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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."


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Editorial Corner
From the Editors

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

On behalf of the ACLGIM Executive Committee, we wish you and yours the best for the holiday season. Continuing our conversation on the changing nature of primary care practice from our previous issue, we explore changes in workflows and the workforce. Since before the pandemic, portal messaging has been impacting workflow in the clinic. Dr. Robert Doolan presents his work on redesigning primary care templates to account for asynchronous care via portal messages and the reducing the risk of clinician burnout. During the Hess Institute meeting, Dr. Megan Gerhardt delivered a thought-provoking presentation on generational diversity in the workplace, and we have asked her to summarize her key points regarding Gentelligence®. For those of you who missed her talk, I encourage you to watch her TEDxMiamiUniversity talk on YouTube.[1] As someone who straddles two generations, Dr. David Callender provides his perspective on managing generational diversity in academic medicine. Dr. Kimberly Manning—better known by her social media handle of @gradydoc—shares part two of her mentoring story "Medicine Needs You."

Finally, with this issue, we bid a fond farewell to Dr. Lauren Block who has ably served her tenure as Senior Editor of the ACLGIM *Leadership Forum* during the height of the COVID-19 pandemic.

References

1. Gerhart M. Why I love millennials (and you should too). *TEDxMiamiUniversity.* https://youtu.be/pQMt343pMak. Conducted August 10, 2017. Accessed November 15, 2023.


Kimberly Manning

Mentoring
Medicine Needs You: A Chance Encounter (Part Two)

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 was surprised to receive a text message from you the next day. Kind, formal, and respectful, you reminded me of your name, where we'd met, and thanked me for my words of affirmation. We set up a virtual meeting for that very same day.

I learned a lot about you in the first chat—you were a Black-American male born to a 15-year-old mother, now deceased. You were the first in your family to attend college—working afforded you a way to support yourself and assist your grandmother who'd helped raise you and your younger siblings. But most of all, I noted the absence of all the nuanced things that come with social capital and proximity to generational opportunities, physicians in your village, and low responsibility. Medicine needed you.

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Mentoring

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We began meeting regularly. It was refreshing to hear your innocent questions and exciting to fan your flames as you prepared for the MCAT. I recall the day that you called me nearly in tears about your practice exams. I listened as you asked me if I thought you should do something else because your effort wasn't improving your score. And without hesitation, I simply reminded you of who and what I saw the day we met in that parking lot. "Medicine needs you," I said. I meant it.

Though most of our Zoom meetings were only 30 minutes, they were consistent. I grew to become deeply invested in your future. When you asked, I leaped at the chance to write a letter for your medical school application. I wrote about our serendipitous encounter on that wintry day during the omicron wave and how, over time, getting to know you personally had only affirmed my first impression. Medicine needed you.

On November 23, 2022, I received a text message from you in all caps. "JUST GOT ACCEPTED TO TWO MEDICAL SCHOOLS! I CANNOT BELIEVE THIS!" After an effusive flurry of congratulatory emojis, I felt my breath hitch when you wrote these words: "Cheers to breaking generational cycles of limitations." No truer words could have been spoken. Cheers, indeed.

It's funny. Entire curricula are built on ways to move out of the robotic and sterile behaviors in clinical settings and into meaningful ways that let patients know that we see them and that they matter. You taught me that the very skills needed for building trust and safety with those under our care are the same ones that allowed me to appreciate you and create a therapeutic alliance with you. And that, much like pausing to listen to our patients, it doesn't take as much time as we think.

Just moments ago, you sent me a text message sharing that your first day of M1 orientation is tomorrow. I felt my eyes prickling with tears as I thought back to that first interaction and all the ones in between. Not because of what I did for you, but instead because I knew that you—a person who clearly had everything medicine needed long before I met you—would now be able to do just that as a future physician. I'm just one of the fortunate ones enough who will get to bear witness as you do.

I have attended many underrepresented in medicine (URIM) recruitment strategy meetings since that fateful day we met. While I don't think we should do away with thoughtful programming that pushes us toward a less homogenous physician workforce, this experience with you makes me wonder about the missed opportunities we've had to connect with people in everyday settings. I imagine how many doors we could open if we just looked up from our phones long enough to see the potential of those on the pathway to medicine—sometimes before they even know it themselves.

Your victory came at a perfect time. You showed me, a determined but sometimes overwhelmed clinician educator and diversity champion, that there are things that I can do. Regardless of policies, programs, and prohibitions—the human connection cannot be limited and that we all have agency to make support a verb any time we choose.

