine.[5] Building on this work, Council plans to discuss key strategic questions at their 2025 summer retreat: what SGIM should consider over the next 1-5 years, where and how SGIM can influence AI use to achieve optimal outcomes, and how to engage membership in this work while supporting members in clinical practice and education. As part of this initiative, the 2026 Annual Meeting (#SGIM26) planning committee will incorporate content on practical applications of AI in GIM.

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Second, the pipeline of SGIM membership starts at the regional meetings. These meetings are where new members present their initial work and connect with mentors from diverse institutions, building confidence and networks. I am encouraging regional leaders to include content on the benefits of SGIM involvement, such as workshops or mentoring panels where leaders share career experiences that demonstrate organizational benefits and networking opportunities. These interactive sessions will help participants identify SGIM engagement strategies and connect with leadership role models.

Third, the 2026 SGIM Annual Meeting (#SGIM26) theme "Individual Voices, Collective Impact: Advocating for Excellence in Academic Medicine" emphasizes SGIM's role to advocate for trainees, patients, and members. Our collective impact extends far beyond institutions and communities; the impact elevates SGIM's vision of improved health for all people. To enhance member engagement and foster deeper connections, I asked the Annual Meeting planning committee to prioritize speakers who are SGIM members and can remain for the entire annual meeting to engage with other attendees.

Together, through these strategic initiatives in AI integration, pipeline development, and member advocacy, we will strengthen SGIM's impact and advance our shared mission of excellence in academic general internal medicine

Thriving beyond the Storm

We will emerge stronger from the challenges we face. Our community is small, but mighty. Our principles are deeply rooted in our core values of patient care and supported by a vast network of enthusiastic individuals at the local, regional, and national levels. SGIM, our academic home, fosters community and shared purpose while remaining resilient at its roots.

Like the bamboo in the typhoon, SGIM may bend but will not break because our roots run deep into the rich soil of shared purpose and mutual support. Our flexibility comes not from weakness but from the strength of our interconnected network. As we face whatever storms may come, SGIM members must hold tight to each other and our mission, knowing that collective resilience will see us through until we reach calmer waters and brighter days ahead.

Disclosures: The opinions expressed in this article are those of the author alone and do not reflect the views of any of his employers.

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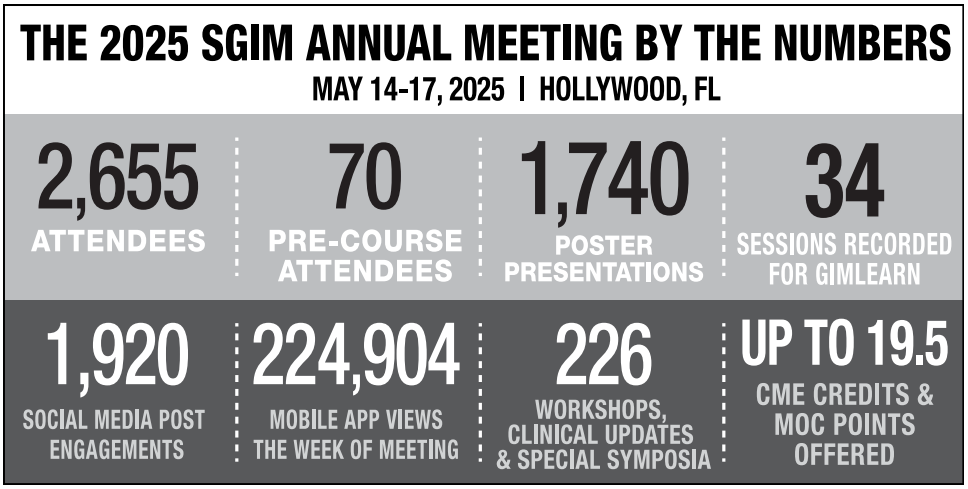

