

# 1 THE ADMINISTRATIVE AND LEADERSHIP ROLES OF THE CHIEF RESIDENT

## IN THIS CHAPTER, YOU WILL LEARN:

- There are many different leadership styles; the most effective leaders use different styles at different times.
- There is always more than one point of view and always more than one perception of the truth.
- One of the hardest parts of chief residency is learning the difference between being liked and being respected.

### THE CHIEF RESIDENT AS A MANAGER AND SUPERVISOR

The title “chief resident” will open doors for a physician. This title makes people listen and solicit input from the person bearing it. However, that is all the title will do. A chief resident’s skills as a communicator, leader, and manager will lead to future successes and accomplishments. Chief residents earn respect by how well they advocate for the residents, not on the basis of the title. A chief resident may have opportunities because of the job title, but successes and accomplishments come from how the chief resident leads, manages, and interacts with others.

### THE CHIEF RESIDENT AS A LEADER

Leadership is one of the most important qualities of a successful chief resident. Good leaders have the respect of their constituents. A successful chief resident relies on people skills, management skills, and leadership ability to get the job done. There are different leadership styles: demanding that people follow, encouraging people to follow, or making them want to follow. Chief residents who lead by example get more accomplished. It is important to remember that the most effective leaders use different styles at different times. In a crisis setting, a leader may need to be demanding and give explicit directions. At other times, a leader may need to be encouraging and focus on setting goals with fewer specifics.

For example, when a patient codes, the physician running the code must be viewed as the leader and give directions. Imagine the outcome if the code leader set a goal of “healing the patient,” but gave no explicit directions. There would be multiple people performing different tasks with no coordination. Consider a resident working with a “seasoned” intern; the intern would be offended and outraged if the

resident tried to give explicit directions on how to complete an admission. However, teaching the third-year medical student on the team would be a challenge for the intern, improve the intern’s self-confidence, and motivate the intern to excel. Although these two examples are over-simplifications of the complexity of leadership skills, they demonstrate the need to use different styles in different settings.

Chief residents should be aware of their strengths and weaknesses as leaders and must recognize the leadership style they use most often. Chief residents need to know how they interact with others, what their standards are, and how flexible they can be with the standards they have set. To maintain set standards, it is important to identify the best leadership approach for a particular situation.

### THE CHIEF RESIDENT AS A CONFLICT MANAGER

As chief resident, a physician will learn the art of conflict resolution. The most important thing to remember when faced with conflict is that there is always more than one point of view and always more than one perception of the truth. Just because there are multiple versions of the same event, it does not mean that one person is lying and the other is telling the truth. Each person will give an account of his or her perception of what happened. The truth is always important, but often difficult to ascertain. Sometimes the role of the chief resident will be to validate the complaints and to try to have each person see the conflict from the other’s point of view. An important skill in conflict resolution is to gather data from multiple sources and multiple vantage points. A chief resident’s success will be measured by perceived fairness and thorough attempts to resolve the situation.

Sometimes a chief resident must decide if the conflict is between two individuals or if the conflict is due

to a systems issue that cannot be resolved by dealing with individual residents. For example, in the Baystate Medical Center internal medicine residency program, there was ongoing conflict between the Critical Care Unit (CCU) residents and the floor residents about which team would admit an uncomplicated, “rule-out myocardial infarction” patient. A medically complex patient would be admitted to a medical team; a patient without complex medical issues would be admitted to the CCU team. When the program investigated this problem, patient care issues were not noted to be the root of this issue. Everyone agreed that these patients needed to be in a monitored setting. The issue was one of definition. What was an “uncomplicated” patient? How many problems are considered “medically complex?” These questions needed to be answered before the patient could be assigned to a team and the system had no clear guidelines to help resolve this conflict.

How does the chief resident help remove the inherent conflict from a program? Such a problem cannot be solved without an open discussion involving all of the residents, not just two individuals. Coming to an agreement over the policy and making the policy clear is the first step. The chief resident has an opportunity to build consensus among the residents. There are many creative solutions to any problem—having all the residents involved in the solution will build a sense of community and ensure compliance with the policy.

