

ACGIM



CHIEFS' TOOLKIT

INTRODUCTION

So you're a Chief of General Internal Medicine. Now what? We are writing this guide with the hopes that we can help you on your way to a successful career as a General Internal Medicine Chief. With all the changes in our field, we think it is more important than ever that GIM Chiefs be successful in leading our Divisions so that our voices and those of our patients can be heard by Chairs and other institutional leaders, as well as the public and external groups. We may be biased, but we feel that general internists are best suited to lead in various ways throughout health care organizations, and we hope that whether you become a Chief for the rest of your career, or move on to other significant roles, the skills and contacts you acquire through your relationship with ACGIM serve you well into the future.

We are compiling this toolkit primarily with new Chiefs in mind, but we feel it will be helpful to three main groups of colleagues:

1. If you are contemplating becoming a Chief, this can help you decide if this role is a good fit for you, and prepare yourself to successfully compete for a Chiefs job.
2. If you are a new Chief, this toolkit will help you get plugged in and off to a great start; and
3. If you are an established Chief, this toolkit can help you take another look at your role, what is working and what is not, and even help you decide if you should ask your Chair for more \$. If you are an established Chief, and feel that you have something substantive to contribute to this toolkit (a favorite book, an instructive anecdote, etc), please contact vdweber@geisinger.edu

This toolkit will use a "Chinese menu approach." Our offerings will include links to survey information, and include information about structured educational experiences, an annotated bibliography, the ACGIM list serve, and mentorship opportunities. We even include pod casts on various topics.

WHAT DOES A GIM CHIEF DO?

When you've seen one Division Chief, you've seen one Division Chief. We have found that roles and responsibilities vary greatly from place to place, and job descriptions are rarely produced.

Before taking a job as Division Chief, you should seek clarification of what the expectations of the job will be, who will report to you, and what other responsibilities outside of the role (task forces, search committee chair, standing committee chair, etc) may exist. The more successful you are in your role, the more other roles you will be asked to take on. If you are not careful, these extra jobs can add up. Some of these jobs are politically helpful in your role: example: Chairing the search committee for the new Chair! Or just a big time-sucker: Chairing a non-powerful committee such as peer review, credentialing, etc. It's important to be selective.

I hate to admit this, but the Division Chief job is a classic middle management role. You are truly walking a middle line between your Division and your Chair as well as others within your organization like the CMO, the Dean, or the CEO. If you are in what is known as a 'highly matrixed organization' you will be juggling relationships - with your colleagues, other leaders throughout the institution at both a higher, lateral and lower level of responsibility than you. This is truly an art form! In addition to these challenges, your direct reports will be a group of doctors who do not easily cede authority. To gain acceptance with your colleagues, you will need more than your title. You need to be a really good clinician whom others respect. You need to 'walk the walk'-which means actually do some of the grunt work (like call, covering weekends, etc) which goes a long way with your colleagues. Some of what you may do is sometimes like acting as a 'filter,' or deciding what inane institutional initiatives or edicts might be worth letting them know about, and what you may be able to 'head off at the pass' without creating a furor!

A few years back, we surveyed Division Chiefs to find out what they do, what their Divisions look like, and even how much money they make! At least one chief used this data to get a salary increase! Use this link to see the results of the [Chiefs Job Description survey](#).

KEY SKILLS TO BEING A CHIEF

Skills you will need to be a successful chief can be categorized into two broad categories: management, and leadership. Both are important. Management is what you will need to keep your department ticking on a day to day basis. It is also what you will need to keep your time organized and structure your tasks in a manageable fashion. There are two key people you must have in your life: an administrative secretary/assistant and an operations manager. Work at maintaining excellent relationships with these key folks, learn how to delegate, and help develop them where necessary. Also, insist on technological support - email with remote access while traveling/cell phone and/or pager are essential. In addition, look for leadership potential in your colleagues and promote and develop it. When they are ready, you can give them a title (Hospitalist Section Director, Ambulatory Clinic Director, Fellowship Director, etc) and let them run with it. Trying to do everything yourself is a sure recipe for burnout.

Leadership is very important, and can be defined many ways. It has nothing to do with having a title. Setting a vision for the future of your division, with appropriate buy-in, communicating and setting the stage for that vision, and making that vision a reality, is its essence. Change management is an essential skill for chiefs and is key to making that vision a reality. There are many good resources, both readings, and in-person coursework, to develop your leadership skills. These skills can definitely be learned and should constantly be nurtured and developed. Attending the [ACGIM Management Institute](#) is key to meeting and networking with your colleagues.

By virtue of making it to the Chiefs role, you already know a lot. You are a general internist, and therefore understand what makes people tick, how hospitals are run, how outpatient practices operate, and the essentials of running graduate medical education programs as well as medical student programming. There are some major gaps though, unless you have made special effort

along the way to fill these in. Although there are formal ways to learn about these areas (graduate certificate programs, MBAs, MHAs, etc), there are ways to do this that are much less formalized and perhaps just as effective.