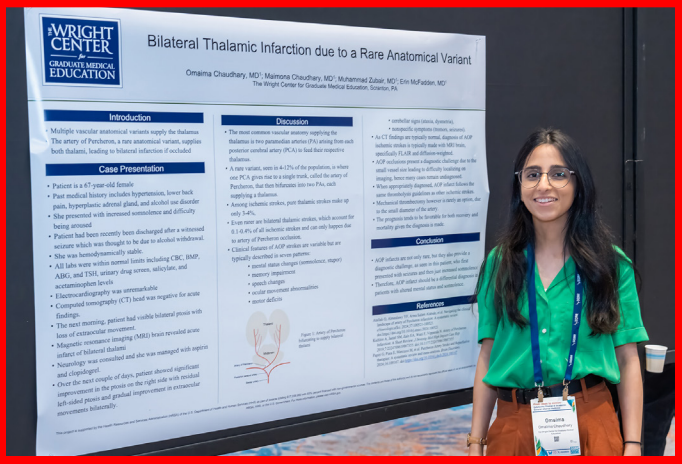

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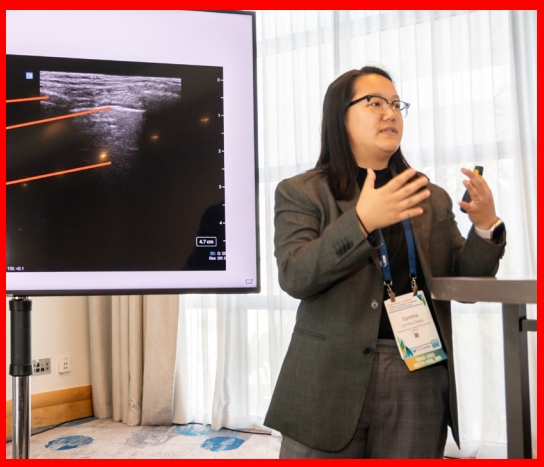

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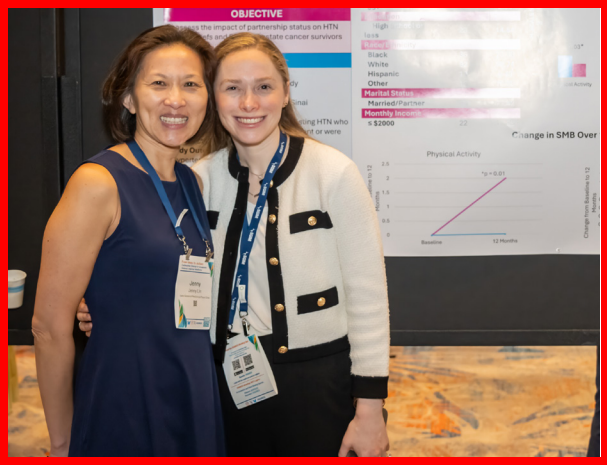

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WHAT'S NEW WITH THE ACADEMIC HOSPITALIST ACADEMY?

Eric B. Bass, MD, MPH; Keri Holmes-Maybank, MD, MSCR, SFHM; Nathan O'Dorisio, MD, FHM

Dr. Bass (basse@sgim.org) is the CEO of SGIM. Dr. Holmes-Maybank (holmek@musc.edu) is a Co-Director of the Launching Your Career version of the Academic Hospitalist Academy. Dr. O'Dorisio (nathan.o'dorisio@osumc.edu) is a Co-Director of the Advancing Your Career version of the Academic Hospitalist Academy.

Since 2014, SGIM and Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) have partnered with the Society of Hospital Medicine (SHM) to run the Academic Hospitalist Academy (AHA). The leaders of SGIM, ACLGIM, and SHM view the AHA as a top priority for supporting the career development and advancement of academic hospitalists. The leadership of all three organizations are extremely grateful for the tremendous leadership that Drs. Jeff Glasheen, Brad Sharpe, and Jeff Wiese provided in organizing the highly successful annual four-day course for the past 10 years.

Now that the AHA has welcomed a new cohort of leaders, I wanted to ask the new leaders about what to expect in the next iteration of the Academy that meets in September 2025.[1] The new directors of the Launching Your Career version of the course (formerly called *Level 1*) are Neera Ahuja, MD, FACPP, SFHM, and Keri Holmes-Maybank, MD, MSCR, SFHM. Their core faculty include Drs. Christopher Bruti, Andrew Dunn, Christopher Jackson, Brian Kwan, and Alyssa Stephany. The directors of the Advancing Your Career version of the course (formerly called *Level 2*) are Joanna Bonsall, MD, PhD, SFHM, Emily Mallin, MD, FACP, SFHM, and Nathan O'Dorisio, MD, FHM. Their core faculty include Drs. Carrie Herzke, Luci Leykum, and Chris Sankey.

EB: What makes the Academic Hospitalist Academy (AHA) unique?

NO: The Academy uses a focused, small-scale structure to ensure personalized attention and meaningful engagement of attendees. Participants will engage in interactive learning experiences that include didactic presentations, small group exercises, and hands-on skill-building activities. Each session is led by distinguished academic hospitalists who have been highly successful in their roles as clinicians, educators, investigators, and/or administrators. Participation also has the long-term benefit of providing access to a vibrant network of academic hospitalists who are committed to continually advancing the field of hospital medicine.