Yes, little brother. Medicine needs you. But now I know that I needed you, too.

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Megan Gerhardt

Emotional Intelligence
Gentelligence®: Navigating the Generational Divide

Megan W. Gerhardt, Ph.D.

Dr. Gerhardt (megan@profgerhardt.com) is a professor of management and leadership at the Farmer School of Business at Miami University, where she also serves as Director of Leadership Development for the Farmer School and the Robert D. Johnson Co-Director of the Isaac & Oxley Center for Business Leadership. She is also the founder of Gentelligence Academy, an online learning platform to promote the power of age diversity in the workplace.[1]

What if we could start thinking about generational differences at work as an opportunity rather than a threat? That's the question I recently asked attendees at the Hess Institute during my talk on Gentelligence®.

Gentelligence® is a movement that encourages intergenerational learning and collaboration. This approach paves the road for younger employees to collaborate with older generations to innovate and solve problems. Not only the unique identity of each generation must be well understood but also the insight of every generation must be utilized to its fullest potential to successfully turn intergenerational discord into opportunity.

A Gentelligent mindset suggests that generational identity be used as a valuable lens of understanding: it can help provide important context for different behaviors or higher frequencies of attitudes when we compare one age cohort to another. However, Gentelligence® pushes back against universal labels

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Emotional Intelligence

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and assumptions that all members of a generation are always a specific way and breaks away from the lazy stereotyping that often surrounds generational differences.

At their core, generational differences are a valuable diversity. Left to their own devices, they are most likely to lead to frustration and confusion. Beyond that, the organizational costs of poorly managed generational diversity can be significant: turnover, low engagement, loss of organizational knowledge, and team dysfunction. The good news is that a proactive leadership strategy can not only neutralize those negative effects but also can create significant positive benefits. That is where Gentelligence® comes in. Encouraging intergenerational learning and collaboration allows us to access complementary kinds of knowledge and expertise, tap into different informational networks, drive innovation, and navigate change.

Gentelligence® involves four key practices: Identifying Assumptions, Adjust the Lens, Build Trust, and Expand the Pie. These daily strategies are designed to transform how we frame and engage with those older and younger.

- **Identify Assumptions:** audit the automatic biases you and those you work with may have regarding age.
- **Adjust the Lens:** acknowledge that we often judge behaviors based on whether they align with our own preferred norms and work to proactively shift to being curious about why those in different generations may see things differently.
- **Build Trust:** create a psychologically safe environment where everyone regardless of age feels safe to ask for help as well as contribute ideas and perspectives.
- **Expand the Pie:** embrace mutual learning and seek out ways for all generations to work together to create win-win collaborative opportunities.

Through regular use of the practices and tools, we can shift our perspective from one of judgment to one of understanding and therefore see the potential benefits of intergenerational learning and collaboration.

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1. Gerhardt M. Introducing a transformative way to end the generational wars once and for all. *Gentelligence Academy*. www.gentelligenceacademy.com. Accessed November 15, 2023.

Robert Doolan

Clinical Operations

Primary Care in the Modern Age

Robert Doolan, MD

Dr. Doolan (robert.doolan@cuanschutz.edu) is an associate professor of clinical practice and the GIM Associate Division Head for Clinical Affairs at the University of Colorado School of Medicine.

While the demands on primary care clinicians have changed, the model of care clinicians work within has not. Clinicians are asked to do increasing amounts of work asynchronous to the clinic visit, driven by the EMR and patient portal, while maintaining historic levels of face-to-face visits. This misalignment of workload supply and demand increases risks burnout. Our goal is to develop a new clinic scheduling template to acknowledge and accommodate this shift in workload that is financially sustainable and professionally rewarding.

We assembled a workgroup of clinicians to evaluate the current state, establish goals, and develop new template designs.

We designed a template to better align the workday with modern expectations of primary care, include clinical flexibility, and leverage existing space to improve capacity for new patients. In doing so, we remained cognizant of monitoring key balancing measures, such as visit volume, continuity of care, patient satisfaction, and performance on quality measures.

We then conducted a three-month feasibility trial of five pilot interventions with 19 (35%) participants across four primary care practices. This feasibility trial informed decisions about which pilots worked operationally and which seemed to have a positive impact on burnout. All pilots included dedicated time within each four-hour clinical session to do asynchronous work. Some pilots included dedicated time for telehealth outside of the clinic.

