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

Brian J. Zink, MD[1], Susan A. Stern, MD[2], and Resa E. Lewiss, MD[3]

ABSTRACT

The Association of Academic Chairs of Emergency Medicine Chair Development Program (CDP) was started in 2014 to provide emergency medicine (EM) chairs and leaders who aspired to become academic chairs with EM-specific leadership training. Each class participated in a 1-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.

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

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

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

CDP DEVELOPMENT

In designing the CDP schedule and detailed agenda, the founders intended EM-specific leadership content

From the [1]University of Michigan Medical School, Ann Arbor, MI; the [2]University of Washington School of Medicine, Seattle, WA; and [3]Sidney Kimmel Medical College, Jefferson University, Philadelphia, PA.
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Supervising Editor: John H. Burton, MD.
Address for correspondence and reprints: Brian J. Zink, MD; e-mail: bzink@med.umich.edu.
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that would be taught primarily by EM academic leaders. To identify the critical elements for this program, sitting EM chairs and prospective CDP enrollees were surveyed as part of a needs assessment. The survey was sent to all AACEM chairs and vice or associate chairs for a total of 135 recipients. Surveys were received from 77 respondents, for a response rate of 57%. Fifty-eight percent of respondents were sitting chairs. The components of a prospective CDP curriculum that were most favored by respondents are summarized in Table 1. Respondents overall thought that the following components would be of the highest value: departmental finances and budgets, developing academic faculty, effective negotiations, conflict resolution, and managing research programs.

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

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

Table 1
Needs Assessment Survey, 2013: Components of a CDP That Would Be Most Valuable According to EM Chairs, Vice Chairs, and Associate Chairs (*N* = 77)

Component Surveyed	% Responding “Highly Valuable”
Department 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
Fundraising	33
Medical school structure and dynamics	27
Managing educational programs	22
Physician wellness programs	21
Understanding medical organizations	8

CDP = Chair Development Program.

CDP STRUCTURE AND CONTENT

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

The final curriculum and agendas are developed for each session by the director and co-director. A representative curriculum is noted in Table 2. Faculty educators for the CDP are solicited from the group of current or past EM Chairs, as well as other EM leaders. Speakers are identified based on their specific topical expertise and experiences. A minority of presenters have been non-EM physicians who were recruited based on expertise and recommendations from others—for example, media relations. The Strengths Finder exercise, taught by a certified EM administrator, is used in the initial session. Supplemental leadership articles, Web links, and videos are provided to CDP participants via e-mail throughout the year. Each session is evaluated by participants with a standard form, which assesses content and presenters.

Chair Development Program faculty presenters are offered payment for travel costs and an honorarium. Most decline the honorarium, indicating that they believe the CDP was of high value for the specialty and are willing to teach without compensation. Since the CDP sessions are held in conjunction with other EM meetings, travel costs for presenters, who planned on attending the national meeting(s) anyway, are often

Table 2
Representative Curriculum for CDP

Session / Topic
First Session—January
Introduction to CDP (1 hr)—group introductions, review of program
Mission, Vision, Values (1.5 hr)—how to collaboratively create the MVV for your department
Strengths Finder Exercise (2 hr)—prework and exercise, trained facilitator
Inside GME (1.25 hr)—understanding the big picture of EM residency training
The New Chair in Town (1 hr)—focus on the 1st 100 days of being a chair in EM
The A Team: Recruitment (1 hr)—building EM faculty and programs
Second Session—March at AACEM Retreat
EM Finances 101 (1.5 hr)—accounting, budgeting, funds flow
Change Management (1 hr)—how to lead change in a department
Building the EM Departmental Team (1 hr)—physicians, administrators, staff
Return on Investment (2h)—making the case for EM priorities
Understanding Your Medical School (1.25)—Dean's office, departmental needs
Third Session—May (combined with the SAEM Leadership Forum)
Authentic Leadership in EM (1 hr)—positive leadership approaches
Diversity Pipeline (1.5 hr)—increasing diversity in the EM department
MACRA, MIPS, Govt Funding (1 hr)—understanding health care payments and impact on EM
Networking Lunch (1 hr)
Interim Leadership Roles (1 hr)—challenges and opportunities as an interim leader
Strategic Finance Planning (1 hr)—bigger picture of finances related to EM
Communication, Negotiation (1 hr)—skills and tactics for a chair
Saying No in Order to Say Yes (1 hr)—how to prioritize time and effort
Fourth Session—October at the ACEP Scientific Assembly
Effective Feedback (1 hr)—from chair to faculty and others
EM Regional Networks (1 hr)—how to build an effective multi-ED department as a chair
Chair Role in EM Residency (1 hr)—case-based studies on chair leadership relating to EM residency
Chair Role in EM Operations (1 hr)—understanding how to improve ED operations and metrics
How to Run a Great Meeting (1 hr)—effective strategies for making the most out of meeting time
Media Communications (1.5 hr)—participatory workshop on media strategy and tactics
Coding and Billing (1.5 hr)—basics for EM chair in ED operation coding, billing
Chair Challenges (1.25 hr)—common professional and personal issues in the chair job
Chair & EM Research (1.25 hr)—how to build a successful, right-sized research program

(Continued)

Table 2 (continued)

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

AACEM = Association of Academic Chairs of Emergency Medicine; CDP = Chair Development Program; GME = graduate medical
education; MVV = mission, vision, values.

covered by their home institutions. The overall low presenter costs are a significant factor in creating a small annual margin for the CDP and have allowed tuition costs to be comparatively low.

