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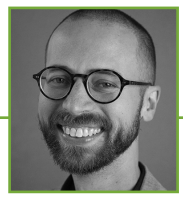
The Leadership Forum

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."



David Margolius Maureen Lyons Elisha Brownfield

Editorial Corner
From the Editors

David Margolius, MD; Maureen Lyons, MD; Elisha L. Brownfield, MD

Where were you when you first realized that COVID-19 was changing the world? Was it the first emergency meeting you were invited to? Or was it when your first in-person meeting was cancelled?

In this issue, we write with so much uncertainty as we go to press in May 2020. At first, we were hesitant to even put out an issue—given so much happening so fast, could what we write in March and April still be relevant in June and July?

But reading and writing are opportunities to reflect. And reflection is how we grow. We hope you can find an hour and a cup of coffee to read through this issue.

To all of our colleagues on the many different front lines of this pandemic, thank you for all you are doing!

Daniel Hunt

President's Corner

Daniel Hunt, MD

Dr. Hunt (Dan.hunt@emory.edu) is professor of medicine at Emory University School of Medicine. He attends on the inpatient services at Emory University Hospital and Grady Memorial Hospital and is the director of the Emory Division of Hospital Medicine in Atlanta, Georgia.

It is with gratitude to the members and a sense of great responsibility to the organization that I now serve as president of the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM). I am stepping into a role that has been ably and admirably filled by great leaders in general internal medicine over the past 21 years. I'm writing this article as COVID-19 rages all around us and calls upon us to lead in ways we could not have imagined a few months ago. I cherish the opportunity to learn from others in ACLGIM about how they are approaching this crisis with courage, creativity, patient centeredness, and grit—all the characteristics that define general internist leaders. I'm looking forward to continuing to share what we're learning and to supporting each other.

ACLGIM is an organization that has sometimes struggled to fully articulate its value to established and particularly to emerging leaders. Yet many of us keep coming back year-after-year for the Summit and the Hess Institute and the connections that we reach out to periodically between meetings to help us with our day-to-day questions and responsibilities. As a result, we continue to grow as a group, extending our welcome to leaders defined broadly. So, we must be doing something right.

As I've contemplated the coming year, I've had a chance to reflect more on what ACLGIM has meant to me over the years. I'm not sure I should confess this to the membership, but I joined before the "L" was added a few years ago—and before, I was actually a chief of a division. Possibly in violation of the

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President's Corner

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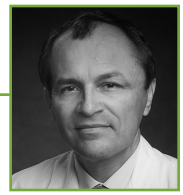
rules. Michael Barry, one of the great leaders and mentors in GIM, graciously invited me to attend a Summit shortly after I arrived at the MGH to develop the Inpatient Clinician Educator Service. I was leading a group of three at the time with the intent to expand the group to eight. I asked Michael if he was sure I would be allowed at the meeting (I was far from being a division chief). And he reassured, "It will be fine. You'll attend as my guest and I'll introduce you to folks." Michael had a conflict arise at the last minute and couldn't attend but assured me that it would still be fine. And I showed up by myself, sat in the back of the room, battled a bit of the imposter syndrome being in a room of luminaries in our field, and somehow managed to make a few connections—and learned a lot about leadership. More than enough to want to return the next year and the next year and the next year. And I kept sneaking in until the "L" made my attendance legitimate.

I hope we'll each channel the Michael Barry approach to mentorship and think about leaders in our divisions who would benefit from joining ACLGIM. And nudge those emerging leaders to join us for the Summit and stay with us for the camaraderie and shared wisdom of a great organization.



Carlos Estrada

Perspective on Leadership

"Junior Visiting Scholars"—A High-Impact and Low-Cost Approach to Promote Talent

Carlos Estrada, MS, MD

Dr. Estrada (Carlos.Estrada@va.gov, @EstradaElJefe) is professor of medicine and chief of general internal medicine at the University of Alabama at Birmingham and at the Birmingham VAMC, Birmingham, AL.

The Visiting Professor is a well-established tradition in academic medical centers. Visiting Professors present at grand rounds, attend morning reports, participate in patient care discussions, and meet trainees and faculty for career guidance and advice on challenges and opportunities. The Visiting Professor is already recognized as a national leader in a specific area; in general, the trip does not serve as a catalyst for their career development. Could a similar approach serve as a spark for junior faculty development? At a prior ACLGIM meeting, leaders shared ideas to promote talent and "high potentials" among junior faculty.[1] An idea that gained interest was an exchange program for junior faculty, thus "Junior Visiting Scholars" was born.

