

# The Leadership Forum

*an ACGIM publication for leaders in  
academic general internal medicine*

## Leadership in Global Health: Everyone, Everywhere

Molly McNairy, MD, MSc

Interest in global health is increasing at a phenomenal pace across medical schools and residency training programs around the country. From student surveys done at Harvard University, over 36% of Harvard undergraduates report an interest for international health experiences and, similarly, nearly 30% of Brigham and Women's Hospital Internal Medicine residents apply for global health rotations and request additional global health training (unpublished surveys). The response to this surge of interest, much of which reflects long-term career commitments to global health, has been led by the leadership of internal medicine departments with the creation of nearly a dozen formal, accredited training tracks for global health within internal medicine residency programs and even more programs providing less formal rotations. Moreover, virtual online medicine collaborations and groups like the Global Health Education Consortium ([www.ghobalhealthed.org](http://www.ghobalhealthed.org)), representing over 70 health professional schools and 700 physicians, medical educators, and students are being chartered to foster dialogue around the challenges of global health, health inequities, delivery systems, and career training.

"Global health" is a fairly recent term that reflects an evolution of



general medicine care focused on under-served communities. Global health is no longer synonymous with the narrow definitions of infectious diseases, tropical medicine, or even international health. Rather, it is a developing subspecialty within internal medicine focused on health and health disparities in resource-limited settings, both domestic and international. Global health centers are providing dignified, high quality clinical care for preventable infections and

chronic illness to the world's most impoverished, under-resourced communities who suffer the greatest burden of disease. The practice of global health spans the inner-city clinics of America, chronic care clinics of the Indian Health Services in Native American reservations, HIV care in Sub-Saharan Africa, to malaria prevention programs in Southeast Asia.

Global simply means everyone, everywhere. Each of these settings share similar challenges of tremen-

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dous health inequalities, fractured and inefficient delivery systems, and human resource shortages. Moreover, each setting confronts powerful social determinants of health that are equally formidable in their pathology such as profound poverty, high illiteracy rates, gender inequality, and addiction rates.

Despite today's unprecedented resources, funding, and interest in global health, the 'know-do-gap' remains seismic and testifies to the need for further attention and training. Less than 20% of patients in need of antiretrovirals (ARVs) in Sub-Saharan Africa are receiving treatment, nearly one child dies of malaria every 30 seconds, and preventable cardiac morbidity is increasing exponentially across the globe. These challenges are no doubt solvable, but the next generation of physician leaders must augment their clinical skill sets with additional focused training in the social sciences of business management, operations, and health planning to confront the system challenges plaguing global healthcare delivery.

The ACGIM was founded to foster leadership in general internal medicine and part of leadership is training and promoting the next generation of internal medicine physicians, many of whom are committing partial or full careers to global health. This field is a direct and natural extension of general medicine as a hybrid combining internal medicine clinical practice with public health, management, and operations to create dynamic and sustain-

able health systems that provide highest quality care to patients in greatest need. Some would suggest this compares to the primary care training track movement of the last generation, where a surge in interest and need led to a parallel training curriculum. Likewise, the direction and leadership of global health is dependent on groups like ACGIM to recognize its importance, prioritize tailored training, provide mentoring from field leaders, and promote career tracks in both the public and academic sectors. The future of global health will, in part, be determined by the resources and attention given by division chiefs across the country to train internal medicine's next cadre of physicians and, more importantly, provide care to the global community.

*Molly McNairy graduated from Harvard Medical School in 2005 with a MSc in Health Policy and Economics from the London School of Economics in 2004. In 2009, she completed a four-year internal medicine residency program at Brigham and Women's Hospital with specialty training in global health through the Global Health Equity Residency program. Next year she will join the Brigham and Women's Hospitalist program, the Division of Global Health Equity at Harvard Medical School and also work with the International Center for AIDS Programs (ICAP) at Columbia University Mailman School of Public Health. Email: mmcnaury@partners.org*

ACGIM

## Nine years and counting—An Update on ACGIM

By Kay Ovington, COO, ACGIM

This year, ACGIM will celebrate its ninth year as an organization serving chiefs and other leaders in general internal medicine. The organization was formed in 2000 by a group of GIM chiefs in order to provide professional development and networking for division chiefs. In 2007 the membership voted to change its bylaws to open membership up to include general internists who are leaders of any GIM related academic units, such as

hospitalist divisions, ambulatory units, or research sections.

The ACGIM executive committee, under the leadership of Karen DeSalvo, the current President, will continue to focus their efforts this year on the four primary goals on which the organization was founded:

**Provide professional development through leadership and management training.** Delivering a yearly

leadership and management training course was an early goal of ACGIM, and this endeavor has grown to become the highlight of the ACGIM annual meeting, held the day prior to the SGIM annual meeting. The Leon Hess Leadership and Management Institute is a resource for division chiefs, hospitalist directors, associate chiefs, section heads, administrators, and other leaders in divisions of GIM. It offers an unparalleled opportunity

to learn critical leadership and management skills and network with the community of scholars devoted to GIM. In addition, this year ACGIM has worked with SHM and SGIM to cosponsor the Academic Hospitalist academy to support the scholarly development of academic hospitalists.

**Provide forums in which to exchange information.** *The ACGIM listserv* is an invaluable resource to facilitate the exchange of information among members. In recent months, discussion topics have included:

- Clinical support staff for hospital-based primary care practice
- Compensation models for clinically focused faculty
- Hospital medicine service growth
- Review for promotions
- Quality measures as criteria for incentive
- Interviewing/negotiating mistakes
- Ambulatory EHR
- ABIM and the comprehensive care internist

**ACGIM Summit.** Beginning in 2006, ACGIM began holding a second yearly meeting in the fall. This meeting is designed to address issues (particularly health policy issues) of importance to GIM divisions. This past year the themes were transitions of care and the advanced medical home.

