The Family Medicine Chief Resident: 
A National Survey of Leadership Development

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BACKGROUND AND OBJECTIVES: The chief resident position is a potential incubator for future leaders in family medicine. This national survey of family medicine residency programs shows that 97% of programs have a chief resident, and 84% of these are in their third year of training. However, the responsibilities, preparation, and selection for this role vary widely. At the University of Missouri (MU), we developed a unique leadership curriculum to enhance training for this role that includes attendance at leadership conferences, acquisition of specific skills such as time management and communication, defined responsibilities, and administrative time to complete duties. A survey of former MU chief residents found that aspects of the position such as leadership training and increased exposure to faculty were most valued while schedule tasks were seen as least desirable. Former chief residents were more likely to teach medical students or residents in their current practice compared to those who had not been a chief resident.

Identifying and nurturing future leaders is important to the sustainability of family medicine as a specialty. Chief residents are often identified as potential future leaders. In addition, many chief residents assume important administrative roles in their residency program. Despite the responsibilities associated with this position, preparation for the role is inconsistent.

The leadership potential of chief residents has been documented in other specialties. Pediatric residents who were former chief residents were 1.8 times more likely to self-report professional leadership. The optimal training or preparation for this important role has yet to be defined, but some amount of formal training does seem to have a positive impact on the careers of chief residents. However, a 1992 survey of 300 family medicine residencies found that only 31% of chief residents had formal training in preparation for their position, and 90% of that training was done outside of their residency program. Those who participated in an external training program rated their training more highly than those who had internal training. Those who felt they had better training rated their overall residency experience more highly. In addition, chief residents' satisfaction with their position was associated with their perception of their preparation.

Other primary care residencies have primarily utilized national leadership programs developed by their respective specialties to prepare their chief residents. A 2008 survey of internal medicine program directors found that 88% of respondents (representing 208 programs) send their chief residents to conferences in preparation for their new role. Of those programs providing formal training for their chief residents, 93% attend the Association of Program Directors in Internal Medicine meetings, which offer a special section for chief residents.

A retrospective study of pediatric chief residents who attended the Pediatric Chief Resident Leadership Training Program between 1988 and 2003 found that 92% of the chief residents thought the training had a positive impact on their year as chief resident, and 75% thought it had a positive impact on their career after residency. Fifty-six percent of these chief residents reported holding leadership positions after residency, though only 28% had received additional leadership training. The following topics were identified by participants as having the most positive impact: relationships with other residents, awareness of own personality characteristics, transition to a leadership role, ability to manage conflict, and the ability to give and receive feedback. Participants wished for additional training in the following areas: conflict management, personal leadership style, supervision and feedback, group dynamics, and time management.

From the Family Medicine Residency, University of Missouri, Columbia.
The first documented leadership conference for family medicine chief residents was held in Waco, TX, in 1989. This conference emphasized stress management and development of leadership skills. The conference had a positive effect on the participants. The American Academy of Family Physicians (AAFP) currently hosts an annual Chief Resident Workshop, with an average attendance of 250 residents.

The University of Missouri Family Medicine Residency Program wished to enhance the leadership, teaching, and problem-solving skills of their chief residents. We also identified underutilized opportunities for residents in this position to teach medical students and residents, generate scholarship, and recruit residency applicants. We developed a chief resident leadership curriculum to prepare them for their specific roles within the residency. Components of the curriculum include attendance at the national AAFP Chief Leadership Development Program as well as a local leadership conference hosted by the University of Missouri Family Medicine Residency and the Franklin Covey “FOCUS: Achieving Your Highest Priorities Time-Management Workshop.” In addition, the curriculum stresses acquisition of specific skills such as negotiation and communication strategies, running meetings, dealing with conflict, and addressing the resident in difficulty. To add value to the position, we also created protected time, a financial stipend, and addressing the resident in difficulty. To add value to the position, we also created protected time, a financial stipend, and ability to teach medical students or residents and if they were involved in self-identified leadership activities. In addition, we included questions specific to all former University of Missouri family medicine chief residents, asking them to identify what was most and best beneficial about their time as chief resident. The survey instruments were reviewed and pilot tested by three residency faculty and four chief residents. Based on feedback from these individuals, minor changes were then made to improve the clarity of some of the questions.

Survey Instrument
We used the survey instrument using a 10-question Survey Monkey tool (www.surveymonkey.com) regarding their current chief resident development curricula. We also asked questions about chief resident characteristics, the election process, associated benefits, the evaluation process, and about the nature of their responsibilities. We asked all residency alumni whether they were involved in teaching medical students or residents and if they were involved in self-identified leadership activities. In addition, we included questions specific to all former University of Missouri family medicine chief residents, asking them to identify what was most and least beneficial about their time as chief resident. The survey instruments were reviewed and pilot tested by three residency faculty and four chief residents. Based on feedback from these individuals, minor changes were then made to improve the clarity of some of the questions.

Survey Administration
In February 2010, we electronically sent a single wave of questionnaires to the family medicine program directors of every civilian family medicine residency program listed in the AAFP directory. In January 2010, all graduates of the University of Missouri were asked to complete an Alumni Survey. Those self-identified as former chief residents were asked to complete an additional section regarding their chief residency experience. A second and third wave of this Alumni Survey was sent in March and June of 2010.