EB: What are the main objectives of the new Launching Your Career version of the Academy?

KHM: As the name of this version of the Academy suggests, it is designed for junior faculty pursuing a career as an academic hospitalist or for hospitalists transitioning into academic medicine. Participants will learn how to develop more effective teaching techniques, how to engage in scholarly work, how to navigate promotion pathways in academic institutions, and how to understand the business drivers of hospital medicine. The course also seeks to cultivate mentor-mentee relationships that can help to support career development.

EB: What are the main objectives of the new Advancing Your Career version of the Academy?

NO: This version of the Academy is designed for academic hospitalists who are ready to move beyond the initial steps in launching a career in academic hospital medicine. After several years in practice, many hospitalists develop specialized interests in areas such as medical education, health care research, clinical quality improvement, or health care administration. In this part of the AHA program we give attendees the opportunity to enhance their teaching, deepen their scholarly interests, and strengthen their leadership skills in academic settings. The course is led by national experts who offer real world examples and guidance for achieving the highest possible level of professional growth, thereby helping attendees reach that next level or milestone in their career journey.

EB: How did you select the core faculty for the Academy?

KHM: We had an open call for members of SGIM or SHM who were interested in helping to lead the Academy. We were thrilled when more than 100 people applied because that reflected exceptionally strong interest in contributing to this important learning experience for the next generation of academic hospitalists. Thanks to that strong interest, we were able to assemble an outstanding diverse faculty for both versions of the Academy, representing a wide variety of interests, experiences, and skills in the domains of academic hospital medicine.

FROM THE SOCIETY *(continued from page 17)*

EB: Why do you recommend that your colleagues attend the Academy?

KHM: I enthusiastically recommend the Academy as an amazing opportunity for hospitalists to gain knowledge, skills, and relationships that will enhance their ability to succeed in achieving their highest aspirations for a career in academic hospital medicine. I can attest to the great impact that the Academy has had on previous attendees, including myself and many current national leaders in hospital medicine.

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SGIM

FROM THE EDITOR: PART II

PUBLISHING IN SGIM FORUM: CREDITING YOUR SCHOLARLY WORK

Maria G. Frank, MD, FACP; David Walsh, MD, FHM; Shanu Gupta, MD, FACP; Joseph Conigliaro, MD, MPH; Tiffany I. Leung, MD, MPH, FACP, FAMIA.

Dr. Gupta is an SGIM Forum Associate Editor. Dr. Frank and Dr. Walsh are past SGIM Forum Associate Editors. Dr. Leung and Dr. Conigliaro are past Editors in Chief of SGIM Forum.

Editor's Comments: This article was first published in the May 2021 issue of SGIM Forum. It is being republished to encourage authors to better understand the scholarly value from publishing in the Forum. This article is included in the August Forum Annual Meeting issue to promote dissemination of scholarly work presented at the SGIM Annual Meeting (#SGIM25).

"Peer-reviewed or non-peer-reviewed? Indexed or non-indexed? Findable and citable? Posted on social media? Open access?" During an Associate Editors (AE) monthly call in early 2021, we deliberated where Forum articles reside in a curriculum vitae (CV). Where do they live to recognize a physician's scholarly work? We agreed that peer-reviewed research articles in an indexed academic or scientific journal are easily categorized as scholarship; however, lines become blurred when addressing non-traditional types of scholarship—including letters to the editor, perspectives, and SGIM Forum articles.

The SGIM Forum editor team combined our collective experiences as academicians and AEs to make recommendations about how past or prospective SGIM Forum authors could list their articles in their CVs.

A Brief History on Scholarship

Classifying scholarly work is as variable as institutions' definitions of what that means. According to Ernest Boyer in 1990,[1,2] a work to qualify as scholarship should have the following qualities:

a) evidence of creativity and leadership;
b) clear objectives;
c) use of appropriate methods to assess quality or measure outcomes;
d) significant results that can be reviewed; and
e) evidence of impact and dissemination of the results, through articles or presentations or integration into current practice.

