Northwell Health®

Welcome to the Chief Residents

When everyone else's noise is your signal -
Simple principles of Leadership for the Chief Resident

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Disclosure

- I have no financial conflicts.

- The opinions and assertions expressed herein are mine and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense.

What is your role ?

Chief residents

- support the key missions of their residency program and
- provide direction for their residents,
- functioning as key mentors and advocates.

"Opportunity for leadership in the clinical setting."

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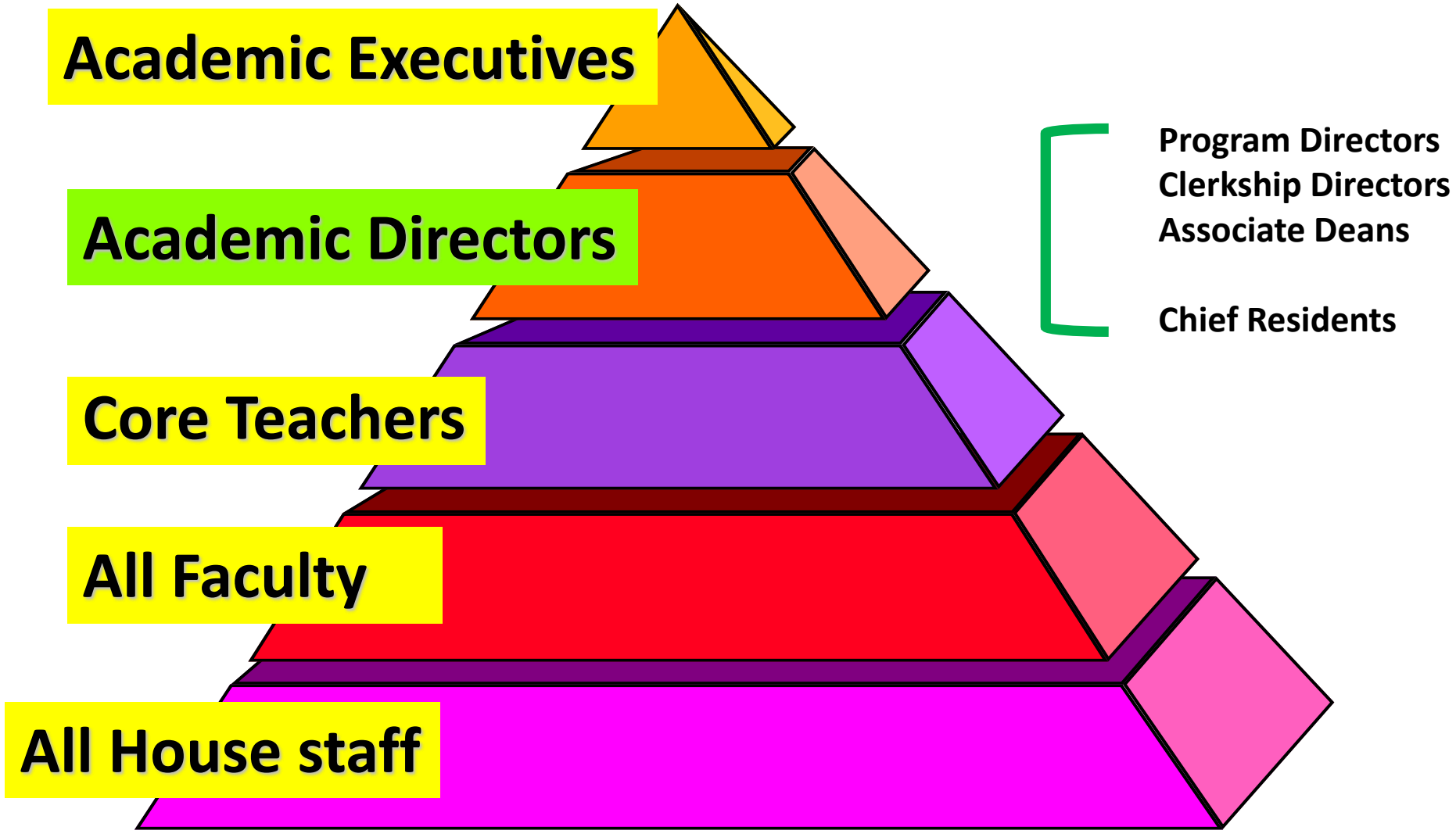


Schuster and Pangaro, 2010

Why are we here?