- **Financial management**
Let's face it; you need to know how to read all of those financial statements. You don't need to turn into an accountant, but you do need to know enough that the administrators can't snow you, and you need to be able to explain your financials to your divisional colleagues. Enlist a finance person to go through your profit/loss statement line by line. Understand what is there and why. Ask questions. Do that on a monthly basis until you don't need to do it anymore.
- **Running a meeting**
This is pretty important. Many things can now be communicated outside of meetings, but face to face meetings within a Division can still help to build esprit de corps and allow members to know each other better. If your division is geographically dispersed, you may have these infrequently and rely on other means to communicate. In general, you can never over communicate changes, and multiple forums, such as meetings, email, and casual conversations are needed. You will need judgment to know when you can just tell folks what is happening and when a group decision and consensus-building is needed to reach a plan of action. Vote-taking should be avoided unless you know ahead of time exactly how everyone will vote and are pleased with the outcome, or if you don't care which way the decision goes (such as what color to paint the new conference room). You will also need to know which meetings you yourself can avoid attending (see time management, below) and how to do so gracefully.
- **Time management**
You can't do everything. Everyone loves to be needed, but don't let your ego get in the way of effective delegation. Look around you for talented people, give them a significant role (with the authority that goes with it, and title and pay commensurate) and when they succeed, let them get the credit. One measure of a successful leader is how often subordinates are able to get promoted, and assume higher leadership roles in the organization. This ultimately helps you and helps your Division as well. One Division Chief has colleagues in the Division which include a Medical Director at a major insurer, two Program Directors, the Chief of Medical Informatics, and the Chair of a major hospital committee. This is a good thing.
- **Human Resources**
This is very likely to be a huge area of weakness for new Chiefs. There are a wealth of policies and laws that apply here. You will need a very close relationship with someone in your institution in HR. How do you fire someone? How do you hire someone? And everything in between is needed in the Chiefs armamentarium.
- **Finding a mentor**
Many chiefs struggle with finding a mentor. As you are moving up the ladder at your institution, it may be hard to find a local mentor. ACGIM can provide opportunities for mentorship. Often though, you may be able to find certain individuals at your institution who can mentor you on certain aspects of your role. For example, a leader in HR can meet with you to strengthen that aspect of your knowledge base. A financial leader can offer you advice on financial management. It is unlikely that someone in the organization to whom you report, such as your Chair or CMO, can effectively mentor you for reasons that are probably obvious.

[ANNOTATED BIBLIOGRAPHY](#)

Management/Leadership

- Gabarro, John J, ed. Managing People and Organizations. Harvard School of Business Publications, 1992. This book provides a great primer on management, and is recommended highly. It includes topics such as effective time management, leadership vs. management, motivating and managing individuals, performance appraisals, managing your boss, organization effectiveness, how to run a meeting, and others.
- Collins, Jim. Good to Great, 2001. Many chiefs have found this book useful. This management classic gives practical, clear advice based on the evidence of real companies that made the leap from mediocre to exceptional. It provides excellent evidence-based guidance about how to be a Level 5 humble and effective leader, and how to become the best team-maker you can be. The 'hedgehog' concept helped one Chief understand what his Division should be focusing on. Ross, Wentzel, Mitlyng. Leadership for the Future: Core competences in Health Care.

Financial Management

- Zelman, McCue, Millikan and Glick. Financial management of Health Care Organizations. A comprehensive, solid grounding for understanding finances of health care entities.

Strategic planning/Business planning

- Ginter, Duncan, Sappington, Swayze. Strategic management of Health care organizations, 5th edition. A highly rated text, very readable. Semple, Business planning for health care management. Tips and conceptual skills on how to plan and implement a new line of business.

Change management

- Harvard Business School press, Managing Change and Transition. One of a series, gives an essential overview of leading change.
- Kotter, John P. Leading Change. An oft-quoted, Harvard business "bible" on change management.
- Gladwell, M. The Tipping Point.

Miscellaneous:

The Harvard Business Review Series offers books in the following areas which would be of interest to Chiefs. Keep in mind these will not be health care focused.

- Business Communication
- Essentials Guide to Negotiation
- Finance for Managers
- Hiring and Keeping the Best People
- Managing Change and Transition
- Harvard Business Review on Work-Life Balance (?A contradiction in terms?)
- Harvard Business Review on Leading in Turbulent Times

Bob Centor's picks Bob Centor is a seasoned Chief at the University of Alabama, was a founding member and Past-President of ACGIM, and Past-President of SGIM. His picks are as follows:

First, Break All the Rules

The greatest managers in the world seem to have little in common. They differ in sex, age, and

race. They employ vastly different styles and focus on different goals. Yet despite their differences, great managers share one common trait: They do not hesitate to break virtually every rule held sacred by conventional wisdom. They do not believe that, with enough training, a person can achieve anything he sets his mind to. They do not try to help people overcome their weaknesses. They consistently disregard the golden rule. And, yes, they even play favorites. *First, Break All the Rules* explains why.

