

## TITLE PAGE

MANUSCRIPT TITLE: Developing Emergency Medicine Leaders: The AACEM/SAEM Chair Development Program at 5 Years

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BZ – conceived of the manuscript; collected the demographic data for the 5 CDP classes; obtained IRB exempt approval; helped to design the survey; sent the survey from his email; reviewed the data and survey results; wrote the manuscript with significant help from the co-authors

SS – helped to plan the manuscript; had the lead role in designing the survey; reviewed data and survey results; had a significant role in writing and editing the manuscript

RL - helped to plan the manuscript; was principal designer of the survey; reviewed data and survey results; had a significant role in writing and editing the manuscript

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**Developing Emergency Medicine Leaders: The AACEM/SAEM Chair Development Program at 5 years.**

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**Abstract**

The AACEM Chair Development Program (CDP) was started in 2014 in order to provide emergency medicine (EM) chairs and leaders who aspired to become academic chairs with EM-specific leadership training. Each class participated in a one year program, with five sessions taught primarily by EM leaders. Data from the first 5 years of the CDP are provided. A total of 81 participants completed the program (16% women). Twenty participants who were not chairs at entry have become EM chairs. Ratings of the CDP based on a survey of participants with a 94% response rate were very favorable. The CDP has been a popular and successful vehicle to increase leadership skills and prepare EM leaders for academic chair positions.

**Background**

30 Leadership development for physicians who seek or hold departmental chairperson (chair)  
31 positions can be obtained through various local and national programs. However, prior to 2013,  
32 the specialty of emergency medicine (EM) lacked a specific and focused leadership training  
33 program that addressed both the fundamentals of leadership for aspiring or early chairs as well  
34 as the specialty specific issues that are uniquely encountered by an EM chair.

35  
36 In 2011 and 2012, Executive Committee members of the Association of Academic Chairs of  
37 Emergency Medicine (AACEM) of the Society for Academic Emergency Medicine (SAEM),  
38 convened to discuss the need for EM-specific training for new and aspiring chairs. A common  
39 refrain from experienced chairs was that they would have been more effective, especially early  
40 in their tenure, if they had learned more about aspects of leadership and challenges specific to  
41 emergency medicine chairs before they assumed their roles. In 2013, the AACEM Executive  
42 Committee with input from other academic chairs approved the first Chair Development  
43 Program (CDP) with administrative support provided by SAEM. The immediate past president of  
44 AACEM (BZ) developed the program and served as director. A co-director (SS) was added in  
45 2018.

46  
47 The purpose of this manuscript is to describe the structure, logistics, and content of the AACEM  
48 CDP. We report and discuss the survey results of the participants from the first five classes of  
49 the CDP. In particular, we report the perceived effectiveness and impact of the CDP.

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## 52 **CDP Development**

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54 In designing the CDP schedule and detailed agenda, the founders intended EM specific  
55 leadership content that would be taught primarily by EM academic leaders. In order to identify  
56 the critical elements for this program, sitting EM chairs and prospective CDP enrollees were  
57 surveyed as part of a needs assessment. The survey was sent to all AACEM chairs and vice or  
58 associate chairs for a total of 135 recipients. Surveys were received from 77 respondents, for a  
59 response rate of 57%. Fifty-eight percent of respondents were sitting chairs. The components  
60 of a prospective CDP curriculum that were most favored by respondents are summarized in  
61 Table 1. Respondents overall thought that the following components would be of the highest  
62 value: departmental finances and budgets; developing academic faculty; effective negotiations;  
63 conflict resolution; managing research programs.

64

65 In developing the CDP budget for AACEM, the founders sought to cover expenses with the goal  
66 of breaking even. The initial tuition was set at \$3,900 (currently \$4,200). Recruitment for CDP  
67 classes consisted of announcements on the AACEM Chairs email list-serve, in the SAEM  
68 newsletters, and by word-of-mouth.

69

70 Existing chairs could self-nominate for the CDP and non-chairs required a nomination from their  
71 chairperson. A simple application process required a demographic form, a cover letter,  
72 curriculum vitae, and a sponsoring chair letter of support when relevant.

