Leadership certificate program for chief residents

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Abstract

Background. Chief resident leadership development programs need to be more than a one/two day symposium to sustain leadership development. This article describes the structure and outcomes for an eight-month leadership development program for chief residents conducted over the past three years at the University of Iowa Hospitals & Clinics (UIHC), USA. Additionally, it provides keys to success and logistical issues for any institution that is considering a similar program.

Innovation. Current chiefs must formally apply in late August. Sessions are held on the second Tuesday of each month for two hours. Facilitators guide each session in such a manner that they allow participants to do most of the discussion. Facilitators also provide opportunities for insight from other chiefs, and provoke deeper understanding of behaviors or thoughts. Eight topics are covered during the year with intersession assignments. Additionally, chiefs are required to attend 75% of the sessions, develop a leadership philosophy, and conduct some type of leadership presentation within their own department.

Evaluation. Each year since 2010, the number of participating chiefs has risen (6, 9, 9). Evaluation data indicates a marked increase in before and after leadership knowledge and self-awareness. Additionally, chiefs have reported positive behavioral impacts regarding their leadership. Chiefs are the best advertising source for the program.

Conclusions. The leadership program continues to evolve and evaluation results indicate that the content is instructive and the format is supportive for participants. Most chiefs recommend it highly for future chiefs.

Background

Developing resident leadership skills has risen to the forefront as a critical component of their training.[1] Leading patient-centered care teams has been identified as a milestone in the Next Accreditation System.[2] Unfortunately, the primary method for developing these future leaders is by osmosis, trial and error, or observing role models. Blumenthal *et al*.,[3] make the case for the need to refocus residency education around the development of outstanding *frontline* clinical leaders. Chief residents occupy an important leadership position in many departments. Their role varies greatly from simply scheduling rotations to conducting educational sessions, counseling/disciplining, recruitment, and serving as a change agent. Chief residents who are ill-prepared to assume the leadership mantle will face many challenges. Within their department, dealing with personal issues from residents and faculty will consume much of the time that might be used for continued medical training. Communication and conflict management skills are vital to being able to deal with such problems. The purpose of this article is to describe a leadership development program for chief residents being conducted at the University of Iowa Hospitals and Clinics. The article describes the program's structure and outcomes for the past 3 years and provides key recommendations for any institution that is considering a leadership program for chief residents.

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Innovation

The Chief Resident Leadership Development Program (CRLDP) was created in 2010. It is an 8 month long certificate program from September to April for acting chief residents. Upon successful completion of the program, each chief receives a Certificate of Added Qualifications. Participants are solicited in August via email. Approximately 42 chiefs are eligible to apply. Each chief must voluntarily apply through a formal application and submit a letter of support from her/his program director. Currently, all applicants are accepted; however, with the numbers continuing to increase, it may become more competitive. Sessions are held on the second Tuesday of each month from 5:30-7:30 p.m. Participants are provided with materials and meals at each session. Expectations and ground rules (Supplementary Table 1) are covered at the first session to ensure lively discussions in a safe environment. The authors try to facilitate in such a manner that they allow participants to do most of the talking, they provide opportunities for insight from other chiefs, and they provoke deeper understanding of behaviors or thoughts.

Content for the program is based on reviews of business and medical literature. Additionally, the content reinforces to a greater depth the information presented in the annual Rising Chief Resident Symposium, a day-long conference conducted at UICH for residents prior to their assuming the roles of acting chiefs. Every session contains practical examples and reacts to the experiences and issues faced by the chiefs with regard to that session topic. The monthly topics, areas of focus, and assignments are presented in Supplementary Table 2. Between sessions, participants are assigned homework that reinforces the topic and creates a bridge to the next topic. These assignments are then briefly discussed at the beginning of the next session. Additionally, each participant is required to submit a leadership philosophy draft half way through the program. Feedback is provided after the draft has been reviewed by the authors and anonymously by one of the other chiefs. A final version of the philosophy statement is due at the end of the program. Supplementary Table 3 contains excerpts from several philosophies. To expand the scope of training, each participant is required to conduct some type of leadership presentation within their own department for other residents. Examples of this training include conducting a journal club on one of the articles, using one of the many assessment tools with the residents and discussing how it affects them as budding leaders, or facilitating a discussion focused on one of the topics such as conflict within the resident team or differences in leadership styles among the residents. The final requirement is to participate in the Rising Chief Resident Leadership Symposium conducted annually in April as a member of a chief resident panel. They also assist in facilitating small group activities throughout the day.