Beyond survival, personal goals for the year

- “This is what I did.”
- Write down a few of your interests or themes.

Simple principles of leadership

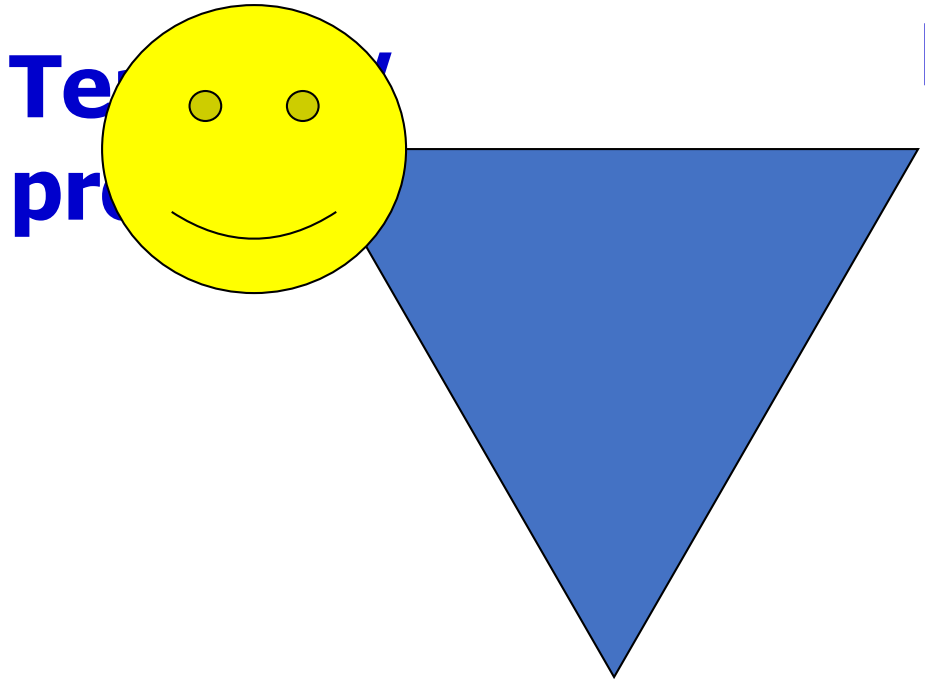
Embrace complexity, act with simplicity.

A promise
of duty and expertise

Pellegrino, 1995

Why are we here as teachers?

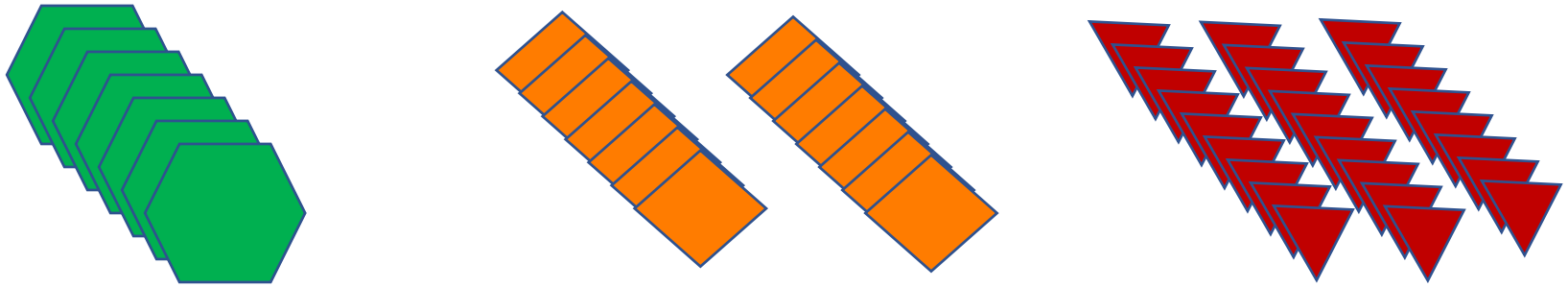
The goal: progressive independence of the learner



after Stanford FacDevPropgram

Competence
(Readiness)

