

WORK SMARTER NOT HARDER:
**How To Prepare Your Incoming
Chiefs To Be Successful Leaders
For Tomorrow**

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Overview

In today's presentation, we want to share our process on how our program elects and onboards our chief residents

Show key responsibilities and smarter ways to manage these tasks.

Describe our dyad relationship

Provide examples of challenges chief residents face as they transition from colleague to leader

Professional development journey and leadership involvement

Intro

Leadership track

- Role models
- Senior role, teaching, provide feedback, conflict management, time management

Additional responsibilities within the realms of:

- Administrative
- Educational
- Leadership
- Supervision

Our Roles with Chiefs

Eszie

- Leadership
- PD & APD's

Sam

- Junior Chiefs
- Lectures Series

Stephanie

- Senior Chiefs
- Schedules
- Time Away Requests

A close-up, shallow depth-of-field photograph of a clock face. The clock is light-colored, possibly white or light blue, with thin, dark hands. The focus is on the hands and the dial, with the background being a soft, out-of-focus light blue. The word "HISTORY" is overlaid in white, sans-serif capital letters in the center of the image.

HISTORY

Aurora Family Medicine Residency Program

Started out at 1st site

- St. Luke's Medical Center
- PD & 1 Associate Program Director

Program Expansion at 2nd site

- Wisconsin Avenue Family Care Center
(now located at Aurora Sinai Hospital)
- Senior & Junior Chiefs at each site

How to Choose Chief Residents



<https://www.youtube.com/watch?v=ysl-7y2E97w>



SELECTION PROCESS & JUNIOR CHIEFS

Qualifications – Junior Chiefs

Must be in
good professional
standing

Must have
completed 6 months
of PGY1 year

Term- April of PGY1
year to March 31st of
PGY2 year

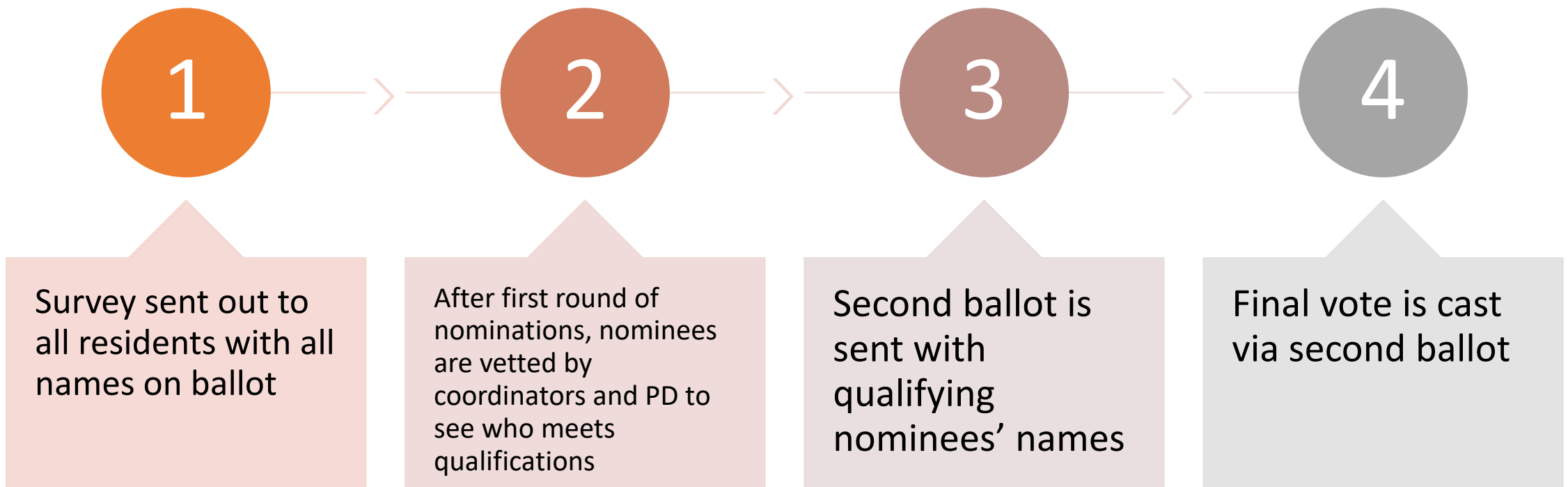
Qualifications – Senior Chiefs

Must be in good professional and academic standing

Must have completed 6 months of PGY2 year

Term - April 1 of PGY2 year to March 31st of PGY3 year

Selection Process



Exceptions

If a chief is elected that does not meet qualifications:

- PD meets with resident to discuss qualifications
- If they do not meet academic qualifications at the time of election, they must meet the mean ITE score in order to keep position
- If the resident does not follow through with his expectation, a backup chief is selected from ballot

If a junior chief opts out of senior chief duties:

- Must inform coordinators and PD before election process
- Kept confidential but still included in ballot

Timeline of Selection Process

Chief/PEC Rep elections take place before contract renewals – January

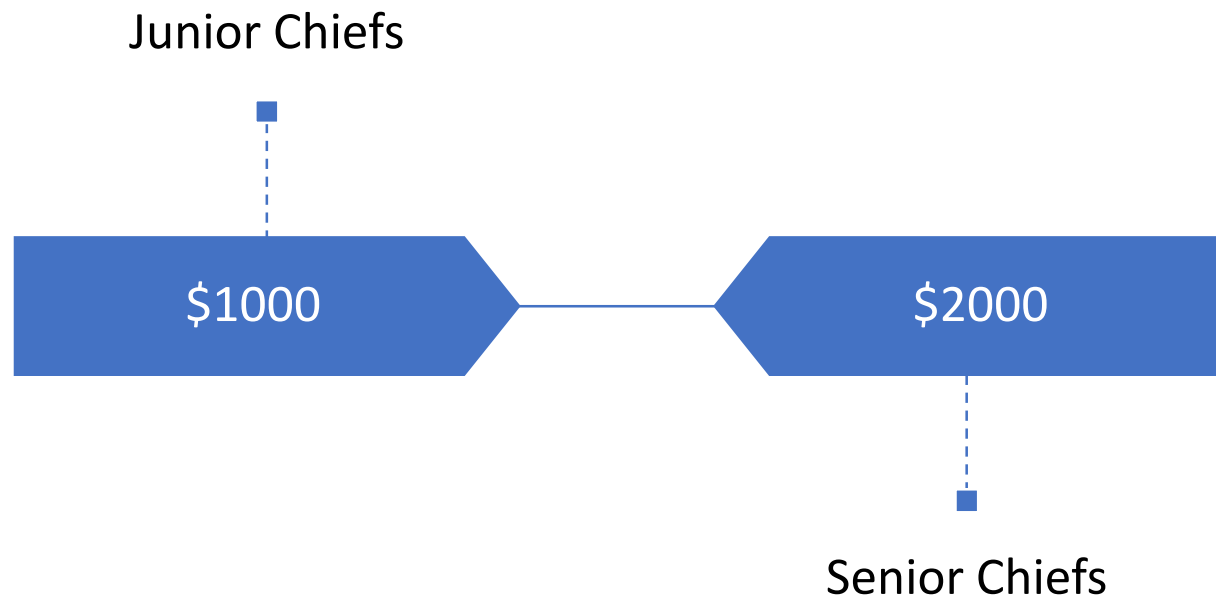
Coordinator sends job description along with nomination ballot

Residents are given 1 week to nominate

Second ballot is sent - residents have 1 week to cast final votes

Chiefs are elected and given two months for onboarding/training for April 1st start date

Compensation



Junior Chief Responsibilities

- Lecture Scheduling
- Program Evaluation Committee (PEC)
- Assist in Recruitment
- Attend Recruitment Fairs
- Lead Recruitment Kick-off meeting and Assist in Part 1 of Annual meeting
- Attend Meetings (Resident meeting, Chief meeting, Report out at Resident/Faculty meeting)

Onboarding Junior Chiefs

Skeleton lecture schedule is sent from coordinator

Coordinator meets with Junior Chiefs to discuss expectations/roles

Meet or speak quarterly to discuss processes or need for improvements

Junior Chief Role in Program Evaluation Committee (PEC)

As a junior chief, they are to participate in PEC along with PEC representatives

Serves as additional educational liaison

Assist with curricular updates in resident town halls and res/fac meetings

Additionally, can bring lecture concerns or issues to PEC

Recruitment

Recruitment Kick-Off

ERAS Pre-Scoring Process

Resident Interview Sign-up

Videos/Instagram/Social Media

I Sucked As Chief Resident



<https://www.youtube.com/watch?v=4-YGk-Pm32U>

A close-up portrait of a woman with dark hair pulled back, wearing bright blue scrubs and a black stethoscope. She is smiling warmly at the camera. The background is a blurred hospital hallway.