Evaluation

Effectiveness of the program is assessed in multiple ways. Assignments are evaluated by the facilitators; answers are collated and distributed at the beginning of the next session for review and brief discussion. After each session, a 3 item questionnaire is given to each participant consisting of the following: i) Identify one concept that you learned from this session that will help you as a leader; ii) Identify one concept from this session that you are still confused about/unsure of; and iii) Regarding #2, what approach/technique would help you better understand the concept? The last assignment asks chiefs to identify specific ways the program helped them as leaders (Supplementary Table 4). At the end of the program, a formal evaluation is requested from each participant. The evaluation instrument has morphed over the 3 years with only a few consistent questions (Supplementary Table 5). Data show that responses to *the ability to describe your style or approach to leadership* have increased more than two points each year comparing baseline with post-completion responses. The recommendation that other chiefs attend the program has risen every year (6.33, 6.50, and 6.71). Supplementary Table 6 shows the latest evaluation form.

The first annual program was initiated in the fall, 2010 with six chief residents. In 2011-12, there were nine chief residents including two chiefs from a neighboring healthcare system. In 2012-13, nine chiefs completed the program. Of the 24 chiefs, 20 have completed all assignments and received a certificate. The majority of chiefs were able to attend the required number of sessions. Reasons for missing sessions included emergency cases, interviewing prospective residents, fellowship interviews, and child birth. Reasons for not completing the program involved interviewing for fellowships and clinical demands. For programs interested in developing a similar format, there are keys to success and logistical issues. Keys to a successful program are outlined in Supplementary Table 7. The following are logistical issues to consider: i) Cost to implement – notebooks; paper copies of readings/session, assignments/ session, handouts/ session; meals and beverages (approximately $8.00 per person)/session; no duty hour concern since it is a voluntary program; time commitment of everyone involved. ii) Time requirements for chiefs – reading outside of class (~1 hour); completing assignments (~2-3 hours); attending each session (~2 hours); attending one day symposium (~4 hours); conducting workshop (2-3 hours prep, 1 hour facilitating). iii) Time requirements for facilitators – creating notebooks (~5 hours); each session prep (~1 hour); facilitating session (~2 hours); observing workshops (1.25 hours each workshop); reviewing monthly assignments (~1-2 hours); reviewing philosophy (~5 hours); conducting 360 assessment (~8 hours).

Feedback from chiefs who completed the certificate program has been very favorable: i) *The exchange of ideas and development of working relationships were invaluable in improving my personal experience as a chief. More importantly, all of the sessions helped me to discover and refine my* identity *as a leader.* ii) *This course clearly helped me to realize where my leadership shortcomings lie. Some of them were acknowledged early enough in the year where I could start to address them*. iii) *Networking with other chiefs and hearing their stories in a confidential setting where we could speak openly about our struggles and share our solutions was definitely one of the best parts.*

Conclusions

The Chief Resident Leadership Development Program has been successfully conducted for three years. Each year, the number of chiefs involved with the program has increased. This program reinforces and builds a supportive culture that allows the chiefs to speak freely and openly and is supported by the GME Council and senior executives. Goals and approaches are tailored to the needs of the chiefs and assignments serve as the bridges between sessions. The leadership presentatiom causes the chiefs to use what they've learned and assignments require some reflection and personal insight. Finally, the feedback provided by participants is used to shape the following year's curriculum.

References

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