Harvard Medical School Academy

RESIDENT/FELLOW AS TEACHER CURRICULUM SHOWCASE

ABSTRACT BOOKLET

Thursday, September 7th, 2017
Tosteton Medical Education Center
Faculty Chairs of Resident/Fellow as Teacher Curriculum Showcase

Richard Schwarzstein, M.D.
Tracey A. Cho, M.D.
Hope A. Ricciotti, M.D.
Thomas J. Sandora, M.D., M.P.H.
**Symposium Overview**

The Resident as Teacher Leadership Curricula Showcase is an opportunity to learn about the leadership curricula for trainees currently being offered in Harvard-affiliated residency programs and fellowships. Leadership skills are increasingly recognized as vital to being a good educator and clinical manager, and training programs aim to help trainees become leaders in medicine. Area faculty and trainees will be invited to present some of their best offerings in leadership training, curricula, and other programming with other residency program directors, fellowship directors, and core faculty in order to provide programs with ideas and tools to implement formal leadership instruction for trainees.

Learning Objectives:

1. Develop and implement curricular offerings for training residents and fellows to be effective leaders;
2. Apply new teaching methods for training house-staff as leaders;
3. Give examples of effective leadership programs for trainees.

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**Program Schedule**

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<th>Time</th>
<th>Session</th>
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<td>3:05-3:10 PM</td>
<td>Introductory Remarks</td>
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| 3:10-3:25 PM | **Presentation 1: Longitudinal Leadership Curriculum For Pediatric Residents**  
                Kelsey Miller, MD; Paul Critser, MD PhD; Scott E. Hadland, MD MPH MS; Thomas J. Sandora, MD MPH  
                Department of Medicine, Boston Children’s Hospital |
| 3:25-3:40 PM | **Presentation 2: Preparing the Next Generation of Healthcare Leaders through a Longitudinal Management and Leadership Training Program for Radiology Residents**  
                D. Daye, MD,PhD; R. Liu, MD; D. Rosman, MD, MBA; S. Saini, MD, MBA; P. Schaefer, MD; M. Gee, MD, PhD; T. McLoud, MD  
                Department of Radiology, Massachusetts General Hospital |
| 3:40-3:55 PM | **Presentation 3: Mount Auburn Hospital Interprofessional Leadership Academy (IPLA)**  
                S. Page, MD; P. Gordan, MD; R. Logiudice, MS, RN, CCRN  
                Department of Medicine, Mount Auburn Hospital |
| 3:55-4:10 PM | **Presentation 4: Formal longitudinal multidisciplinary leadership curriculum for surgical trainees**  
                P Najjar MD MBA, G Sharma MD MS, R Scully MD MPH, G Doherty MD, D Smink MD MPH  
                Department of Surgery, Brigham and Women’s Hospital |
| 4:10-4:25 PM | **Presentation 5: A Resident As Leader Curriculum**  
                Daniel Ricotta, MD; Lika Targan, MD; C. Christopher Smith, MD; Grace Huang, MD  
                Department of Medicine, Beth Israel Deaconess Medical Center |
| 4:25-5 PM  | Panel Discussion                                                        |
LONGITUDINAL LEADERSHIP CURRICULUM FOR PEDIATRIC RESIDENTS

Kelsey Miller, MD¹, Paul Critser, MD PhD¹, Scott E. Hadland, MD MPH MS², Thomas J. Sandora, MD MPH¹
¹Department of Medicine, Boston Children’s Hospital
²Department of Pediatrics, Boston Medical Center

The Boston Combined Residency Program in Pediatrics’ (BCRP) mission includes fostering acquisition and strengthening of leadership skills. During strategic planning, formal leadership training was identified as a gap. After reviewing existing curricula and surveying residents about potential skills and content, we designed a 3-year curriculum focusing on five content areas with associated learning objectives: leadership principles, self-reflection and self-management, motivation to lead, mentorship and exposure, and managing teams. The curriculum includes didactic, reflective and experiential modalities in each of these areas; content builds upon material covered in prior years (see Figure).

