Evaluation of a Pilot Leadership Program for Obstetrics and Gynecology Residents

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DISCLOSURE STATEMENT

• Nothing to disclose
Introduction

The Challenge
Most errors occur because of lack of teamwork, communication, trust and respect.

Evaluating Teamwork in a Simulated Obstetric Environment


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The Team

Claire Jones
Considerations

• Current Curriculum/Adapting UG Curriculum
• Time allotment
• Resident Needs
  – Accreditation
  – Resident retreat report
  – PD input
• Departmental Resources
Pillars of Leadership

1. self and social awareness/leadership
2. quality improvement and patient safety
3. information management
4. resource stewardship
Social and Self Awareness

• Standardized personality testing
• Role playing
• Group sessions
  – leadership styles
  – conflict management/managing resources
  – managing error
WHAT IS A LEADER?

Are all of these people “leaders?” why or why not? What does your gut say?
## Leadership Styles

<table>
<thead>
<tr>
<th></th>
<th>Commanding</th>
<th>Visionary</th>
<th>Affiliative</th>
<th>Democratic</th>
<th>Pacesetting</th>
<th>Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leader’s Purpose</strong></td>
<td>Compliance and Obedience</td>
<td>Mobilize and Inspire</td>
<td>Harmonize and build trust</td>
<td>Encourage participation and consensus</td>
<td>Drive to achieve and perform</td>
<td>Mentor and Develop others</td>
</tr>
<tr>
<td><strong>Summing up the Style</strong></td>
<td>“Do what I say”</td>
<td>“Come with me”</td>
<td>“People matter most”</td>
<td>“What do you think?”</td>
<td>“Get things done”</td>
<td>“Here’s how to do it”</td>
</tr>
<tr>
<td><strong>EQ Competencies</strong></td>
<td>Motivation, initiative, self control</td>
<td>Self confidence, empathy, change agent</td>
<td>Empathy, networking, communication, team building</td>
<td>Collaboration, communication, team building, Inquiry</td>
<td>Drive to achieve, initiative, goal-setting</td>
<td>Coaching, empathy, self-awareness</td>
</tr>
<tr>
<td><strong>When to Apply</strong></td>
<td>In a crisis, to kick start a turnaround, or with problem or low competency employees</td>
<td>When changes require a new vision, or when a clear direction is needed</td>
<td>Conflicts and stress: to heal rifts in a team or to motivate people during stressful circumstances</td>
<td>To build buy-in or consensus, or to get input from valuable employees</td>
<td>To get quick results from a highly motivated and competent team</td>
<td>To help an employee improve performance or develop long-term strengths (e.g. to groom an employee)</td>
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Sally: Busy Day on the Gyne Service at Mount Sinai Hospital

MORNING ROUNDS

Sally, the junior resident on gyne, arrived at 7 am for morning rounds, only to receive a text from Kate, the post-call resident, that 3 patients were admitted overnight who still require a management plan. None of them was put on the gyne list as the night was too busy. It was the end of her first week of pgy-1, and this scenario was already becoming the norm rather than the exception on this service. The week, by all standards, had been exhausting.

Sally frantically tried to find all the patient charts and gather vital signs as Jane, the off-service intern, and Jason, the medical student, hadn’t yet arrived. Just then, Lucy, the chief resident, and Joe, the senior resident, showed up ready to round on their 10 in-patients. As usual, Lucy was curt and frustrated.

Lucy: Where is everyone? Argh, don’t they know we have a busy day in the OR? Sally, have you checked the vitals and prepared the charts?

Sally: oh, almost... working on it. Ah, by the way, there are 3 patients who were admitted overnight who haven’t been put onto the gyne list yet. 1 is on 11N and 2 are still in emerg. I haven’t gotten the whole story yet. I guess it was a busy night...

Lucy: are you kidding me?! How are we supposed to get through rounds on time before the OR this morning?! And how come nobody let me know about the admissions?!

Jane rushes in.

Small Group Discussion Worksheet:

You have 1 hour to brainstorm various scenarios (either real or imaginary) demonstrating the role of leadership in healthcare. Please work together to fill out this sheet and hand it in when you are finished.

For each scenario, please answer the following questions:

1. What leadership styles were employed in this scenario?
2. What other types of leadership styles could have been helpful to lead to a good outcome?
3. What leadership styles would not be helpful in this type of scenario?
4. Which personality traits do you possess that can be useful in this type of situation?
5. Which personality traits can make the situation worse?

Scenario 1

Please describe a situation in which leadership lead to an improvement in the quality of patient care for an individual patient.
Quality Improvement

• Didactic lecture
• Group project
Describe your proposed study design:

Things to consider

a) “The Intervention”
What is the proposed intervention? (ie. what changes will you make that will result in an improvement?)

b) “Measurement”
How will you measure the success of the intervention? (ie. how will you know if a change is an improvement?)

   How will you define/measure the ‘pre-intervention’ baseline?
   How will you measure the ‘post-intervention’ results?

c) Plan-Do-Study-Act (“P-D-S-A”) cycles (ie. “small tests of change”)
How will you iterate to achieve the best results possible?
Information Management

• Developing good study habits
• Point-of-care research scenario
• Test/survey
10. For which domain(s) are you most likely to search online for an answer to a clinical question?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>1</td>
<td>5.3%</td>
</tr>
<tr>
<td>Therapy</td>
<td>18</td>
<td>94.7%</td>
</tr>
</tbody>
</table>

Total: 19
Counseling about risks

• Case 1:
  – A 35yo G1P0 woman at 28wks is diagnosed with GDM. She wants to know what the risks of GDM are in pregnancy

• Case 2:
  – A 26yo G1P0 with HIV comes to you for preconception counseling. What are the risks of HIV in pregnancy?
Evaluation

• Standard session evaluation
• External evaluator
  – utilization focused evaluation.
Challenges

• Spiral Curriculum
• Different AHD schedule for different PGY years
• Changing RC curriculum for OB/GYN
• Integrating AHD topics to local site activity
CONCLUSION

• Leadership skills that were immediately applicable to residency were highly ranked
• Sessions on information management and quality improvement were poorly ranked
• Preference for sessions on conflict resolution and case-based teaching of common scenarios.
• Poor knowledge of information management and quality improvement
IMPLICATIONS

• Plans to address poorly ranked sessions include more case-based learning and small group sessions on these topics
• Need to be flexible with a two year plan
• Determining overlap vs synergy of existing teaching
THANK YOU

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