Results
The program director survey was sent to 434 programs, and of those that actually received the survey, 106 responded, representing a 24.4% response rate. Of the 434 surveys sent, 62 bounced back, meaning that the recipient had opted out of receiving electronic surveys from Survey Monkey, the recipients’ firewall prevented receipt, or the e-mail address no longer existed. Our response rate of from those who actually received the survey was actually slightly better (106 out of 372 who actually received the survey) at 28%. We found wide variation across family medicine residency programs with regard to the duties expected of the chief resident as well as the training each received. Of programs responding, 97% have a chief resident and 84% of these are in their third year of training. Ten percent have a mix of chief residents in their second and third year of training. Fifty-seven percent of chief residents at the time of the survey were male. Eighty percent of chiefs receive some type of stipend for their duties. Sixty percent of respondents provide protected administrative time. Most programs (85%) reported some type of leadership training for the chief resident position, and this varied from the AAFP workshop, local workshops, other state-sponsored or regional workshops, to training by faculty and outgoing chief residents. Chief resident duties varied widely, but the majority of programs responded that their chief(s) were responsible for arranging resident call schedules (87% of programs), interviewing residency candidates (80%), teaching medical students (73%), attending faculty meetings (90%), teaching residents
Most chief residents are elected to the role, but there is great variability in how this occurs. Forty-six percent of programs responded that both faculty and residents vote for the chief residents, while in 42% of programs, residents alone select individuals for this role. Other programs responded that faculty alone voted on the chief residents, or the individual was appointed by the program director or other faculty. Most programs did not have a formal evaluation process of the chief resident position but included this as a part of each individual resident evaluation.

The University of Missouri Family Medicine Residency Program has 369 graduates, and 236 responded (64%) to the 2010 Alumni Survey. Of these 369 graduates, 124 had been chief residents and 104 of them responded, reflecting an 85% response rate. Seventy-one percent (n=104) of former chief residents held a self-defined leadership role, compared to 62% (n=132) of those who had not been chief resident. While not statistically significant (P=.15), it may indicate a trend. However, 73% of those who had been chief resident reported teaching medical students or residents in their current practice, while only 52% of those who had not been a chief resident reported currently teaching (P=0.00075).

Acquiring leadership skills (30%), increased exposure to faculty (23%), and enhanced negotiation skills (20%) were considered the most beneficial aspects of being a chief resident. Other advantages mentioned were scheduling skills, time management and organizational skills, the ability to run meetings, teaching, and recruiting. Scheduling was one of the least popular tasks, specifically listed by eight as being the least beneficial. Most did not list anything or answered “none” to the request to identify the least beneficial aspect of being chief resident. The following are sample quotes:

Recruiting, problem solving, and collaborating on a relatively peer-to-peer level with well-respected faculty was very valuable.

Learning that my temperament and personality did not easily lend itself to leadership and policy making . . . was a very important lesson for me. That sounds strange, but it saved me lots of time and energy.

First exposure to learning to deal with the unrealistic scheduling expectations of professional people.

Discussion

This national survey of family medicine program directors was done to determine the training, duties, and demographics of chief residents across the nation. The major findings of the survey are that most family medicine residency programs have a chief resident position, and most offer some type of training for the position, but the expectations and evaluation of the position vary widely. The information from the program director survey, while not sufficient to draw definitive conclusions, at least indicates the variety of responsibilities and methods of electing chief residents. This data was presented at the 2011 Residency Program Solutions meeting and was consistent with program descriptions given by other program directors at this venue. A second survey of former chief residents from the University of Missouri Family Medicine Residency Program identified those aspects of the chief resident position most and least valued by those having held the role. Acquiring leadership and negotiation skills, along with increased exposure to faculty were most desired, while scheduling tasks were considered the least desirable. Former chief residents were more likely than non-chiefs to be teaching in their current practice.

Limitations

There were several limitations to this study. First, we only surveyed a single specialty, which may have limited generalizability to residency programs from other specialties. Second, results are based on self-report of program directors or residency coordinators and former chief residents, which may have bias. There was no way to verify the accuracy of the responses. In addition, we did not track whether respondents were from community-based versus university-based programs. The response rate to the program director survey is suboptimal. Those who did respond may not have been representative of all survey recipients, though we have no reason to think the respondents would be different from the nonrespondents. A majority of those who responded did have a chief resident position. Those not responding may have been less likely to have a chief resident and were therefore less interested in participating in the survey. Also, many e-mail addresses were not current and were returned. Finally, some programs had opted out of electronic surveys through Survey Monkey. Despite these limitations, this is the first national report of the status of the chief resident position in family medicine residencies in more than 18 years.

In the University of Missouri Alumni Survey, former chief residents were more likely to be teaching in their current practice than non-chiefs. However, there was no statistically significant difference between the two groups with regard to their likelihood to assume leadership positions after residency training. This phenomenon may reflect a reporting bias, as respondents only had to check “yes” or “no” as to whether they were teaching, but they were asked to comment on any leadership positions they held. There was a wide range of responses to the leadership question, indicating that respondents defined leadership quite differently.

Conclusions

This national survey of family medicine residency programs found that the chief resident position is present in most programs, but the preparation, selection, and responsibilities
for this role vary widely. Former chief residents from the University of Missouri Family Medicine Residency Program valued the leadership experience associated with this position and were more likely to be teaching medical students or residents. Surveys or discussion groups at national meetings might allow for dissemination of best practices and further development of training programs for chief residents. National surveys of former family medicine chief residents could help identify skill sets needed and identify ways to promote additional leadership experiences. This study highlights the various roles played by the chief resident and how satisfaction related to the role corresponds to a feeling of adequate preparation for this position. Each program should consider doing a needs assessment for their version of this role and tailor training accordingly. In addition, there may be universal needs in the role of chief resident that would be best addressed through existing national resources. Finally, online resources that are acceptable to all programs could be developed. Further, a national study of former chief residents could determine if these individuals become different types of family physicians than those who were not chief residents and validate the trends we identified in this study. Our Olympic sports teams are built through the process of identifying those with potential early in their careers and fostering their development through participation in strategic sports-specific programs. We should do nothing less for the potential future leaders of our specialty.

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References