

# **American College of Physicians**

## **RESOURCE GUIDE: Creating and Maintaining a Chapter Council of Early Career Physicians (CECP)**

**October 2015**

**American College of Physicians  
Council of Early Career Physicians  
(CECP) Resource Guide**

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## Preface

The National Council of Early Career Physicians (formerly known as the Council of Young Physicians) was established in 2005 to serve as a voice for early career physician members in the organization and to help them emerge as leaders in the Internal Medicine community. An Early Career Physician is defined as a physician member of ACP who is within sixteen (16) years of medical school graduation and who is not a medical student or associate member of ACP. Some ACP Chapters have established Early Career Physician Committees or Councils which provide a forum to address issues that affect physicians in the early years of their career. They collaborate very closely with their chapter Governors on issues affecting early career physicians and often are involved in the planning of programs at their annual chapter meeting. The National Council of Early Career Physicians encourages each chapter to establish a local Council of Early Career Physicians (CECP) and will work closely with you to better represent every early career physician in the College.

This Resource Guide is designed to assist chapters in developing their own CECP and enhancing early career physician activities locally. Inside, you will find fundamental information on starting or enhancing a Council. If your chapter already has one, this guide will help you organize new programs that have worked successfully in other chapters. Above all, it is intended to increase early career physician participation at the local level and involvement in the chapter governance structure. Early career physician involvement is essential to keep pace with the changing environment of medicine and needs of physicians.

The National Council of Early Career Physicians serves as a resource for all members early in their careers. We are available if you have questions or suggestions. Please utilize Early Career Physician resources on ACP Online to see programs and products specific to this stage of your career:

[http://www.acponline.org/membership/benefits/physicians/early\\_career\\_physicians/](http://www.acponline.org/membership/benefits/physicians/early_career_physicians/)

## **I. Council of Early Career Physicians**

### **History of Early Career Physician Membership in the College**

In the late 1960's, ACP began an Associate membership class to incorporate and include internal medicine residents and fellows into the organization, recognizing that the future of internal medicine, and the College, lies with these groups. In 1989, a Council of Associates was established within the committee/council structure to bring the concerns of these members to the Board of Regents (BOR), Board of Governors (BOG), and other ACP committees and efforts.

In the 1990's, a program of Medical Student membership was established to extend the concept of involving younger people and to help encourage more medical students to specialize in internal medicine. In 1998, a Council of Student Members allowed this group likewise to influence and provide input to all levels of the College.

In the late 1990's, ACP became aware of the need to help Associates transition from their Associate membership to full Membership. One of the actions taken was to establish a Young Physicians Subcommittee (YPS) in 1999 to help design products and programs to appeal to this group of members. After several years, the YPS proposed forming a council. The idea of transforming the subcommittee into the Council of Young Physicians (CYP) was motivated by a desire to maximize the group's influence and impact upon leadership decisions, marketing initiatives, and the development of programs, products, and services. The Membership Committee and Board of Regents approved this proposal in January 2005. In 2013, the Council of Young Physicians (CYP) changed its name to the Council of Early Career Physician to better incorporate all physicians in the beginnings of their career without the prior emphasis on age.

### **National Council of Early Career Physicians**

#### ***Composition:***

The CECP is composed of a Chair who serves as an ex-officio, voting member on the BOR; Chair-Elect, who must be a member of the Council at the time of election and who serves as an ex-officio, voting member on the BOG; and nine (9) at-large members who are selected with consideration given to the College's Diversity Policy, as well as specialty and years out of training. These at-large members also serve on many College Committees, and the AMA-Young Physician Section. All members must be early career physicians at the

time of selection to the Council (defined as within 16 years of graduation from medical school).

***Charge:***

The council's work is two-fold.

1. Respond to requests from the Board of Regents, committees and staff for review of programs, policies, products and services.
2. Advise the BOR on:
  - Enhancing professional development for early career physicians
  - Fostering early career physician involvement in College activities at both local and national level
  - Increasing the value of ACP membership for early career physicians
  - Strengthening chapter level councils and activities for early career physicians
  - Aligning council activities with the College's Strategic Plan

**The Responsibilities of National Council Representatives**

Council representatives are charged with advising the College regarding the policy, programs, products and services provided by the ACP for early career physicians. Representatives also serve as a resource for Chapter CECPs. They also serve as a mechanism for bringing forward issues from the chapters to the National CECP, BOG, and/or BOR.

