

RESOURCE GUIDE:
Engaging Early Career Physicians at the
Chapter Level
Last updated April 2024



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

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I. Council of Early Career Physicians

Preface

The national Council of Early Career Physicians (CECP) was established in 2005 to serve as a voice for early career physician (ECP) members in the organization and to help them emerge as leaders in the internal medicine community. An ECP is defined as a physician member of ACP who is within 16 years of medical school graduation and who is not a medical student or resident/training fellow member of ACP. We encourage ACP chapters to establish ECP committees or councils that provide a forum to address issues affecting physicians in the early years of their careers. The ECP committees or councils collaborate very closely with their chapter Governors on issues affecting ECPs and often are involved in the planning of programs at their annual chapter meeting. The national CECP encourages each chapter to establish a chapter CECP and wants to work closely with you to fully represent every ECP in the College.

This resource guide is designed to assist chapters in developing their own CECPs and enhancing ECP 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, the resource guide is intended to increase ECP 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 CECP](#) serves as a resource for all members early in their careers. We are available

Council of Early Career Physicians

Charge

The Council's work is two-fold.

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

Responsibilities of National Council Representatives

Council representatives are charged with advising ACP regarding the policy, programs, products, and services provided by the College for ECPs. Representatives also serve as a resource for chapter CECPs. Additionally, Council representatives serve as a mechanism for bringing forward issues from ACP chapters to the national CECP, the BOG, and/or the BOR.

Each Council member is charged with:

- Providing a voice at the national level for ECPs
- Helping establish and providing support for chapter-level CECPs
- Promoting the development of local ECP programs
- Promoting participation in chapter meetings and the annual Internal Medicine Meeting
- Encouraging professional and leadership development

Elections for seats on the Council are held every year that a seat falls vacant. Terms are for 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 ECP for the Council, should visit the [CECP website](#) for more information or contact staff via e-mail at acpgovernance@acponline.org. Elections are typically held in the fall of each year.



Model 1: ECP members are invited by chapter Governor/Chapter council as potential initial council members; the Governor participates as moderator at an initial planning meeting.

Model 2: Two representatives from each major region within the chapter are identified; 2-year (staggered) appointments are implemented; Chair may initially be appointed by the Governor and subsequently elected from among members of the council.

Special Note: Several established chapter CECPs have found it beneficial for their i(o)nc 04 (e)9 (f)-4 (ic)4 utw (cour Ghair (la)10 e4 (ip)-4 (E)-1 (C)et:er-4 (tr4 (E)-10 (p)3 (e)-d4 (h)-4 (a)1(o)-2 (r)10 impr G6etheppoapvcil 2

Provide Practice Management Resources

Provide information useful for ECPs as they begin their practice, such as evaluation of practice setting opportunities, junior faculty development, financial advice, and contract negotiation. A variety of resources is available at ACP Online in the [Practice Resources](#) section.

Support Public Policy Concerns

Monitor local and national health policy, how it relates to internal medicine, and physician and patient welfare. Discuss issues at the chapter level and develop resolutions to be submitted for consideration at BOG meetings. Use the [ACP Virtual Advocacy Toolkit](#) to engage with local and national policymakers. Get involved with ACP's [Advocates for Internal Medicine Network](#).

Encourage an Interest in Community Service

Encourage participation in community service projects to spark further discussion of volunteer service and promote ACP. A variety of resources is available at ACP Online in the [Volunteering](#) section.

Council Operating Rules

Work with your chapter Governor and chapter staff to identify Council Operating Rules. The attached example (see [Addendum Page 15](#)) can serve as a guideline regarding the purpose, goals, and functions of your chapter CECP and illustrates operating rules you might want to include.

Local and National Support and Resources

Your ACP chapter 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 the [chapter website page](#) at ACP Online for your Governor's contact information. The Governor, chapter staff, and Chapter CECP should work together to coordinate ECP activities at chapter meetings. Keeping in close contact with your chapter Governor is a key step to running an effective chapter council.