**Other resources—website, surveys, and chiefs’ toolkit.** The ACGIM website is chock full of resources for chiefs. Under the direction of Smith Bullington, the upcoming year will feature a major upgrade of the ACGIM website. Current resources include the results of chiefs’ surveys, the new chiefs’ toolkit, past publications including ‘chiefs alerts’ as well as the results of past listserv discussions.

**Provide personal development and networking for chiefs.** The Chiefs’ dinner, at the ACGIM annual meeting, has become the premier social event for ACGIM. Over 50 leaders in GIM attended the dinner in Miami and shared personal and professional achievements over the past year. A highlight of this year was the presentation of the 2009 Chiefs Award to Ann Natinger for her excellence in leading her division.

**Influence and educate institutional leaders about issues relevant to academic medicine.** Through the ACGIM site visit program, ACGIM leaders have provided onsite guidance and assistance to Chiefs and Chairs around the country. ACGIM’s site visits have provided critical evaluation and recommendations for the improvement of GIM within academic institutions. In the past few years, ACGIM has conducted on-site external reviews at institutions such as the University of

Colorado at Denver, Ohio State University, the University of Maryland, and the Medical College of Georgia.

In addition, ACGIM is a member of the Association of Specialty Professors (ASP). Stewart Babbott, Chief at University of Kansas, currently serves as ACGIM’s ASP representative. ACGIM Executive committee members also meet yearly with this leadership of many national organizations, such as ACP, APM and others.

Lastly, I would like to introduce the 2009–10 Executive Committee:

Karen Desalvo, President

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Ex-Officio: Mark Linzer, Development Chair; Alpesh Amin, Communications Chair; Chris Sciamanna and Missy McNeil, Institute and Summit programming; John Flynn, Membership Chair; Stewart Babbott, ASP Representative; Nancy Rigotti, SGIM President, David Karlson, SGIM Executive Director, and Kay Ovington, COO, ACGIM.

The ACGIM Executive Committee invites your suggestions for programming this year. Feel free to contact us with your ideas at any time. We look forward to another exciting year for ACGIM!

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## Perspectives in Leadership

By Colonel Stephen Bowles, USA

*This Leadership Forum “Perspectives” article highlights leadership as seen through the eyes of a psychologist. Written by an army colonel at the Uniformed Services University, the author describes the leadership attributes that enhance the emotional well-being of a follower, leading to improved follower resiliency.*

### —Through the Eyes of a Psychologist

**R**esilience in psychology and sociology refers to the capacity of individuals to withstand and cope with stressors. Leaders inspire, influence, and motivate. During times of crisis and stress, a leader’s attitudes and actions impact their staff and may determine the staff’s resilience. A leader who enhances their followers’ ability to

cope during significant adverse stress is referred to as a “resilience leader”.

What a resilience leader looks like:

1. **A resilience leader displays a positive attitude to maintain effectiveness in difficult situations.** They have the ability to bounce back and respond to

staff, patients and their families. Under stress, the leader is able to return normalcy to a situation and incorporate positives from difficult experiences.

*How to do this:* Recognize the positive aspects of a situation or

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2501 M Street, NW, Suite 575  
Washington, DC 20037  
www.sgim.org

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4 experience and highlight the good in others around you.

**2. A resilience leader has a sense of purpose in their life and develops life goals.** When challenges occur, they maintain their internal compass, committed to stay on course, pursue objectives with perseverance, and work for the betterment of all.

*How to do this:* Remember the reasons you became a physician. Let this and your ethics and values guide your vision for yourself and your team.

**3. A resilience leader doesn't become isolated.** Leaders are the buffer for staff and patients, often acting as a sounding board and absorbing others' stress. This can be a lonely process. Leaders need their own sounding board and support system when facing difficult situations.

*How to do this:* Maintain regular interactions (daily to weekly) with friends and family members. If there

is not a confidante with whom you are close, find a coach to assist in facilitating important decisions.

**4. A resilience leader uses healthy coping mechanisms.** In difficult situations, leaders need to diffuse the stress. Apply emotional intelligence by laughing at the situation (or at yourself). Seeing humor in hard situations can be very powerful in creating an environment with less tension and allowing others to focus on the task at hand.

*How to do this:* Remember the healthy coping mechanisms that you teach your patients and apply these to your own stressful circumstances.

**5. A resilience leader maintains flexibility and adaptability.** They create a culture in which staff can be agile and respond to crises. This requires flexibility in the leader.

*How to do this:* Stay current in trends in internal medicine that allow you to respond to change. Keep options open.

**6. A resilience leader inspires confidence in others.** Building confidence during peaceful and/or normal operations will set the stage for continued confidence during an adverse event.

*How to do this:* Have confidence and believe in yourself, set high, but achievable, goals for your team and then acknowledge both the small and the large successes.

In difficult times, good leaders have vision, make good decisions, and communicate well. Exceptional leaders demonstrate these characteristics and also display a positive attitude, a sense of purpose, healthy interpersonal relationships, a sense of humor, flexibility, and confidence. The leaders fostering resilience will benefit by having a resilient team during times of crisis.

We welcome submissions from leaders and followers, both physicians and staff members. Please send your submissions for ***Perspectives in Leadership*** to Dr. April Fitzgerald at [afitzg10@jhmi.edu](mailto:afitzg10@jhmi.edu).

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