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The Leadership Forum

a publication from the Association of Chiefs and Leaders in 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."


Elisha Brownfield


David Margolius


Maureen Lyons

Editorial Corner
From the Editors

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

A quick Internet search of the question "Are leaders born or made?" yields 295,000,000 results. At ACLGIM, our answer to this question falls strongly into the "made" camp, as evidenced by the many leadership development opportunities we support. Skill development and experience are required for those assuming complex leadership roles. In this issue, Dr. Valerie Stone, our new ACLGIM president, encourages all current and prospective general Internal Medicine leaders to consider ACLGIM their home for leadership support. Several articles from the May 2019 Hess Institute and Annual Meeting focus on leadership skills related to the power of diversity, and the LEAD faculty highlight the developing leader's need for sponsorship. The ACLGIM Book Club rounds out this issue. As you make your plans for this fall, consider attending the ACLGIM Winter Summit to add to your leadership toolbox.

We look forward to supporting your leadership journey!


Valerie Stone

President's Corner
Calling All Leaders: ACLGIM Is Here to Support You and Enhance Your Effectiveness

Valerie E. Stone, MD, MPH, President, ACLGIM

Dr. Stone (vstone@bwh.harvard.edu), ACLGIM President 2019-2020, is also the vice chair for Diversity, Equity and Inclusion at Brigham and Women's Hospital's Department of Medicine and professor of medicine, Harvard Medical School.

The Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) is entering its 20th year this year. For its first 10 years, the organization was the Association of Chiefs of General Internal Medicine (ACGIM). However, in 2010, with a growing recognition of the numerous different types of leadership roles that general internists hold, we broadened our name to ACLGIM to communicate that we are a big tent that welcomes each and every one of these leaders.

During the past 10 years since its name change in 2010, ACLGIM has served as a valued and meaningful professional home for many of these general internal medicine leaders. However, as the new ACLGIM president, I quickly discovered that the story is actually a bit more complicated. In my first week as ACLGIM president, during the outstanding 2019 SGIM Annual Meeting in May, I learned that there is also a contingent of academic GIM leaders who are uncertain about ACLGIM's main audience and purpose. To my surprise, I was asked by several division chiefs, "Is ACLGIM for me or is it for emerging leaders?" At other times in that same week, when chatting with more junior leaders, I was also asked more than once, "Isn't ACLGIM primarily for division chiefs and department chairs?"

It's not one group or the other—my hope is that ACLGIM can be a professional home of great value to *all* of these leaders. By providing leadership training, a convening space to discuss and share strategies about the most challenging issues that we face as

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President's Corner

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physician leaders, and the opportunity to meet and network with other leaders, I believe that ACLGIM can indeed meet the need of a wide array of generalist leaders.

Physicians who become leaders often do so because of a commitment to advancing the work of a division, department, clinical, educational, or research endeavor for the benefit of their patients or colleagues. Yet, we often take on these leadership roles with limited leadership experience or training. So, there is undoubtedly a need for ACLGIM among the early and emerging leaders. In addition, however, many of us find that as our roles and responsibilities evolve and unfold, more questions come up; therefore, we need a space in which to focus on and further sharpen our leadership skillset. In my own experience, I have been faced with new challenges associated with major recruitments, unexpected departures, physician well-being, hospital network development, and the arrival of new C-suite senior leaders that I could not have anticipated when I began in each of my leadership roles. I realize that it will not be easy to ensure that we are meeting the needs of a diverse array of leaders, but we ACLGIM leaders are committed to doing our best to achieve that goal. Carlos Estrada's article in the previous ACLGIM Leadership Forum detailed our strategic plan and tactics[1], so I will not repeat them in detail here. But briefly, our goals are as follows: 1) to provide value and support to leaders as ACLGIM members, 2) to foster the continuous development of current and future leaders in general internal medicine, and 3) to synergize with key SGIM priorities and external partners.

Over the past 20 years, I have been a residency program director, associate chief of a GIM division, department chair, and now a vice chair of a department of medicine. Like so many of you, I have been evolving and growing in each of these roles, and I was often thinking about what skills I needed for my current role, as well as looking ahead and endeavoring to prepare for my next role. However, two things that often distinguished me from my colleagues as I took on those leadership roles, were my gender and race. While women and under-represented minorities now make up a higher proportion of academic general internal medicine than we did when I entered our field 30 years ago, we remain underrepresented among academic leadership at every level. The reasons for this are complex and numerous. However, we know that at least part of the reason is less access to powerful networks, mentors, and sponsors and less access to the information that these groups and individuals can provide. ACLGIM can provide this network, this information, and access to mentors and sponsors. Therefore, an important part of ACLGIM's Goal #1 this year is to advance and support the careers of diverse leaders, with a focus on current as well as emerging women and minority generalist leaders.