The CV is seen as a universal place to chronicle one's scholarship and professional trajectory; however, the concept of scholarship has broadened considerably. Many institutions are adopting promotion and tenure guidelines to include works beyond traditional journal articles, including digital scholarship.[3] Additionally, imperatives to modify CVs to better reflect scholarship's breadth have been influenced by external factors, for example, the COVID-19 pandemic.[4]

FROM THE EDITOR: PART II (continued from page 18)

"*Traditional" scholarship or scholarship of discovery* typically refers to classical, hypothesis-driven research that results in the generation of new knowledge. Successful "discovery scholarship" usually results in peer-reviewed scientific publications.

"Non-traditional" scholarship includes three types: [1, 2]

1. *Scholarship of Application:* includes activities that build bridges between theory and practice or that apply knowledge to practical problems. Examples include the development of new medical treatment modalities or clinical care pathways; activities that address community health care needs, shaping healthcare and public policy; or activities that promote patient safety and care quality.
2. *Scholarship of Integration:* includes creative synthesis or analyses that define "connections across disciplines" or bring new insights to bear on original research. The scholarship of integration seeks to interpret, analyze, and draw together the results of the original research. Review articles and book chapters are examples of the scholarship of integration.
3. *Scholarship of Education:* focuses on the development of new teaching methods, assessment of learning outcomes and dissemination of highly effective curricula or other instructional materials.

Although the consensus and understanding of scholarship has evolved since 1990, the CV structure resisted the passage of time. Academic institutions do not share a standard CV structure. The unintended consequence is that academic clinicians list their SGIM Forum published articles under a myriad of umbrellas or headers on their CVs. It is time to rethink how we document one's academic life course as the needs of our community change.

SGIM Forum Articles Are Peer-Reviewed

In academia, peer-reviewed publications are considered a scholarly gold standard. However, the reality is that peer review is heterogeneous: the number of reviewers, reviewers' expertise, the amount of time spent reviewing, and standards applied during review can all vary. Some journals use desk review—and desk rejection—by an editor to decide if a submitted article is timely and aligned with interests and content of the journal's audience. Desk rejection by an editor means no further peer review follows. Such variability suggests that there is no enforcement, auditing, or credentialing of the peer review process, even though there may be voluntary community norms.

Accompanying peer review, the assignment of a digital object identifier (DOI) to the work adds luster to such publications in a CV. DOIs permit indexing in a bibliographic database (e.g., *PubMed*) that can be beneficial for rapid dissemination of scientific work and raising the authors' scholarly profiles. To facilitate this process, many scientific journals use editorial management platforms with built-in pipelines for high-volume submission management and peer review. Using such complex manuscript submission processes seems to add value to a peer-reviewed publication.

Most submissions to SGIM Forum are peer-reviewed—and often rigorously. The editor in chief reviews all articles and AEs volunteer to review, edit, and comment on submissions, working as a team to shape strategic direction and content of the newsletter. AEs also frequently correspond one-on-one with authors iteratively, akin at times to a concierge service, until the articles are ready for publication. In addition, AEs are frequently engaged with SGIM committee work and serve in leadership or at-large roles across the Society: they are often content experts and provide high-quality peer review. Ultimately, SGIM Forum publications, although unindexed, are peer-reviewed scholarship.

Why Publish in SGIM Forum?

Publishing in SGIM Forum is a peer-reviewed scholarship activity. Reflecting on the scholarship categories, most SGIM Forum articles belong to at least one scholarship type. Perspectives, clinical updates, or policy updates lend themselves well to *scholarship of integration*. Timely topics in medical education frequently fall under *scholarship of education*. Research in progress is a form of *scholarship of discovery*. Sharing a morning report or institutional experiences that may be valuable to stimulate system change elsewhere can be a form of *scholarship of application*. Keeping SGIM Forum as a home for important reflective pieces, updates, and perspectives remains unique and distinguishing compared to traditional indexed, peer-reviewed original research content.

As the Society of General Internal Medicine's official newsletter, SGIM Forum provides a unique space for SGIM members to express opinions, ideas, or thoughts or report early-stage findings from ongoing projects. Early career and trainee physicians may find this a welcoming space for scholarly publishing early in their academic careers, providing opportunities for exposure to academic writing and success.

We believe this monthly newsletter offers a high-quality and suitable alternative to the gold standard. SGIM Forum is a non-traditional publishing platform that we believe has comparable academic currency. Furthermore, SGIM Forum has always been free for public access, with an abbreviated non-member account registration to access all current and archived content.

FROM THE EDITOR: PART II (continued from page 19)

What We Recommend

How do we ensure SGIM Forum authors are well-positioned to receive appropriate academic value for their peer-reviewed publications? We concluded that the most accurate presentation for SGIM Forum articles on a CV is this:

- Peer-reviewed publications
  - *Non-indexed publications, Newsletters, and Bulletins of Professional Societies*
  - Gupta, S. (2016) Reflections from a LEAD Scholar. SGIM Forum. 9 (12): 5.

