

RESIDENCY LEADERSHIP CURRICULUM

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Residency Leadership Curriculum

Introduction:

There is little in the field of medicine that can substitute for clinical excellence. As physicians in training there is no way for residents to establish themselves as leaders until they have gained clinical competency. Once this has been achieved, some select individuals may assert themselves as leaders within residency. Others may have the same capability, but lack the understanding or perhaps the training to become leaders despite significant potential. How can we as emergency physicians develop the next generation of leaders within not only our specialty, but within the field of medicine?

Although leadership as a character trait and skill set was once thought to be an innate part of an individual, it has come to be understood as a defined concept that can be taught and developed. In fact, leadership has become a topic of focus for many industries including business, politics and more recently medicine. The American College of Emergency Physicians (ACEP) has been a proponent of leadership training for emergency physicians on multiple levels. Not only have they sponsored the annual and highly successful Leadership and Advocacy Conference but have given thousands of dollars in chapter grants for the creation and implementation of Leadership Development Programs for New Jersey, Michigan, and Texas. These programs help those physicians who have already established themselves as leaders in EM to take the next steps necessary to increase their leadership and advocacy talent.

The **Residency Leadership Curriculum (RLC)** is designed with the intent to increase the available pool of leaders by bringing leadership development into the realm of physician training. This will benefit physicians who will be the next generation entering programs like those started by New Jersey, Michigan, and Texas. Furthermore, it focuses on the basic foundational skills of leadership and is intended to be available to all residents regardless of previously demonstrated skill or potential. Residency should be the time to expand not only clinical expertise, but also to grow those talents that will allow them to be the future leaders of our specialty such as communication, self assessment, conflict resolution and others. No matter what the future may hold for the current residents in EM, all will benefit from developing basic leadership skills in their upcoming careers.

Curriculum:

The **Residency Leadership Curriculum** is based on eight tenets of leadership. They were selected not only for being elements of leadership, but also for their direct relevance to EM. The eight components are Interpersonal Communication, Public Communication, Team Building, Negotiation, Networking, Advocacy, Affecting Change, and Self-Assessment. Each of these eight tenets is divided into two subtopics.

- 1. Interpersonal Communication:**
 - a. Communication Basics
 - b. Feedback

- 2. Public Communication:**
 - a. Media & Your Message
 - b. Presentations Excellence

- 3. Team Building:**
 - a. Building a Team
 - b. Motivation, Delegation, and Empowerment

- 4. Negotiation:**
 - a. Conflict Resolution
 - b. Persuasion & Influence

- 5. Networking:**
 - a. The Why, Where, & How
 - b. Building Relationships

- 6. Advocacy:**
 - a. Advocacy 101
 - b. Political Advocacy (Under Construction)

- 7. Affecting Change:**
 - a. Barriers to Change
 - b. Change Management (Under Construction)

- 8. Self-Assessment:**
 - a. Leadership Strengths
 - b. The Leader Within

The RLC has three major components. It is made up of the *Core Leadership Attribute Seminar Series (CLASS)*, the *Leadership Compendium*, and a *Leadership Speaker's Bureau*.

Core Leadership Attribute Seminar Series (CLASS) is a set of 16 lectures corresponding to each of the 8 Leadership Tenet subtopics. Each lecture was authored by a nationally recognized leader in the field of EM then subsequently edited to limit overlapping content between the various talks.

The *Leadership Compendium* is a summarized list of recommended literature on leadership both in the form of articles and books. Many, but not all of the items in the compendium are referenced within the CLASS lectures and were suggested by the CLASS authors. The referenced items can and should be used to enhance the lectures, serve as material for small group sessions, and to augment the round table discussions.

The *Leadership Speaker's Bureau* is to be built out over the up coming years. (See "Future Components" section below.)

Implementation:

There are a variety of ways to implement the RLC and each residency may tailor the elements of the curriculum to the needs and background of their program. Additionally, the use of each of the individual elements will be discussed in its assigned section.

Comprehensive

Although elements of the RLC may be presented and available residency wide, it is expected that only a core group of interested individuals will participate throughout their entire time in residency. These individuals would be the physicians expected to present at a pre-designated percentage of the CLASS lectures, small group discussions, and round tables. They would also be expected to prepare and lead the small groups. Each residency may designate other accompanying requirements such as need to hold a local or national leadership position in an EM organization (ACEP, EMRA, SAEM, etc). Other projects may include adding entries to the Leadership Compendium, developing new Small Group Sessions, or building out a database of leadership opportunities for residents. The RLC could be designated as a special residency track for those individuals and it would be ideal to be able to present them with recognition for this at graduation as it is expected to involve extra effort throughout their residency.