Each Council member is charged with:

- Providing a voice at the national level for early career physicians
- Helping establish and providing support for Chapter CECPs
- Promoting the development of local early career physician programs
- Promoting participation in Chapter meetings and the Annual Meeting
- Encouraging professional and leadership development

Elections for seats on the Council are held every year that a seat falls vacant. Terms are for three (3) years. Elections are staggered to ensure continuity on the Council. Early Career physicians interested in serving on the Council, or a member who wishes to nominate an early career physician for the Council, should contact staff via email at [governance@acponline.org](mailto:governance@acponline.org)

## II. Creating a Local Council of Early Career Physicians

Approximately 40 ACP chapters have already established Chapter Councils of Early Career Physicians (some have been called Early Career Physicians Committees) to foster participation of early career physicians at the chapter level. To find out what is being done in your chapter, you can contact your College Governor via the chapter web site section of ACP Online at <http://www.acponline.org/chapters/>. The following information will help an interested early career internist initiate the development of a Chapter Council for Early Career Physicians. No uniform structure has been mandated which allows each chapter to create a council structure to meet local needs.

### Step 1: Getting Organized

The first step in getting organized should be to meet with the College Governor to inquire about the existence of interest and availability of resources to develop and support a CECP, and its activities.

Secondly, you can request ACP\_staff assistance in obtaining a list of current early career physician members from the chapter portal. ([Chapter Liaisons](#), employed by the ACP at the national level, can assist chapters in obtaining lists of early career physicians and can also send blast emails on behalf of chapters to their early career physician members). The initial communication can be via email, telephone, or another mode of communication.

Thirdly, a planning meeting with several interested members is paramount. At this meeting, the members should agree upon the rationale for establishing a Chapter CECP and also identify some guidelines and a timeline with specific goals to be achieved during the first year. It is important that the established goals are realistic and attainable. You can use the SMART goals mnemonic for this purpose (Specific, measurable, attainable, reproducible, time oriented). Unrealistic goals may prompt later discouragement of all involved.

If a Council is being formed de novo, it is important that the Governor and Governor's Council are aware of the members and approve its creation and membership, as appropriate. This facilitates communication between the Governor and the Chapter Council of Early Career Physicians.

Next, you will want to establish some parameters for your Chapter Council of Early Career Physicians, such as structure (officers, key members), terms of service, election of new members, and number of meetings per year. The sample documents section contains a constitution and bylaws template that can be modified accordingly. The following are some proposed models that can be adjusted to suit your needs:

**Model 1:** Early Career Physician members invited by ACP Governor/Chapter Council as potential initial council members;  
Governor participates as moderator at an initial planning meeting.

**Model 2:** 2 representatives from each major region within the chapter/state; 2-year (staggered) appointments;  
Elected Chair, Treasurer, and Secretary

Special Note: Several established Chapter CECPs have found it beneficial for their Chair to attend the Governor's Council meeting as either a voting or non-voting member depending on the structure. Also, one Chapter CECP indicated that all CECP members are invited to attend the twice yearly Governor's Council meetings as observers to meet the chapter leaders and learn about the chapter structure. Chapters are encouraged to consider these relationships when developing a Chapter Council of Early Career Physicians.

## **Step 2: Mission and Goals**

### **The Mission Statement**

One of the first steps in forming a Chapter Council of Early Career Physicians is creating a statement of your mission and goals. This provides you with an overall vision for the Council. This should mirror the national mission statement as much as feasible.

Working with your Governor, you can adopt or modify the mission statement to meet the needs of your Chapter. It should be realistic, measurable, and attainable. Whatever mission you select, it should be re-examined periodically and updated as necessary. Governors should provide information to the Chapter CECP about financing local events.

### **Goals**

Having established the direction you want your Council to take, you now want to define the goals you want to meet to fulfill your overall mission. Each should contain a strategy for meeting that goal. Your Council's goals may include any or all of the following:

#### ***Foster Interest in ACP***

Encourage early career physician ACP membership and a lifelong interest in ACP. Encourage advancement to Fellowship, and representation on local and national ACP committees.

### ***Foster Educational Opportunities***

Encourage participation in local and national ACP activities. Work with the Governor to create chapter-meeting programs of interest to early career physicians, including leadership development, maintenance of certification courses and workshops on other topics of interest to early career physicians, such as work life balance, coding and billing, etc. Publicize local and national educational opportunities. Work with medical organizations to promote continuing medical education.

