

Program chief resident

Introducing a new leadership role for residency programs

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Family medicine is an ever growing specialty, with programs across the country expanding to include multiple distributed sites. As family medicine continues to grow as a specialty, the need for strong leadership increases.¹ Chief residents play a key role as resident leaders, and many chief residents choose to pursue careers in academic medicine and assume leadership or teaching positions in the future.²⁻⁵

The Queen's University Family Medicine Residency Program has 4 distributed sites, ranging in size from approximately 12 to 120 residents. Each site is represented by a site chief resident, with 2 site chiefs at our largest site in Kingston, Ont. The site chief's main responsibilities include creating call schedules, acting as a liaison for faculty members and residents at the site, and participating in monthly meetings with the program director to provide resident feedback.

In 2011, Queen's University introduced the role of program chief resident to act as a singular resident leader among all sites and for the program as a whole. This new role helps unify our expanding program, fosters the development of future leaders, and fulfills the desire to have unifying leadership at the resident level, similar to the role and interactions of the program director with his or her respective site directors.

The program chief needs to be someone who is capable of taking on the broader, whole-program perspective when giving, receiving, and filtering feedback from both residents and faculty. From this broad perspective, the program chief acts as a champion of change for the program. The program chief works to identify areas of improvement and pioneer initiatives geared toward positive changes that can be applicable to a single site or all sites. A perfect example of this is representing residents' opinions about the current ongoing curriculum, while also providing a program-wide perspective during the development of competency-based medical education. By having a program-wide perspective, the program chief can create a greater sense of community through networking and unifying residents from various sites.

Given the structure common to many family medicine residency programs, we believe that this pilot position has relevancy to, and can be adapted by, other

programs. In the sections that follow, we outline the position of the program chief and the positive effect it has had on the Queen's University Family Medicine Residency Program.

Role description

The program chief resident represents both core (first- and second-year) and enhanced skills (third-year) residents, facilitates communication between faculty members and residents, and acts as a support to the site chiefs and enhanced skills chief resident. He or she encourages a collaboration and development of ideas across the sites and represents residents for various committees (**Table 1**). The program chief has regular monthly "chief chat" meetings with the program director, site chiefs, and resident leaders from other organizations (eg, Professional Association of Residents of Ontario, College of Family Physicians of Canada, and Ontario College of Family Physicians) to discuss any concerns, difficulties, and successes, as well as to plan for resident-led initiatives such as resident retreats. The program chief resident, often along with site chief residents, also collects formal program feedback from residents before any program-wide academic days. Given the program chief's leadership role, he or she is also often informally approached by colleague residents at all of the sites with program feedback, again allowing for a program-wide perspective.

The program chief is also responsible for maintaining a relationship with the Queen's Undergraduate Student Family Medicine Interest Group, acting as the key point of contact for the group. The program chief ensures that there is resident representation at family medicine interest group events, encouraging an ongoing positive relationship with residents. Having a program-wide perspective allows the program chief to ensure that medical students are included in any program events and that they are enjoying their experiences at all of our distributed sites.

Another key duty of the program chief is to send out a monthly, program-wide newsletter to all residents; the newsletter includes reminders about important dates and events, and is accompanied by flyers received from administration during the past month (ie, condensing information from multiple e-mails into 1 e-mail received monthly). This newsletter allows for a better sense of community and allows residents from all sites to be aware of social events and study groups that are taking place at the various sites.

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Table 1. Comparing the duties of program chief and site chief residents

PROGRAM ELEMENT	DUTIES	
	SITE CHIEF	PROGRAM CHIEF
Family medicine call schedules	Create and distribute call schedules	Has no role
Committee representative*	Is a representative for the PGES committee	Is a resident representative for or is a member of the following: PGEC committee, [†] ESPC, PGMEC, [‡] CFPC Award Selection Committee, Resident Enhancement Awards Selection Committee
Program handbook	Develop site-specific section; contribute to editing	Perform the overall edit, as well as compile and delegate all additional sections of handbook
Annual resident retreat	Be a member of the retreat planning committee; plan delegated portion of chief-run activities	Be a member of the retreat planning committee; delegate roles to site chiefs for planning; plan a portion of chief-run activities; oversee and facilitate the team's progress
CaRMS	Attend information day when scheduled; attend social events; act as point of contact for interested residents; arrange for site visits or tours when requested	Schedule resident volunteers for interviews; schedule appropriate residents for CaRMS resident panel; act as point of contact for interested medical students; attend all CaRMS days and social events; give "resident perspective" talk at CaRMS days and introduce resident panel
Curriculum development	Focus on site-specific developments	Contribute to program-wide curricular developments; follow up with and oversee site-specific developments

CaRMS—Canadian Resident Matching Service, CFPC—College of Family Physicians of Canada, ESPC—Enhanced Skills Program Committee, PGEC—Postgraduate Education Central, PGES—Postgraduate Education Site, PGMEC—Postgraduate Medical Education Committee.

*Both the site chief and the program chief are also members of resident wellness, curriculum, and chief committees.

