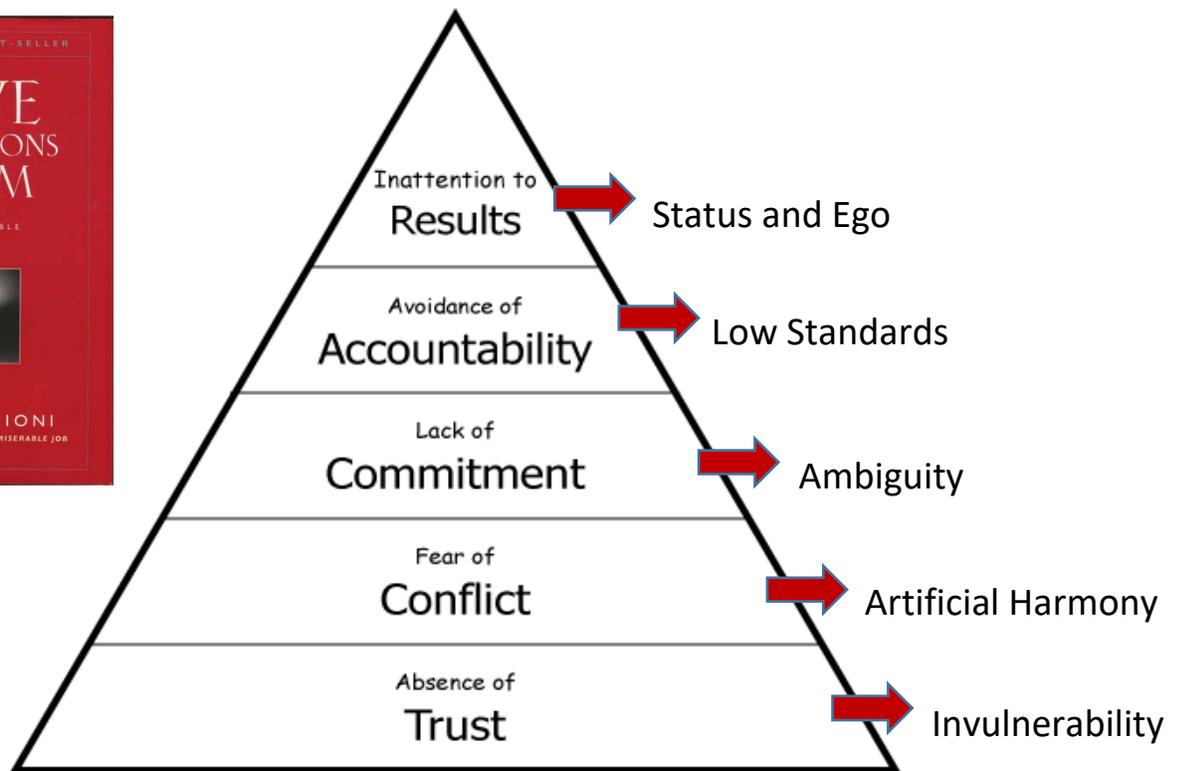
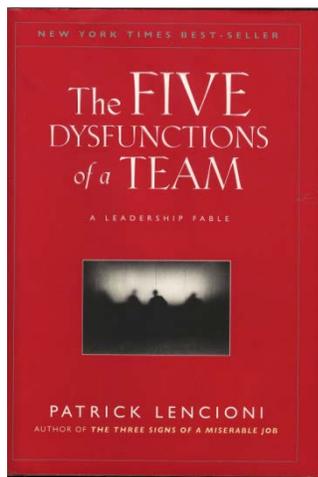


Program Leadership: A Team Effort



Eight Dimensions of Team Effectiveness...

1. Clear, elevating goal
2. Results-driven structure
3. Competent team members
4. Unified commitment
5. Collaborative climate
6. Standards of excellence
7. External support & recognition
8. Principled leadership



Council of
Emergency Medicine
Residency Directors

Scenarios

1. The PD at CORD University would like to require the residents to do twenty EMS ride-alongs, instead of the current requirement of five. The residents express concern that this would be difficult to complete due to time constraints of their current schedules, and the APD, is unsure if this additional requirement will add anything educationally. The issue is “tabled” as the group is unsure of the correct decision and no consensus can be reached. At the end of the year, several graduating residents inquire with the program coordinator (PC), Sarah, about the EMS ride-along requirement, and much grumbling can be heard about the program’s vague and confusing graduation requirements.
2. The PC, has been working in her current position for 15 years. In her tenure, the program has more than doubled in size, added 10 fellows for which she is responsible, and placed her in charge of residency interview days. She has found herself working longer hours and feels overwhelmed with the new workload and unable to get to know all of the residents. Her new role in residency interview days also requires her to use the new Smart Board, which she is unfamiliar with. The residency just hired a new PD, and the PC doesn’t want to appear incompetent or weak. She ends up spending extra hours in the office trying to learn about Smart Board, and due to the increased workload, one of the incoming fellow’s paperwork is lost and he has to start fellowship late.
3. During a program leadership meeting, the new chief residents mention to the PD and the APD that they would like to decrease the amount of General Medicine ward months in the curriculum, as the residents often complain about the long hours and do not feel these rotations are beneficial to their education. The APD quickly disagrees, stating the knowledge learned on the wards is necessary for any EM resident. Both the PD and the PC are uncomfortable with the tone of the conversation, and quickly move on to the next agenda item. The residents become resentful of the PD and APD, and often come to the PC’s office to complain. Their performance on the wards is also consistently poor, and the Internal Medicine PD has to address the issue with the EM PD and APD.
4. The PD and the APD have decided to split the task of obtaining Grand Rounds speakers, and the PC will work with the speakers to assure they have accommodations. After several months, the PC has not been notified by either person that they have chosen any speakers. The PC does not want to approach the PD about the speaker, as the PD recently has been so helpful in teaching her about the Smart Board and she knows that she has been busy picking up ED shifts for her colleagues that need the time off. Separately, she does not want to approach the APD about the Grand Round speakers as he becomes very defensive and gives her the impression that he wishes she would “mind her own business”. The Grand Rounds speakers do not get scheduled, and the Chair of the Emergency Department asks to meet with the team.
5. One of the requirements of the Emergency Medicine Residency Program at CORD University is to complete a scholarly project. The APD is supposed to be a mentor for the residents in completing their projects, but recently he has been more concerned with his own research.. The residents complain to the PC frequently about the inability to complete this residency requirement as the APD is focused on his research and promotion, and no longer wants to mentor the residents.