### ***Assist in the Identification of Practice Improvement Issues***

Provide information for early career physicians as they begin their practice, such as evaluation of practice setting opportunities, junior faculty development, financial advice, and contract negotiation. The College's Center for Practice Improvement and Innovation (CPII) is a valuable benefit of membership providing timely information to succeed in today's healthcare environment:

[http://www.acponline.org/running\\_practice/practice\\_management/](http://www.acponline.org/running_practice/practice_management/)

### ***Support Public Policy Concerns***

Monitor local and national health policy and how it relates to internal medicine and physician welfare. Discuss at the chapter level and develop resolutions to be taken to the national level. Get involved with ACP's [Advocates in Internal Medicine](#) program.

### ***Encourage an Interest in Community Service***

Encourage participation in community service projects as a means of stimulating further discussion of volunteer service and promoting the image of the ACP.

## **Step 3: Council Operating Rules**

Work with your ACP Governor and Chapter staff to identify Council Operating Rules. There is an attached example that can serve as a guideline regarding the functions of your Chapter CECP. The example illustrates operating rules you might include.



#### **Step 4: Local and National Support/Resources**

Your College Governor is a valuable resource for information about ACP, current issues at the leadership level, and past and present projects, both local and national (please refer to <http://www.acponline.org/chapters> for your Governor's name). The Governor, Chapter staff and Chapter CECP should work together to coordinate early career physician activities at chapter meetings. Keeping in close contact with your Chapter Governor is a key step to running an effective chapter council.

While the Chair-elect of the National Council of Early Career Physicians serves as your connection to the advisory body of the College's governance (BOG) in submitting resolutions, and representing issues, the Chair serves as the liaison between the National CECP and the College's decision-making body, the BOR. Establishing a regular communication link with Council representatives [http://www.acponline.org/about\\_acp/committees/early\\_career\\_physicians/](http://www.acponline.org/about_acp/committees/early_career_physicians/) serves as an efficient mode of communication. They can update you on early career physician activities in other chapters or at the national level, help you with questions and issues within your chapter council, and help you to publicize good ideas and successful projects to the rest of the membership.

#### ACP Online's Early Career Physicians Corner

([http://www.acponline.org/membership/benefits/physicians/early\\_career\\_physicians/](http://www.acponline.org/membership/benefits/physicians/early_career_physicians/)) This is an excellent source of information for early career physicians about College leadership, issues being discussed by the College, excerpts from ACP publications and resources, and up-to-date news briefs about College activities. Governors and early career physician chapter leaders can also work with their Chapter Liaison (<http://www.acponline.org/cln/liasons.htm>) to send e-mail and post information about early career physicians' activities on the chapter web sites.

#### John Tooker Evergreen Awards Program

The ACP recognizes that the strength of the organization is grounded in the local chapters. Because of this, a program was created to recognize outstanding chapter efforts. The [John Tooker Evergreen Awards Program](#) provides visibility and recognition to those chapters that have been successful in implementing programs that increase membership, improve communication, bolster member involvement and diversity activities, and foster careers in internal medicine.

### **III. Involving Early Career Physicians in Chapter Meetings and Hosting Freestanding Networking Events**

Chapter Meeting Programming for Early Career Physicians examples/ideas:

- Host an early career physician networking/mentoring breakfast/lunch/wine tasting event in conjunction with the chapter meeting. Suggested networking event topics include work/life balance, contract negotiation, advancing to fellowship, etc.
- Invite an early career physician member to join the chapter meeting program planning committee and have him or her organize courses and/or networking events targeted at early career physicians to be held in conjunction with the chapter meeting.
- Offer a panel discussion or workshop at the chapter meeting on a topic that is geared towards early career physicians such as part-time medicine, work/life balance, coding and billing 101, etc.
- Schedule specific time during the chapter meeting for the ACP Governor or Governor's Council members to meet and discuss relevant issues with the Early Career Physicians.
- Encourage early career physician members that have a shared national interest or specific expertise in a topic to share it at the chapter meeting or other events.

### **IV. Sample Chapter Council Documents**

Please see the CECP Toolkits beginning on page 14.

