

ON THE LEARNING CURVE

Developing Leadership, Part I

Any discussion of leadership must start with a look inward, examining one's own goals and leadership style. This month, I will discuss establishing long-term goals and how to plan to achieve those goals. Though these goals may, and probably will, change over time, it is very useful to have an internal compass guiding you forward. Even if that direction changes, you hopefully will have acquired a cohesive set of skills and expertise along the way. These skills can only enhance your career, even if you don't end up where you originally intended.

First, take an inventory of where you are now and what you are doing. Overall, do you like your current position? What do you like, what would you like with minor changes, and what would you never want to do again, given the choice? Can you see yourself doing the same thing in 5, 10, or 20 years? If so, why? If not, why not? Think about the type of practice you are in: Is it large or small; community based or academic (or not even clinical); inpatient, outpatient, or both? Does this position allow for the work-life balance you hoped for, whether it is weighted toward work, life, or somewhere in between? Could that change if your needs change in the future?

Everyone has a different way of thinking this through. For some, a long walk by yourself or an hour on the elliptical trainer may be all you need. For others, writing it out can be helpful—whether you write

pros and cons on opposite sides of a piece of scrap paper or create an elaborate Excel spreadsheet. Still others may find the more narrative form of journaling to be helpful. Regardless, making an honest assessment of your current situation is a great place to start.

Next, think about why you entered pediatrics (or whatever your chosen field). What are the things that make (or would make) your career most meaningful for you? Is there a particular patient population or special interest that you feel passionate about? Some recommend writing a personal "mission statement" defining your overarching priorities. Additionally, make a realistic assessment of what your strengths and limitations are. Talk to your colleagues and mentors, and ask them to be brutally honest. Conducting a more formal "360 evaluation" (completed, anonymously, by multiple coworkers including supervisors, peers, and other office staff) can be a very useful tool, showing you skills and weaknesses you may not have realized you have.

Finally, think about what you want to be doing in 1, 5, and 10 years. How does this compare with what you are doing now? Don't hesitate to talk to others who share your interests or work in clinical settings you think you may enjoy. The longer I practice, the more I realize how many different career options there are for the pediatrician, both clinical and nonclinical (or a combination). Be as specific as you can, but don't feel like you

have to have a detailed plan for the rest of your career. Once you have set these goals, think backward and determine what you will need to do to get there. For example, if you want a position that requires a master's degree in public health, you will need to plan for that several years ahead. Many recommend doing this more specifically for your short term (1-year) goals and more generally for your long-term goals. As the years go by, your long-term goals will become short-term goals and you can continue to give yourself more specific action items. A useful tool to do this is the Individual Development Plan (IDP). There are many different methods and formats, so you should choose whichever works best for you. Many human resource departments have standard forms they use. An IDP can be a great way to think through what your goals are and what you will need to do to achieve them.

However, you will certainly not be able to plan your career for the next 20 years today. Be prepared to adjust your goals along the way as opportunities, priorities, and life circumstances change. Frequent reassessment is imperative. With thought, planning, flexibility, and even a little luck, you can make your goals a reality. ■

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BY LEE SAVIO
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Care Coordination Effective in Chronic Health Cases

BY MARY ELLEN SCHNEIDER
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Care coordination could be a cost-effective strategy to help families of children with special health care needs navigate the health care and school systems, according to the results of a pilot program in Pennsylvania.

Highmark Blue Shield's Caring Foundation launched the program in late 2004 in an effort to ensure that children with chronic illnesses and multiple diagnoses could access health care services. The program matches eligible children who are enrolled in the Pennsylvania's Children's Health Insurance Program (CHIP) through Highmark Blue Shield with a community-based care coordinator.

For most families, the care coordinators offer education and referrals by telephone or e-mail. However, for families in need of a greater level of support, the care coordinators make home visits, accompany families to physician appointments, and even go to the child's school to educate the teachers about the child's condition. The care coordinators, most of whom are nurses, also design a personalized care plan, which lists the child's medications and physicians and can be easily shared among providers.

Officials at Highmark's Caring Foundation decided to develop the program after hearing from families that they had trouble focusing on finding the right health care provider because they were struggling with everyday essentials like housing, food, and heat, Caring Pro-

gram director Mary Kay Holleran, R.N., said at a briefing sponsored by the Blue Cross and Blue Shield Association.

"Children with special health care needs very often have to navigate a very difficult maze of services," she said. "This sometimes inefficient and uncoordinated system has an enormous financial and emotional implication for the families."

Since its inception, more than 8,500 children and families have received services through the program and many are still with the program, Ms. Holleran said. Of those, about 500 received intensive services, including home visits by care coordinators.

In an analysis of the first year of the program, researchers at the University of Pittsburgh found that children who received intensive support from a care coordinator had fewer emergency department visits, fewer unplanned inpatient admissions, and lower costs for durable medical equipment. However, the researchers did notice an increase in prescription costs for these children.

The cost findings are encouraging, Ms. Holleran said. The rise in medication costs could signal that children are getting appropriate treatments that are helping them to stay out of the hospital.

Even with the increase in prescription costs, the researchers estimated that the care coordinator program saves an average of \$334 per member per year.

The researchers also performed a psychosocial analysis of the families who enrolled in the program during the first year. They found decreased anxiety

among the parents, decreased out-of-pocket expenses, decreased school absences, and fewer problems with grades.

One surprise that came out of the program was how unprepared schools are to care for children with chronic health conditions, Ms. Holleran said. They had expected to find that poor coordination among physicians would be the biggest problem, but instead found enormous gaps in knowledge at the school level.

In one case, the mother of a 5-year-old girl with type 1 diabetes was concerned about having her daughter start kindergarten because she didn't feel the school would be able to handle her daughter's medical needs. The school's initial plan was to call the mother out of work or call an ambulance if any problems developed. So the care coordinator worked with the state health department to bring a nurse educator into the school. They provided information to the teachers about how to manage the girl's diabetes without con-

stantly calling her mother out of work, as well as when it would be appropriate to call an ambulance.

The Caring Program is continuing among children who are enrolled in CHIP through Highmark, and may be expanded to the commercially insured pediatric population in the future, Ms. Holleran said. It was one of four Blue Cross and Blue Shield company programs recognized by the Blue Cross and Blue Shield Association as an innovative approach to improving health and wellness. The other "BlueWorks" winners include programs that address racial and ethnic disparities in health care, and that encourage children to adopt healthy lifestyles.

The BlueWorks program is juried by the department of health care policy at Harvard Medical School, Boston, in consultation with physicians from the American Academy of Pediatrics, the American College of Physicians, and the American Cancer Society. ■

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