**Didactic Content:** Didactics are delivered in class-specific sessions at an annual Leadership Retreat, for which residents are protected from clinical responsibilities.

PGY1: Myers-Briggs Type Indicator, Leadership Theory and Principles, Leadership Styles
PGY2: Emotional & Social Intelligence, Effective Clinical Leadership, Motivation to Lead
PGY3: Managing Teams & Negotiation, Conflict Resolution, Why Leaders Lose Their Way

**Reflective Content:** Residents participate in 2-3 structured 1-hour small group reflective sessions with classmates each year. They also engage in guided reflection on leadership experiences and goals through a leadership mentoring program. Each resident is paired with one of 31 faculty leadership mentors, with biannual meetings focusing on clinical leadership experiences and resident goals for clinical and career leadership, which residents outline in a formal personalized leadership development plan.

**Experiential Content:** Residents participate in leadership simulation exercises during their General Pediatrics rotations. Cases are designed to facilitate deliberate practice of and reflection on leadership skills. We also created a database of leadership opportunities within the BCRP, its hospitals and Boston to facilitate involvement in leadership roles beyond managing clinical teams.

Assessment modalities include self-completed personal leadership inventories, 360-degree leadership evaluations of residents, and resident surveys about the curriculum.

<table>
<thead>
<tr>
<th>Intern Year</th>
<th>Junior Year</th>
<th>Senior Year</th>
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<tr>
<td><strong>Modality</strong></td>
<td><strong>Objectives</strong></td>
<td><strong>Modality</strong></td>
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<tr>
<td>Didactic</td>
<td>Leadership Theory, Leadership Styles</td>
<td>Emotional/Social Intelligence, Effective Clinical Leadership, Motivation to Lead (Personal and Motivating Others), Why Leaders Lose Their Way, Managing Teams and Negotiation, Problem Solving and Conflict Resolution</td>
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<tr>
<td>Self Reflection</td>
<td>Your Leadership Journey, Your Leadership Principles, Values, Ethics</td>
<td>Self Awareness / Self Management, Understanding personal motivations, Decision Making Styles, How to influence / motivate others, Conflict Resolution</td>
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<td>Experiential</td>
<td>Goal-setting, Map goals and motivations into Personal Leadership Development Plan</td>
<td>Exposure to Leadership Opportunities, Leading Clinical Teams as a Resident; Simulation, Core Curriculum, Other Leadership Positions</td>
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<td>Audience</td>
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PREPARING THE NEXT GENERATION OF HEALTHCARE LEADERS THROUGH A LONGITUDINAL MANAGEMENT AND LEADERSHIP TRAINING PROGRAM FOR RADIOLOGY RESIDENTS

D. Daye, MD, PhD; R. Liu, MD; D. Rosman, MD, MBA; S. Saini, MD, MBA; P. Schaefer, MD; M. Gee, MD, PhD; T. McLoud, MD

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In the rapidly changing healthcare environment, there is an increasing need to train physicians in management and leadership to allow them to play an active role in shaping emerging care delivery models while ensuring improved patient experience and outcomes. On the national level, few such training programs are available for radiology residents. Accordingly, we established a management and leadership training program aiming to prepare interested residents to become future leaders in healthcare and radiology. The program consists of five components spanning four years of radiology residency training: a didactic component, a mentorship component, an experiential learning component, a scholarship component and a focused fellowship component. The didactic component includes monthly lectures encompassing topics in leadership, micro- and macro-economics of healthcare. Through the practical component, residents pursue a 2-week healthcare administration elective with the hospital’s CEO and a 2-week radiology administration elective with various radiology departmental leaders. At the beginning of the program, residents are assigned both a radiology leader mentor and a hospital administrator mentor and are expected to meet with them twice per year. To fulfill the scholarship component, residents pursue a longitudinal project in health policy, management or leadership culminating with a capstone 6-month dedicated fellowship in healthcare leadership and management with the hospital administration. Residents who successfully complete the program will be awarded a Certificate in Health Management and Leadership at graduation from residency. We believe that this program provides a much needed complement to resident education in the current healthcare environment and will better prepare radiology residents for management and leadership roles as they advance in their careers.
MOUNT AUBURN HOSPITAL INTERPROFESSIONAL LEADERSHIP ACADEMY (IPLA)