73

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### 75 **CDP Structure and Content**

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77 The one-year program, comprised of five sessions, begins in January and is distributed over a  
78 calendar year. Each session provides 8-12 hours of content over 1 to 2 days for a total of  
79 approximately 40 hours of in-class time. The last session for a finishing class and the first  
80 session for a new class are held on the same weekend to foster networking among members of  
81 both classes. The three non-January sessions are scheduled to overlap with already  
82 established annual meetings: AACEM/AAAEM Retreat (usually in March), the SAEM Annual  
83 Meeting (May), and the American College of Emergency Physicians Scientific Assembly  
84 (September or October) The CDP session at the SAEM Annual Meeting has been combined  
85 with the SAEM Leadership Forum. For this particular session, the day-long program is  
86 developed jointly with the SAEM Faculty Development Committee and Program Committee.  
87 Participants are required to attend the first and last sessions and two out of the other three  
88 sessions to receive their certificate of participation in the CDP.

89

90 The final curriculum and agendas are developed for each session by the director and co-  
91 director. A representative curriculum is noted in Table 2. Faculty educators for the CDP are  
92 solicited from the group of current or past EM Chairs, as well as other EM leaders. Speakers are  
93 identified based on their specific topical expertise and experiences. A minority of presenters  
94 have been non-EM physicians who were recruited based on expertise and recommendations  
95 from others – for example, media relations. The Strengths Finder exercise, taught by a certified  
96 EM administrator, is used in the initial session. Supplemental leadership articles, web links, and

97 videos are provided to CDP participants via email throughout the year. Each session is  
98 evaluated by participants with a standard form which assesses content and presenters.

99  
100 CDP faculty presenters are offered payment for travel costs and an honorarium. Most decline  
101 the honorarium, indicating that they believe the CDP was of high value for the specialty, and are  
102 willing to teach without compensation. Since the CDP sessions are held in conjunction with  
103 other EM meetings, travel costs for presenters, who planned on attending the national  
104 meeting(s) anyway, are often covered by their home institutions. The overall low presenter costs  
105 are a significant factor in creating a small annual margin for the CDP, and have allowed tuition  
106 costs to be comparatively low.

107

108

### 109 **Description of CDP Participants**

110

111 Characteristics of the first 5 CDP classes were drawn from the participants' initial application to  
112 the program, from the information collected in the survey, and from publically available  
113 information on the participants' positions and institutions. As familiarity and popularity of the  
114 program grew, the number of applicants has increased and as a result the class size has  
115 expanded to approximately 20 per year. In a small number of cases (less than 5%), applicants  
116 who were viewed as being too junior for the program were not accepted but were encouraged to  
117 re-apply when they advanced in to higher leadership positions in their departments or  
118 institutions. Application decisions rest with the director and co-director.

119

120 The number of women and under-represented minority participants in the CDP was  
121 disappointingly low in the initial classes. Due to this, AACEM and SAEM sought to identify and  
122 train more diverse CDP classes. In 2017, the Academy for Women in Academic Emergency  
123 Medicine (AWAEM) began a program offering one full tuition scholarship per year with  
124 guaranteed placement in the CDP class. Nominations for the scholarship are handled by  
125 AWAEM leaders. In 2018 the Academy for Diversity and Inclusion in Emergency Medicine  
126 (ADIEM) began a similar scholarship program, with one guaranteed spot per year in the CDP  
127 class. AACEM also developed the Chris King scholarship in 2018. All applicants to the  
128 scholarship programs are placed into the general pool of CDP applications once the scholarship  
129 recipients are selected, if those applicants wish to apply to the CDP without the scholarship.

130 Additionally, sitting academic Chairs are specifically encouraged to nominate appropriate  
131 candidates from their department who are under-represented in medicine.

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### 134 **CDP Survey Methods**

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136 Survey recipients were determined from the demographic data at entry for the 5 CDP classes.  
137 Additionally, we constructed a 20 item survey questionnaire which asked the CDP graduates  
138 about their current position and their perspectives on the program. IRB exemption was obtained  
139 from the University of Michigan. The google survey was distributed through the CDP list-serve  
140 by the original director. The survey was sent 3 times over 3 weeks in June 2019. Participation  
141 was voluntary. It included demographic questions as well as those focused on the perceived  
142 effectiveness of the program on leadership performance. Respondents shared the most valued  
143 aspects of the program, any influence that the program may have had on career decisions since  
144 enrollment, elements that may be lacking from the program, and suggestions for program  
145 improvement. Both Likert-type scale questions and open-ended comment-type questions were  
146 asked. The Likert scale responses were: 1 = highly disagree; 2 = disagree; 3 = equivocal; 4 =  
147 agree; 5 = highly agree. Data were collected and merged from the prospective survey as well as  
148 CDP participant original applications. The data were collected and recorded anonymously for  
149 analysis.