Attending this year's ACLGIM Summit is a great way for each of you leaders in our big tent, including established leaders, new leaders, emerging leaders, women leaders, and minority leaders, to start benefitting from all ACLGIM has to offer. This year's Summit will focus on the incredibly important topic of making successful and effective career transitions and transformations. We will discuss not only how to transition successfully, but also *when to make a career transition*—one of the most frequent questions I hear from colleagues at every career stage. I hope you will join me at the Summit! I also look forward to hearing your ideas and suggestions about how ACLGIM can best meet your needs as a leader, both for the role you have today and the role you will have in the future.

Please reach out and share your thoughts, ideas and reflections with me.

References

1. Estrada C, Babbott S, Brownfield E, et al. President's corner plus strategy: ACLGIM strategic goals 2019-2021. *The Leadership Forum*. 2019; 11(2): 1-2.

View from the Hess Institute

Overcoming Implicit Bias and Leveraging Diversity

Cristina Gonzalez

Cristina Gonzalez, MD, MEd

Dr. Gonzalez (crgonzal@montefiore.org) is an associate professor of medicine at Albert Einstein College of Medicine (Einstein). She practices hospital medicine at Montefiore Health System and leads a research team designing interventions in implicit bias recognition and management at Einstein in Bronx, New York.

The SGIM Health Equity Commission (HEC) presented a highly interactive workshop titled "Training for Academic Leaders on Mitigating the Effects of Implicit Bias to Maximize Recruitment Opportunities." The United States is becoming increasingly diverse, but many of our faculty groups suffer from lack of diversity. Last year, HEC members pre-

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View from the Hess Institute
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sented strategies to optimize the inclusivity of the institutional environment to improve retention of existing faculty from diverse backgrounds. This year, we built on this previous work and presented strategies to recruit more faculty from diverse backgrounds into this inclusive environment. Using the search committee process as a case study, participants identified where implicit bias might limit opportunities to recruit diverse talent and articulated statements to address common myths. Participants also engaged in role-plays to develop skills to address their own biases and the potential perception of bias in contexts specific to their professional responsibilities (such as nominations and awards, resident recruitment, and admissions committees). At the end of the session, participants practiced two strategies they identified that were relevant to their professional contexts to recognize and manage implicit bias in themselves and others. For example, some participants suggested seeking peer consultation after encounters, checking in with candidates to ask what is important to them (in terms of moving, cultural aspects in the city, etc.) as a way to be person-centered and attract diverse candidates, among others. The goal is to mitigate its influence on recruitment of diverse candidates, contributing to an equitable hiring process. This presentation was part of a series of skill-building workshops to leverage diversity and inclusion in our academic medical centers.

Brandon Allport-Altillo

View from the Hess Institute

Getting On the Same Page: Leading within Community Partnerships

Brandon Allport-Altillo, MD, MPH

Dr. Allport-Altillo (ballport@utexas.edu) is an assistant professor of population health, internal medicine, and pediatrics at Dell Medical School (DMS). He practices primary care at Lone Star Circle of Care at Collinfield, a federally qualified health center, and leads the clinical arm of the Rundberg Neighborhood Health Initiative at DMS in Austin, Texas.

Most of our patients' health and wellness is determined by factors outside of the clinical setting. To truly advance the health of our patients, physician leaders need to partner with community and nongovernmental organizations—partnerships that will involve their own unique challenges and dynamics.

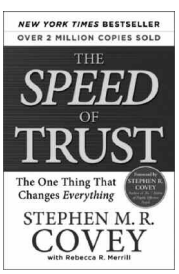
Community organizations and academic institutions may have the same overarching goal of improving health in communities, but the methods used to arrive at the goal can be different and, at times, difficult to reconcile. For example, academic institutions have a research mission, but research methods—such as randomizing some individuals to receive an intervention while others do not—may be antithetical to a community organization's instincts to provide services as broadly and equitably as possible. There may also be preexisting mistrust of academics among community partners, since academic institutions have historically failed to conduct effective community outreach and have often discriminated against or taken advantage of their surrounding communities most in need.