**Presenters:** Stephanie Page, MD, Department of Medicine; Patrick Gordan, MD, Department of Medicine; Rebecca Logiudice, MS, RN, CCRN, Nursing Staff Development; all Mount Auburn Hospital

**Contact Person:** Stephanie Page, 617-510-2845, spage1@mah.harvard.edu

**Needs and Objectives:** Collaborative leadership is needed on all levels and between disciplines within a healthcare organization to be most effective. With this in mind, we have identified a need for interprofessional leadership development within our community. Literature supports the notion that interprofessional education improves patient outcomes and work efficiency. There is a core set of common leadership skills that is broadly relevant, across disciplines. There is value in leaders from different healthcare careers learning how to approach management and leadership challenges together. Residents are core participants in this endeavor, as they prepare for their future leadership roles. The IPLA program prepares participants to know themselves as leaders, understand the broader healthcare environment, become skilled change agents and learn how to lead their teams to provide high quality patient centered care.

**Setting and Participants:** The Academy is open to clinical and non-clinical employees and physician trainees at Mount Auburn Hospital. Examples of disciplines represented include faculty physician, nurse, physical therapist, pharmacist, physician trainee, chaplain, and employees from information technology, environmental services, finance and health information technology. It is targeted to individuals who are early in their leadership trajectory. Sessions occur twice a month, for two hour sessions in the evening at the hospital.

**Description** IPLA is a recurring 9-month structured program that is offered annually to 12-15 leaders within Mount Auburn Hospital to help develop their leadership skills. IPLA is composed of a series of seminars and a group project that benefits the institution. An invited expert leads a discussion at each session regarding an important leadership skill. Examples of session topics include emotional intelligence, wellness, team building, conflict resolution, leading change, and negotiation. Most sessions involve a didactic component as well as the opportunity for practice applying the new skills. The program has been running since August 2015 and we graduated our first cohort May 2016.

**Impact:** Although many institutions have programs for leadership development, this is the first program we are aware of that is truly interprofessional, includes residents along with faculty physicians, and extends beyond the clinical staff. Residents are invited to apply and participate in the academy and have a valued place in our leadership community. During our second year of the program, 1 Internal Medicine resident participated. We have recruited 2 Internal Medicine residents for the next class. By developing our leaders of tomorrow, the entire healthcare organization benefits.
FORMAL, LONGITUDINAL, MULTIDISCIPLINARY LEADERSHIP CURRICULUM FOR SURGICAL TRAINEES

Peter A. Najjar, MD, MBA*, Gaurav Sharma, MD, MS*, Rebecca E. Scully, MD, MPH, Gerard M. Doherty, MD, Douglas S. Smink, MD, MPH

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* Authors contributed equally and should both be considered first author

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**Background:** Given the shift of health care systems toward value-based care and the emergence of new organizational structures in medicine, leadership expertise has become an increasingly critical and valued skill set among residency program graduates. Despite this, and the known link between leadership training and improved patient and organizational outcomes, few surgical trainees are exposed to explicit leadership training.

**Objective:** To develop and implement a longitudinal leadership curriculum for surgical residents to develop the knowledge and skills necessary to effectively manage interdisciplinary care teams in the operating room, surgical intensive care unit, emergency department trauma response units, surgical ward, and outpatient setting.

**Target Population:** All postgraduate year 1-5 general surgery trainees engaged in full-time clinical residency duties with a special emphasis on rising chief residents to prepare them for primary leadership roles within their training.