### **V. Examples of Successful Projects from Chapter Councils of Early Career Physicians**

- Host a cocktail reception for early career physicians to introduce them to the idea of a Chapter Council of Early Career Physicians, applying for Fellowship, and/or to get involved with chapter meeting planning.
- Host a free half-day coding and billing workshop on a weekend morning targeted at early career physicians.
- Host a networking dinner to establish a core group of Early Career Physician Council Members. The goals of the evening will be to learn about the Chapter ACP Council of Early Career Physicians and brainstorm about the things that attendees would like to see the Council accomplish over the upcoming year.
- Host a practice innovations or work/life balance networking luncheon for local early career physicians.

- Host a monthly webinar on relevant topics (i.e. learning to say no, promotion, leadership, etc.).

## **VI. Summary**

We hope that this reference has been helpful. Starting a CECF may be a challenge but the end result is a body within your chapter which provides a forum for the discussion of early career physician issues, develops programs for them, and increases opportunities for participation in the chapter governance structure. We urge you to get involved. We hope that your Council of Early Career Physicians will bring forward issues that you would like to be addressed at the national level. We welcome your comments and suggestions.

For more information, contact ACP staff via email at [governance@acponline.org](mailto:governance@acponline.org).

## **VII. 2015-16 Council of Early Career Physicians**

([http://www.acponline.org/about\\_acp/committees/early\\_career\\_physicians/](http://www.acponline.org/about_acp/committees/early_career_physicians/))

Rebecca A. Andrews, MD, FACP, Chair

Email: [reandrews@uchc.edu](mailto:reandrews@uchc.edu)

Moises Auron, MD, FAAP, SFHM, FACP, Chair-elect

Email: [auronm@ccf.org](mailto:auronm@ccf.org)

Micah W. Beachy, DO, FACP

Email: [mbeachy@unmc.edu](mailto:mbeachy@unmc.edu)

Sowmya Kanikkannan, MD, FACP, SFHM

Email: [skanikk@gmail.com](mailto:skanikk@gmail.com)

Tammy Lin, MD, MPH, FACP

Email: [tlin3247@gmail.com](mailto:tlin3247@gmail.com)

Danny Allen Newman, MD, FACP

Email: [danny.newman@comcast.net](mailto:danny.newman@comcast.net)

Sima Pendharkar, MD, MPH, FACP

Email: [pendharkars0@gmail.com](mailto:pendharkars0@gmail.com)

Valerie G. Press, MD, FACP

Email: [vpress@medicine.bsd.uchicago.edu](mailto:vpress@medicine.bsd.uchicago.edu)

Samuel Calvin Thigpen, MD, FACP  
Email: [sthigpen@umc.edu](mailto:sthigpen@umc.edu)

LCDR Mark P. Tschanz, MC USN, FACP  
Email: [mark\\_tschanz@hotmail.com](mailto:mark_tschanz@hotmail.com)

Richard M. Wardrop, III, MD, PhD, FAAP, FACP  
Email: [Richard\\_wardrop@med.unc.edu](mailto:Richard_wardrop@med.unc.edu)

## **VIII. Addendum**

### **Example of Council Operating Rules**

#### **Purpose**

- Provide a forum to identify and discuss issues of concern to Chapter/State early career physicians.
- Encourage advancement to Fellowship
- Encourage participation in professional and leadership development.
- Encourage participation in the ACP on a Chapter/State and regional level.
- Provide representation on the (state) ACP Governor's Council.
- Encourage continuing medical education opportunities for early career physicians.
- Provide feedback to the national ACP Council of Early Career Physicians.

#### **Council Structure and Elections**

- A single Chair or Co-Chairpersons and Chair-elect shall be elected.
- Secretary/Treasurer shall be elected.
- The Chair or Co-Chair shall serve as liaison to the Governor's Council.
- Elections will be held annually in a staggered fashion.

#### **Council Member Duties (including, but not limited to, the following.)**

Chairs or Co-Chairs: Organize council meetings, delegate duties, disseminate information from ACP, and represent (state) at the Annual Meeting. Serve as a conduit to bring information to and from the national Council of Early Career Physicians.

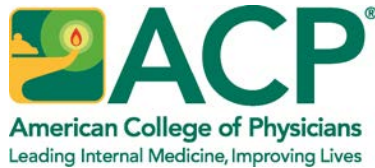
Secretary/Treasurer: Record minutes: keep operating rules, and oversee the budget.

## **Meetings**

- The (State) Chapter Council of Early Career Physicians shall meet at least three times per year.
- The presence of 50% or greater shall constitute a quorum.
- Decisions shall be made by majority vote.
- For absent members, voting may be done by written absentee ballot or via Email if necessary.

