



**CHICAGO
MEDICAL
SOCIETY**

Presents: Physician Leadership Development

Empowering Physicians. Improving Healthcare.

Wednesday, October 7th Chicago Medical Society Building 33 W. Grand Chicago IL 60654

Registration: 8:30 AM
(Breakfast will be provided)
Program: 9:00 AM – 12:00 PM



Speaker: **Susan Reynolds, MD, PhD** President and CEO of The Institute for Medical Leadership®. Dr. Susan Reynolds is an executive coach and leadership development expert, nationally recognized for physician leadership development.

What is leadership? In the age of healthcare reform, physicians need new skills to lead this process. Physician leaders are in high demand today, evolving roles of physicians require a new approach when leading patients, peers, administrators, payers and elected officials in the right direction.

In this program, attendees will learn key factors to become more effective, engaging and successful leaders. Learning objectives include:

- Assess the overall mission of the organization and engage in strategic activity that fosters long-term success
- Define roles and responsibilities for team members to improve accountability
- Identify team incentives to help guide changes and improvements with workflow
- Gain knowledge on managing relationships and navigating competing interests
- Enhance leadership skills through effective communication and delegation

Target Audience: CMS Districts & Council Officers, Board Members, Executives, Officers of Specialty Societies and Hospital Leadership. The Chicago Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Chicago Medical Society designates this live activity for a maximum of **3.0 AMA PRA Category 1 Credit (s)**™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. *All Disclosures are provided online at www.cmsdocs.org/events*

REGISTRATION FORM: LIMITED AVAILABILITY

Fee: CMS Mbr: \$109 Non-Mbr: \$209

ATTENDEE NAME: _____

MAILING/BILLING ADDRESS: _____

EMAIL (REQUIRED): _____

PHONE: _____

METHOD OF PAYMENT:

Check enclosed in the amount of \$ _____

Charge: \$ _____ Visa Master Card Amex

ACCOUNT #: _____

EXP. DATE: _____

SIGNATURE: _____

Mail to: Chicago Medical Society - Attn: Education Dept.
515 N. Dearborn St., Chicago, IL 60654

Register Online: www.cmsdocs.org/events **Fax:** 312-670-3646