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151

### 152 **Results**

153

154 The first five classes of the CDP had 83 total accepted participants. Two dropped out during the  
155 program, leaving 81 participants who completed the program. The class sizes and male/female  
156 distribution are summarized in Table 3. Only 16% of participants were women. Twelve  
157 participants were chairs prior to enrolling in the CDP. Vice chairs or associate chairs  
158 consistently accounted for 35-50% of the participants. Interim chairs and new chairs comprised  
159 about 15% of participants each year. Other roles at entry included emergency department (ED)  
160 medical directors, residency program directors, and division directors.

161

162 A search of publically available information of CDP participants found that 20 of 69 (29%) of  
163 CDP participants who were not chairs at entry have become chairs after the CDP training.

164

165 Seventy-six participants in the first five CDP classes completed the survey for a response rate  
166 of 94%. Twelve of the 76 respondents were women. Over 90% were associate or full professor  
167 at the time of CDP enrollment.

168

169 The responses from survey questions about the impact of the CDP were very favorable and the  
170 program is highly recommended to others. For those respondents (n= 49) who were not chairs  
171 at the time of the survey, in response to the statement: "The CDP was effective in improving my  
172 performance as a leader in my current role." the mean Likert score was 4.46 out of 5.

173

174 For those CDP participants who were chairs at entry, or became chairs, (n= 40) the statement:  
175 "The CDP was effective in improving my performance as chair." had a mean score of 4.68 with  
176 22.5% agreeing and 72.5% highly agreeing.

177

178 For the statement: "I would recommend the training of the CDP to others." the mean score was  
179 4.75 with 17% agreeing and 79% highly agreeing for an overall positive evaluation of 96% by  
180 respondents. (n=76).

181

182 Some themes emerged from the responses to the qualitative survey questions. Respondents  
183 said the CDP reaffirmed their commitment to seek a chair position. Those who were chairs  
184 described how CDP sessions helped them manage and lead in ED operations, negotiations,  
185 and EM finances. "Confidence building" and "networking" were frequently cited as valuable  
186 aspects of the program. Respondents appreciated that a variety of topics were covered and  
187 taught by experienced chairs and other presenters. Many requested that the topics of finances  
188 and budgeting be covered in more depth. Suggestions for improvement included restructuring  
189 the sessions to allow more small group sessions and case discussions. Some thought bringing  
190 back CDP graduates to share their perspective and experience would be informative. Many  
191 provided suggestions on the timing and location of the meetings for future years.

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193

## 194 **Discussion**

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196 The ACCEM goal to develop a program to provide EM specific training for new and aspiring  
197 chairs of emergency medicine has been achieved. The AACEM Chair Development Program



198 graduated 81 emergency medicine physician leaders in its first 5 years. Almost a third of those  
199 participants who were not chairs at the time of enrollment have become EM chairs. The  
200 program has received high scores on quantitative assessment questions and in qualitative  
201 participant comments.

202  
203 The overall curriculum for the CDP has not changed significantly over the five years, but cases  
204 and discussion topics are pulled from current EM issues. Based on feedback from participants,  
205 the sessions have evolved to include more panel and case-based discussion and small group  
206 exercises. CDP graduates have returned to teach sessions – in the past year one-fifth of  
207 sessions were taught by CDP graduates.

208  
209 One of the most valued components of CDP that was not necessarily anticipated by the  
210 developers of the program was the amount of peer to peer mentoring and networking that has  
211 occurred during and after the CDP. Many classmates have remained in contact and rely on  
212 each other for advice as they navigate their chair positions or other leadership positions.

213  
214 The low percentage of women and under-represented in medicine (URiM) individuals that have  
215 applied for and participated in the CDP has been disappointing. The AWAEM and ADIEM  
216 scholarships have been helpful, but account for only 2 positions per year. The goal of the CDP  
217 is to train a diverse leadership pool to lead academic EM departments in the present and future.  
218 The penetrance of the CDP has not been complete – some new EM chairs have not  
219 participated, perhaps due to lack of awareness or interest in the program or because they  
220 enrollment in other local or national leadership programs. Some CDP graduates have  
221 completed additional leadership training.

222  
223 Demand for the CDP has been consistent, with class sizes increasing from 12 to around 20.  
224 Given the perceived value of the CDP, a number of EM leaders and faculty have called for  
225 modifying the program to provide general leadership training and further expanding the class  
226 size to accommodate academic emergency physicians across a variety of leadership roles. This  
227 points to a potential need for additional leadership programs to meet this demand.

