



The Emergency Medicine Chief Resident Survival Guide

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Providing You Sophisticated Planning Solutions In A Simple, Concise Format

Dear EMRA:

In October of 2003, I was invited to speak at your annual residency fair, during the ACEP Scientific Assembly in Boston. I have been humbled and honored since that time to personally meet and work with over 200 emergency medicine physicians across the United States. You are a dynamic, vibrant and dedicated medical community. It is truly a pleasure to provide the educational grant for this book.

Our firm, The Potter Financial Group, is an independent wealth management firm located in central North Carolina. I and my partners understand and serve the unique financial needs of physicians and medical practices. Structured much like a medical practice ourselves, the Potter Financial Group brings together appropriate specialists from a variety of disciplines to provide financial advice to the medical community.

In addition to ongoing client interactions, I currently enjoy giving over 40 talks per year locally and across the country to medical resident programs. This constant involvement with residents, residency directors and house staff offices affords me ongoing insight in to the evolving financial needs of physicians. This spans from the fourth year of medical school all the way through the transition out of practice and in to retirement.

I sincerely hope that the material in this book will provide you with the clarity, consensus and confidence that you need to excel in your position as Chief Resident.

M. Shayne Ruffing, CLU, ChFC, AEP
Principal
The Potter Financial Group





To Christian, Isabella, Sophia, and Diane



The Emergency Medicine Chief Resident Survival Guide

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PREFACE

At the beginning of my chief resident year, I began looking for a book that would give me the pearls on how to be a chief resident. I quickly realized that there was no such book and that I would have to navigate the waters for the next year without a map. We would have to rely on each other for wisdom and support. I decided that I would write this book so future chiefs would have it easier than we did. Over the course of the year, I collected all the information that I could, including emails, memos, events, cases, and conflicts. My goal was to compile a chief resident guide to share this yearlong experience and help future chief residents. I also applied the knowledge, skill-set, and leadership training learned from classes at the Harvard School of Public Health and Kennedy School of Government to further refine the manual. Finally, my memorable experience as a teaching assistant for Ronald Heifetz in his class PAL 164 Leadership on the Line allowed me to make the final edits through a much clearer leadership lens. So after a long three years of collecting, outlining, writing, reflecting, and editing, the manual, The Emergency Medicine Chief Resident Survival Guide is completed.

This small pocket sized book is written for chief residents, resident administrators, and junior residents aspiring to be chiefs with hopes that this book will give them the pearls I was looking for at the beginning of my year. I hope that it will be a practical guide and one that will maximize your first formal leadership experience as a physician. The book chapters will guide you through the transition, the chief roles and responsibilities, the departmental and inter-departmental relations, and end with life after residency. At the end of each chapter, you will find the pearls we think are most critical to remember throughout the year. At the end of the book, you will find all of the pearls from each chapter for easier access and review. In the appendix there will be a voluntary survey to help us with future revisions of the book. Please feel free to contact me directly with questions, suggestions, or comments on the book and to mail the survey to my professional address found below.





I hope that The Emergency Medicine Chief Resident Survival Guide will be a practical guide that will give you the necessary tools for all of your leadership experiences as chief resident and beyond.

I am grateful to God, my parents, family, friends, teachers, mentors, and colleagues who provide me with the richness of life. Thanks to Kavita, Joy and Matt for your wisdom, friendship, and time with this book. Special thanks to Robert Sidman, Stuart Spitalnic, Ron Walls, Mark Davis, Rich Zane, Roberta Swanson, and Christine Colacino. Finally to the 2005-2006 EMRA board and President Jeremy Rogers whose leadership helped deliver this to your hands.

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FOREWORD

Consider an industry that replaces their middle management team annually. In addition to this strategy, the incoming managers have little to no management experience and will receive little formal training for their new position. If we asked business analysts and chief executive officers their assessment of this practice, they would caution this to be a recipe for disaster. Yet across the nation's academic centers this practice continues, as it has for as long as anyone can remember. Despite what common sense tells us, perhaps having history on its side justifies this. Perhaps the yearly changing of the guards is a necessary evil of our system of post-graduate medical education.

Given this, would it not make sense to provide chief resident with a comprehensive guide, specialty specific, which gives the incoming chief resident the opportunity to learn from those who have come before them? It was this question that was the impetus for this handbook. This handbook is the product of former chief residents in emergency medicine employing their experience and lessons learned. They felt such a reference manual would have been a welcome resource as they were relearning what their predecessors most certainly learned, but failed to fully convey to them in the transition.