The Chair-elect of the national CECP serves as your connection to the advisory body of the College's governance, the Board of Governors (BOG), in submitting resolutions and representing issues. However, the Chair serves as the liaison between the national CECP and the College's decision-making body, the Board of Regents (BOR). Establishing a regular communication link with

Involving Early Career Physicians and Hosting Freestanding Networking Events

Ideas for Early Career Physician Chapter Meeting Programming

Host an ECP networking/mentoring breakfast/lunch/wine tasting event in conjunction with the chapter meeting. Suggested networking event topics include physician well-being, contract negotiation, advancing to fellowship, and advocacy issues.

Invite an ECP member to join the chapter meeting program planning committee and have him or her organize courses and/or networking events targeted at ECPs 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 toward ECPs, such as part-time medicine, coding and billing 101, or faculty development.

Hold an ECP poster competition at the chapter meeting.

Invite ECPs to judge the chapter abstract competition for students, residents, and fellows.

Incorporate a national CECP representative into your chapter meeting.

Coordinate a mentoring program (ECPs with more experienced members or students, residents, and fellows with ECPs).

Schedule specific time during the chapter meeting for the ACP Governor or Governor's council members to meet and discuss relevant issues with ECP members.

Encourage ECP members who have a shared national interest or specific expertise in a topic to share it at the chapter meeting or other events.

Additional ideas for webinars, dinners, and ECP events using ACP resources:

- o Telemedicine: Pearls and Pitfalls (use [ACP Telemedicine: A Practical Guide for Incorporation into your Practice](#) as a resource)
- o Incorporating Meaningful Quality Improvement into Your Practice (use [the ACP](#)

Summary

We hope this reference has been helpful. Starting a chapter CECP may be a challenge; however,

2024-2025 Council of Early Career Physicians

A comprehensive list of 2024-

Addendum

1. Example of Council Operating Rules
2. Early Career Physician Programs Toolkits

Addendum 1: Example of Council Operating Rules

Purpose

- Provide a forum to identify and discuss issues of concern to chapter ECPs.
- Encourage advancement to ACP Fellowship.
- Encourage participation in professional and leadership development.
- Encourage ACP participation on a chapter and regional level.

Addendum 2: Early Career Physician Programs Toolkits

An Approach to Effective Advocacy for Internists

Conversation with the Attorney General

Conflict Management: How to Make the Most of a Difficult Situation

Financial Planning for the “Newly” Employed

Transitions in Care to and from Hospitals, Outpatient Settings, and Long-Term Care



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 Connecticut Health and Public Policy Committee, member of the national Health and Public Policy Committee, and winner of the Key Contact of the Year Award, Robert McLean, MD, FACP.

Date and Timing of Program: December 16, 6:00–9:00 p.m.

Program Sponsor: ACP Connecticut Chapter CECP

Audience: ACP ECP members in Connecticut. Our chapter has a co-chairpersonship model, with 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 ECPs in the state were invited via e-mail from our main chapter office executive director. The program was designed for all ECPs regardless of type of practice or subspecialty. 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 are helpful to their personal and professional development. Advocacy has come up on several occasions given the state of health care in the current political climate.

Program Objectives:

- Introduce the state of health care reform, and provide an overview of the ACP's position.
- Review opportunities for advocacy at the national, state, and local levels.
 - o National: Advocates for Internal Medicine Network, ACP Leadership Day
 - o State: Health and Public Policy Committee, Connecticut State Medical Society, volunteering to give congressional testimony, meeting with members of Connecticut House and Senate
 - o Local: Writing op-ed pieces, teaching advocacy to residents

Discuss recent successful ACP-related advocacy campaigns and initiatives.
Introduce Advocates for Internal Medicine Network and ACP 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 chair 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. He was chosen as a speaker based on these credentials and his track record of successful advocacy. The program was also attended by the current chair of our Health and Public Policy Committee.

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 that can hold up to 50 people. Attendees were allowed to order from the regular menu.

Comments:

This event was well attended, well received, and highly publicized via blast e-mails and word of mouth prior to the program.

Having a private room for this type of discussion was key.

Given that our Governor is also a strong supporter of advocacy within the ACP, his involvement seemed natural. Other options could include inviting state public officials or staffers who cover health care in their agenda, partnering with state medical societies to increase the audience, and 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 a central site in order to accommodate the hour plus of travel with traffic.

