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Separate or Together? Incorporating Residents into an Established Hospital Leadership Program

Hsieng Su
Aurora Health Care, hsieng.su@aah.org

Abel H. Irena
Aurora Health Care, abel.irena@aah.org

Richard J. Battiola
Aurora Health Care, richard.battiola@aah.org

David B. Thompson
Aurora Health Care, david.thompson3@aah.org

Neil Guenther
Aurora Health Care, neil.guenther@aah.org

See next page for additional authors

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Authors
**INTRODUCTION**

**LEADERSHIP SKILLS**
- Today's complex and evolving health care settings require individuals who identify and solve problems
- Lack of leadership skills – particularly in the areas of systems-based practice, professionalism, and communication – has been linked to patient harm
- Need for leadership training is recognized across health care with programs sponsored by:
  - Hospitals and Health Care Systems
  - Residency and fellowship programs
  - Graduate Medical Education (GME) offices

**LEADERSHIP PROGRAM PARTICIPANTS**
- Hospital/system Leadership Programs are often interprofessional in nature (e.g., physicians, RNs, quality directors, financial leaders, pharmacists, allied health professions) mirroring the multi-disciplinary nature of health care teams
- GME Leadership Programs may cross medical specialties but typically they are not interprofessional
- Integrated Hospital/GME Leadership Programs would be a win-win for residents/fellows and our sponsoring organizations
  - A review of the GME-related leadership literature yielded no integrated models

**PROJECT AIM**

To integrate residents and fellows as physician participants - not trainees - into an established, interprofessional hospital/system leadership development program

**METHODS: INTEGRATED LEADERSHIP PROGRAM**

**EXISTING CLINICAL LEADERSHIP DEVELOPMENT PROGRAM**
- Aurora St. Luke's Medical Center (ASLMC) has a 12-month interprofessional leadership development program (N=30)
- 18 hrs of interactive face-to-face (F2F) sessions + required readings
- Must lead a quality improvement project which is presented at the conclusion of the program
- Program led by the major teaching hospital's chief medical officer

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**INTEGRATED LEADERSHIP DEVELOPMENT PROGRAM**
- Leadership Develop Program Leader
  - Member of CLER Synergy Group
  - Invited resident/fellow participation in leadership program
  - Up to 15% of total participants
  - Expected to meet all program requirements
- GMEC Approved longitudinal elective option allowing all programs the option to participate
  - Each residency/fellowship program utilizes existing elective submission, review, assessment process(es)
  - QI Project = ACGME QI participation requirement
  - Elective Course Director = Leadership Program Leader

**RESULTS**

**YEAR 1: PILOT**
- Participation: National Initiative (NI) resident leaders were invited to participate using their NI-V disparity project to meet project requirement
  - 4 residents expressed interest
  - 2 residents (and their program director) able to flex training program schedules
- Evaluation: Residents report that they strongly value the leadership program's:
  - Quality including interactive case discussions
  - Acceptance of their participation as a physician (not viewed as resident)
  - Structure – providing opportunities to discuss application of concepts with specialty physician leaders, using real case studies
- Limitations include inability to attend F2F sessions due to duty hours, synching calendar year with academic year, and limited project time (true for all NI participants)

**YEAR 1: PILOT**
- Participation opened to residents and fellows
  - 6 residents and 2 fellows expressed interest
  - 3 participating: 2 residents, 1 fellow

**SUMMARY & NEXT STEPS**
- Utilizing an established hospital based leadership programs is a strong ROI:
  - Residents / fellows engage with other health care professionals learning as peers
  - Hospital leaders’ gain resident perspectives
  - GME save scosts associated with sponsoring a separate leadership program
- NEXT STEPS: Track participants to determine sustained program value and impact roles