PROGRAM IN CRISIS LEADERSHIP

Program Description

BIDMC Fellowship in Disaster Medicine
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BIDMC Fellowship in Disaster Medicine Program in Crisis Leadership

Introduction

The BIDMC Crisis Leadership Fellowship is designed to provide qualified applicants the opportunity to develop an expertise in the skills necessary to lead and manage during times of crises. All aspects of leadership, incident command, and organizational management will be explored through didactic lectures, seminars, readings, and goal-related research, as well as participation in hospital-based, local, regional, national, and international leadership and disaster preparedness activities. The fellow will gain knowledge and experience through hands-on rotations both domestically in the United States, and internationally in Italy and the European Union. This combined didactic and experiential education prepares fellows to assume positions as leaders in times of crisis.

Scheduling is flexible to accommodate disaster response, HHI work, attendance of: Institute of Medicine (IOM) committee meetings, IOM Forum meetings, White House meetings; various EU Institutions, classes at KSG & HSPH, leadership board meetings (e.g., AmeriCorps), and International Association of Emergency Managers (IAEM) “Think Tanks.”

The fellow will also have access to the full curriculum of the disaster medicine fellowship. BIDMC Fellowship in Disaster Medicine is designed to provide qualified fellows the opportunity to develop an expertise in the related fields of Disaster Medicine (DM) and Emergency Management (EM). This is accomplished through didactic lectures, seminars, readings, goal-related research in a specific area of DM and EM, and participation in hospital-based, local, regional, national, and international Disaster Preparedness agencies and response organizations.
Goals and Objectives

The objectives of the Administrative and Leadership Fellowship in Emergency Medicine are to enable fellows to master in Administration, Leadership, and Business Management. The program will cover the following curriculum where the fellow will get knowledge and develop skills:

LEADERSHIP AND BUSINESS MANAGEMENT

- Fellow will understand and utilize methods of Business assessment
- Fellow will understand and utilize the financial and operational models of both academic and community based Emergency Medicine organizations
- Fellow will demonstrate ability to manage human resources
- Fellow will demonstrate ability to build a team, networking and influence
- Fellow will be familiar with concepts creativity, innovation, and entrepreneurship
- Fellow will demonstrate ability to become an executive leadership
- Fellow will demonstrate ability to set financial analysis, planning and forecasting
- Fellow will demonstrate ability to adequately communicate financial and operational information to others
- Fellow will demonstrate ability to monitor key performance indicators
- Fellow will demonstrate ability to translate hospital and department business strategies into clear objectives and tactics for multidisciplinary workgroups
- Fellow will demonstrate ability to hone project management and data analysis skills
- Fellow will demonstrate ability to set a research project

QUALITY ASSURANCE

- Fellow will be familiar with US-based Public Health Care systems
- Fellow will know the challenges of the implementation of emergency medicine models (emergency department, EMS, urgent care) at the national level
- Fellow will demonstrate ability to design an emergency department
- Fellow will know how to utilize the basis on statistics in Quality
- Fellow will be able to suggest and implement new quality improvement metrics
• Fellow will demonstrate ability to implement quality and knowledge management program
• Fellow will know the financial implications of implementation of quality program following, guidelines, clinical pathways, and continuous quality improvement
• Fellow will know how to utilize observational emergency medicine
• Fellow will understand challenges of care of special populations (Geriatrics and Pediatrics)
• Fellow will understand concepts of overcrowding and boarding patients and propose solutions

Rotation Schedule and Functional Role

Rotation Schedule/Primary units on which the trainee will function:

• Participation in institutional and ED management and practice improvement committees.
• Conduct of root cause and adverse event analyses.
• Attendance and participation in the weekly meetings in quality, management, complaints committees meetings in the department of emergency medicine and didactics (as determined on an individual basis).
• Observation (for non-physicians) in the department of emergency medicine and mentoring by department leadership
• Collaboration, design, and execution of at least one administrative program or initiative.
Lectures, Didactics, and Conferences

The fellow will be involved in the following: didactic lectures and readings, participation in hospital-based, local, and regional leadership committees, research, field observation, and thesis development. The didactic component of the training occurs consists of textbook readings, small group workshops, courses and lecture series. He or she will be asked to be actively involved by giving lectures on specific topic following the curriculum. The fellow must attend academic activities (lectures, workshops) on Monday and Tuesday from 8 am to 4 pm and Friday will be a protective time for work for the final project or thesis.

The fellow will be expected to attend some administrative and leadership conferences. Examples include: Leading in Health Systems: Integrating effort, Improving Outcomes (Harvard School of Public Health); AAPC with CPPM certification (Certified Physician Practice Management), HFMA (Healthcare Financial Management Association), PAHCOM (Professional Association of Healthcare Office Management), and/or others.

Research and Scholarly Activity

It is expected that fellows conduct scholarly project and research in the area of emergency medicine administration, business and management, and quality. The project will be discussed with the director fellowship director at the beginning of the term and by the end of the year, the project should be submitted for review, grade and consideration for publication in an applicable peer review journal.

Supervision Policy

The fellow will report to the Fellowship director, who will provide the overall supervision, along with other key faculty members, of each fellow. The Fellowship director will supervise all administrative activities.
Evaluation Process for Fellow Performance

The fellow will have ongoing contact with the fellowship director and faculty. S/He will be evaluated quarterly. Evaluations will consist of assessment of thesis progress and ongoing assessment of knowledge base. Multiple evaluators will be used (e.g., faculty, peers, self, and other professional staff). Successful completion of the fellowship will be decided by the fellowship director using advice from members of the faculty and passing grade on the thesis. The Fellow will write a thesis during the course of the Fellowship term. The thesis will be based on an accepted subject and data will be collected during the fellowship year. The thesis will be evaluated based on originality of subject, data collection and analysis, writing, and impact on current Administration and Leadership in Emergency Medicine. It is expected that the thesis may lead to a peer-reviewed journal publication.

Evaluation Process for Quality of Program and Faculty

At least once a year, the program director will evaluate faculty performance including a review of the faculty’s teaching abilities, commitment to the fellowship program, administration and leadership knowledge, professionalism, and scholarly activities. Fellows will fill a scale of faculty performance from 0 to 5. They will also evaluate the quality of the program.

Outcomes of Program Graduates

The program director will document formal, systematic evaluation of the curriculum annually. The program director will monitor and track fellows and faculties’ performance. If deficiencies are found, the program director will prepare a written plan of action to document initiatives to improve performance in the areas identified.

The proposed Non-ACGME program will NOT interfere with any clinical requirements or educational experience of residents or fellows in ACGME programs (i.e. procedures or clinical experience).