The 7 Habits of Highly Effective Chiefs

Clark Veet, MD
Etsemaye Agonafer, MD MPH
Amy Kennedy, MD
Jennifer Corbelli, MD, MS
Workshop Goals

• Identify the 7 habits that successful chiefs master
• Provide a framework to apply the 7 habits
• Apply the 7 habits to real life encounters
• Synthesize the skills you have learned throughout APDIM
Agenda

• Brainstorm qualities of effective/less effective chiefs: (5 min)

• Introduction to the 7 Habits: (5 min)

• Discussion of Habits: (10 min x 7)

• Wrap-up: (5 min)
#1 Playing to Your Strengths

#2 Agenda Setting

#3 Saying “No”

#4 Giving Constructive Feedback

#5 Embracing What You Don’t Know

#6 Delegating

#7 Empowering your Housestaff
#1 Playing to Your Strengths

• Some chief duties need to be addressed by the chief group as a whole

• Many tasks are more effectively managed by one chief resident

• Know your team’s individual strengths and deliberately match tasks to those strengths
Agenda Setting

• Chiefs need to identify their goals for the year early

• Chief year is a unique opportunity for personal and professional growth and development

• You must be deliberate in laying out an agenda to achieve individual objectives
Saying “No”

• Both residents and faculty will expect the chiefs to be at their disposal for any issue at any time

• Learn to say no without alienating colleagues

• Saying yes to everything can lead to burnout
Giving Feedback

• Giving constructive feedback is one of the most challenging parts of the job.

• Giving positive feedback is easier, but corrective feedback helps good residents become great.

• The ability to provide effective constructive feedback is a vital leadership skill to help residents become better (and happier) doctors.
#5 Embracing What You Don’t Know

- As a chief there is an inherent pressure to feel that you need to know everything both clinically and administratively

- Embrace and explore your own knowledge gaps

- This alleviates pressure from yourself while role modeling the importance of life-long learning
Delegating

• You were chosen to be chief because you go above and beyond - that doesn’t mean you should do everything!

• Knowing your whole team (faculty, residents, office staff) and knowing how to effectively delegate up, laterally and down is vital
Empowering Your Housestaff

• Residents will come to you with problems that they are capable of solving

• Promote your growth and theirs:
  – May seem easier/faster to tackle every issue yourself, but this gets old
  – Put the ball in their court
  – Foster leadership and problem solving skills among residents
Habit #1
Playing to your Strengths
Playing to your Strengths

Your program director wants you to develop a new schedule for the medical intensive care unit. This is in response to changes in duty hour restrictions, now allowing interns to work overnight. You know that intern call will foster autonomy and improve resident training. However, the interns are not so convinced.

One of the chiefs is interested in pulmonology and spends many free weekends moonlighting in the ICU. The other chiefs are focused on outpatient medicine and make the ambulatory schedule. You last rotated in the ICU about one year ago.
Playing to your Strengths

The chiefs are asked to develop a plan to change the rotation schedule and deliver the details of the new system to the housestaff and associate program directors
Breakout
Issues

• Big task

• It ain’t broke!

• What if the grass isn’t greener?
REVOLT OF THE ZOMBIES
Playing to Your Strengths:

• You can’t be great at everything

• Different chiefs have unique exposures and abilities

• Some chiefs are clueless

• Some difficult problems can be solved very quickly without much thought or effort
Playing to Your Strengths: HOW

- Recognize individual strengths and weaknesses early in the year
- Draw from experiences during residency training and beyond
- Find and use your resources to help improve weaknesses and expand your skill set
- Don’t volunteer to tackle something important that you know you won’t be able to do well
Case Resolution

- You discuss the issues with your fellow chiefs, PD, and the ICU staff and developed goals for the rotation and schedule
Habit #2: Agenda Setting
Agenda Setting

• You think about some goals that you want to achieve during your chief year

• By July, you barely know how to set up the projector for noon conference

• By October, you aren’t yet caught up in the day to chief responsibilities and haven’t been working toward your personal goals
Breakout
Issues

• You thought you would naturally become a better leader, teacher, etc. just by virtue of the title

• You don’t know how to measure your progress

• You don’t know how to be deliberate about working toward your goals
Agenda Setting:

• Time flies when you’re having fun

• The chiefly world is vast and varied

• Think about specific skills along with on the job training
  – Teaching
  – Leadership
  – Clinical
  – Research
  – Service
Agenda Setting:

• Sit down with mentors and outline key goals and possibilities
  — Personal
    — Program
• Brainstorm strategies for achieving these goals
  — In what programs/activities do you want to get involved?
  — What goals can be achieved strictly while on the job?
  — What is your timetable?
• Evaluation: How do you know you’re achieving goals?
Case Resolution

• You sit down with your mentor and develop a set of concrete goals that satisfy both your personal and professional interests

• You agree to meet monthly to track your progress
Chief Year Action Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Steps</th>
<th>Due Date</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching:</td>
<td>1. Include 2 high yield teaching points at morning report</td>
<td>1. 9/29</td>
<td>Academy of Master Educators, prior chiefs</td>
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<tr>
<td></td>
<td>2. Review one article while on ward teaching rounds each week</td>
<td>2. 10/15</td>
<td></td>
</tr>
<tr>
<td>Professional:</td>
<td>1. Complete personal statement for fellowship application</td>
<td>1. 8/15</td>
<td>APD and fellowship director</td>
</tr>
<tr>
<td></td>
<td>2. Submit case report to three journals</td>
<td>2. 1/15</td>
<td></td>
</tr>
<tr>
<td>Personal:</td>
<td>1. Read NY Times each Sunday morning</td>
<td>1. Repeat weekly</td>
<td>Wife</td>
</tr>
<tr>
<td></td>
<td>2. Cook 1 recipe per month from bridal shower recipe cookbook</td>
<td>2. 6/30</td>
<td></td>
</tr>
</tbody>
</table>
Puzzle over something smarter.
Habit #3: Saying "No"
Saying “No”

A faculty member invites a visiting professor in Infectious Diseases to your institution. She asks you to make all travel plans and generate his itinerary including meetings with residents and ID fellows.

This faculty member is very committed to teaching residents and hasn’t asked you to take on extra work in the past.

She mentions you should start now because the visiting professor isn’t great about answering email.
Saying “No”

You have done this before and remember it took many hours. You are in the middle of recruitment & spend nearly your entire day and 2 evenings per week with applicants.
Breakout
Issues

• You are not an administrator and are worried about the slippery slope if you say yes

• Your PD expects recruitment to be your top priority: you are currently struggling to manage the amount of daily work that it requires

• You will likely need to ask the faculty member for help in the future
Saying “No”:

• Chiefs are middle managers

• No one but you knows your workload and everyone but you will underestimate it

• You won’t meet personal goals for the year if you take on everyone else’s agenda, BUT
  – Need to maintain good working relationships with everyone you turn down
  – Will need to ask them for things in the future
Saying “No” to Faculty:

• Explain why!

• Better to say no than yes and do the work poorly

• PD is your back up: does not want you overcommitted
Saying “No” to Residents:

• Easier: you’re in charge!

• Have clear, firm, well-known policies

• Be present and available
  – Will make it clear that you are on their side and they will feel more receptive to hearing no

• Communicate with co-chiefs
Case Resolution

• You offer to organize a group of residents to meet with the speaker

• You contact the infectious diseases chief fellow and ask him to organize his fellows for a meeting

• You politely decline the other responsibilities, explaining that you would not be able to devote the time needed to do the job well without your work for recruitment suffering
Habit #4: Giving Feedback
Giving Feedback

A night attending comes into your office to complain about the night float resident’s independent management of a sick patient.

The attending feels that the patient was grossly mismanaged by the night float resident and subsequently the patient had a bad outcome.
Breakout
Issues

• Understanding of overnight resident perspective

• Understanding circumstances: ?attendings expectations

• Who should provide the feedback? How to give feedback? How to respond to residents response?
Giving Feedback:

• Adult learners benefit from feedback\(^1\)
• Central to learning from clinical experiences\(^2\)
• Reality
  – You will hear feedback about residents from faculty
  – You will hear feedback about faculty from residents

Therefore, you will need to deliver it!

\(^1\)http://psyc.memphis.edu/learning/whatweknow/index.shtml
\(^2\)Ende. JAMA 1983;250:777-781
Giving Feedback to Faculty:

• **DISCLAIMER:** often not appropriate to come from you - discuss with your program director

• Be thoughtful with who you talk to and how to discuss the issue

• Talk to the other chiefs

• Deliver the facts
Giving Feedback to Residents:

• **KEY STEP:** Gather all of the necessary data to understand circumstances

• Set the context

• Ask for self-assessment

• Give positive feedback first

• Give corrective feedback (give specifics!)