We estimated that the total annual cost to our division in lost collections should all faculty participate in this intervention in the future would be $245,000, far less than the estimated $750,000 organizational cost to replace one new clinician. We saw a small improvement in burnout for participants similar to non-participants, though the initial pilots were not powered to be statistically significant. We saw a greater change in clinicians' career plans. There was a 48% decrease in plans to reduce clinical hours and a 54% increase in plans to continue in their role as is amongst participants compared to a 24% decrease in plans to reduce clinical hours and 14% increase in plans to continue their role as is in non-participants.

After evaluating the five template designs, two modified pilots advanced and are currently being tested over six months across our clinics with a marked increase in clinician participation. Having data from our initial pilot was critical in helping us design template changes that we hope will provide maximal benefit with minimal operational costs.

Modifying clinical templates to better align the workday with modern expectations of primary care can be successfully implemented and evaluated. Partnering with hospital/school leadership to engage in meaningful conversations about realistic workload and productivity targets that are data-driven will lead to a shared vision of success in delivering primary care in a modern setting. Early results indicate this may be a viable approach to improving clinician satisfaction that could address the significant cost of clinician attrition.

In the new normal of asynchronous care, it is imperative that we embrace new ideas about clinic schedules by engaging all stakeholders in the conversation.

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David Callender

Hess Institute Follow Up

Gentelligence®: A Millennial's View of Generational Diversity for Success in Academic Medicine

David Callender, MD, MPH

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As the Medical Director of University Medical Associates (UMA) at the University of Virginia, I find myself leading a generationally diverse work environment. UMA serves as the continuity practice for all 100 Department of Medicine medical residents who yearn for mentorship and guidance. These are provided by seasoned faculty who are invested in training the exceptional primary care workforce of the future. Understanding the promotion of our future workforce was the overall topic of the 2023 ACLGIM Leon Hess Management Training and Leadership Institute. At that Institute, it was a pleasure to listen to a talk by Dr. Megan Gerhardt on the topic of Gentelligence®.[1] Developing and executing a pipeline of the primary care workforce of the future is a task that cannot be generationally facile, and it has made me acutely aware of how focusing on this aspect can truly optimize an academic medicine practice.

Born in 1982, I straddle the line between Millennials and Generation X. As I entered the workforce, social media, high-quality search engines, and smartphones were commonplace. I can relate to our trainees to some extent, as I also entered the workforce during the rise of these technological advancements. However, today's trainees have grown up with even more advanced digital tools at their disposal. As a result, they possess an unparalleled ability to access information and resources independently. Dr. Gerhardt mentioned that they are skilled at searching for answers and may not necessarily rely on us for knowledge. Instead, they yearn for respect for their thoughts and ideas. How can we provide them with something meaningful? They seek guidance in understanding the meaning and application of information. Recognizing this, I shifted my approach from being a dogmatic provider of knowledge to being a facilitator of meaning. By engaging our trainees in discussions that connect theory to practice, we can empower them to apply their knowledge in meaningful ways.

As the most junior faculty member, applying Gentelligence® to my older colleagues is an important bridge to navigate. Reflecting on my own focus as a millennial leader, I recognize my inclination towards technology and efficiency yet also appreciate independence and delegation as a product of straddling a generational line. Recognizing and valuing the unique contributions each generation brings has allowed me to appreciate the diverse perspectives and tap into the complimentary skills that exist among us.

Dr. Gerhardt highlighted the common threads that unite us: respect, connection, competence, and autonomy. I am now recommitted to addressing each of these needs. To do so effectively, I have learned from Dr. Gerhardt to ask specific questions when leading an intergenerational group of faculty:

- "What are you seeing that I do not see?"
- "When you say that particular thing, what does it mean to you?"
- "How would you approach this?"

These questions foster open dialogue, invite diverse perspectives, and encourage understanding. By embracing the answers to these questions, we can foster a collaborative work environment where everyone feels valued, connected, and empowered. As a millennial leader in academic medicine, I am committed to nurturing generational diversity through the lens of Gentelligence® and hope you are as well. By recognizing and valuing the unique contributions of each generation, fostering open communication, and addressing the shared needs of respect, connection, competence, and autonomy, we can create a harmonious and thriving work environment. Embracing Gentelligence® allows us to tap into the collective wisdom and strengths.

References

1. Gerhardt M, Nachemson-Ekwall J, Fogel B. *Gentelligence: The Revolutionary Approach to Leading an Intergenerational Workforce*. New York; Rowman & Littlefield Publishers: 2021.