In the absence of the embellishments of a traditional peer-reviewed publication, SGIM Forum still offers the value and prestige of peer review and should be readily acknowledged as such. We offer an ideal sandbox for thoughtful and critical dialogue: kindling leads to flames of thought and dialogue on contemporary issues relevant for SGIM members and our patients.

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SGIM

LEADERSHIP PROFILE/IN CONVERSATION

A TRANSFORMATIONAL APPROACH TO CHANGE LEADERSHIP: LEANING INTO RESISTANCE AS AN OPPORTUNITY TO ACCELERATE POSITIVE CHANGE

E. John Heiser, PhD, MBA, JD

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Academic medical systems have operated for the past decade in an environment of continuous disruption and uncertainty generated by such factors as advances in medical technology, artificial intelligence, societal and political influences, environmental causes, and a changing competitive landscape. Consequently, clinicians, nurses, and frontline staff (including those in leadership roles) frequently fall into survival mode in the face of this disruption with the need to change and adapt. The result is a sense of despair that manifests through various forms of resistance. Passive or active resistance remains the major reason change efforts fail.[1] Managing the resistance that inevitably arises, however, can be the most important aspect to accelerating positive change during these periods of uncertainty.

The literature is scant on how leaders can practically manage resistance.[1] Change initiatives are often a transactional process in which the change vision and execution plan are developed by a small team of senior leaders and subsequently communicated throughout the organization. Clinical leaders, who had little involvement in this initial planning, are then expected to translate these change initiatives into strategies, tactics, and dashboards that will effectuate the new vision. Consequently, resistance to change begins to surface usually in some individual, team, or organizational context.[1] Most leaders, as a result, resort to ineffective approaches to manage resistance such as monitoring implementation dashboards or performance management processes.

LEADERSHIP PROFILE/IN CONVERSATION *(continued from page 20)*

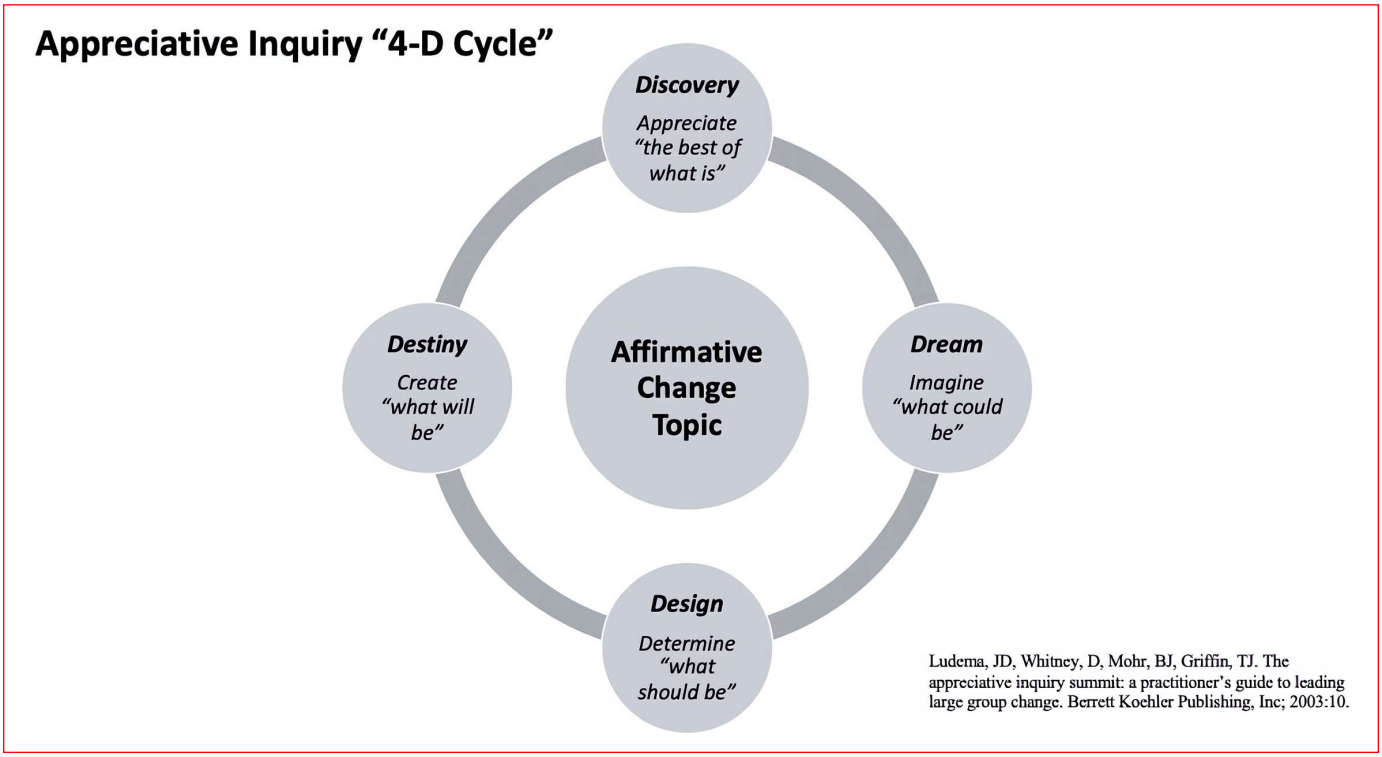
This article poses a new path forward for clinical leaders to proactively lean into resistance by inviting those impacted by the change to engage in a positive, solutions-oriented dialogue embedded into the institution's culture. Use of the values-driven frameworks of *Giving Voice to Values*[2,3] and *Appreciative Inquiry*[4] provide an inclusive, strength-based opportunity to manage resistance to change by staying aligned to the purpose, values, and positive core of the team and healthcare institution.