• Develop an action plan

• Review
Giving Feedback: SOAP

After you gather data...

S – **Subjective:** set the context, get their perspective

O – **Objective:** Provide concrete examples of what you have seen/heard

A – **Assessment:** Your views on what the should continue doing and areas to work on

P – **Plan:** A measurable plan that you will hold them accountable to going forward
Case Resolution

• **Step 1:** “Did you tell the resident this?” Push your staff to give timely feedback

• **Step 2:** Gather information: talk to senior resident, discuss with PD, and look at previous evaluations

• **Step 3:** Discuss with night float resident (if attending hasn’t discussed it with him/her)
Habit #5: Embracing What You Don’t Know
Embracing What You Don’t Know

You are running morning report and discussing an inpatient with new onset diarrhea. His C. diff toxin is negative. You ask the group if they would still treat for C. diff, and a resident says, “No, not with a negative test because its sensitivity is so high, I think in the mid 90s.” You say, “You’re right, it’s a very sensitive test.”
Embracing What You Don’t Know

Another resident speaks up, saying, “I think more recent data has shown that it’s less sensitive than we thought, in the 60s or 70s.” You have no idea what the resident is talking about but she’s a very good resident so you worry she may be on to something. In addition to the residents, your program director and the chair of medicine are in attendance.
Breakout
Issues

• You aren’t sure who is right

• You thought you were “all-knowing”

• You don’t want to look unprepared or dumb in front of residents and faculty
Embracing What You Don’t Know:

- You can’t and will never know everything
- Learning is a life-long process and knowing how and where to obtain knowledge is vital
- Important to role model this behavior for residents so that they are willing to admit their own knowledge deficits
Embracing What You Don’t Know:

Think Out Loud:

– Explain how you would go about answering the questions
– Say, “I’m stuck at . . . because . . .”

Make it a Norm:

– Assign people to look up questions and report back next report at every session
– Have someone assigned to look up things in real time at every session
Embracing What You Don’t Know:

Be transparent:
– Say “I don’t know......but that’s a good question to which we should find the answer”

Use your resources:
– Ask other faculty and other learners in the room to contribute

Key: You must close the loop with the answer
Case Resolution

You state that you are not familiar with the most recent C. diff studies, thank the resident for teaching you, and ask the resident to present her sources to the group the next day.

You also send a follow up e-mail to the group with the article attached.
Habit #6: Delegating
Delegating

Coordinating noon conference is traditionally the responsibility of the CMR.

You have heard from your prior chiefs that this has been difficult do to:

- lecturer “no-shows”
- suboptimal presentations
- poor resident attendance
- insufficient food
- technical difficulties
Breakout
Issues

• Understand where the problem lies
  – Structure, content, operations
  – Assessing resident satisfaction
  – Try to fix the issue or restructure educational sessions entirely

• Who do you involve?
  – Improving noon conference is not a one-person job
Delegating: WHY?

• CMRs were the residents who rarely needed help; delegating may not come naturally to you

• Without delegating, you may:
  – Not have opportunities to learn from those with more experience
  – Miss out on development of vital leadership skills
  – Take on more than you can handle
Delegating Up:

• Know your team

• Low threshold to discuss with your PD
  – She/he will protect your time and professional development
  – Can help identify when you need to delegate up and who is a better fit for the task
Delegating Down:

• Easier: you’re in charge!

• Know your team (and play to their strengths)!
  – rising chiefs: often win-win
  – Office staff: experts in administration and generally enjoy doing it
Delegating

• Keep the overall goal in mind

• Know your team - Program Directors, Program Administrators, Future Chiefs, etc.

• Choose the right people for the task

• Once you delegate, let go but hold them accountable
Case Resolution

• Meet with PD and co-chiefs to identify key problems with noon conference

• Delegate to the following people:
  – PD: reinforce importance of noon conference with Division chiefs and presenting faculty
  – Sub-specialty coordinators: find and coordinate lectures within their own division
  – Office staff: provide tech support and ensure there are no catering issues with lunch
  – Residents: encourage attendance and establish buy-in
Habit #7:
Empowering your Housestaff
Empowering your Housestaff

• A resident comes to your office in August reporting that her intern:
  – is often late and disorganized
  – has poor presentation skills
  – struggles when talking to consultants
  – forgets daily tasks such as repleting electrolytes

• The resident asks you to intervene.
Breakout
Issues

• Resident perspective:
  – This resident has history of not working well within teams
  – Would like resident to address issues on her own (or at least to try)

• Intern perspective:
  – Want intern to feel supported, not confronted
  – Is there something else going on with this intern beyond adjustment issues
Empowering Your Housestaff:

• You cannot (and should not) manage every issue brought to you by your residents.

