RESOURCE GUIDE:
Engaging Early Career Physicians at the Chapter Level
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ACP American College of Physicians®
Leading Internal Medicine, Improving Lives

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

Table of Contents

	Preface	3
I.	**Council of Early Career Physicians**	4
	History of Early Career Physician Membership in the College	4
	National Council of Early Career Physicians Composition and Charge	4
	Responsibilities of National Council Representatives	5
II.	**Creating a Local Council of Early Career Physicians**	5
	Getting Organized	6
	Purpose and Goals	7
	Council Operating Rules	8
	Local and National Support and Resources	8
III.	**Involving Early Career Physicians and Hosting Freestanding Networking Events**	10
	Ideas for Early Career Physician Chapter Meeting Programming	10
	Examples of Successful Projects from Chapter Councils of Early Career Physicians	10
	CECP Toolkits for Early Career Physician Programming	11
	Ideas for Early Career Physician ACP Involvement	11
IV.	**Summary**	12
V.	**2026-2027 Council of Early Career Physicians**	13
VI.	**Addendum**	14
	1. Example of Council Operating Rules	15
	2. Early Career Physician Programs Toolkits	16

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 Student Member, Transitional Medical Graduate, or Resident 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 if you have questions or suggestions.

Council of Early Career Physicians

History of Early Career Physician Membership in the College

In the late 1960s, ACP began an Associate membership class to incorporate and include internal medicine residents and training 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 2013, the Associate membership category and council was renamed Resident/Fellow membership and Council of Resident/Fellow Members to more clearly define these members within the College.

In the 1990s, a program of Medical Student membership was established to extend the concept of involving aspiring students and help encourage more to specialize in internal medicine. In 1998, the Council of Student Members was formed to subsequently influence and provide input to all levels of the College.

In the late 1990s, ACP became aware of the need to help transition Associate members 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, subsequently, the BOR approved this proposal in January 2005. In 2013, the CYP changed its name to the CECP to better recognize all physicians in the beginnings of their careers without the prior emphasis on age.

National Council of Early Career Physicians Composition and Charge

Composition

The CECP is composed of a Chair who serves as an ex-officio, voting member on the BOR; a 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 at-large members. The at-large members are selected with consideration given to the College's Diversity, Equity and Inclusion Policy, as well as specialty and years out of training. These at-large members also serve on many College committees and the American Medical Association Young Physician Section. All members must be ECPs (defined as within 16 years of graduation from medical school) at the time of selection to the council.

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.

Creating a Local Council of Early Career Physicians

Approximately 74 ACP chapters have already established chapter CECPs to foster participation of ECPs at the chapter level. To find out what is being done in your chapter, you should contact your chapter Governor via the chapter website section of ACP Online. The following information will help an interested early career internist initiate the development of a chapter CECP. No uniform structure has been mandated, which allows each chapter to create a council structure to meet local needs.

Getting Organized

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

Second, you can request assistance from the chapter Executive Director in obtaining a list of current ECP members from the Chapter Portal. Using these contact lists, the chapter Executive Director can send bulk emails to ECP chapter members announcing planning meetings, news, and activities in which you would like these members to become involved. You could also reach out via personal email or telephone to invite members to the planning meeting.

Third, a planning meeting with several interested members is paramount. At this meeting, the members should agree upon the purpose for establishing a chapter CECP and identify some guidelines and a timeline with specific goals to be achieved during the first year. These members can serve as the initial members of your committee. It is important that the established goals are realistic and attainable. You can use the SMART (specific, measurable, attainable, reproducible, time-oriented) goals mnemonic for this purpose. Setting 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 CECP.

Next, you will want to establish some parameters for your chapter CECP, such as structure (officers, key members), terms of service, election of new members, and number of meetings per year. The Addendum contains sample council operating rules that can be modified according to the specific needs of your group and your chapter. The following are some proposed structure models for your consideration that can be adjusted to suit your needs. Determination of model can be decided based on chapter size and interest level.

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 Chair to attend the Governor's council meeting as either a voting or nonvoting member depending on the structure. One chapter CECP indicated that all CECP members are invited to attend the twice-yearly Governor's council meetings as observers in order to meet the chapter leaders and learn about the chapter structure. Chapters are encouraged to consider these relationships when developing chapter CECPs.