## **Vacancies**

Any vacancies in the Council may be filled by appointment by the Chair or Co-Chairs, with the approval of the Council.



## **An Approach to Effective Advocacy for Internists**

### **A Council of Early Career Physicians Program toolkit**

This document is part of a series intended to assist local ACP Chapters in developing program content for their members. This is a detailed blueprint for how one local ACP Chapter developed a program for its members. You may copy this or simply use parts of it as inspiration for developing content in your own Chapter.

**Title:** “An Approach to Effective Advocacy for Internists”

**Setting of Program:** Sit down dinner meeting with our chapter Governor and prior chair of the CT Health and Public Policy Committee, member of the National Health and Public Policy Committee, and winner of the Key Contact of the Year Award in 2007, Robert McLean, MD, FACP

**Date and Timing of Program:** December 16, 2009, 6:00 pm to 9:00 pm

**Program Sponsors:** The American College of Physicians (ACP) Connecticut Chapter’s Council of Early Career Physicians (CECP)

**Audience:** ACP early career physician members in Connecticut. Our chapter has a co-chairmanship model, each co-chair responsible for recruitment and program hosting in different regions of the state. For larger events, members from the entire state are invited. For this program, all ACP early career physicians in the state of CT were invited via email correspondence from our main chapter office executive director. The program was designed for all early career physicians regardless of type of practice or sub-specialty. The email list supplied by the ACP was not complete and was supplemented by names from the co-chairs as well as other ACP Early Career Physician members. A great deal of enthusiasm was generated by the program and it was attended by 27 members.

**Planning/Coordination:** At events hosted in the state, the attendees are polled for topics they would feel helpful to their personal and professional development. Advocacy has come up on several occasions given the state of healthcare in the current political climate.

**Program Objectives:**

- Introduce the state of healthcare reform and provide an overview of the ACP’s position
- Review opportunities for advocacy at the national, state, and local levels
  - National: Key Contact Program, LEAD program, Leadership day
  - State: Health and Public Policy Committee, Connecticut State Medical Society, volunteering to give congressional testimony, meeting with members of CT House and Senate

- Local: Writing op-ed pieces, teaching advocacy to residents,
- Discuss recent successful ACP-related advocacy campaigns
- Introduce Key Contact Program, LEAD program, and Leadership day as potential opportunities to become involved

**Speakers:**

- Dr. Robert McLean, our chapter Governor, has a long history of advocacy and has served as the Chairman of the state Health and Public Policy Committee, is a member of the National Health and Public Policy Committee and has been awarded Key Contact of the Year in 2007. He was chosen as a speaker based on these credentials and his track record of successful advocacy. The program was also attended by our current Health and Public Policy Committee Chair; however, he was unable to make the entire meeting.

**Program Agenda:**

6:00-6:30: Welcome and Introductions  
 6:30-7:45: Dinner and program overview  
 7:45-9:00: Q&A

**Food:**

- Local restaurant with a private room which can hold up to 50 people.
- Attendees were allowed to order from the regular menu.

**Comments**

- This was a well-attended and well-received event that was highly publicized via blast emails and word of mouth prior to the program.
- Having a private room for this type of discussion was key.
- Given our Governor is also a strong supporter of advocacy within the ACP his involvement seemed natural. Other options would include: invitations to state public officials or staffers who cover healthcare in their agenda, partnering with state medical societies to increase audience, inviting a panel of officials with differing views on the topic to create more of a debate format.
- Our state has two medical schools and the populations of physicians seem to gravitate to the closest institution. We are most successful when we hold two simultaneous events or hold later events in order to accommodate the hour plus of travel with traffic in a central site.



## **Conversation with the Attorney General**

### **A Council of Early Career Physicians Program toolkit**

This document is part of a series intended to assist local ACP Chapters in developing program content for their members. This is a detailed blueprint for how one local ACP Chapter developed a program for its members. You may copy this or simply use parts of it as inspiration for developing content in your own Chapter.

**Title:** “Conversation with the Attorney General”

**Setting of Program:** Drinks and hoer d’oeuvres in a reserved reception room at a local restaurant.

**Date and Timing of Program:** Tuesday, July 19th, 6:30 pm to 9:00 pm

**Program Sponsors:** The American College of Physicians (ACP) Delaware Chapter’s Council of Early Career Physicians (CECP).