Leaning Into Resistance by Giving Voice to Values

All change initiatives generate values conflicts that, if not addressed proactively, manifest quickly into some form of active or passive resistance. In this context, values conflicts frequently reveal themselves through lack of engagement or outright hostility towards the change process. *Giving Voice to Values (GVV)* is a framework created by Dr. Mary Gentile, noted ethics scholar and formerly the Richard M. Waltzer Bicentennial Professor of Ethics University of Virginia Darden School of Business, that provides a mechanism for individuals to raise a values conflict in a manner that promotes productive dialogue.[2,3] This methodology raises the odds of addressing the conflict effectively and successfully by helping individuals analyze the values conflict, understand the conflict from multiple perspectives, and then to script and rehearse a proposed conversation in a way that builds confidence and muscle memory.[2,3] For values conflicts to be addressed productively, however, leaders must have the capacity to listen for those conflicts in a manner that promotes thoughtful dialogue. At times, leaders' emotions may run high when having to respond to values conflicts, or they have not been taught properly how to engage in these difficult conversations, resulting in a defensive, antagonistic approach. As noted by Gentile:

> *"GVV can be adapted to provide opportunities for [leaders] to pre-script, rehearse and peer coach effective ways to hear and respond to … employees when they raise values issues…. [T]he manner in which their [leader] receives the message sends powerful signals about whether this sort of behavior is genuinely welcome."*[3]

Training our leadership teams in the GVV methodology from a listener's perspective is critical. At its core, listening for values conflicts as a leader is about being curious and open to others' perspectives and a willingness to engage in a solutions-oriented dialogue. Being empathic to, and curious about, the individual's perspective, reframing the discussion into a joint problem-solving opportunity, and gaining joint agreement on a specific follow-up plan are critical components of a successful listening conversation. Example questions that may help leaders prepare to listen for values conflicts more effectively include the following:



LEADERSHIP PROFILE/IN CONVERSATION *(continued from page 21)*

- What are the leader's listening goals?
- What issues/concerns can you anticipate being raised during the change process?
- Are you prepared to listen to and respond to conflicts raised in an open and non-defensive manner?
- What barriers, personal and organizational, might impede your ability to listen effectively?
- What organizational resources and practices could be established to support more impactful listening for values conflicts?[5]

Leadership training to develop these skills should include creating institution-based case scenarios that provide the opportunity for scripting, role playing, and peer coaching to enhance leader self-awareness and muscle memory.[3,5] Engaging in GVV listening discussions allows leaders to be positioned better to proactively address values conflicts to achieve a joint solution that stays aligned with the institution's purpose, values, and change strategy.