SENIOR CHIEFS

Senior Chief Responsibilities

Scheduling

Rotation grid and call schedule

Approve/Deny resident time away requests

Attend Meetings
(Resident meeting, Chief meeting, report out at Res/Fac meetings)

Assist in Recruitment

Maintain and facilitate communication among residents, faculty, and support staff

Expected to resolve conflicts between residents

Provide guidance to Junior Chiefs

Senior Chief Orientation

1

After elected,
get right into it!

2

Meet with me
February/March

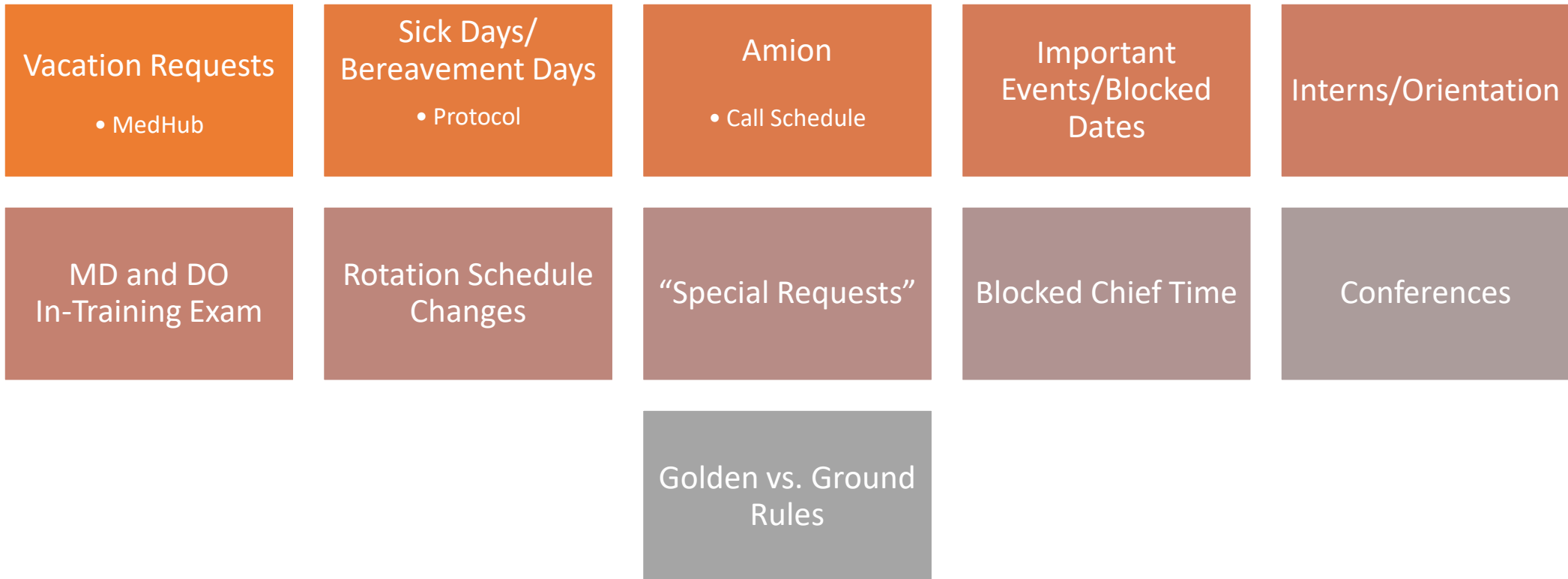
- Discuss Role/Expectations over the year
 - What it means to be a chief
 - What I expect and what is needed

3

Set up meeting with new and
old chiefs

- “Hand off the torch”
- Final transition April 1st

Onboarding Senior Chiefs



Building the Schedule

Senior Chiefs help build the rotation grid and call schedule for the year

Lots of moving parts!