Junior Visiting Scholars

As a grass roots ACLGIM effort, the goals of the pilot program were to promote high-potentials, foster networking, and identify growth opportunities. Division Chiefs identified "high potentials" from their home institutions and sponsored their visits (i.e., released from duties, paid for transportation). The hosting institution crafted the itinerary, provided lodging, and covered local expenses (an honorarium was not provided).

Findings to Date

Four assistant professors visited our institution for a combined duration of 10.5 days. All scholars presented at a Tinsley Harrison Internal Medicine Noon Lecture for trainees. Dr. Elena Lebduska (University of Colorado) presented an overview of GIM Fellowships and Dr. Reem Hasan (Oregon Health & Science University) presented on Transitions of Care from Pediatric to Adult Care (she is Med-Peds trained). Drs. Reza Manesh (Johns Hopkins University) and Rabih Geha (University of California, San Francisco) visited together and discussed an unknown case presented by local faculty, with a focus on clinical reasoning.

Two scholars visited during a celebration of medical education, UAB Research and Innovations in Medical Education (https://bit.ly/3adVerW), and served as judges for the poster session (clinical vignettes, innovations, and research). All scholars met students, residents, junior, and senior faculty during formal and informal sessions at social gatherings.

Unexpected Outcomes

All visits resulted in new collaboration efforts. Dr. Lebduska invited Drs. Karla Williams and KeAndrea Titer (UAB) to participate in a micro-aggressions workshop. Drs. Manesh and Geha invited Drs. Lindsey Shipley and Sal Kamal (UAB residents) to join the Clinical Problem Solvers podcast. Dr. Hasan will participate on a national workshop to promote talent. Their testimonials are as follows:

- "Feeling like I gave something back. I think for whomever participates in the exchange it is important for them

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to feel like they are also giving back in some way. I really enjoyed giving the lecture on something that I am passionate about, meeting with the residents and giving them career advice and also being able to meet with the chief residents to help them with job planning and options."

—Dr. Lebduska

- "The visit allowed me a few days of semi-structured time to think, reflect on my career and meet colleagues who are peers, who are potential mentors, and who are potential mentees which clarified for me the trajectory of a career in academic medicine. It also gave me flexibility to put together a talk about 'anything'—and in doing so forced me to identify my areas of passion and contribution in a way that I had not been able to verbalize previously."

—Dr. Hasan

- "Our visit to UAB was career-changing. The visit affording us the opportunity to interact with students, residents and faculty at a leading academic institution, and our growth from that experience cannot be captured in words. This visit also provided us with validation for the work we had been doing in ways that other experiences simply can't. Finally, it has let to numerous other opportunities to collaborate with other individuals from UAB, and invitations to visit other institutions."

—Drs. Manesh and Geha

Challenges & Solutions

Finding the match between hosting and sponsoring institutions took time and effort. We started the matching process during networking sessions at ACLGIM national meetings by sharing areas of expertise. During follow-up communications, mutual areas of interest emerged. Second, identifying the faculty at the sponsoring institution took time. The leader at the sponsoring institution identified 'high potentials' who would benefit from visiting another institution. Third, funding was a barrier for some institutions and for a faculty who had exhausted professional development funds. Finally, the opportunity cost for the visiting scholar (time away from family and work) and hosting institution was not trivial; however, it was well worth the effort!

Benefits

In addition to the unexpected new collaboration efforts listed above, the deliberate approach to identify high potentials allowed chiefs to reflect on the needs of existing talented faculty. We feel that for visitors, it provided stretch growth opportunities.

Next Steps

We envision Chiefs and other leaders connecting with each other to host and sponsor such faculty. An exchange program that aligns areas of expertise with areas of need or interest is likely to foster the professional development of junior faculty. This form of sponsorship may be particularly helpful for women, people of color, and under-represented minorities in medicine.

Addendum (April 2020): Given the current health crisis and downturn in the economy, a well-structured virtual visit may serve a similar purpose.

References

1. Estrada C, Conroy MB. High potentials: Challenges and strategies to promote talent in your organization. *ACLGIM Leadership Forum*. 2018;10(2):3.

View from the Hess Institute

Courageous Leadership and the Dare to Lead™ Program

Julie McDonald, PhD; Lisa Graham, PhD

Julie McDonald

Lisa Graham

Dr. McDonald (julie@mcdonaldgraham.com) is a clinical psychologist and Dr. Graham (lisa@mcdonaldgraham.com) is an organizational psychologist. Together, they help professionals flourish at work and in life by applying solid psychological principles—tested through research and grounded in practice—to individual, group, and organizational issues. Their consulting company, McDonald Graham, LLC, is headquartered in Birmingham, Alabama.

Editors' note: The following is a synopsis of a workshop planned for the 2020 Hess Institute. We believe the content remains timely.