Appreciative Inquiry: Leveraging Our Positive Core

Another leading cause of change resistance revolves around organizational issues of management philosophy and culture, structure, and power and control systems.[1] Resistance happens when organizational barriers limit those impacted by the change from participating in the development and execution of the change plan. Senior leaders who choose to inquire why a change initiative is not progressing often encounter the following response, "If you had just asked me, I could have told you that wouldn't work." This response begs the question, "Why don't we ask?" One tested way to engage our teams in this process is through the *Appreciative Inquiry Framework*.[4] Appreciative inquiry is an approach to change that has been used successfully in small and large change projects within healthcare systems.[4] It is based on the idea that organizations move in the direction of the questions they ask. Appreciative inquiry distinguishes itself from other change methodologies by starting with the positive question, "When we're at our best, what does that look like?" to ignite constructive dialogue and inspired action.

Appreciative inquiry differs from traditional problem-solving methodologies that start with the assumption that people and organizations are fundamentally broken and need to be fixed. In contrast, the underlying assumption of appreciative inquiry is that people and organizations are full of assets, capabilities, resources, and strengths waiting to be identified, affirmed, enhanced, and leveraged. The steps of appreciative inquiry include: (1) discovering individual and team strengths; (2) envisioning the future; (3) co-creating ideal organizational solutions; and (4) executing with excellence (see figure on page 21).[4]

Appreciative inquiry mandates the inclusion of representatives from all levels of the medical institution, including members of senior leadership, middle management, and frontline staff. It is illuminative because it allows for the identification of collective strengths, which frees the mind to begin to conceptualize the opportunities associated with the change. And, because it leads to co-created initiatives and execution plans, leaders *and* team members feel valued, trusted, and engaged. Finally, from a senior leadership perspective, the appreciative inquiry methodology allows for more engaged ownership of the change process, the identification of change agents who can be leveraged, and the continued alignment of the change process to the medical institution's purpose and values.

Conclusion

Physician leaders are under increasing pressure to engage directly in change management initiatives. As a result, managing resistance to change has become a critical factor to moving teams from the survival mode they increasingly find themselves, to a more engaged thrive mode. This article provides two synergistic values-driven leadership frameworks that can aid SGIM members in connecting with their colleagues in a meaningful way. The *Giving Voice to Values and Appreciative Inquiry* frameworks promote dialogue, engagement, and a sense of belonging that engage the heart and mind which can minimize the impact of resistance, thus accelerating needed change efforts. To be successful, our institutions must commit to investing in appropriate training and support resources that our leaders need to develop the skills to enhance meaningful interaction.

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INSIGHTS FROM THE 2025 SGIM EDUCATION COMMITTEE AWARD RECIPIENTS

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The Awards Subcommittee of the SGIM Education Committee is excited to share these valuable insights from the 2025 Education Awards winners:

1. ***Dr. Anne Cioletti, Associate Professor of Medicine, University of Utah, Mid-Career Education Mentorship Award recipient:***

What inspired you to pursue a career in medical education?

Education is my "family business"—for generations, those before me taught everything from elementary math to high school Spanish to community college anatomy. However, from a young age, I was drawn to medicine and the healing powers of empathy and a receptive ear. Watching my grandparents in rural south Texas struggle to get timely health care cemented my journey into medicine. Through a little luck, opportunity, and a lot of hard work, I stumbled into academic medicine as a natural fit for these combined interests and a way to continue the family legacy. The opportunity to teach the next generation while guiding students, residents, and faculty—finding the right diagnosis, determining one's "joy" in medicine, balancing all of the asks—builds my reserve and fills my cup.

When you reflect on formative mentors you have had, how have they impacted the way you now mentor?

I am struck by the varied means of support from prior and current mentors. Mentorship is not one size fits all. I had mentors who were incredible listeners; another was a fierce advocate; and now, my current mentor balances problem-solving and sponsorship, which supports my present needs. Each mentor made me feel as if they listened, reflected, and championed my next steps. Through a safe space that allows vulnerability, mentees can identify opportunities to grow and develop—whom do you need to meet, how to overcome an obstacle, how does one survive in medicine?

What is a professional accomplishment which you are particularly proud?

I am a builder who has created systems at each institution in which I have worked. Initially, I created and adjusted a quality improvement curriculum when one did not exist; then, I transitioned to a new institution and restructured the ambulatory education, both didactics and clinical space. Now, I focus on recruitment and retention in the division by optimizing clinical space, educational opportunities, and faculty support. Improving systems while finding the right people with the right skillset has been my passion—it is a general theme that creates joy in medicine for me. It is also where mentorship fits naturally: through good mentorship, opportunities present for faculty to lead enduring changes to benefit the learning and care environment.

What advice would you give junior faculty members interested in pursuing a similar career?

a. Don't be afraid to say yes to something new
b. Don't be afraid to say no when it is not the right time (perhaps sponsor a colleague in your place)
c. Opportunities will present themselves repetitively
d. Mentorship can help when you are stuck between answers.