Why do we rely so heavily on texts to teach us how to diagnose and treat illness yet fail to do the same when becoming a chief resident? The simple truth is that until now, no such reference existed. *The Emergency Medicine Chief Resident Survival Guide* is well thought out and logically organized. Combined with your hard work, you will become an effective manager during this exciting year. You will learn valuable lessons about managing others and most importantly yourself. Congratulations and good luck!

Robert Sidman, MD, Residency Director

Stuart Spitalnic, MD, Assistant Residency Director

Brown Medical School Residency Program in Emergency Medicine





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CHAPTER 1

The Beginning

HELP WANTED

CHIEF RESIDENT: Looking for a hard working, responsible person with leadership skills to work well beyond the title of supervising senior resident in a busy emergency department. Major responsibilities include: scheduling, teaching, working clinically, attending meetings, and finishing residency. Must work well with others, handle complaints, and accept criticism. No previous experience necessary. Starting salary non-negotiable for an expected 100-hour+ workweek. No extra benefits. Serious inquiries only.

Definition of Chief Residency

Chief residency is the first formal leadership opportunity that we are given as a physician. It is an honor to be recognized with this title and with it comes a lot of responsibility. The success of this leadership opportunity depends on many variables, some even out of our control, which can make it the best or worst year of residency. Many of us step into this role with little previous leadership experience. The lack of a formal definition of chief residency and the roles and responsibilities makes it even more challenging. There is currently no consensus on the definition of a chief resident. Many emergency medicine programs have developed their own criteria based on their individual experiences and needs, but the national organizations have yet to produce a standard definition. This obviously leads to variability in expectations and experiences by many senior residents across the country in





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emergency medicine. Therefore, the single most important thing for you to do is to have an open discussion with the residency administration and the outgoing chief residents to clearly define your roles and responsibilities. Ask what is specifically expected of you. The answer may or may not be clear and complete, but at least you will begin to understand the journey on which you are about to embark.

As important as role definition, broad leadership skills are essential. Based on our experiences as chief residents, the three fundamental qualities that a senior resident, who is being considered for this position, must possess and have exhibited throughout their progression in residency are leadership, respect, and a strong commitment to the residency program. The chief resident should be able to lead a group of motivated and autonomous resident physicians through their respective residency challenges. In order to successfully lead, a person must have earned the respect of their colleagues and staff. They must possess the highest level of professionalism and strong work ethic. Finally, the senior resident should have made a positive contribution to the improvement of the residency-training program throughout their junior years. Every successful chief resident possesses these characteristics.

We suggest the following guiding principles for the definition and roles of an emergency medicine chief resident.

The Chief Resident will:

- Exhibit leadership and professionalism
- Earn the respect of his peers and serve as their liaison
- Show a strong commitment to the residency program, especially to the educational and training mission
- Have administrative responsibilities

The Selection Process

The selection process for the chief residents is again dependent on the needs of the individual residency programs. There are several important questions that once answered help us understand why there is variability within programs. How many chief residents are needed? What will be their duties? What is the history of past chief residents? Who will be involved in the selection process? How will the residents be approached to see if they are interested? How will the announcement be made? When will the announcement be made? It is important for you to understand some of the questions involved in the process because you will need to be an active participant in the selection of next year's chief residents.

The number of chief residents is roughly correlated to the number of residents





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and to the expected duties of the chief within the residency. Most programs have two to three chief residents annually. The residency administration usually makes the final decision but takes into consideration input from staff, nursing, residents, and faculty. The faculty and residents preferences may be obtained via ballot and tallied by the residency administration. Every resident should have the opportunity to vote. Ballots may be in the form of paper or email. If done by paper, they should be distributed at a time when most residents will be in attendance, for example the in-service examination. The faculty may decide to vote via ballots, designate a faculty meeting for voting, or form a committee to make recommendations. However, this form of voting has the potential to turn the selection process into a popularity contest. Therefore, the residency administration will collect the results of the ballots, analyze the objective data on the candidates, take into consideration intangibles such as team dynamics, and make a decision as to who will serve as the chief residents for the upcoming year. This can be one of the hardest decisions a residency director has to make each year. Usually, the residency director will contact individuals directly to offer them the position and to see if they are interested. Prior to receiving this phone call, each person on the ballot needs to consider the pros and cons, involving their significant others into the decision-making. While traditionally the position of chief resident is considered an honor, it usually requires a time commitment that far exceeds the expectations for your non-chief colleagues. Most residents will jump at the opportunity to become chief residents in their program but there are a few that will turn it down. There may be personal reasons, research projects, and involvement in national organizations. In some institutions there may be a history of unfair job expectations and/or a negative work environment without support from the residency administration. The instant you receive the phone call from your residency director, you should be able to tell him/her whether you are interested in the job. Think about this carefully. Nobody will disrespect you for turning down the job, but everyone will surely do so if you get the position and do not fulfill the commitments.