Marcus Buckingham and Curt Coffman of The Gallup Organization present the remarkable findings of Gallup's massive in-depth study of great managers across a wide variety of situations. Some were in leadership positions. Others were front-line supervisors. Some were in *Fortune 500* companies; others were key players in small, entrepreneurial businesses. Whatever their situations, the managers who ultimately became the focus of Gallup's research were invariably those who excelled at turning each employee's talent into performance.

[The One Thing you need to Know](#) - Marcus spends time on leaders and managers. **"Great leaders rally people to a better future."**

"Great managers discover what is unique about each person and capitalize on it."
There are significant differences between leaders and managers and Marcus spends a good deal of time reviewing this with good stories along the way.

Whether you are a leader or a manager, you still are an individual person and need to find your own path to success. It is this thread that finally leads Marcus to the one thing: **"Discover what you don't like doing and stop doing it."**

Wait, this is phrased as a negative. Why? Simply it goes back to the strengths and weaknesses argument. Focus on the strengths and keep doing those. But this oddly isn't enough. You will also need to find out your weaknesses (what you don't like doing) and figure out a way to avoid doing it. Of course, the devil is in the details. It will in many cases be harder to do than it seems. But when you think about it, it does make sense. It may not be easy for some folks to accomplish as they may have found themselves in a position where had they listened earlier, they may not be so far off track now.

[Influence by Robert Cialdini](#) - Robert Cialdini is a Professor of Psychology at Arizona State University and has spent many years devoted to the scientific investigation and research of persuasion techniques. His book "Influence" has become a classic. Within his book Cialdini lists six basic social and psychological principles that form the foundation for successful strategies used to achieve influence.

[7 Habits of Highly Effective People](#) - Dr Stephen Covey is a hugely influential management guru, whose book *The Seven Habits Of Highly Effective People*, became a blueprint for personal development when it was published in 1990. The Seven Habits are said by some to be easy to understand but not as easy to apply. Don't let the challenge daunt you: The 'Seven Habits' are a remarkable set of inspirational and aspirational standards for anyone who seeks to live a full, purposeful and good life, and are applicable today more than ever, as the business world becomes more attuned to humanist concepts. Covey's values are full of integrity and humanity, and contrast strongly with the process-based ideologies that characterized management thinking in earlier times.

[Getting to Yes](#) - One of the most influential works in the endeavour of negotiations is *Getting to YES*. This work offers a clean, easy to read and is quite digestible for both novices and the experienced negotiator. The novice will be introduced carefully and will easily understand the

principle centred approach outlined by the authors. Experienced negotiators will find it to be an excellent source of refreshment and reference.

Why these books? I believe that division chiefs need 3 major skills - leadership, management and negotiation.

Leadership (in my thought process) defines the skill of anticipating the future and leading the charge. Leaders rarely accept the status quo, rather they look for ways to improve, expand, and move forward. I would start with the 7 Habits and then read the One Thing you Really Need to Know. Buckingham's section on leadership has influenced my strategic thinking.

Management differs greatly from leadership. Some chiefs excel at one, and fail at the other. Management refers to the ability to help the members of the group succeed. While the 7 Habits help here, I find the 2 Buckingham books as the best source I have read. I adore First, Break all the Rules. This book is based on careful survey data. The One Thing you Really Need to Know expands these thoughts.

One should never underestimate the importance of negotiation. Division chiefs spend time negotiating with faculty, staff, department chairs and the health system. I would read Cialdini's book on Influence first as a background, then read the classic on negotiations - Getting to Yes.

I hope these books are helpful.

[STRUCTURED EDUCATIONAL EXPERIENCES](#)

[ACGIM Management Institute](#)

This one day course is generally held the day prior to the Annual SGIM meeting in the Spring and focuses on skills in management and leadership. A new fall ACGIM Summit focuses on networking and policy issues important to GIM divisions. Find the [schedules and slides to the past five years' management institutes](#) as well as this year's institute by clicking on the respective links.

[Johns Hopkins Business of Medicine](#)

Offers both a Graduate Certificate (4 courses over 1 year) and an MBA in Medical Services Management. Courses include: Healthcare and Business: Theory and Practice, Accounting for Medical Decision Making; Managerial Finance for Medical Services, and Leadership and Organizational Behavior in Medical Settings. Participants receive CME credits as well as 12 credits toward an MBA. Unfortunately, they no longer offer an on-line option. Classes are each Wednesday night from 5:30 to 8:30 pm at either Washington, DC or East Baltimore.

[The Crimson Group](#)

Affiliated with Harvard, this program offers three in-house programs for a reasonable fee. They will come to you if you have at least 20 participants! Programs include Financial Management of Physician practice plans (3 days), Basics of Cost Accounting and Control (3 days) and Understanding a Medical Center's Financial Statements (1 day).

[American College of Physician Executives](#)

Offers a wide range of leadership and management topics, always in nice locations. A bit on the expensive side. Many of their courses track to requirements for either a MMM or MBA degree with sponsor institutions including the University of Massachusetts, Carnegie-Mellon, and Tulane.

[printable version](#)

*Would you like to add to any of the recommendations above?
Email your contributions or comments to Kay Ovington at ovingtonk@sgim.org*