Beyond Residency: Basic and Advanced Leadership Skills for Practice

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<td>Diagnostic (DR) and interventional (IR) residency training is primarily composed of image interpretation and procedural skills with minimal inclusion of non-interpretive skills. Leadership is primarily taught through modeling in residencies. Yet, fundamental skills such as emotional intelligence and conflict resolution drive success in careers as well as patient care. In addition, trainees often enter practice without specific skill sets that would better launch their careers.</td>
<td>Development of the program involves three components: 1) Identify leaders and develop a didactic and/or workshop-based curriculum for each of the five domains to be taught in the first two years of DR and IR residency training. 2) Develop optional opportunities for advanced training that may include advanced degrees or certification for each of the five domains. 3) Translate these programs to other URMC departments.</td>
<td>A successful program will lead to improved leadership skills of trainees and increase the number of advanced degrees and certifications. Potential pitfalls include translation to training programs in other departments. The concept may need to cross into fellowship for specialties with shorter residencies. Similarly, flexibility in scheduling of both parts of the program may require prerecorded asynchronous content or extension of the training period for advanced degrees.</td>
<td>Development of a residency leadership program within our department and subsequently to the institution will: 1. Develop well-rounded trainees. Implementation of the basic leadership program will improve the transition from training to practice. 2. Enhance the reputation of our training programs. Investing beyond medical training will result in increased competitiveness of our training programs and expanded employment opportunities for our trainees. This will be particularly advantageous for trainees who pursue advanced degrees in business, education, or research, or certifications in quality &amp; safety or health equity. 3. Enhance national reputation. Implementation of the project will result in an increase in presentations and publications in each of the five domains, and may increase the number of residents who pursue an academic career.</td>
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### Purpose

The purpose of this project is to provide both basic and optional advanced leadership training in five domains within our department, and then to translate our program to other departments in our institution. Our five domains include business of healthcare with basic leadership skills, education, research, quality & safety, and healthcare equity. Domains are modifiable.

### Methods and Approach

#### Progress to Date:
1. Departmental leaders identified for each of the domains
2. Didactic domain curricula developed and implemented
3. Worked with UR Simon School of Business to facilitate enrollment of residents in the Masters in Medical Management program (2 residents with interest for Fall 2022)
4. Worked with our departmental Vice-Chair for Research to develop a pathway to obtain a Masters in Medical Imaging program (one resident in Holman Pathway with interest).
5. Working with URMC Community Engagement group to establish connections with our inner-city high school students.
6. Evaluated costs, which are reasonably low.
7. Initial discussions with GME office regarding expansion of the program with ultimate coordination through their office.

**Diagram:**

[Diagram showing the components of the program, including Business: Masters in Medical Management, Education: Certification in Medical Education, Research: Holman Pathway, Quality & Safety: Advanced Certifications, Healthcare Equity: Advanced Certifications, Community Engagement, Didactic Curriculum Years 1 & 2, Years 2 – 4 (Optional), MS Medical Imaging MPH, MS Device Development.]

**Future Directions:**

Our aim is to translate our departmental program to one or two departments during the next academic year, and to increase that number over time. In several years, we foresee this as a central program in the GME office.

In the longer term, recruitment and retention of participants as faculty at URMC will provide a strong base for future leaders in each of the domains for the institution as well as at the regional and national levels. Similarly, as our trainees are recruited to other practices, they will likely rise to higher leadership roles since they have had time to develop skills earlier in their career than is typical for most institutions.

### Acknowledgements

We wish to thank Mark Taubman, Dean and CEO, URMC, for his unwavering support, and broad input from others at UR including Diane Hartman (Senior Assoc Dean GME), Michael Rotondo (CEO UR MFG), David Linehan (Chair, Dept of Surgery), Sarah Peyre (Warner School of Education), and Sam Ogie (Simon School of Business).
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Project Title: Beyond Residency: Basic and Advanced Leadership Skills for Practice
Name and Institution: Jennifer Harvey, MD, University of Rochester
Collaborators and Mentors: Susan Hobbs, MD, PhD
Topic Category: Training/Education

Background: Diagnostic (DR) and interventional (IR) residency training is primarily composed of image interpretation and procedural skills with minimal inclusion of non-interpretive skills. However, this leaves trainees poorly prepared for practice in academic, private, or hybrid settings.

Purpose/Objectives: The purpose of this project is to provide both basic and optional advanced leadership training in five domains within our department, and then to translate our program to other departments. Our five domains include business of healthcare with basic leadership skills, education, research, quality & safety, and healthcare equity.

Methods/Approach/Evaluation Strategy: Development of the program involves three components:
1) Identify leaders and develop a didactic and/or workshop-based curriculum for each of the five domains to be taught in the first two years of DR and IR residency training. 2) Develop optional opportunities for advanced training that may include advanced degrees or certification for each of the five domains. 3) Translate these programs to other URMC departments.

Outcomes/Results: A successful program will lead to improved leadership skills of trainees and increase the number of advanced degrees and certifications.

Discussion/Conclusion with Statement of Impact/Potential Impact: Development of a residency leadership program within our department and subsequently to the institution will:

1) Develop well-rounded trainees. Implementation of the basic leadership program will improve the transition from training to practice.
2) Enhance the reputation of our training programs. Investing beyond medical training will result in increased competitiveness of our training programs and expanded employment opportunities for our trainees. This will be particularly advantageous for trainees who pursue advanced degrees in business, education, or research, or certifications in quality & safety or health equity.
3) Enhance national reputation. Implementation of the project will result in an increase in presentations and publications in each of the five domains, and may increase the number of residents who pursue an academic career.