A comprehensive use of the RLC would consist of incorporating at least 4-6 CLASS lectures during each didactic cycle. Either faculty or residents may present these lectures, but it is imperative that the lectures be given in a high-energy and dynamic fashion with audience participation highly encouraged. Furthermore, it is recommended that the individual presenting the lecture familiarize themselves intimately with the references provided at the end of the lecture, all of the speaker's notes, and use the associated readings in the compendium to enhance both their knowledge of the topic and their ability to deliver a high quality lecture.

For each of the CLASS lectures given, it would be ideal to plan a small group discussion within a week (either before or after) the lecture is presented in order to enhance the focus on the Tenet and to improve retention of the subject. These sessions should highlight the real-life application of the leadership topics.

When possible, a local or nationally recognized leader in emergency medicine should be asked to attend or give a CLASS lecture, to be followed by a round table discussion on the Tenet covered in the preceding lecture. The same core group of individuals designated to the leadership track/institute should be responsible for contact and inviting the speakers.

It is when all elements of the curriculum are functioning together that the residents and the residency program will gain the most from the RLC.

Partial

Understandably not all residencies may want or need to implement such a widespread form of the RLC. It is for this reason that the separate components can function as stand alone entities. For instance, a residency program may only wish to enhance their leadership development by introducing a set number of CLASS lectures into their didactic curriculum or improve on problem areas by only building out the small group sessions. We encourage the use of the RLC in any way that will enhance the learning and leadership skills of today's residents and tomorrow's leaders.

Curriculum Specifics:

CLASS Lectures

As previously described each CLASS lecture was originally created by a leading name in Emergency Medicine or an expert in the specific Tenet being addressed. The lectures then underwent an editing and formatting process to make presentable as provided. However, it is encouraged that the individuals giving the lectures add additional information and anecdotes to cover any perceived gaps in knowledge, as well as add a personal touch to the presentation.

Each lecture contains speaker's notes embedded within the PowerPoint which can be viewed when opening the lecture in the normal design/editing windows or in the "presenter tools," or "notes pages" formats. It is highly recommended that the speaker be intimately familiar with all of the speaker's notes prior to giving the lecture as some slides will have extensive notes that should not and cannot simply be read for the first time while giving the lecture. Unless the speaker is already highly versed in the topic, they should rehearse the lecture multiple times before giving the actual presentation.

Each lecture has points that are highlighted by examples. Although many examples have been provided for the speaker, it is suggested that the speaker use as many local examples as

possible to help the audience directly relate to the topics. This can also help to ignite audience participation and interest in the lecture.

Within the speakers notes there may be items that are bracketed []. This designates something that does not need to be presented aloud, but rather is a personal note directed toward the speaker with suggestions or instructions. This is different than simple parenthesis (), the contents of which are meant to be given to the audience.

Care should be taken if slides are moved or reformatted, the speakers notes should also follow accordingly. Additionally, some of the speaker's notes are written in a format that can be read verbatim, while others can be presented in an *ad-lib* format.

Some lectures may have hidden slides. These were initially hidden as they often have duplicate information, or present the same point but in a slightly different manner. They were not simply deleted, as it is up to the specific presenter to decide if they would like to use the hidden slides in addition to, or instead of, the other slides provided.

Lastly, the CLASS authors and editors have no financial stake in any of the referenced materials. If this also holds true to the speaker, a disclaimer should be mentioned at the beginning of the talk that neither the speaker, nor authors/editors have any monetary disclosures to make.

Small Group Sessions

See "Future Components" section below

Round Table Discussion

See "Future Components" section below

Leadership Compendium

The compendium entries may be located by the index in which they are referenced by both related tenet and name. Some of the literature referenced within the lectures is not contained in the compendium. Only the reviewed and summarized literature is currently indexed.

Each compendium entry has three components: Summary, Tenets Referenced, and Tenet Pearls.

Future Components

Over the coming year as the RLC continues to be built out, three primary components will be added to enhance the flexibility of implementation and expand the learning experience. These components will be intended to highlight the topics covered in the CLASS lectures. The

upcoming items will be as follows: Small Group sessions, Round Table discussions, and a national Speaker's Bureau.

The **small group sessions** will be a suggested topic/workshop related to a specific Tenet. These sessions are intended to be precepted by one or two attending physicians with the majority of the discussion and activities to be carried forward by the residents in attendance.

The **round table discussions** will be a set of questions to be used when a local, regional or national leader in Emergency Medicine is invited to speak for the residency program either as part of the RLC or for a separate engagement. If the speaker is available, he or she should be invited to meet with a small group of residents and faculty to discuss leadership in EM. The questions should be provided to the speaker ahead of time to be used as a springboard for further discussion.

The national **Speaker's Bureau** will be a compilation of nationally recognized speakers that may be contacted to visit and speak to the residency if available. These speakers should also serve as guests to the round table discussions. Currently, a national speaker's bureau is being built out. Each institution is encouraged to create a local speaker's bureau to be used as an addition to the forthcoming national version.

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