• Develop leadership and conflict resolution skills among your housestaff.
  – Universal need to work well with other people
  – Helps you develop your own leadership skills (delegating, mentoring, saying no)
Empowering:

• Empower housestaff when the issue:
  – Does not compromise patient-care
  – Does not pose an immediate threat to the well-being of other housestaff or hospital staff

• Know your housestaff well
  – Recognition of their strengths/weaknesses will help determine when they can succeed
Empowering:

• Brainstorm strategies together and always make a follow-up plan

• Instead of:
  – “Talk to your attending and let me know if things aren’t getting better.”

• Try This:
  – “Let’s try to pinpoint the issues bothering you and prioritize which ones to bring up to your attending. We’ll brainstorm specific ways to voice your concerns, so you’re confident in your game plan.”
Case Resolution

• Discuss specific ways she can help her intern function more effectively:
  – Run list more often
  – Empowering him to ask her for help when he feels overwhelmed
  – Discuss strategies to stay organized

• The resident agrees to this plan and you decide to meet with her again in a few days
Case Resolution

• You also meet with the intern
  – “Flipping the pancake”
  – Investigate possible substance abuse or depression
  – The intern felt intimidated by his resident and did not know how to ask for help.

• By the end of the rotation
  – Intern’s performance improves significantly
  – Resident feels more confident running a team in the future
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#2 Agenda Setting

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#5 Embracing What You Don’t Know

#6 Delegating

#7 Empowering your Housestaff
Implementation of

THE 7 HABITS®

Jennifer Corbelli, M.D., M.S.
Program Director UPMC Presbyterian-Shadyside Internal Medicine Residency
Assistant Professor of Medicine
University of Pittsburgh School of Medicine
Chief Year
is a Microcosm of the Rest of Your Life

• Efficiency and Time Management

• Email Management

• Boundary Setting
From the Original

- Urgent
  - Resident in crisis
  - 1% of your email (and if that’s the case they should have paged you)
  - 99% of your email
  - Scholarly work
  - Discussing changes to a rotation
  - Resident who shows up to vent
  - Setting up group of residents to meet visiting speaker

- Not Urgent
  - Hand washing online module
  - Scheduling residents for EMR training that they don’t need

**The 7 Habits of Highly Effective People**

*Powerful Lessons in Personal Change*

*With a foreword by Jim Collins, author of Good to Great and co-author of Great by Choice*

*Stephen R. Covey*
Important but not Urgent

- Friday meetings with your PD: a chief resident’s best friend
- Means mid-week interruptions saved for important & urgent issues
- Makes you and your PD much more efficient
- Will be the highlight of your work week
Email Management

- You will finish how you start
  - If you respond immediately at 10 pm, housestaff will expect this all the time
  - Same is true if it’s 2 pm
- Block time for email, turn it off when you’re doing other work (including pop-ups)
  - Avoidance by distraction
- Don’t make your office hours 24-7 (important for patient care as well)
Boundary Setting

• Chiefs not only middle managers, but often friends with the people they’re managing
• Need to be clear with yourself and with housestaff which hat you are wearing when you’re not in chief mode (i.e. happy hour)
  – Is this venting?
  – Is this a problem they want you to solve?
  – Is this entire topic completely inappropriate?
Boundary Setting

• Pitfalls
  – Cannot fix their problem at happy hour
  – Feels inappropriate in that context

• Strategy: “Send me an email about that so I’m clear on all the details and I’ll get back to you soon”
  – Redirects to the right setting
  – Give them the opportunity to make it clear that it’s just venting (if it’s in writing they own it)
  – Allows you to finish your beer in peace
Final Thoughts

• Skills needed to be an effective chief are the same skills that make you an effective leader, physician, researcher, etc.

• Use the year to practice: will take years to master but being chief will give you a strong foundation

• Chief year is unique and awesome and you will never regret the fact that you took advantage of this opportunity
“You will make all kinds of mistakes. But as long as you are generous and true and also fierce, you cannot hurt the world or even seriously distress her.”

-Winston Churchill