Often, the problem causing conflict may be difficult to identify. It may be clear that there is a problem, but the chief resident may not be able to adequately articulate it. *Getting to Yes* by Roger Fisher, Bruce M. Patton, and William L. Ury is an excellent book about negotiation that helps when dealing with conflict in which the authors discuss the concepts of issues and positions (1). Positions are generally the stated problem. In the example above, the CCU resident’s position would be “I am not going to admit this patient.” The floor resident probably takes the same position. The issue that is not stated, and sometimes not clear to the individual resident, would be the reason behind the position. The CCU resident’s issue is that the admission policy is not clear. It is very hard to come to a good conclusion when dealing with the negative position: “I am not going to admit the patient.” However, by identifying the issue—the unclear admission policy—the chief resident has a chance of solving the problem. In this example, when the program’s residents agreed on a set of guidelines for assigning patients, the number of conflicts between the CCU and floor residents dropped dramatically.

Sometimes conflicts between residents are witnessed publicly. If a chief resident receives information that a resident has behaved disrespectfully or inappropriately towards a colleague, the facts of the episode must be collected from both residents and multiple other sources, if these are available. If the chief resident determines that the resident behaved in an unprofessional manner, the resident needs to know that this type of behavior is unacceptable and will not be tolerated. Although others may have witnessed the behavior, any reprimand should be handled privately. This process must be kept confidential, and the rest of the residents must understand and trust that the chief resident will do what is right. Even if these residents were witnesses, they do not have the right to know how the situation was resolved; they must trust that it was handled appropriately. Everyone makes mistakes. In an educational environment, people need to be held accountable for their actions; however, the consequences of inappropriate behavior are not a matter of public record.

One last point about conflict or problem resolution: a chief resident does not always have to solve the problem. For example, conflict arises over choosing the venue for a senior residents’ retreat. In this scenario, one-half of the residents want place “X” and one-half of the residents want place “Y.” If the two options are of equal quality, then a chief resident should not make the decision. If he or she makes the decision, one-half of the residents will feel slighted. If, on the other hand, a chief resident allows the residents to decide by vote with the agreement to abide by the result, the chief resident does not lose. However, when the two options are determined not to be equal, as a leader the chief resident will have to make the choice.

## THE CHIEF RESIDENT AS A ROLE MODEL

The chief resident is a leader and a role model. *Webster’s Dictionary* defines a leader as a “guide” (2). Role models are people who truly guide or show the way through their actions and behavior. Interns will remember their chief resident forever; this is an awesome responsibility and a great opportunity. By acting as a role model in patient care, academic rigor, and interpersonal behavior, the chief resident has the opportunity to set the bar for the expectations of his or her fellow residents. For instance, the chief resident at Baystate Medical Center’s internal medicine residency program wanted to improve morning report. She could have demanded that the residents improve; this might have stimulated a few to change, but most would have ignored her. Instead, she decided to show the residents what she expected. She told the residents

her expectations, she served as a role model during morning report, and she gave feedback to the residents about their morning reports. The result was an improved method of morning report. Because she was a role model and did not demand, others wanted to emulate her. As a result of her efforts, the quality of the program's morning reports improved dramatically.

As a role model, a chief resident's actions and behaviors will be under heightened scrutiny from others. If the chief resident complains about the program or about attending physicians, the other residents will follow his or her lead and complain. Morale in the program will go down. Chief residents should take their lead from Tom Hanks' character in the movie *Saving Private Ryan*: always complain up, not down. A chief resident may not be able to teach the Thursday noon conference to the medical students or round on the inpatient wards, but he or she cannot avoid being a role model. Chief residents should make the most of their opportunity to show the way.

### THE CHIEF RESIDENT AS A COUNSELOR

Interns and junior residents will come to the chief resident with scheduling conflicts, patient care questions, and personal problems. In these situations, the chief resident serves as counselor and confidant. The chief resident is not, and should not become, the physician for any of the residents. He or she can be a sympathetic, confidential ear that gives advice about where to get physical help, mental health help, or substance-abuse help, but the chief resident should not be the treating physician.

The chief resident also serves as an agent for the program director. In this role, the chief resident helps monitor the stress level of residents. It can be difficult to ascertain when to report a resident's behavior or stress level to the program director. Sometimes, a resident's actions or problems need the immediate attention of the program director. And sometimes, it is more important to maintain a confidential relationship with the resident than to report the problem. The chief resident needs the input of the program director for situations that make him or her uncomfortable. Discussing the case that makes the chief resident uncomfortable helps explore boundaries and determine what the program director needs to know. Anxiety, depression, stress, and illness are all part of residency training. The chief resident is on the front lines, but does have a backup—the program director will guide the chief resident and act as a resource.