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229

230 **Conclusion**

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232 The AACEM Chair Development Program has provided leadership training for new and aspiring  
 233 chairs of emergency medicine that has been viewed very favorably by participants. By offering  
 234 EM specific training, combining a majority of sessions with existing EM meetings, and utilizing  
 235 chairs, past-chairs, and selected non-EM faculty in educational sessions that are participatory  
 236 and often case-based, the CDP has become a successful new entity for leadership training in  
 237 development in academic emergency medicine. The intention is to continue the program with  
 238 the focus on developing new and future chairs of academic emergency medicine.

239 **Table 1.** Needs Assessment Survey, 2013. Components of a Chair Development Program that would be  
 240 most valuable according to EM chairs, vice chairs, and associate chairs. N=77

241

Component Surveyed	% Responding "Highly Valuable"
Dept. finances – management and budgeting	73
Developing academic faculty	70
Effective negotiations	69
Conflict resolution – difficult conversations	61
Managing research programs and funding	60
How to develop a departmental mission/vision	57
Effective faculty and fellow recruitment	55
How to run effective meetings	46
Time management – managing multiple priorities	45
Health care policy and reimbursement	42
Managing clinical operations	40
Human resources, personnel management	39
Fund raising	33
Medical school structure and dynamics	27
Managing educational programs	22

Physician wellness programs	21
Understanding medical organizations	8

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**Table 2. Representative Curriculum for Chair Development Program**

<b>First Session – January</b>
Introduction to CDP (1h) - group introductions, review of program
Mission, Vision, Values (1.5h) - how to collaboratively create the MVV for your department
Strengths Finder Exercise (2h) - pre-work and exercise, trained facilitator
Inside GME (1.25h) - understanding the big picture of EM residency training
The New Chair in Town (1h) - focus on the 1st 100 days of being a chair in EM
The A Team - Recruitment (1h) - building EM faculty and programs
<b>Second Session - March at AACEM Retreat</b>
EM Finances 101 (1.5h) - accounting, budgeting, funds flow
Change Management (1h) - how to lead change in a department

Building the EM Departmental Team (1h) - physicians, administrators, staff
Return on Investment (2h) - making the case for EM priorities
Understanding Your Medical School (1.25) - Dean's office, departmental needs
<b>Third Session – May - combined with the SAEM Leadership Forum</b>
Authentic Leadership in EM (1h) - positive leadership approaches
Diversity Pipeline (1.5h) - increasing diversity in the EM department
MACRA, MIPS, Govt Funding (1h) - understanding health care payments and impact on EM
Networking Lunch (1h)
Interim Leadership Roles (1h) – challenges and opportunities as an interim leader
Strategic Finance Planning (1h) - bigger picture of finances related to EM
Communication, Negotiation (1h) - skills and tactics for a chair
Saying No in Order to Say Yes (1h) - how to prioritize time and effort
<b>Fourth Session - October at the ACEP Scientific Assembly</b>
Effective Feedback (1h) - from chair to faculty and others
EM Regional Networks (1h) – how to build an effective multi-ED department as a chair
Chair Role in EM Residency (1h) – case-based studies on chair leadership relating to EM residency
Chair Role in EM Operations (1h) – understanding how to improve ED operations and metrics
How to Run a Great Meeting (1h) – effective strategies for making the most out of meeting time
Media Communications (1.5h) – participatory workshop on media strategy and tactics
Coding and Billing (1.5h) - basics for EM chair in ED operation coding, billing
Chair Challenges (1.25 h) - common professional and personal issues in the chair job
Chair & EM Research (1.25 h) - how to build a successful, right-sized research program

<b>Fifth Session - January</b>
Chair Time Management (2h) – making the best use of time with a busy chair schedule
Leadership Resilience (1.5h) – how to deal with the stressors of being an EM chair
The Chair Hunt (1.5h) - how to search, evaluate and interview for an EM chair job
Philanthropy in EM (1.5h) - building development efforts for EM
Recap of CDP - Lessons (1h) – review of all sessions with key take-home points
Dinner with Incoming CDP Class – networking opportunity

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257 **Table 3. CDP Class Sizes and Male/Female Composition, 2014-2018**

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	CDP '14	CDP '15	CDP '16	CDP '17	CDP '18
Men	12	15	13	13	15
Women	2	1	2	4	4
Total	14	16	15	17	19

259