- New Interns
 - Clinic preference
 - Vacation preference
- Current residents
 - Vacation preference
 - Scheduling Meeting
- Children's Hospital Schedules
 - Have a current chief and new chief attend meeting together to select "numbers" for the year
- Google Docs (transition into clean rotation grid)

Chiefs Orientation – New Interns



Help onboard new interns



Orientation Checklist (PDF documents of FMTS, OB, Newborn protocols)



Chief Orientation Part 1 and 2

Other Resources That Help Us Work Smarter



Google Drive

Passed down from chief to chief



Spreadsheets



Microsoft Teams Surveys



SharePoint

Chief Communication

Communication is KEY!

Chief Blocked Time

- Every other Thursday
- Use this time to work on things or meet with me

Microsoft Teams chat

Text

- Setting boundaries
- Only allow senior chiefs to have my number

Email chains

- Sick policy
- COVID
- Vacation changes/updates
- Anything resident related that is non urgent

Medhub/Amion

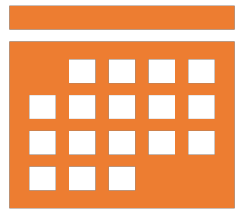
A close-up, low-angle shot of a middle-aged man with grey hair and glasses, wearing a white lab coat. He has his hands pressed against his face, covering his eyes, and his expression is one of intense stress or exhaustion. The lighting is dramatic, with strong highlights on his face and hands against a dark, shadowy background.

CHALLENGES

Challenges

- Transition of role – from colleague to leader
 - Objective is for them to continue to have a positive relationship with all their colleagues.
 - “Be the person they come to not run from” - Grey’s Anatomy
 - Eliminating bias and build trust
 - Get the right individuals – stick to the criteria
 - Decision making should be consistent
 - Introverts vs. Extroverts

Examples Of Our Chief's Challenging Moments



COVID hit – now what ???

Clinic and call schedules overhauled

Closures of clinics

E-visits to the rescue

Virtual didactics

BUT WAIT... Everyone's getting COVID!!



Terminations and LOA

Managing confidential information

Communication

Impacts on inpatient services

Challenges: “Current” Senior Chief Perspective



A diverse group of six healthcare professionals, including doctors and nurses, are standing in a modern hospital hallway. They are all smiling and looking towards the camera. The central figure is a Black male doctor in a white lab coat with a stethoscope around his neck. To his left are a female nurse in blue scrubs, a male nurse in blue scrubs, and a female nurse in teal scrubs. To his right are a male nurse in blue scrubs and a female nurse in teal scrubs. The hallway has white walls and doors with glass panels.

LEADERSHIP

Professional Development

Specialty Affiliate Organizations

- AAFP for Family Medicine

Conferences and Workshops catered for chiefs

- AAFP National Conference – Junior Chiefs
- FMX – Senior Chiefs

Annual Chief Retreat

Leading/presenting at department meetings & events:

- Recruitment Kick Off
- Resident Meetings
- Town Halls
- Annual Meetings
- Internal Graduation

Resource sharing – previous chiefs, ACGME, faculty

Leadership Involvement

Policy review and input have led to more receptiveness to changes

Leadership retreat includes PD, APD, Coordinators, Medical Directors, Clinic Leadership Team & Chiefs

Bi-weekly Meetings with PD & APDs

Administrative Time

Leading wellness initiatives

Recruitment

Past Chiefs – Where Are They Now?

Varying positions held by our previous chiefs in the last 10 years:

- Program Director
- Associate Program Director
- Medical Director
- CMO & COO
- Director of Integrative Medicine
- Director of Student Programs
- Osteopathic Recognition Site Director

Chiefs become future leaders ¹



Break Out Session

Break Out Session



3-5 minutes



Small groups



If you have chiefs, what is working well?



What do chiefs mean to you and your program?

The “Glue” to Working Smarter Not Harder



Key Takeaways

Many benefits to having chiefs

- Less resistance from residents
- Promotes growth for Chiefs and Coordinators
- Improves processes (new ideas – help innovate)
- Help monitor resident wellness & morale
- Never the same each year!

Create a process with your leadership and chiefs that works for you and your program

For us coordinators – having chief residents allows us to work smarter not harder!!!



Questions?

Reference

- 1. Deane, K, Ringdahl, E. The Family Medicine Chief Resident: A National Survey of Leadership Development. FamMed. 2012 Feb;44(2):117-20. PMID: 22328478.