These are a few key lessons I learned that I would share with a junior faculty member.

2. ***Dr. Amy Farkas, Associate Professor of Medicine, Medical College of Wisconsin, Mid-Career Scholarship in Medical Education Award recipient:***

MEDICAL EDUCATION (continued from page 23)

What inspired you to pursue medical education research?
I was inspired to pursue medical education by my mentor, Dr. Missy McNeil. While training at the University of Pittsburgh there was a strong emphasis on scholarship, so I was encouraged to publish. While my initial papers were clinical, I found that I enjoyed answering questions and telling the story of my work through publication. When I pursued medical education, I wanted to keep telling those stories. The work done in medical education is valuable research that can inform others like clinical work informs clinical practice. Collecting data and writing this work up demonstrates the value of medical education and showcases the success of these programs.

How do you balance your schedule so you have time for scholarly work?
At the start of a new project, I think how the work can be evaluated and disseminated. Advance planning allows me to build in time to produce scholarship early in the process and ensure that I set myself up for success. When mentoring junior colleagues, I often find that they have not taken the necessary steps to allow dissemination of their great work. Sometimes it seems like busy work to fill out IRB forms, etc., but the process helps me think critically about my work and is essential to evaluation and scholarship.

What is a professional accomplishment which you are particularly proud?
Professionally, I love mentoring and connecting others to mentors. I am most proud of leading a team that published an article demonstrating the positive impact of the Veterans Affairs (VA) Women's Health Mini-Residency program on provider retention within the VA.[1] The Mini-Residency program is a continuing medical education program for VA primary care providers (both advanced practice providers and physicians) to ensure they develop the knowledge to care for women Veterans. I am proud that my work demonstrated the importance of this program to the VA.

What advice do you have for junior faculty members pursuing a similar career?
Developing my career through fellowship was critically important in helping me build a career I love. I encourage trainees considering general internal medicine (GIM) or medical education to consider a GIM fellowship to grow their skills. For faculty, it's about setting yourself up early for success. Before beginning any project, consider what success would look like, write measurable learning objectives, plan your evaluation, and complete the necessary IRB paperwork. If you plan, the paper practically writes itself!

3. ***Dr. Monica Lypson, Professor of Medicine, Columbia University Irving Medical Center, Career Achievement Award for Medical Education recipient:***

What inspired you to pursue a career in medical education?
I was raised by two Chicago public school teachers who taught grade school, and early on, I was told I couldn't be a teacher—my parents wanted something "better" for me. I was good at math and science, so I got tracked into engineering or medicine. Once I chose a medical career, I realized my true love was education. I earned a master's in education because I wanted to be an expert, not just someone who teaches by instinct.

What advice would you give junior clinician-educators pursuing a similar career?
Start by thinking about where you want to develop deep expertise. Having formal or informal training in education and pedagogy is crucial. Programs like SGIM TEACH, buying a copy of David Kern's book on curriculum development[2] and engaging with the American College of Physicians, Association of American Medical Colleges, or Alliance for Academic Internal Medicine programming are great starting points. If inclined, a master's in education is a fantastic way to deepen your skills. Choose a focus—my focus has been assessment, communication skills, and caring for diverse patient populations. Once people seek your advice in your subject area, that's a sign you're building expertise. Then work with your institutional leadership to ensure they sponsor you for committees, national roles, or opportunities where your skills can be seen and utilized.

What is something you are proud of in your career?
I am proud to have helped to define and codify "Veteran-centered education." I've spent my career caring for Veterans and wanted others to recognize Veterans' critical role in educating over 70% of physicians in this country. Alongside my colleague Paula Thompson, PhD (a Desert Storm Veteran) we created faculty development tools and a massive open online course to teach faculty and

MEDICAL EDUCATION *(continued from page 24)*

trainees about Veterans' health and education. These learners became better clinicians caring for Veterans both within the VA and non-VA systems and also made them better educators. Veterans are central to the development of the physician professional identity in medicine. We should thank them for their service as well as their invaluable role in shaping future physicians.

Do you have any other wisdom you'd like to share?

In this era marked by acrimony, partisanship, and societal division (even within our professional spheres as educators, researchers, and clinicians) it is easy to become disheartened. Nevertheless, SGIM members must remain steadfast in our commitment to centering the patient and preserving the profound sense of purpose and joy derived from caring for patients and the education of future physicians.

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