R I M E



**6 ACGME competencies,
7 CanMed roles**

**13 EPAs for
students**

**23 milestones
23 sub- competencies**

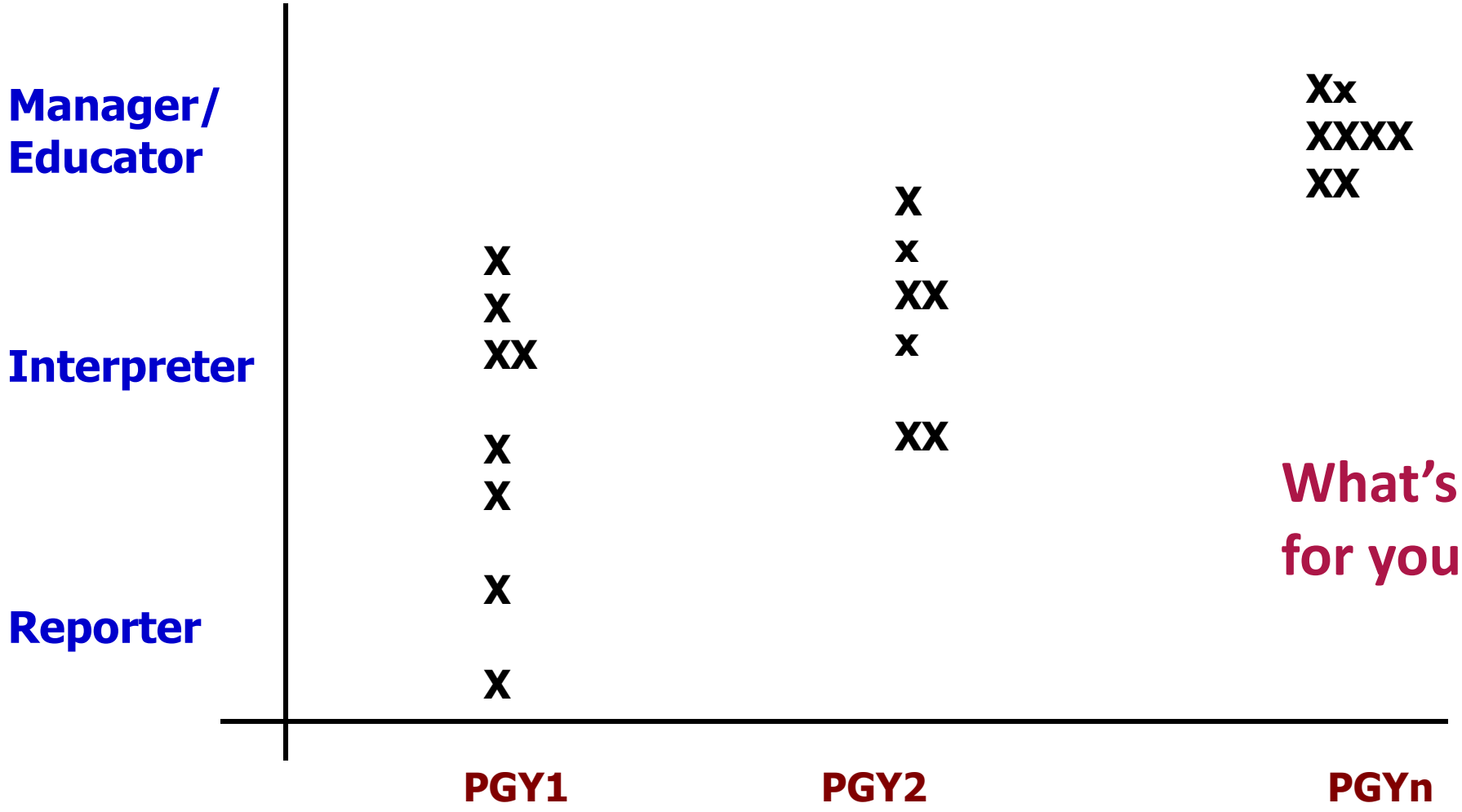
UNDERSTANDING

ACTION

The rhythm of RIME:

H&P……	…….S.O……	Reporter
Assessment…….	….A……	Interpreter
Plan……	….P……	Manager/ Educator

x = proficiency with a patient



What's in the core for your specialty?

