

On Leadership: An Optional Longitudinal Curriculum for Resident Leadership Education

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Background

Though all physicians are leaders irrespective of their context, there exists no consensus as to how to implement appropriate leadership training in the graduate medical education setting (1, 2). Thus, leadership education is often lacking during residency despite its exceptional importance for future physicians. Leadership skills provide crucial tools for navigating conflict, understanding team dynamics, emotional intelligence and fostering innovation (2). Our residency program is piloting an optional leadership development program.

Methods

- Beginning in June 2024, we implemented a monthly, optional resident and faculty social gathering to discuss various aspects and challenges of leadership in healthcare.
- Residents were assigned readings on specific leadership content.
- Faculty facilitated discussion regarding specific leadership principles.
- A GroupMe chat was created with weekly focused content, including TedTalks, podcasts, and additional articles, for continuous discussion.

Results

Initial Engagement Numbers:

- 16 members of the GroupMe (6 faculty and 10 residents)
- 31 unique posts since June 2024
- Approximately 50% of the posts have received at least one 'like' or similar response
- There were several ongoing conversations from in-person meetings or in response to posted resources, including 3 in-person events

Despite the recent implementation of the series, residents and faculty have already expressed appreciation for this content:

"I really appreciate this conscious effort by core faculty to work on often overlooked leadership skills. I feel more confident in my ability to lead a dynamic interdisciplinary team as a result of the skills I have gained as part of this program and will continue to attend and actively participate in it for as long as it is offered."

"This opportunity for residents has directly impacted our confidence and ability to care for patients in a dynamic collaborative setting both now and in the future."

"Our residents are eager to learn from each other and discuss leadership best practices and strategies for growth. This is just the beginning!"

Conclusions

- An optional, faculty-led discussion format was found to create a suitable environment for exchanging ideas and for resident engagement.
- Engagement in this process continues to grow with members added to the group and expanded opportunities for related events
- Limitations include selection bias due to the optional nature of the series and variable clinical schedules/availability.
- Future directions will include:
 - continuing to gather and analyze engagement metrics, including participation trends.
 - creating follow up studies that evaluate the effectiveness of the leadership series.
 - incorporating content into existing EM GME educational curricula
 - combining local best practices with established longitudinal EM curricula.

References

1. Kumar B, Swee ML, & Suneja M. Leadership training programs in graduate medical education: a systematic review. *BMC Med Educ* 2020; 20, 175.
2. Rotenstein LS, Sadun R, and Jena AB. Why Doctors Need Leadership Training. *Harvard Bus Rev.* 2018 Oct.