Program Objectives:

Create an opportunity for conversation in an intimate environment with the state's Attorney General.

Conflict Management: How to Make the Most of a Difficult Situation

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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, 6:30–8:30 p.m.

Program Sponsor: ACP Southeastern Pennsylvania Chapter CECP

Intended Audience: ~~Td(-)2CID 16p Td()TjEMC /-122En)1 (s)13P(6r)-Tw 25h2221 (n)10msnsn0 Tc 0 Tws.1~~

Speakers:

Once the topic was decided, the CECP determined that two or three diverse speakers would be recruited.

Based on personal knowledge of individuals 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 e-mail conversations to iron out details of the event.

Program Agenda:

6:30 Dinner and Networking session

Comments/Suggestions:

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.

Include a question asked by the moderator that helped focus the conversation and keep from trending away from the core content. The topic of conflict management can lead to many personal agendas and anecdotes. Moderating to keep it general was important.

We had a flip chart with markers available for scribbling/drawing, especially the TKI model for personality types in conflicts.

By opening the evening to residents, we were able to enroll a number of them into the ACP.

**Transitions in Care to and from Hospitals,
Outpatient Settings, and Long-Term Care**

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Title: “Lost in Translation: Optimizing Transitions in Care”

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

Date and Timing of Program: Thursday, May 19, 6:30–8:30 p.m.

Program Sponsors: ACP Southeastern Pennsylvania Chapter 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 ECPs, fellows, and chief residents in Philadelphia and surrounding counties. Closer to the event, the invitation was expanded to include residents.

Most attendees RSVPed in the 10 days leading up to the event. The chapter Executive Director used the Chapter Portal to e-mail the invitations, and the CECP sent personal e-mails. It was also advertised in the quarterly CECP membership newsletter. Registration was required via e-

Program Objectives:

Discuss techniques to reduce errors and improve patient care.
Learn the challenges and tips for navigating patient transitions to and from hospitals, assisted living facilities, and nursing homes.
Learn QI 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 the topic was decided, the 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; (3) a geriatrician.
Once the three panelists confirmed their interest in participating, we had one conference call with them as well as group e-mail 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 minutes each)

7:45–8:15: Q&A

We set up the tables in a large square with the panelists on one end.
We used an 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, such as the American Medical Directors Association (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 transitions affect their practices, and what panelists perceive as the main issues.
For the remainder of the evening, the floor was opened to questions and comments. A lively conversation ensued.

Food:

We used a caterer with which we had prior positive experience.

CECP supplied soda, water, wine, and cookies.

Comments:

It is important to clarify objectives for 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 successes 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 electronic health records have affected transitions. Also discussed was the lack of access to inpatient electronic records at long-term care facilities.

It is also important to determine the audience at onset. A simple show of hands of who was in primary care and long-term care and who was a hospitalist 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.

Early Career Trivia Night- Networking at the Regional Meeting

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Title: "Early Career Trivia Night"

Setting of Program: ACP Michigan Regional Meeting. On-site at meeting hotel after closing session of the day,

Date and Timing of Program: Friday Oct 20, 5:30-7:30

Program Sponsors: ACP Michigan CECP, Michigan Society for Hospital Medicine

Intended Audience: This program was open to all meeting participants and guests, although focus was on ECPs. All meeting participants were invited, including more senior physicians, residents and medical students.

Emails were sent several weeks in advance to invite ECPs and 1 (t)t4 ()cgwweeke Q0 Tc ne

6:45-7:30: Rounds 5-7 and Final Jeopardy

Food:

We used on-site catering for heavy appetizers.

Both vegetarian and nonvegetarian options were available.

Two drink tickets per person were allotted for alcoholic beverages with several available for round-specific prizes.

Comments:

This was an excellent opportunity for ECPs to get to know each other and network at the state meeting. Oftentimes ECPs who attend alone lack socialization opportunities in the evenings of the meeting and this allowed for that. Many ECPs later went to the hotel lobby to network more following the trivia

Teams of 5 allowed for 7 teams, the top 3 winning prizes which ranged from

bluetooth speakers, ACP umbrellas, and t-shirts.

This event was successful enough that it was requested to repeat the following year