Expectations = expertise and duty

- Of residents
- Of yourselves

- Matching leadership style to needs and situation

Your expertise and duty = Leadership

- a process
- whereby chief residents
- influence
- residents
  - to assure patient care
  - and to progress to independence

Based on Northouse, 8th edition, 2019

Education = leadership

- E-ducation
  - Ex- ducere
  - to lead out of (dependency)
- Ped-agogy
  - leading a child (to adulthood)

→ Leading = balance of tasks and relationships

Relationships (duty)

- focus on feelings
- flexibility
- motivating

- independence of others

- “transformation”
- influence

Tasks (expertise)

- focus on understanding
- consistency, standardization
- achieving outcomes

- consistency of others

- “transaction”
- control

After Blake, Mouton, 1985; Northouse, 2019

Three cases and leadership principles

1. The beginner or resident with skill problems
2. The resident with problems in professionalism
3. The advanced resident

The beginner or resident with expertise problems

- Dr MR is a 32yo PGY1
  - an accountant before Osler Med School.
- In October MR starts a clinic month
  - outpatient attendings tell you MR seems to get all the clinical facts,
  - but does not offer own diagnoses, much less a plan.

- What are minimal expectations ?

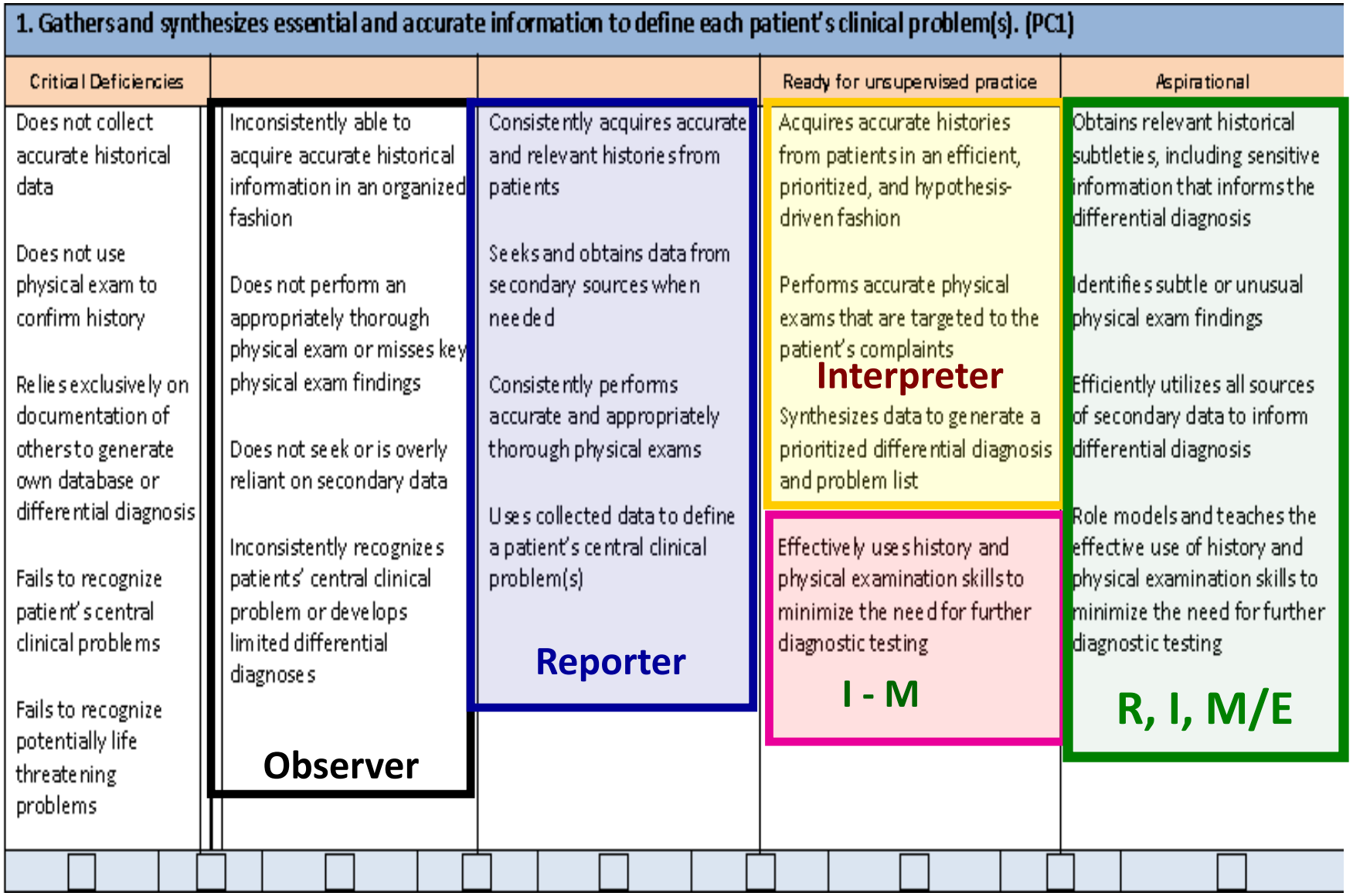
UNDERSTANDING → **ACTION**

reporter/interpreter → manager/educator

medical school …… residency

Frame of Reference	Performance Dimensions
REPORTER	
	Gather a history and perform a physical exam
	Document a clinical encounter in the patient record
	Provide an oral presentation of a clinical encounter
	Collaborate as a member of an interprofessional team
INTERPRETER	
	Prioritize a differential diagnosis following a clinical encounter
	Recognize a patient requiring urgent or emergent care
	Recommend* and interpret common diagnostic and screening tests
MANAGER	
	Enter and discuss orders and prescriptions
	Give or receive a patient handover to transition care responsibility
	Obtain informed consent for tests and/or procedures
	Perform the general procedures of a physician
EDUCATOR	
	Form clinical questions and retrieve evidence
	Identify system failures and contribute to safety and improvement