**Intended Audience:** This program was sponsored and initially designed for early career physician members of the chapter. In order to increase attendance it was opened to all ACP chapter members including those not considered “early career physicians.” Spouses were also invited.

The Chapter Governor sent email notification of the event using the ACP chapter list serve. The email was composed by CECP leadership. This email notification was sent 1 month prior to the event and repeated 2 weeks prior and 1 week prior to the event. The initial email notification would have gone out sooner but logistical details were still being managed.

Most attendees RSVP’d immediately after receiving the email notification or in the 7 days leading up to the event. Ultimately, the event was attended by approximately 20 physicians.

**Planning/Coordination:** Delaware CECP typically sponsors at least 2 events annually. Email between CECP leadership (and including the Chapter Governor) was used to determine the topic for this event as well as the location. This began 3 months prior to the actual event.



**Program Objectives:**

- Opportunity for conversation in an intimate environment with the State's Attorney General
- Discussion of critical topics of mutual interest including new state legislation relating to physician regulation
- Expose the Attorney General to the ACP
- Networking with the Attorney General and amongst ACP members

**Speakers:**

- The setting was informal and the Attorney General was not asked to make a formal presentation. Ultimately, after some refreshments and networking, chairs were set up in a circle and an informal question and answer session was conducted.

**Program Agenda:**

6:30-7:30: Meet and greet with food available. This was the key time for networking as people trickled in, including the Attorney General who was expectedly late.

7:30-8:30: Conversation

- ACP and CECP were introduced including an introduction by the Chapter Governor
- After gathering in a circle the Attorney General had a few introductory comments and anecdotes prior to opening the floor for questions
- Questions and comments were solicited and a conversation was maintained with the Attorney General

8:30-9:00: Wrap up

**Food:**

- Used the restaurant menu and wait staff.
- The menu was ordered ahead of time with flexibility based on potential food preferences. Food preferences were not solicited prior to the event.
- The wait staff was asked to minimize interruptions during the conversation portion of the event.

**Comments**

- For this event it was good that we had an intimate environment and moderate turnout as it facilitated the conversation aspect of the event.
- In hindsight, it would have been useful to have someone taking notes during the conversation. The notes would have served to give a summary to the rest of the Chapter membership about the topics discussed during the event. Notes would also have allowed us to follow up with the Attorney General on any points of clarification.



## Conflict Management

### A Council of Early Career Physicians Program Toolkit

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**Title:** “Conflict Management- How to make the most of a difficult situation.”

**Setting of Program:** Buffet dinner and panel discussion

**Date and Timing of Program:** Tuesday October 25, 2011, 6:30 pm to 8:30 pm

**Program Sponsors:** The American College of Physicians (ACP) and Southeastern Pennsylvania Chapter’s Council of Early Career Physicians (CECP)

**Intended Audience:** This program was open to both ACP and non-ACP members of the medical community including primary care physicians, hospitalists, and subspecialists. In order to increase attendance, residents of any year in training were invited, as well. It was initially advertised to “early career physicians” fellows, chief residents in Philadelphia and surrounding counties. Closer to event, initiation was expanded to include residents.

Most attendees RSVP’d in the 10 days leading up to the event. The Chapter Executive director used ACP list serve to email invitation as well as CECP sending personal emails (see example at the end). It was also advertised in the quarterly CECP membership newsletter. Registration was required via email to executive director. Ultimately, the event was attended by approximately 30+ physicians.

**Planning/Coordination:** CECP used evening telephone conference calls and one planning dinner to determine topic for event, choose speakers, delegate roles/responsibilities and work out logistics. This began 3-4 months prior to the actual event.

#### **Program Objectives:**

- Present and discuss common conflict scenarios
- Review common strategies in the management of conflict
- Receive helpful materials.

#### **Speakers:**

- Once topic decided, CECP determined that 2-3, diverse speakers would be recruited.
- Based on personal knowledge of individual figures in the community who were known to be involved in this subject, members of the CECP personally reached out to selected physicians to invite them to speak.
- The three speakers consisted of 1) A department chair of a local, large university hospital, 2) An experienced psychologist who worked with physicians and 3) An academic faculty member of a large university
- Once the three panelists confirmed their interest in being panelists, we had one conference call with them as well as group email conversations to iron out details of event.