[†]The PGEC is responsible for overseeing the educational and administrative aspects of all postgraduate residency programs at Queen's University.

[‡]The PGMEC is the committee responsible for the development of and review of all aspects of family medicine residency education at Queen's University.

Selection process. Because a large part of the program chief's role is to act as a liaison for faculty members and residents at multiple curriculum development committee meetings, the candidate is selected through a voting process by faculty and administrative staff, as well as with resident input. Many programs use similar selection processes.^{2,3} New chief residents (site chiefs and the program chief) are voted in and begin their positions in March or April of their first year of residency. This allows the outgoing chief residents more time to focus on studying for the licensing examination in May, while also providing a transition period in which previous chief residents are present for any questions the incoming chief residents might have.

Training. Many studies show the benefits of providing training for chief residents, especially training outside their home program.^{2,6} At Queen's University, both the program chief and all site chiefs participate in a leadership workshop offered at Queen's for all senior and chief residents across disciplines. All chief residents are also funded jointly by the university's Postgraduate Medical Education program and the Department of Family Medicine to attend the International Resident Leadership Summit part way through their term in the role.

All chief residents are provided with a handover document and have a meeting with the outgoing chief

residents so the transition to the new role is smooth for the incoming chiefs and so that momentum on some ongoing initiatives is not lost. Chief residents are also provided with an orientation document outlining roles and expectations and have a meeting with the program or site director to further outline expectations. The program chief is encouraged to think about an initiative he or she might like to undertake during the year to make a mark on the program. At the end of the program chief's year, he or she has a meeting with the program director who provides feedback about the program chief's leadership skills. Resident leaders also intermittently receive feedback through field notes (ie, small documents about performance)⁷ about their leadership skills.

Remuneration. The program chief resident position is remunerated at the same rate as that of site chief residents. The position is funded by the Postgraduate Medical Education program at Queen's University and follows the Professional Association of Residents of Ontario guidelines.

Benefits of the role

The most obvious benefit of the role is the program chief's opportunity to develop leadership skills and determine if

a continued role in medical education is of interest to him or her. Gaining an appreciation for change management and curriculum development is also a key educational aspect of the position. Like other chief resident roles, the program chief position provides an opportunity to balance clinical and educational duties, and to build networks and working relationships with faculty leaders. At Queen's University, the program chief works very closely with the program director—a relationship that provides the program chief a unique opportunity to receive mentorship and have a role model.

The program chief also helps maintain that program-wide perspective for curricular developments and acts as a liaison when sitting on the several committees (Table 1). Acting as a liaison between faculty members and residents involves working toward a thorough understanding of the program's overall goals and objectives, and creates an increased awareness of and commitment to improving the program's vision and challenges.

The unified role allows the program chief to field questions from interested learners about the training available at each of the distributed sites. This makes the program chief an articulate, informative, and thoughtful face representing the program, which is of value at provincial and national meetings and during recruitment drives. This is especially apparent during the Canadian Resident Matching Service process, as the program chief provides a unified voice for all sites to interested younger learners.

The program chief is also a point of contact for residents with difficult questions and who might feel uncomfortable approaching their own colleagues or site chief resident.

From the perspective of the program director, the program chief role—which adds the point of view of a current resident who has a deep understanding of the program to various program issues and initiatives—is invaluable. The time spent mentoring is enjoyable given the engagement and enthusiasm of the program chiefs, and is more than compensated for. The program chief-driven initiatives introduced over the years have been novel and very valuable additions to the program.

Potential challenges


As the role requires providing input on multiple faculty-driven committees, the program chief should be someone who excels clinically, as absence from clinical duties is not infrequent. The time commitment for the program chief is variable depending on initiatives the program chief chooses to develop or be involved with, but the role does require a minimum of 5 to 10 hours a week. This time commitment can increase considerably with busier times like during Canadian Resident Matching

Service interviews. It is important to remember that clinical training is always the priority, and this is made very transparent from the start of the role and is explained in the job description. The program chief can always delegate another resident leader to attend meetings on his or her behalf. So far, we have yet to encounter a program chief or site chief who has struggled clinically owing to chief resident commitments, as shown by the 100% pass rate of program and site chiefs on the Certification Examination in Family Medicine.

Another potential challenge is clearly defining the role of the program chief to ensure that it is distinguished from the role of the site chief, especially at the program chief's home site. As the program chief is most visible at his or her home site, ensuring residents and faculty know which chief to contact regarding certain issues will take time. From our experience and the findings in the literature, having well defined job descriptions is highly recommended.²⁻⁴

For some chief residents, the change in mindset from being an advocate for colleagues to being the liaison between residents and the program can be challenging. It can also be difficult when contentious issues are being resolved, as the program chief navigates between this role and being a friend and colleague to the other residents. This switch in mindset and potential tension is discussed early on during role orientation.

Conclusion

The role of an overarching program chief resident provides a multitude of benefits to the program as a whole, to the program director, to future learners, and to current residents and faculty. We encourage programs across the country to consider the introduction of this role. 

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Competing interests

None declared

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