

ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: The ABCs of Team Leadership Training for House Staff at the University of Colorado School of Medicine

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Collaborators: Eva Aagaard, MD, Meredith Alston, MD, Sarah Appleton, MD, Suzanne Brandenburg, MD, Anne Libby, PhD, Judy Regensteiner, MD, Carol Rumack, MD, and Kristina Tocce, MD

Background, Challenge or Opportunity: Are leaders born or can they be made? We train medical students to be individual achievers and not necessarily to be members of teams, but they are called into cross-disciplinary, team leadership positions almost immediately upon graduation from medical school. The leadership environment has never been more challenging, as constant change, group accommodation, and growth from change have become routine aspects of modern health care. There is a perceived need for better and more consistent training of house staff in the 'soft skills' of interpersonal communication and relationship building.

Purpose/Objectives: To provide training in team leadership for house staff at CUSOM

Methods/Approach: --

Partnerships established with key educators and leaders who are known to be good teachers and who want to participate.

--Confirmed with selected department chairs and residency program directors the need for input and engagement.

--Instituted meetings with collaborators to evaluate approach, curriculum, and needs assessment.

--Obtained information on needs assessment approaches from ELAM LC colleague Adriana Segura.

--Launched development of team curriculum with

-- evaluation and quality improvement strategies.

Outcomes and Evaluation Strategy:

Short term needs assessment sent to 93 residency program directors; 67 responded (72%).

Development of leadership training is highly desired.. 100% of respondents believe that both team management and leadership skills training are important goals for residents. Onset of this training seems to be best suited for 2nd and 3rd year residents. Specific skill building in personality self-assessment (MBTI), conflict management, and interprofessional relationship building were considered priorities. Given the constraints on residents' time, there was a preference to limit the number of sessions per year to no more than 3.

Long term outcomes will include further development of the program through interaction with chief residents. Several residency program director champions have been identified. Evaluation of long term effectiveness will include pre and post testing for knowledge acquisition, 360 feedback assessments before and after program completion, fellowship match results, student satisfaction surveys, and participant feedback to improve the program.

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ABSTRACT

Background, Challenge or Opportunity: Are leaders born or can they be made? We train medical students to be individual achievers and not necessarily to be members of teams, but they are called into cross-disciplinary, team leadership positions almost immediately upon graduation from medical school.

Purpose/Objectives: The purpose of this project is to create a safe learning environment in which house staff (residents) can critically examine their leadership style through self-understanding, learn to play to their strengths and to shore up their weaknesses, and develop an ongoing plan to improve their leadership skills over their career.

Methods/Approach: A curriculum proposal was created with input from 'found pilots' and other stakeholders. A needs assessment is now underway to determine the value of the proposed program and whether additions/deletions are necessary or desirable. The curriculum will be refined with input from residents, residency program directors, and educational experts at the institution. It will be beta tested on one or two house staff groups, and then consideration of deployment to all house staff will be made.

Outcomes and Evaluation:

Short term outcome is to report the needs assessment survey results.

Long term outcome is to develop a new program for resident training.

Evaluation methods include:

1. 360° evaluations of residents pre and post-program to gauge development of interprofessional communication skills
2. Subsequent career development (fellowship performance at parent or outside institution)
3. Medical student satisfaction with house staff interactions
4. Pre and post tests of knowledge gained (communication styles, relationship building)

BACKGROUND: THE CHALLENGE

Statement of the problem: The leadership environment has never been more challenging, as constant cycles of change, team accommodation, and growth have become routine aspects of modern health care¹. There is a perceived need among clinical chairs, residency program directors (RPDs), and residents for better and more consistent training of house staff in the 'soft skills' of interpersonal communication, relationship building, and team building—essential aspects of leadership.

PURPOSE

To provide training in team leadership, communication and personal development for house staff at CUSOM to improve resident performance and student satisfaction

METHODS: BACKGROUND

Found pilot: Internal Medicine (IM): core leadership curriculum offered to all residents; advanced curriculum to 1/3 of upper level residents; specific team management training to all interns. (Suzanne Brandenburg, MD)

Found pilot: All CUSOM chief residents undergo 2 days of leadership training each July, including Meyers Briggs, conflict resolution, etc. (Carol Rumack, MD, ELUM)

Found pilots: faculty leadership programs (LITES, LEADS, LEAP)

Collaborators identified:

Eva Aagaard, MD, ELUM: Directs Academy of Medical Educators

Anne Libby, PhD: Vice Chair for Academic Affairs, Dept of Emergency Medicine

Meredith Alston, MD, Kristina Tocce, MD, Sarah Appleton, MD: departmental champions (Ob/Gyn)

Needs Assessment: Prospective Surveys

Prospective Survey sent to all residency program directors (N=93) to assess:

- interest and direction in curriculum development
- need for this type of training
- preference for timing and frequency of training