**Intervention Content:** A longitudinal curriculum drawing broadly from the fields of management science, organizational psychology, and leadership to provide residents with a set of foundational skills essential to the practice of authentic leadership, including processes to support continued growth and development following graduation. Content delivery modalities include training-level appropriate traditional didactic lectures, case-based discussions, simulation-based exercises, small group discussions, and written reflection. For rising chief residents, a protected 6 hour seminar with invited speakers/facilitators from both hospital leadership and Harvard Business School.

**Knowledge of Self (PGY 1-2)**
- Self-awareness/reflection
- Developing your leadership style
- Knowing your limits
- Balancing personal goals and team duties
- Interpersonal effectiveness
- Functioning in a team
- Being a role model
- Managing conflict
- Developing a mentorship relationship
- Giving/accepting feedback
- Seeking feedback
- Acting on feedback
- Providing feedback

**Launching a team**
- Creating psychological safety
- Identifying/addressing ineffective behaviors
- Leadership style
- Adapting to challenges
- Finding your blindspot
- Power and influence
- Understanding the impact and limits of your structural power
- Managing up and managing down
- Creating culture
- Defining your team’s core values and objectives

**Engaging Systems (PGY 5)**
- Negotiation
- Preparing for a negotiation--understanding zones of possible agreement and best alternatives
- Arriving at a mutually beneficial solution
- Integrating career and personal values
- Balancing conflicting demands
- Strategic career management
- Knowing your parameters for compromise
- Negotiating your first position
- Change leadership
- Leading through others
- Developing future leaders
A RESIDENT AS LEADER CURRICULUM

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Resident-run inpatient care delivery systems are integral to the practice of medicine in academic centers. At BIDMC, inpatient medicine teams are composed of two interns and two medical students and are led by a single medical resident. The residency program dedicates 8 weeks of intern orientation to train newly graduated medical students to assume patient care as physicians. On the other hand, newly matriculated junior residents previously received only a brief 1-day retreat in the spring of intern year to prepare them to lead ward teams. Not surprisingly, there is wide variability in preparedness among resident physicians to assume this leadership function at the start of their second year.

We performed survey-based needs assessments over 3 consecutive years, which revealed that 70% of junior and senior residents reported minimal or no knowledge of evidence-based leadership skills, and 60% disagreed that, or did not know if, they were demonstrating best practices. The majority (53%) of interns reported feeling uncomfortable leading a team upon completion of intern year, and 66% reported minimal or no knowledge of leadership skills. Therefore, to address this need for leadership training we developed and implemented a formal orientation program directed at rising junior residents.

The goals of the Resident-as-Leader curriculum were to facilitate the transition from intern to resident role by familiarizing residents with fundamental characteristics of effective inpatient team leaders and helping them incorporate these skills on the general medicine wards.

Elements of the curriculum were piloted in 2015 and 2016. The 5-week curriculum, launched in spring 2017, included facilitated small group discussions incorporating role-play and self-reflection. We chose curricular topics based on 5 core principles, that effective team leaders 1) create safe learning environments, 2) provide consistent and effective feedback, 3) role-model behaviors, skills, and attitudes, 4) run teams efficiently, and 5) maintain situational awareness. Interactive exercises included “What type of leader are you?” a team-based paper chain competition, “the hidden gorilla” experiment, BIDMC cookie conflict management, and role-play.

Our primary outcome assessing impact of our curriculum was direct observation of ward rounding leadership skills compared to 3 years of historical controls. Secondary outcomes included performance on formal evaluations and satisfaction with the curriculum. An additional work product of the curriculum was a structured checklist for resident leadership skills on the wards, which was collaboratively developed, piloted, and used to collect 38 total observations of 27 unique individuals pre-intervention. We are currently collecting post-intervention direct observation data.

The resident-as-leader curriculum at BIDMC takes physician training to the next level by focusing on their roles as leaders of healthcare teams. Future directions will include the use of simulation for leadership skill development and the creation of an Objective Structured Leadership Encounter (OSLEr) for assessment.