#### **Program Agenda:**

6:30	Dinner and Networking session
7:00	Introduction- by 2 CECP members <ul style="list-style-type: none"> <li>· Panelist brief biosketches</li> <li>· Outline of evening</li> <li>· Difference between conflict resolution and negotiation</li> </ul>
7:10	Panel Discussion- 6-8 minutes per speaker followed by brief 1-2 min pause to record audience questions on whiteboard (for later address) <ul style="list-style-type: none"> <li>· Dr. Katz- Managing the emotional aspect of conflict</li> </ul>
7:20	Dr. Moser- Thomas-Kilman Conflict Mode Instrument- discussion of the “instrument” and its use
7:30	Dr. Reynolds- conflict negotiation
7:40	Case presentations for review by participants: 2-3 depending on time (10-15 minutes each)- moderated by Baber/Rachel with support from panelists- moderators to try to incorporate responses to questions in this section
8:10	Open QA session
8:20	Take home points- 1-2 minutes per speaker
8:26	Closing comments by moderators
8:30	Adjourn

#### **Food:**

- At a mutually agreed upon restaurant, away from the “city” for this event to include outlying physicians
- Food: both vegetarian and non-vegetarian options were available- menu was chosen with help from the restaurant manager by a member of the CECP

#### **Comments/Suggestions**

- o It is important to clarify objectives to panelists beforehand so they can tailor their thoughts to the main points you wish to get across. For example, some of our panelists used their time to discuss specific cases.
- o A question asked by the moderator that helped focus the conversation and keep from trending away from the core content. The topics of conflict management can invite a number of “personal agendas and anecdotes”. Moderating to keep it general was important.
- o We had a flip chart with markers available for scribbling/drawing, especially the TKI model for personality types in conflicts.
- o By opening up the evening to residents, we were able to enroll a number of them into the ACP.



## **Financial Planning for the “Newly” Employed**

### **A Council of Early Career Physicians Program toolkit**

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**Title:** “Financial Planning for the ‘Newly’ Employed’.”

**Setting of Program:** Limited-choice sit-down dinner; experienced financial speaker addressing the large step-up in income, investment strategies for late-starters, how many types of insurances are truly necessary

**Date and Timing of Program:** Thursday, March 10, 2011, 6:00 pm to 8:00 pm

**Program Sponsors:** The American College of Physicians (ACP) Connecticut Chapter’s Council of Early Career Physicians (CECP)

**Audience:** ACP early career physician members in Connecticut. We have a co-chair situation that divides the state into northern and southern halves. Both groups had invites emailed via our main chapter office executive director. The program was designed for all early career physicians regardless of type of practice or specialty. The email list supplied by the ACP was not complete and an email list was generated at the event to expand our list serve. The setting was intimate and kept small to allow discussion of individual circumstances. It was attended by 15 physicians.

**Planning/Coordination:** At each event, the attendees are polled for topics they would feel helpful to their personal and professional development. Financial issues always surface in the top three topics on the list.

#### **Program Objectives:**

- Learn about investment strategies for new physicians to help off-set the delayed start due to school and residency
- Explain why insurance coverage for homes, cars, disability and death help prevent financial ruin during times of loss
- Discussion about living below your means
- Delayed gratification model of overspending for physicians

- Financial protection in case of law-suit: is an L.L.C. helpful
- Individual Discussion time

**Speakers:**

- After interviewing several financial advisors, one was chosen who already advises a fair number of physicians. He was chosen mainly for his skill and his accurate perception of the challenges facing the newly graduated physician.

**Program Agenda:**

6:00-6:30: Welcome and Introductions

6:30-7:30: Dinner and Lecture

7:30-8:00: Q&A

- Individuals were able to ask general and personal advice

**Food:**

- Local restaurant with a set “per-person” price menu

**Comments**

- The plan was to have an intimate setting to allow for privacy for individual questions. The group that came and participated was very engaged, however we realized had this not been the case, the event would not have been nearly so successful.
- Certain topics, politics, religion, and money, always risk controversy. We chose to have one speaker that had a working knowledge of the medical field rather than multiple advisors that differed in their strategy use to avoid conflict. This obviously also limits the point of views presented and is a difficult decision.
- The topic was held in lecture format requiring a dinner...a wider audience is conceivable with only appetizers
- Our state has two medical schools and the populations of physicians seem to gravitate to the closest institution. We are most successful when we hold two simultaneous events or hold later events in order to accommodate the hour plus of travel with traffic in a central site.