METHODS: APPROACH

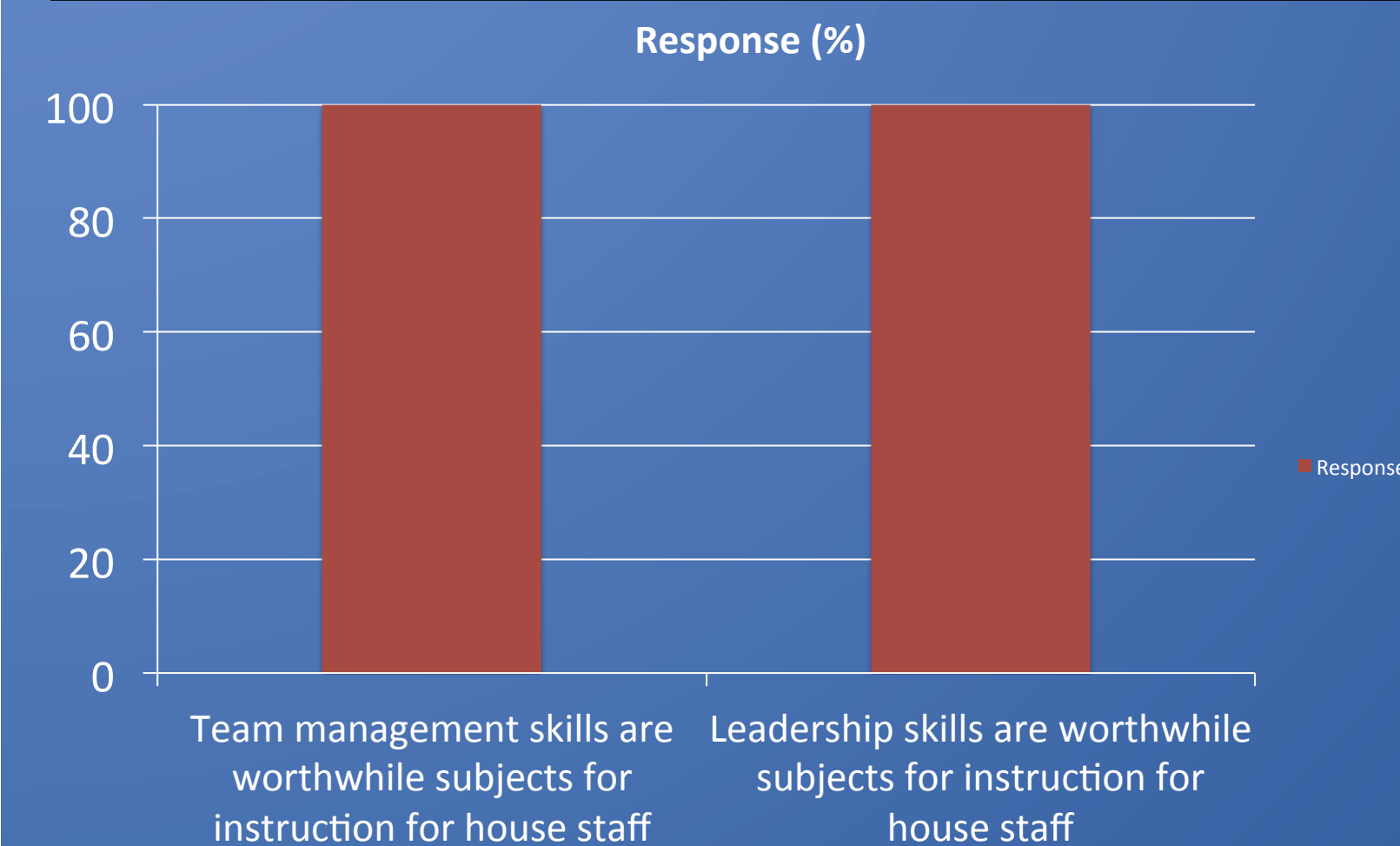
- Partnerships established with key educators and leaders who are known to be good teachers and who want to participate.
- Contact with selected department chairs and RPDs for input and engagement
- Meetings with collaborators to evaluate approach and needs assessment
- Needs assessment information obtained from ELAM LC colleague
- Development of curriculum

METHODS: NEEDS ASSESSMENT

Participants

- RPDs at CUSOM (N=93) received a survey via Survey Monkey
- Surveys received=67 (72% completion rate)
- Items addressed:
 - Need for education in leadership and interprofessional collaboration
 - Similar processes currently in place
 - Optimal timing within residency for training
 - Specific areas of challenges

RESULTS



“Residents receive adequate training providing performance evaluations”: **20%**

“Residents receive adequate training in soliciting 360 feedback”: **30%**

“Residents receive adequate training in providing feedback in interprofessional settings: **<20%**

SUMMARY AND CONCLUSIONS

Description of Impact: Residency program directors unanimously perceive a need for training in leadership and team management for their residents. Training was felt to be optimal for 2nd-3rd year residents. Current residency training does not address key aspects of self-knowledge, team management, and interprofessional relationships.

NEXT STEPS

- Seek additional input from chief residents, selected program directors and Identify project 'champions'—1-2 mos
- Work with champions to develop and finalize curriculum across diverse departments—3-6 mos
- Pilot in 3-4 departments where perceived need is greatest—9-12 mos

ACKNOWLEDGEMENTS

- Dean John J Reilly, Jr, MD
- ELUMs of CUSOM

OUTCOMES

- Short term: Needs assessment results, input from from residency program directors and senior residents about program elements that are desired/prioritized
- Long term: 360 evaluations of residents by other; resident gains in knowledge/self-awareness; medical student satisfaction; fellowship matching results; fellowship performance follow up; possible safety outcomes

REFERENCES

1. Segal J. Good leaders use "emotional intelligence". Emotionally intelligent leadership is a skill that can be learned and taught throughout life. Health Prog 2002;83:44-6, 66