Leaders today are called to manage uncertainty and complexity, navigate the unrelenting pace of change, meet an insatiable need for innovation, stay grounded with constantly shifting goals and expectations, and lead people through discomfort. What is needed now is courageous leadership—leaders who are willing to make tough decisions and have difficult conversations. This is especially true in the medical profession where many leaders find themselves in the midst of managing multiple high priority demands and collaborating across departments, institutions, and cultures.

The Dare to Lead™ program, an empirically based program developed by Dr. Brené Brown (University of Houston) identifies skillsets absent from most leaders' development experiences. These four skillsets of courage are teachable, measurable, and observable:

1. Rumbling with Vulnerability
2. Living into our Values
3. BRAVING Trust, and
4. Learning to Rise.

Although we were unable to present this workshop, we encourage leaders to explore Dr. Brown's work and unpack the barriers to courageous leadership. Consider how these barriers—such as a lack of self-awareness and self-management skills—may present in your own professional and personal lives. These skills are foundational to effective leadership and complement many other types of leadership development. We look forward to working with you on these skills in the future.

For more information:
McDonald Graham:
www.mcdonaldgraham.com
Dare to Lead™:
https://daretolead.brenebrown.com/

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Review of the Literature

Crisis Leadership: Reflection and *Harvard Business Review* Resources

Maureen Lyons, MD

Dr. Maureen Lyons (lyonsm@wustl.edu) is an assistant professor at Washington University School of Medicine in St. Louis, MO, and an editor of the ACLGIM Leadership Forum.

In these trying and unprecedented times, what is needed from leaders looks very different. *Harvard Business Review* has, as usual, timely and concise articles that highlight practical and useful strategies. Reviewing the articles under the topic "Crisis Management," Nancy Koehn's article "Real Leaders Are Forged in Crisis" stands out as one that speaks to the complex challenges of living and leading through the coronavirus pandemic.[1] She opens with the timely reminder that the ability to lead is learned (and sometimes, as the title suggests, can be "forged in crisis") and provides the following four lessons:

1. Acknowledge people's fears, then encourage resolve
2. Give people a role and purpose
3. Emphasize experimentation and learning
4. Tend to energy and emotion—yours and theirs.

One of the best practices of leadership is reflection. Take a moment to reflect on your own leadership practices during this difficult time of crisis. What has worked very well, and what would you consider doing differently in the future? As this crisis evolves, continue to take time for yourself to reflect, recharge, adapt, and overcome.

References

1. Koehn N. Real Leaders Are Forged in Crisis. *Harvard Business Review*. https://hbr.org/2020/04/real-leaders-are-forged-in-crisis. Published April 3, 2020. Accessed May 15, 2020.

Words of Wisdom

The Value of Social Media for Academic Medicine

Robert Centor

Robert M. Centor, MD, MACP

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Social media definition: websites and applications that enable users to create and share content or to participate in social networking. Examples of social media include Facebook, Instagram, SnapChat, LinkedIn, and Twitter.

In my opinion, Twitter stands alone for academic physicians. The platform allows 280 characters per tweet (although one can also add images, GIFs) for which one can also link a series of tweets to form a Tweetorial (A series of linked tweets that often teach a concept—similar to a chalk talk).

Twitter has become my primary site to keep updated. Almost any important article appears on Twitter, and often with serious critiques.

While podcasts are not technically social media, the rise of Internal Medicine podcasts is often championed on Twitter. Podcasts are advertised and noted. Periodically, some will tweet a clinical conundrum or a clinical quiz. These help followers work through a difficult diagnosis or management decision.

Why do I find Twitter so useful? Tweets are easy, quick, and you get to choose whose tweets appear on your Twitter stream. Most of the people I follow are physicians, and mostly internists. The list of interesting MedTweeters is long and includes many members of ACLGIM and SGIM.

At the risk of leaving out important others, the following is a quick list of people worth following:

- Kimberly Manning: @gradydoctor
- Vinny Arora: @FutureDocs
- Shreya P. Trivedi: @ShreyaTrivediMD
- Jeff Linder: @jeffreylinder
- The Clinical Problem Solvers: @CPSolvers
- Rabih Geha: @rabihmgeha
- Reza Manesh: @DxRxEdu
- Rod Hayward: @ProfHayward
- The Curbsiders: @thecurbsiders
- Bob Wachter: @Bob_Wachter
- Valerie Stone: @valstonemd
- Carlos Estrada: @EstradaElJefe
- Karen DeSalvo: @KBDeSalvo
- Tony Breu: @tony_breu
- Lisa Willett: @LisaWillett13
- Lisa Sanders: @LisaSandersmd
- Christine Sinsky: @ChristineSinsky
- SGIM: @SocietyGIM