The selection of Chief Resident will result in disappointed resident(s) who were not selected. Approach these colleagues with humility and respect. Ideally, the residency director will do damage control, reaching out, reinforcing their importance to the residency, and encouraging continued high performance. The possibility exists that those who were not selected could harbor resentment, undermining initiatives, or simply becoming passive and disengaged. Encourage them to maintain or increase their involvement in other leadership roles. Examples include, asking for volunteers to run morning report, work with pre-hospital personnel, teach senior conferences monthly or participate in hospital committees. It is important to sup-





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port the development of colleagues' credentials, experience, and leadership skills

Once you have accepted the position, the residency director will notify the faculty and residents typically by email and by posting the announcement in the emergency department. Talk to your residency director about the right time to make the announcement, and figure out what date is best for your program to begin the transition of responsibility between the chiefs. Early spring is generally a good time for the announcement, with Match week being especially convenient since the new chiefs will have the opportunity to call the incoming interns who matched and welcome them to the program.

Transitioning into the Role of Chief: The First One Hundred Days

The transition from old to new chiefs is always associated with mixed emotions. The outgoing chiefs are happy about having you relieving them of their duties while at the same time are sad that their final residency year has come to an end. You may experience similar feelings when you help to transition the new chief residents into their new roles. Depending on the type of year that the outgoing chiefs have experienced their residency approval rating may be up or down. No matter what the mood or current perceptions, the residency and the residency director should publicly acknowledge the outgoing chief residents contribution to the program. The job is difficult, so always maintain respect for those willing to put themselves on the line.

The incoming chief residents should savor the moment and enjoy it to the fullest. Starting off on a positive note will help set the tone for the year. Also make sure to include your significant other in this time of celebration, as they will have a lot of anxieties and concerns about the upcoming year. Incorporating social events into the academic year allows for a time of fellowship and celebration between the residents, the chief residents and provides them with an opportunity to recharge. The location may be a chief's house, nearby restaurant, or pub. A more formal dinner can include the residency administration, chief residents, and residency coordinators. These expenses should be incorporated into the residency budget.

Implement a system that allows for a smooth transition of roles and responsibilities between the sets of chiefs. Delineate what duties the incoming and outgoing chiefs are responsible for. For example, the new chiefs should start working on the resident's request for the next academic year and the outgoing chiefs should be responsible for any glitches in the final monthly schedules.

This transition period should allow you to reflect on what you want to ac-





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comply personally and collectively during the upcoming academic year. What are your goals and objectives? You may want to focus your efforts on improving a certain aspect of the residency such as a rotation, the educational curriculum, or an administrative area such as resident career development. Have a discussion with the residency administration to see if there are any residency goals that need to be tackled. Write down your goals and think about what it will require to achieve those goals within the one-year timeline of chief residency. Be flexible and allow for these goals to change throughout the year; however, you should periodically set times of re-evaluation and assessment to monitor progress.

Several meetings need to be scheduled between the chiefs and the residency administration, the emergency department administration, the off-service chiefs, and the residents with the purpose of clearly understanding everyone's expectations of you as a chief resident. The meetings between the new and old chiefs will allow for an exchange of information and advice. They will pass down the basics of the job, needed materials, and personal pearls for the upcoming year. The residency administration meetings should be held frequently until everyone is in complete understanding of the expectations. This is a perfect time for you to express your goals as chiefs and align them with the goals of the residency for the year. You also need to understand what the current issues are and how they should be dealt with during the transition period and overlap of chief residents. A meeting with emergency department administration will help delineate your administrative responsibilities such as committee appointments, orientations, and tours that you may be asked to participate in. We strongly recommend introductory meetings with as many off-service chiefs as possible to set a collaborative tone. Take this time to discuss any issues, from the previous year or foreseen for this year, and find ways to proactively avoid or address them. Avoid having everyone dump every problem on you at this time, however. Be clear that the discussion is for you to gain insight, establish relationships, and gather information. Don't move too quickly to take on every problem. Schedule a residency meeting to issues and opportunities and begin the process of looking forward to the next year. This meeting should be brief, positive, and lead to team building.

