Separate or Together? Incorporating Residents into an Established Hospital Leadership Program

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INTRODUCTION

LEADERSHIP SKILLS
• Today’s complex and evolving health care settings requires individuals who identify and solve problems
• Lack of leadership skills – particularly in the areas of systems-based practice, professionalism, and communication – has been linked to patient harm
• Need for leadership training is recognized across health care with programs sponsored by:
  o Hospitals and Health Care Systems
  o Residency and fellowship programs
  o Graduate Medical Education (GME) offices

LEADERSHIP PROGRAM PARTICIPANTS
• Hospital/system Leadership Programs are often interprofessional in nature (e.g., physicians, RNs, quality directors, financial leaders, pharmacists, allied health professions) mirroring the multi-disciplinary nature of health care teams
• GME Leadership Programs may cross medical specialties but typically they are not interprofessional
• Integrated Hospital/GME Leadership Programs would be a win-win for residents/fellows and our sponsoring organizations
  o A review of the GME-related leadership literature yielded no integrated models

PROJECT AIM
To integrate residents and fellows as physician participants - not trainees - into an established, interprofessional hospital/system leadership development program

METHODS: INTEGRATED LEADERSHIP PROGRAM

EXISTING CLINICAL LEADERSHIP DEVELOPMENT PROGRAM
• Aurora St. Luke’s Medical Center (ASLMC) has a 12-month interprofessional leadership development program (N=30)
• 18 hrs of interactive face-to-face (F2F) sessions + required readings
• Must lead a quality improvement project which is presented at the conclusion of the program
• Program led by the major teaching hospital’s chief medical officer

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INTEGRATED LEADERSHIP DEVELOPMENT PROGRAM
• Leadership Develop Program Leader
  o Member of CLER Synergy Group
  o Invited resident/fellow participation in leadership program
  o Up to 15% of total participants
  o Expected to meet all program requirements
• GMEC Approved longitudinal elective option allowing all programs the option to participate
  o Each residency/fellowship program utilizes existing elective submission, review, assessment process(es)
  o QI Project = ACGME QI participation requirement
  o Elective Course Director = Leadership Program Leader

RESULTS

YEAR 1: PILOT
• Participation: National Initiative (NI) resident leaders were invited to participate using their NI-V disparity project to meet project requirement
  o 4 residents expressed interest
  o 2 residents (and their program director) able to flex training program schedules
• Evaluation: Residents report that they strongly value the leadership program’s:
  o Quality including interactive case discussions
  o Acceptance of their participation as a physician (not viewed as resident)
  o Structure – providing opportunities to discuss application of concepts with specialty physician leaders, using real case studies
• Limitations include inability to attend F2F sessions due to duty hours, synching calendar year with academic year, and limited project time (true for all NI participants)

YEAR 1: PILOT
• Participation opened to residents and fellow
  • 6 residents and 2 fellows expressed interest
  • 3 participating: 2 residents, 1 fellow

SUMMARY & NEXT STEPS
• Utilizing an established hospital based leadership programs is a strong ROI:
  o Residents / fellows engage with other health care professionals learning as peers
  o Hospital leaders’ gain resident perspectives
  o GME save costs associated with sponsoring a separate leadership program
• NEXT STEPS: Track participants to determine sustained program value and impact roles