DESCRIPTION OF CDP PARTICIPANTS

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

The number of women and underrepresented minority participants in the CDP was disappointingly low in the initial classes. Due to this, AACEM and SAEM sought to identify and train more diverse CDP classes. In 2017, the Academy for Women in Academic Emergency Medicine (AWAEM) began a program offering one full tuition scholarship per year with guaranteed placement in the CDP class. Nominations for the scholarship are handled by AWAEM leaders. In 2018 the Academy for Diversity and Inclusion in Emergency Medicine (ADIEM) began a similar scholarship program, with one guaranteed spot per year in the CDP class. AACEM also developed the

Chris King scholarship in 2018. All applicants to the scholarship programs are placed into the general pool of CDP applications once the scholarship recipients are selected, if those applicants wish to apply to the CDP without the scholarship. Additionally, sitting academic Chairs are specifically encouraged to nominate appropriate candidates from their department who are underrepresented in medicine.

CDP SURVEY METHODS

Survey recipients were determined from the demographic data at entry for the five CDP classes. Additionally, we constructed a 20-item survey questionnaire that asked the CDP graduates about their current position and their perspectives on the program. Institutional review board exemption was obtained from the University of Michigan. The Google survey was distributed through the CDP listserv by the original director. The survey was sent three times over 3 weeks in June 2019. Participation was voluntary. It included demographic questions as well as those focused on the perceived effectiveness of the program on leadership performance. Respondents shared the most valued aspects of the program, any influence that the program may have had on career decisions since enrollment, elements that may be lacking from the program, and suggestions for program improvement. Both Likert-type–scale questions and open-ended comment-type questions were asked. The Likert-scale responses were as follows: 1 = highly disagree, 2 = disagree, 3 = equivocal, 4 = agree, and 5 = highly agree. Data were collected and merged from the prospective survey as well as CDP participant original applications. The data were collected and recorded anonymously for analysis.

RESULTS

The first five classes of the CDP had 83 total accepted participants. Two dropped out during the program, leaving 81 participants who completed the program. The class sizes and male/female distribution are summarized in Table 3. Only 16% of participants were women. Twelve participants were chairs prior to enrolling in the CDP. Vice chairs or associate chairs consistently accounted for 35% to 50% of the participants. Interim chairs and new chairs composed about 15% of participants each year. Other roles at entry included emergency department (ED) medical directors, residency program directors, and division directors. A search of publicly available information of CDP participants found that 20 of 69 (29%) CDP participants who were not chairs at entry have become chairs after the CDP training.

Table 3
CDP Class Sizes and Male/Female Composition, 2014–2018

	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

CDP = Chair Development Program.

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

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

For those CDP participants who were chairs at entry, or became chairs (n = 40) the statement “The CDP was effective in improving my performance as chair” had a mean score of 4.68 with 22.5% agreeing and 72.5% highly agreeing. For the statement “I would recommend the training of the CDP to others,” the mean score was 4.75 with 17% agreeing and 79% highly agreeing for an overall positive evaluation of 96% by respondents (n = 76).

Some themes emerged from the responses to the qualitative survey questions. Respondents said that the CDP reaffirmed their commitment to seek a chair position. Those who were chairs described how CDP sessions helped them manage and lead in ED operations, negotiations, and EM finances. “Confidence building” and “networking” were frequently cited as valuable aspects of the program. Respondents appreciated that a variety of topics were covered and taught by experienced chairs and other presenters. Many requested that the topics of finances and budgeting be covered in more depth. Suggestions for improvement included restructuring the sessions to allow more small-group sessions and case discussions. Some thought that bringing back CDP graduates to share their perspective and experience would be informative.

Many provided suggestions on the timing and location of the meetings for future years.

DISCUSSION

The ACCEM goal to develop a program to provide EM-specific training for new and aspiring chairs of EM has been achieved. The AACEM CDP graduated 81 EM physician leaders in its first 5 years. Almost one-third of those participants who were not chairs at the time of enrollment have become EM chairs. The program has received high scores on quantitative assessment questions and in qualitative participant comments.

The overall curriculum for the CDP has not changed significantly over the 5 years, but cases and discussion topics are pulled from current EM issues. Based on feedback from participants, the sessions have evolved to include more panel and case-based discussion and small-group exercises. CDP graduates have returned to teach sessions—in the past year one-fifth of sessions were taught by CDP graduates.

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

The low percentage of women and underrepresented in medicine individuals that have applied for and participated in the CDP has been disappointing. The AWAEM and ADIEM scholarships have been helpful, but account for only two positions per year. The goal of the CDP is to train a diverse leadership pool to lead academic EM departments in the present and future.

The penetrance of the CDP has not been complete—some new EM chairs have not participated, perhaps due to lack of awareness or interest in the program or because they enrolled in other local or national leadership programs. Some CDP graduates have completed additional leadership training.

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

CONCLUSION

The Association of Academic Chairs of Emergency Medicine Chair Development Program has provided leadership training for new and aspiring chairs of emergency medicine that has been viewed very favorably by participants. By offering emergency medicine–specific training, combining a majority of sessions with existing emergency medicine meetings, and utilizing chairs, past-chairs, and selected non–emergency medicine faculty in educational sessions that are participatory and often case-based, the Chair Development Program has become a successful new entity for leadership training in development in academic emergency medicine. The intention is to continue the program with the focus on developing new and future chairs of academic emergency medicine.