By now you should have a sense of what your roles and responsibilities are as a chief resident and should distribute them equally amongst each chief for the entire academic year. This template can be sent out to the residents and faculty so that they will know whom to contact. If there are only two chiefs, the split of the academic, administrative, and scheduling duties should be divided as evenly as possible. Each category may vary significantly across residencies. Below is an example of this template:





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CHIEF	JULY	AUGUST
A	Schedule	Administrative
B	Educational	Schedule
C	Administrative	Educational

There are three conferences that will provide you with some basic skills and tools for a successful academic chief resident year. They also allow for the chiefs to begin the bonding process in a more social non-clinical environment. The residency typically covers your costs to attend one of them, but we strongly recommend going to as many as you can.

The Council of Emergency Medicine Residency Directors (CORD) provides “Navigating the Academic Waters” in the spring. The speakers are engaging and cover a variety of relevant topics for chief residents as well as junior faculty. The topics for this diverse audience include lectures covering bedside teaching, organizational skills, teaching medical students, evidence-based medicine, evaluating core competencies, interview skills, writing letters of recommendation, faculty development, and research essentials.

The Society of Academic Emergency Medicine (SAEM) has a one-day “Chief Residents Forum” during the May conference. This conference is specifically focused for chief residents only. The speakers are dynamic and the group sessions are very helpful. It is a full day of interactive lectures covering topics such as scheduling and teaching, as well as small groups covering simulated case scenarios.

The Emergency Medicine Residents’ Association (EMRA) hosts a full day “Chief Resident’s Forum in conjunction with its events at ACEP’s Scientific Assembly each fall. Sessions focus on issues chief residents encounter throughout their term, such as conflict resolution, disciplinary actions, developing leadership in others and transitioning to the new chiefs. A panel discussion also offers perspective on what previous chief residents would have done differently.

Effective communication will be the single most important factor to a successful year. Good communication requires reliable and accurate information. As chief resident you will be expected to know the answer to a lot of questions. Your personal success at communicating will depend on your organizational skills and having this information available to you. Whether you have answers or not, always remember that it is more important to listen than to talk. People want answers, but they need to be heard first. The answers can come later.

Develop a system that will make your collection and retrieval of data efficient





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and easily accessible. This may include one or a combination of the following: a Personal Digital Assistant, a large email account, and/or a personal binder. Most of your communication will be occurring via email. You should get into the habit of saving the emails you receive and storing them in properly labeled folders. This gives you the ability to quickly retrieve emails and remind yourself any discussions and decisions.

There is some essential information that you should always have easily accessible to you:

- Your personal calendar with appointments for each month
- Contact information for all of the residents and faculty
- Contact information for all chief residents in the hospital
- The resident block schedule for the academic year
- The master conference schedule
- The monthly emergency department schedule
- The monthly emergency department back up schedule (if applicable)
- The monthly log of approved shift swaps (if applicable)

The chiefs will need to communicate with each other on a daily basis. As a group you will be spending more time together and getting to know each other very well. There may be different personalities, viewpoints, and leadership styles that may affect the group dynamics. These differences should be welcomed and respected throughout the discussion of any issue. No major decision should be made without a discussion that allows everyone to express his or her perspectives.

Even after all perspectives have been voiced, disagreement may persist. Even if the chiefs disagree about an approach to a problem, you should agree to support whatever decision is made - both publicly and in private conversations with other residents. A united decision made after careful deliberation by the chief residents will lead to a better overall solution with fewer problems later. Don't let anyone split you. Split chief residents signals a tumultuous, high conflict, and unsuccessful year.