**Transitions in care to and from hospitals,  
outpatient settings, and long term care.**

**A Council of Early Career Physicians Program toolkit**

This document is part of a series intended to assist local ACP Chapters in developing program content for their members. This is a detailed blueprint for how one local ACP Chapter developed a program for its members. You may copy this or simply use parts of it as inspiration for developing content in your own Chapter.

**Title:** “Lost in Translation- Optimizing Transitions in Care.”

**Setting of Program:** Buffett dinner and panel discussion addressing inpatient, outpatient, and long term care transitions

**Date and Timing of Program:** Thursday, May 19, 2011, 6:30 pm to 8:30 pm

**Program Sponsors:** The American College of Physicians (ACP) Southeastern Pennsylvania Chapter’s Council of Early Career Physicians (CECP) and the Philadelphia Medical Society

**Intended Audience:** This program was open to both ACP and non-ACP members of the medical community including primary care physicians, hospitalists, and subspecialists. In order to increase attendance, residents of any year in training were invited, as well. It was initially advertised to “early career physicians” fellows, chief residents in Philadelphia and surrounding counties. Closer to event, initiation was expanded to include residents.

Most attendees RSVP’d in the 10 days leading up to the event. The Chapter Executive director used ACP list serve to email invitation as well as CECP sending personal emails (see example at the end). It was also advertised in the quarterly CECP membership newsletter. Registration was required via email to executive director. Ultimately, the event was attended by approximately 50 physicians.

**Planning/Coordination:** CECP used evening telephone conference calls to determine topic for event, choose speakers, delegate roles/responsibilities and work out logistics. This began 3-4 months prior to the actual event.

**Program Objectives:**

- Discuss techniques to reduce errors and improve patient care.
- Learn the challenges and tips for navigating patient transition to and from hospitals, assisted living facilities, and nursing homes.
- Learn Q I development and benefits from the patient centered medical home.
- Discuss Transitions of Care and how patients successfully cross the entire continuum of care.
- Receive helpful materials.

**Speakers:**

- Once topic decided, CECP determined that the three main stakeholders in a transitions of care discussion were primary care physicians, hospitalists and long term care practitioners.
- Based on personal knowledge of individual figures in the community who were known to be involved in this subject, members of the CECP personally reached out to selected physicians to invite them to speak.
- Ultimately, the three speakers consisted of 1) An academic hospitalist, 2) An ambulatory-based internist with an interest in promoting patient centered medical homes and 3) A geriatrician.
- Once the three panelists confirmed their interest in being panelists, we had one conference call with them as well as group email conversations to iron out details of event.

**Program Agenda:**

6:30-7:15: Meet and greet with food available. This was a good time for networking.

7:15-7:45: Panelist statement (10 min each)

7:45-8:15: Q&A

- We set up the tables in a large square with the panelists on one end. Used informal approach to encourage discussion and debate. We felt that this format would be more likely to keep an audience at an after-hours event engaged.
- Some general handouts (i.e. AMDA white paper on transitions) were made available at the registration table.
- To start, each panelist was introduced by a CECP moderator. Each spoke informally for approximately 10 minutes on their views of transitions of care, how it affects their practices and what they perceive as the main issues.
- For the remainder of the evening, the floor was opened to questions and comments. A lively conversation ensued.

**Food:**

- Used caterer that we had prior positive experience with.
- Food was delivered one hour before start of event and kept warm in chafers.



- Both vegetarian and non-vegetarian options were available. Menu consisted of some canapés, salad, pasta dish and chicken dish.
- CECF supplied soda, water, wine and cookies.

### **Comments**

- It is important to clarify objectives to panelists beforehand so they can tailor their thoughts to the main points you wish to get across. For example, some of our panelists used their time to discuss issues with transitions that they personally encounter whereas we were looking to focus more on systems success and failures.
- A question asked by the moderator that helped focus the conversation was to have each panelist briefly discuss what evidence exists or what research has been done within their specific venue of care that they use to help in transitions. That led to the primary care panelist discussing the patient centered medical home, the hospitalist discussing Project Red and Project Boost and the long term care specialist discussing the AMDA white papers. An interesting discussion point was how EHR's have affected transitions. Also discussed was the lack of access to inpatient electronic records at long term care facilities.
- It is important to determine audience at onset. A simple show of hands of who was in primary care, hospitalist, etc. really helped the panelists determine where they needed to concentrate. For example, there was only one geriatrician working in long term care practice, so our long term care panelist was able to provide a lot of useful insight into what transpires on the receiving end of a patient transition from a nursing home or assisted living to the hospital.