To improve these working relationships and make them most effective, academic institutions should recognize and proactively address issues of historic mistrust and misaligned goals or methods. Personal connections should be formed and fostered to promote organizational relationship building and mutual trust. Academic institutions should be intentionally inclusive and egalitarian in their interactions; for example, alternating locations for joint meetings and ensuring that meetings are led by representatives from all involved parties. If tensions develop, they should be addressed openly and empathetically while highlighting shared goals and visions. These steps can help academic institutions partner effectively with community organizations to multiply their impact on population health and wellness.

ACLGIM Book Club
What Leadership Books Are We Reading?

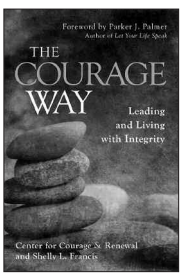
Elisha Brownfield
The Speed of Trust: The One Thing that Changes Everything
by Steven M.R. Covey

"Whether it is high or low, trust is the 'hidden variable' in the formula for organizational success."



Valerie Stone
The Courage Way: Leading and Living with Integrity
by The Center for Courage and Renewal and Shelly L. Francis

"It takes courage to be your whole self, so you can do your best work, so you can be the change you want to see, so you can do what your worthy cause most needs you to do."



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William Fuller Nadia Bennett

From the SGIM Annual Meeting
Bias in Narrative Evaluations

William Fuller, MD, and Nadia L. Bennett, MD, MSEd

Dr. Fuller (wsf2112@cumc.columbia.edu) is an assistant professor of medicine at Columbia Vagelos College of Physicians and Surgeons. He practices primary care at Columbia University Irving Medical Center in New York, New York. Dr. Bennett (Nadia.Bennett@pennmedicine.upenn.edu) is an associate professor of medicine at The University of Pennsylvania Perelman School of Medicine. She works as a hospitalist at the Hospital of the University of Pennsylvania and serves as an internal medicine clerkship director at the Perelman School of Medicine.

The inherent risk of bias in narrative evaluations presents a perennial issue for medical educators. Although these freeform reviews of learner performance are intrinsically subjective, they are valuable in providing a level of nuance not captured by numerical rubrics or entrustable activities. Narrative evaluations commonly contain gender bias, such as a propensity to praise the compassion and emotional intelligence of female students while praising the medical knowledge and intellectual curiosity of male ones, as well as racial biases like disproportionately describing students of East Asian descent as "quiet" or "reserved." Being able to identify these biases in our own and others' evaluations is paramount to developing as medical educators, and essential for mentoring junior faculty in education roles. Best practices in avoiding excessively subjective evaluations include focusing on concrete phases in physician development (i.e., using RIME and similar frameworks) and citing specific examples of behavior rather than general impressions. Educators should strive to combat unconscious racial and gender bias by increasing awareness and acknowledgement of its effects. Efforts to this end should focus on demonstration and discussion of bias that points out its ubiquity without normalizing it, emphasizing the need to avoid its influence to advance social and educational justice. As the population of physicians and trainees grows to more closely resemble the diversity of the patients we serve, we must constantly work to ensure that no one is disadvantaged on the basis of race or gender, even and especially when this happens without intent to discriminate.



April Fitzgerald Michele Fang Rita Lee

From the LEAD Faculty
Beyond Leadership Training: The Need for Sponsorship

April S. Fitzgerald, MD, MEHP; Michele Fang, MD; Rita S. Lee, MD

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Education has famously been called the great equalizer. Physicians are highly educated and typically have multiple career enhancing opportunities—mentoring, coaching, and leadership training. And still, many struggle to reach their personal career potential. This is often due to a key missing ingredient—sponsorship.

Mentors often give advice or project guidance to mentees in order to help them develop their career focus or balance other competing interests. Coaches help with specific tasks or guide someone to become proficient in a specific skill, such as communication. Leadership training helps an individual reflect on how their behavior impacts others, learn how to manage change, and develop skills to put the mission and the followers before self. However, mastering these skills does not adequately address the external barriers to advancement—work culture, implicit bias, office politics, and relationship networks. To navigate structural and cultural barriers to success, a sponsor is imperative.

Sponsors are usually senior and in a leadership position with political power and clout. They might have some of the same attributes of a mentor or coach, and they advocate and leverage their influence to push for an individual to move up into a higher position than they could attain on their own. When it comes to finding the wings to propel an individual off the sticky-floor or giving one the ability to burst through a glass-ceiling, a sponsor who is willing to advocate for you is the most effective way to advance your career.