It is therefore inevitable that the chiefs will need to address issues raised by the residents, the faculty, the residency administration, and the off-service chief residents. This need will require you to agree on easy, fast, efficient, and inexpensive modes of communicating. There are several options that include meetings, email, and phone conferences. Most likely you will be using a combination of these three. We recommend that for the personal meetings you set an agenda, schedule it around your clinical shifts, preferably when all chiefs will be in the hospital, and make it no longer than an hour. Sometimes 15-minute meetings or 30-minute meetings will suffice. Ensure everyone is heard, but don't waste time. Another form of communicating is email, a central email server through any e-mail provider allows all of the chiefs to share a single email address and ensures





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that each of you sees all of the incoming mail. An example would be `erchiefs@some-server.com`. This also makes it easier for the residents to communicate with you and for all of the chiefs to remain informed about correspondence. It helps to delegate responsibilities for answering emails; for example, one chief may always be in communication with the internal medicine chief or a problem resident. This keeps communication simple, clear and helps to prevent duplication of work. If an important question or problem needs to be addressed, it may be advisable to draft a response and send it to the other chiefs for proofreading. They can help create a clear letter and curb an emotional answer that may cause you grief in the future. Make sure to “cc” all responses back to the server so that your co-chiefs have a copy of all outgoing correspondence as well. This will help to maintain situational awareness and consistency between the chiefs. Finally, be sure to title all of your emails with detailed and pertinent subject headings. This makes the process of finding a single email much easier. Important conversations, specifically fact-finding, punitive and emotional issues, should never occur through email. It is very easy to misinterpret the tone of a letter sent via email. Misunderstandings occur frequently. As our residency director likes to say, “the tone of an email message has less to do with the intent of the writer than the emotional state of the reader.” Convey important information in person whenever possible. Finally, cell phones and pagers will serve as an important tool for you to communicate with others regarding more urgent matters. Conference calls between the Chiefs may be more ideal than actually physically meeting to decide a course of action. The residency program may help by incurring part or all of your cell phone costs as an item on the residency budget. For complicated issues, a residency meeting or retreat may be the best method of capturing and analyzing problems and opportunities. Don't try to apply simple solutions to complicated problems.

You may want to consider getting a business card that includes all the contact information (pagers, cell and home phone numbers, personal and joint e-mail addresses) for each chief. These should be distributed to all residents, faculty, administrative staff within the department, and chiefs from other departments letting them know that you understand how important communication is for a successful chief residency year.

The first one hundred days are typically looked to measure the success of a leader. It is during this time that you will continue to be the resident everyone knows while transforming yourself into a physician leader. A natural separation will occur. Making this transition is very important and your decisions during this time period will be closely scrutinized. There are things you can do to maximize your chances of having a successful chief resident year. We aim to provide you with our pearls of chief residency so that your journey is much smoother and with fewer scars. Best wishes on becoming an emergency medicine chief!



CHAPTER 1 PEARLS

- This will be your first formal leadership opportunity as a physician
- Listen more than you talk
- Clearly define and understand your roles and responsibilities
- The residency should publicly acknowledge the outgoing chief residents for their contribution to the program
- Make sure to include your significant others during your time of celebration
- Implement a system that allows for a smooth transition
- Reflect personally as well as collectively about your goals for the year
- Schedule all of your important meetings
- Plan on attending the one of the two conferences for chief residents
- Effective communication will be the single most important factor to a successful year
- A united decision made after careful deliberation by the chief residents will lead to a more critical solution with fewer problems later



CHAPTER 2

The Chief Resident as a Leader

As a physician, chief residency is our first formal leadership opportunity within the “House of Medicine.” The fact that you have been selected as chief defines you as someone with leadership potential. In some way you have set yourself apart from your other colleagues through your actions over the last couple of years. You are now being charged with leading a group of highly motivated and accomplished residents through the next academic year. The reality is that most of us do not have a clear understanding of the roles and lack the leadership skills and experience to successfully fulfill these responsibilities.

Roles and Responsibilities

Knowledge and understanding of your roles and responsibilities as a chief resident will be of the utmost importance. Based on our experience, the chief as a leader of the residency program will have three primary leadership roles and responsibilities:

1. To lead the residents through change
2. To lead by example
3. To lead the residents as their representative and liaison in all forums

The chief resident will undoubtedly face many challenges throughout the year. They will be confronted with different viewpoints to a problem along with many possible solutions. Most people will resist change. The leadership challenges will come in many forms. They may range from problems with a rotation to low residency morale. Your role and responsibility as a leader will be to lead the residents through change, sometimes significant, while minimizing your scars.

The chief residents will have every action scrutinized by their peers. They will