gathers and synthesizes essential information



REPORTER

Gather a history and perform a physical exam
Document a clinical encounter in the patient record
Provide an oral presentation of a clinical encounter
Collaborate as a member of an interprofessional team

INTERPRETER

Prioritize a differential diagnosis following a clinical encounter
Recognize a patient requiring urgent or emergent care
Recommend* and interpret common diagnostic and screening tests

Are interns ready for roles as reporter and interpreter?

EPA 1: Gather a history, perform physical examination	78
EPA 2: Develop a differential diagnosis	72
EPA 3: Recommend and interpret diagnostic and screening tests	70
EPA 4: Enter and discuss orders/prescriptions	69
EPA 5: Document a clinical encounter	98
EPA 6: Present orally a patient encounter	94

Pearlman, JGME, 2017

Beginners: Situational and Path-Goal Approaches

- Situational*: the balance of direction and support
  - With beginners coaching should BE EXPLICIT about what success looks like
  - On going partnering to have gradual improvement over time
  - Feedback, Stimulation, “Cortrosyn”

- ***What’s your assessment of how ready her current teachers are to support this***?
  - What do you as chief need to do to create conditions for her progress?

*Blanchard, 2013

Beginners: Situational and Path-Goal Approaches

- Path-Goal:
  - GOAL: Can Dr MR tell you what readiness for PGY2 looks like?
    - Does this fit with her own wants and needs?
  - PATH: Can Dr MR describe the steps in patient care?
    - Does Dr MR feel confident about following these steps?
- ***What's your assessment of current teachers are to support this? –***
  - What do you as chief need to do to create conditions for MR's progress?

The resident with problems in duty

- Dr JN , PGY2, has excellent procedural skills but publicly berates nurses, staff and junior members of the team.

- What might feedback and coaching look like?

Transformational Approach*

- Role modelling and inspiration
  - Not angry with Dr JN
- Considering the individual
  - What's the need underneath
- High expectations
  - Duty = professional relationships
  - Stop this at once (suppression ,"dexamethasone")

- What do you as chief need to do to create conditions for MR's progress?