Another idea to keep in mind is that there is a time and a place for everything. A chief resident should

remember the old adage of “praise publicly and criticize privately.” Make sure that feedback is provided in a timely manner and be free and honest with praise. Good praise should be given for good things and great praise given for great things. Phony or dishonest compliments hinder a resident from improving his or her performance. Praise is an effective way to encourage positive behavior in academic, interpersonal, and professional endeavors. It is important for a chief resident to notice people doing the right things and reward them publicly.

Sometimes, a chief resident will come across behavior that needs improvement or is not praiseworthy; a chief resident witnessing this behavior should pull the resident aside. Back rooms and linen closets are good impromptu offices to talk to a resident about inappropriate or inadequate behavior. These spaces are relatively quiet, secluded, and available all over the hospital. Impromptu offices allow a chief resident the opportunity to give uninterrupted and timely feedback. A chief resident should be specific about the behaviors that need improvement and stress that he or she is available to help the resident work on these behaviors.

Frequently, residents will ask questions about a schedule change, time off, or changing electives. A chief resident should handle these requests in his or her office and not attempt to respond to these requests in the middle of a busy day. If done out of the office, the chief resident will claim ownership of the problem at a time when he or she may not be able to give the request full attention. Instead, the chief resident should request that the resident meet in his or her office at a specific time. This strategy will ensure that the resident maintains ownership of these issues. The chief resident can have any necessary materials available to make these changes and properly record them. It is always a good habit to address scheduling issues in the office. “Who's got the monkey?” by William Oncken, Jr., and Donald L. Wass offers additional insight on this subject of problem ownership (3).

### RESPECT, INTEGRITY, CONSISTENCY

One of the hardest aspects of chief residency is learning the difference between being liked and being respected. A chief resident wants to be respected for the decisions he or she makes and the way they are made. However, a chief resident will make both popular and unpopular decisions. Decision-making should be goal-oriented to help the chief resident remain consistent and maintain integrity. When necessary, explain the process behind the decision and whenever possible,

involve others in the process. It is important to emphasize how the decision will help achieve the goal.

The chief resident will also have friends in the program. Chief residents need to be aware of their biases in dealing with different groups of people in the residency program and must strive to remain objective.

### RELATIONSHIP WITH THE PROGRAM DIRECTOR

A chief resident should schedule weekly meetings with his or her program director, even before starting as chief resident. These meetings will encourage a dialogue between colleagues who are running the residency program and foster the sharing of ideas, issues, problems, and successes. These meetings will also allow the program director to mentor the chief resident as a leader. The program director has been handling these issues, problems, and successes for years and can give the chief resident advice on how to remain objective and avoid biases. A chief resident should expect to learn from his or her program director.

### SCHOLARLY ACTIVITY

During the chief resident year, a physician will learn about administrative skills as outlined above and will also be the academic leader of the residency. In addition, a physician should have a scholarly activity to pursue during his or her chief resident year. If a chief resident only manages, schedules, and problem-solves, the job will be less exciting and less academically stimulating. It is important for the chief resident to maintain patient care skills and an academic agenda as well as become involved in an academic project. This project can be individual or collaborative, as long as it serves to keep those skills alive and flourishing during a physician's year as chief resident.

In the Baystate Medical Center internal medicine residency chief resident's project noted previously, the chief resident set her scholarly project goal to improve morning report and that was her academic challenge for the year. As a result, she became more closely involved with the residents, was seen more clearly as an academic leader, and, more importantly, enjoyed the experience tremendously. She did not go into medicine to solve administrative problems, but to expand her knowledge and to care for patients. A chief resident should also continue patient care activities and expand them. Planning for the chief resident year, a physician should remember all the reasons he or she chose medicine in the first place—the joys of patient care and the intellectual stimulation of the science behind the art.

### FINAL TIPS

1. **Be seen**—Chief residents should manage by walking through the wards or units. Being available to share clinical expertise keeps chief residents in touch with the program. The chief resident will be viewed as more approachable and the interns will gain a better understanding of the individual.
2. **Time management**—Chief residents should schedule their day. New things always come up, but chief residents cannot allow situations to become a top priority just because they happen. Prioritize on a daily basis and pre-plan the next day the night before.
3. **Dedicate time for personal growth and development**—Chief residents should schedule time for personal growth and development in both academic and clinical settings.
4. **Form a relationship with the chair**—In addition to working closely with the program director, chief residents should also pursue a relationship with the chair of the department. Chief residents can learn different skills from the chair than from the program director.

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