Purpose and Goals

Purpose

One of the first steps in forming a chapter CECP is creating a statement of your purpose and goals. This provides you with an overall vision for the council. Working with your chapter Governor, you can adopt or modify the purpose to meet the needs of your chapter. It should be realistic, measurable, and attainable. Whatever purpose you select, it should be reexamined periodically and updated as necessary. Governors should provide information to the chapter CECP about funding available for local events.

Goals

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

Foster Interest in ACP
Encourage ECP 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 programming of interest to ECPs, including leadership development; maintenance of certification courses; and workshops on other topics of interest to ECPs, such as well-being, coding and billing, and advocacy. Publicize local and national educational opportunities. Work with local medical organizations to promote joint continuing medical education.

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 ACP's "Using Your Voice as a Physician Advocate" 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 national CECP representatives will serve as an efficient mode of communication. They can update you on ECP 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.

Early Career Physician Membership Benefits
Information about national benefits for ECP members is available at ACP Online.

John Tooker Evergreen Awards Program
The College recognizes that the strength of the organization is grounded in its 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 chapters that have been successful in implementing programs to increase membership, improve communication, bolster member involvement and diversity activities, and foster careers in internal medicine.

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.

Examples of Successful Projects from Chapter Councils of Early Career Physicians

- Host a cocktail reception for ECPs to introduce them to the idea of a chapter CECP, to provide advice for applying for Fellowship, and/or to get involved with chapter meeting planning.
    - Fellowship Mentoring Workshop Toolkit Use this toolkit when planning workshops to mentor Members in advancing to Fellowship, whether they are standalone workshops or part of your chapter meeting.
- Host a trivia night at your chapter meeting for ECPs.
- Host a free half-day coding and billing workshop on a weekend morning targeted at ECPs.
- Host a networking dinner to establish a core group of ECP chapter council members. The goals of the evening will be to learn about the chapter CECP and brainstorm about the things that attendees would like to see the council accomplish over the upcoming year.

- Host a networking luncheon or webinars to discuss practice innovations and/or other topics for ECPs.

CECP Toolkits for Early Career Physician Programming

The national CECP has collected programming ideas from local ACP chapters to assist other chapters in developing program content for their members. These are detailed blueprints regarding how one local ACP chapter developed a program for its members. You may copy these or simply use parts of them as inspiration for developing content in your own chapter.

- 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

Ideas for Early Career Physician ACP Involvement

- Administer a needs-assessment survey to your chapter's ECPs to generate ideas for valuable programming.
- Encourage ECPs to attend the national annual Internal Medicine Meeting.
- Encourage ECPs to attend Leadership Day.
- Include ECP-relevant articles in the Governor's Newsletter.
- Invite ECPs to join and lead chapter committees.

Summary

We hope this reference has been helpful. Starting a chapter CECP may be a challenge; however, the result is a group within your chapter that provides a place for dialogue concerning early-career specific issues, a think-tank for innovative programs for ECPs, and professional opportunities for early-career participation in the chapter governance structure. We encourage you to become involved. We hope your chapter CECP will bring forward issues you would like to have addressed at the national level. We welcome your comments and suggestions.

For more information, contact ACP staff via e-mail at acpgovernance@acponline.org.

2026-2027 Council of Early Career Physicians

A comprehensive list of 2026-2027 ACP National Council of Early Career Physicians can be found here.

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.
- Provide representation on the (insert chapter name) ACP Governor's council.
- Encourage continuing medical education opportunities for ECPs.
- Provide feedback to the national CECP.

Council Structure and Elections

- A single Chair or Co-Chairpersons and Chair-elect shall be elected.
- The Chair or Co-Chair shall serve as liaison to the Governor's council.
- Council member elections will be held annually in a staggered fashion to provide continuity within the council.

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 (insert chapter name) at the annual Internal Medicine Meeting. Serve as a conduit to bring information to and from the national CECP.

Meetings

- The (insert chapter name) 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 conducted by e-mail 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.

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.
  - National: Advocates for Internal Medicine Network, ACP Leadership Day
  - State: Health and Public Policy Committee, Connecticut State Medical Society, volunteering to give congressional testimony, meeting with members of Connecticut House and Senate
  - 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.