*Burns, 1978; Bass, 2006

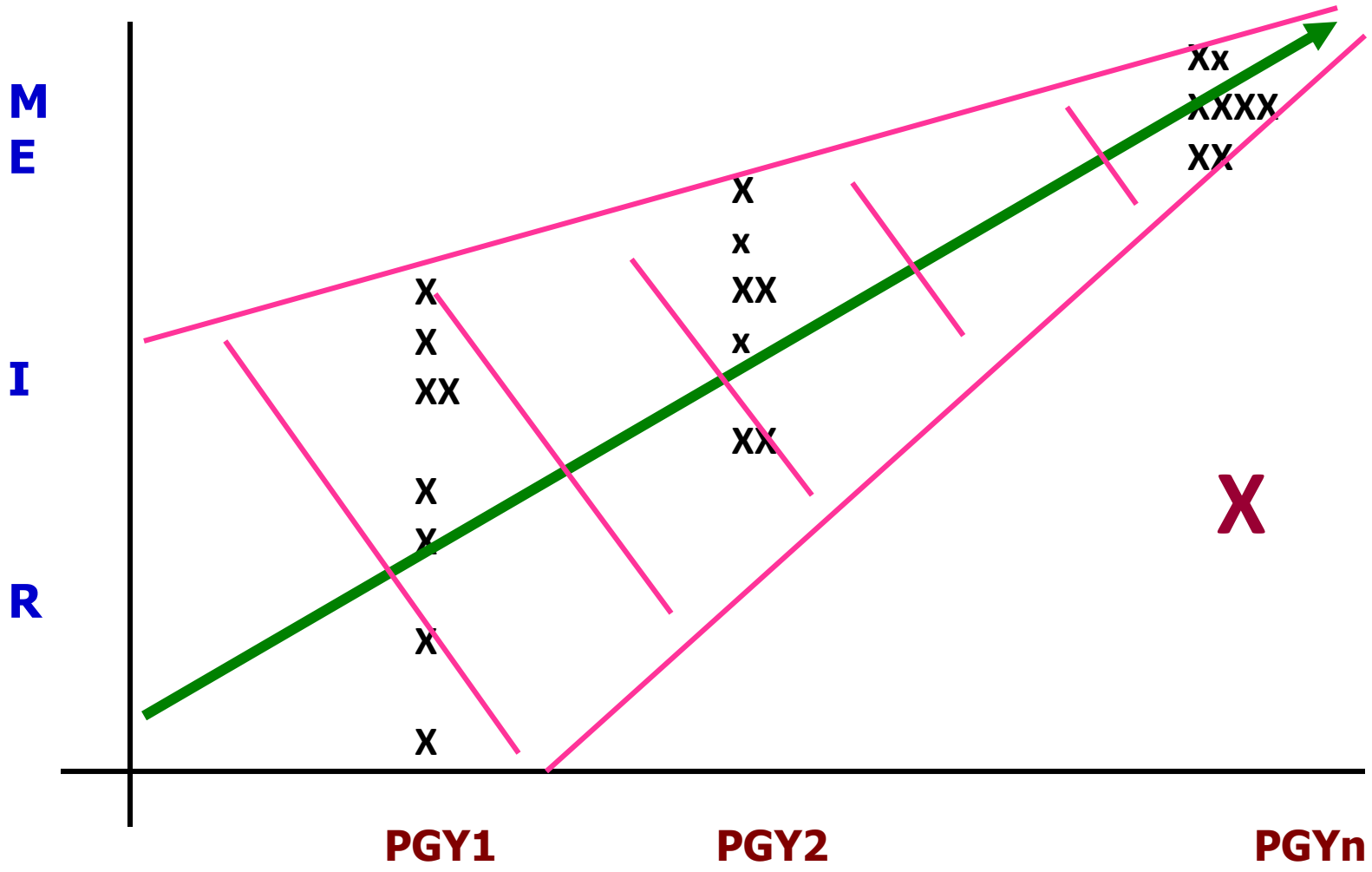
The advanced resident

- Dr JJ, PGY2 , shows proficiency in patient care and in directing junior house officers.
- Research oriented: publishing case reports and working with faculty
- Micromanages the late year PGY1s.
- Wants to be selected as Chief Resident.

Leading Residents for Adaptivity

- **Technical challenges: what micromanagement can work for**
  - **known problems, known solutions**
  - **task emphasis; path-goal works**
- **Adaptive challenges: from manager to educator, "aspirational"**
  - **Unknowns – need for independent problem solving**
  - **Relationships and support**
- **Your own Leadership behaviors:**
  - **Identify the challenges – "How can I help?"**
  - **Get on the balcony and give the work back**
  - **Protect voices from below; regulate distress**

Heifetz, 1997


M
E
I
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x
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x
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Xx
XXXX
XX
X
PGY1
PGY2
PGYn

Adaptivity Checklist for the Chief Resident

Communication/Interpersonal Skills:

- Addresses conflict diplomatically; conducts difficult conversations
- Is approachable, listens to others
- Facilitates discussions among residents; group decision-making
- Maintains confidentiality; recognizes boundaries

Advocacy Skills:

- Able to present viewpoints effectively

Marvel, Family Med, 2018

Adaptivity Checklist for the Chief Resident

Ability to Develop Others:

- Encourages and facilitates development in other residents

Personal Skills That Support Leadership:

- Manages one's emotions (keep cool)
- Organizes well, keeps timelines
- Attends to details
- Demonstrates flexibility; adapts

Marvel, Family Med, 2018

Leadership as creativity, empowerment

Teaching = fostering independence = leadership

- **With beginners - be explicit, help them visualize the path**
- **With others: “How can I help?”**

- Thank you for your attention!
- Revise you own goals for the year!