Conversation with the Attorney General

A Council of Early Career Physicians Program Toolkit

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Title: "Conversation with the Attorney General"

Setting of Program: Drinks and hors d'oeuvres in a reserved reception room at a local restaurant.

Date and Timing of Program: Tuesday, July 19, 6:30–9:00 p.m.

Program Sponsor: ACP Delaware Chapter CECP

Intended Audience: This program was designed initially for ECP members of the chapter. In order to increase attendance, the event was opened to all chapter members, including those not considered ECPs. Spouses were also invited.

CECP leadership composed the invitation, and the chapter Governor sent the e-mail on the Council's behalf. This e-mail notification was sent 1 month prior to the event and repeated 2 weeks and 1 week prior to the event. The initial e-mail notification would have gone out sooner, but logistical details were still being managed.

Most attendees RSVPed immediately after receiving the e-mail notification or in the 7 days leading up to the event. The event was attended by approximately 20 physicians.

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

Program Objectives:

- Create an opportunity for conversation in an intimate environment with the state's Attorney General.
- Discuss critical topics of mutual interest, including new state legislation relating to physician regulation.
- Expose the Attorney General to ACP.
- Network with the Attorney General and among 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 everyone gathered 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:

- The restaurant menu and waitstaff were used.
- The menu was ordered ahead of time with flexibility based on potential food preferences. Food preferences were not solicited prior to the event.
- The waitstaff 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: How to Make the Most of a Difficult Situation

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, 6:30–8:30 p.m.

Program Sponsor: ACP Southeastern Pennsylvania Chapter 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 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-mail to the executive director. The event was attended by more than 30 physicians.

Planning/Coordination: CECP used evening telephone conference calls and one planning dinner to determine topic for the event, choose speakers, delegate roles/responsibilities, and work out logistics. This began 3 to 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 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
7:00	Introduction by two CECP members · Panelist brief biosketches · Outline of evening · Difference between conflict resolution and negotiation
7:10	Panel Discussion: 6–8 minutes per speaker followed by a brief 1- to 2-minute pause to record audience questions on whiteboard (for later address) · Dr. Katz-Managing the emotional aspect of conflict
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: Two or three 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:

- A mutually agreed-upon restaurant away from the city was chosen for this event to include outlying physicians.
- Both vegetarian and nonvegetarian options were available. The menu was chosen with help from the restaurant manager by a member of the CECP.

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.

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, 6:00–8:00 p.m.

Program Sponsor: ACP Connecticut Chapter CECP

Audience: ECP members in Connecticut. We have a co-chair situation that divides the state into northern and southern halves. Both groups were invited via e-mail by our chapter executive director. The program was designed for all ECPs regardless of type of practice or specialty. 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 offset 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.
- Discuss living below your means.
- Explain the delayed gratification model of overspending for physicians.
- Evaluate whether an LLC is helpful as financial protection in case of lawsuit.
- Provide individual discussion time.

Speakers: After interviewing several financial advisors, one was chosen who already advises a fair number of physicians. He was selected 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 for 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 who 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 delivered 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 seems 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.

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

A Council of Early Career Physicians Program Toolkit

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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-mail to the executive director. The event was attended by approximately 50 physicians.

Planning/Coordination: The CECP used evening telephone conference calls to determine the topic for the 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 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.
- Food was delivered 1 hour before the start of the event and kept warm in chafers.

- Both vegetarian and nonvegetarian options were available. The menu consisted of some canapés, salad, a pasta dish, and a chicken dish.

- 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

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: "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 others were notified at the meeting. The event was attended by approximately 35 physicians. Teams of 5 were formed.

Planning/Coordination: The CECP utilized *QuizMasters* https://www.thequizmasters.com/ an available program for trivia nights. This program provided the questions and powerpoint. SWAG was requested from ACP and SHM for prizes. Questions were non-medical.

Program Objectives:

- Teamwork and ECP bonding
- Provide an opportunity for ECP networking

Program Agenda:

5:30–6:00: Meet and greet with food and drinks available. This was a good time for networking.
6:00-6:30: Trivia rounds 1-4
6:30-6:45: Pinata for ice breaking. "Bat Away The Burnout"

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