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Developing A Novel Radiation Oncology Resident Leadership Curriculum: Attitudes of Past and Current Residents

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Background

- Ongoing healthcare changes, with new models of delivery, administrative burdens, and the increasing complexity of care, challenge radiation oncologists in their daily practice.
- A new program has been established at our center to enhance the leadership abilities of Radiation Oncology (RO) trainees to meet these new challenges.

Problem Statement

- To determine baseline attitudes towards the need for, and components of, a leadership development curriculum (LDC).

Methods

Baseline Survey

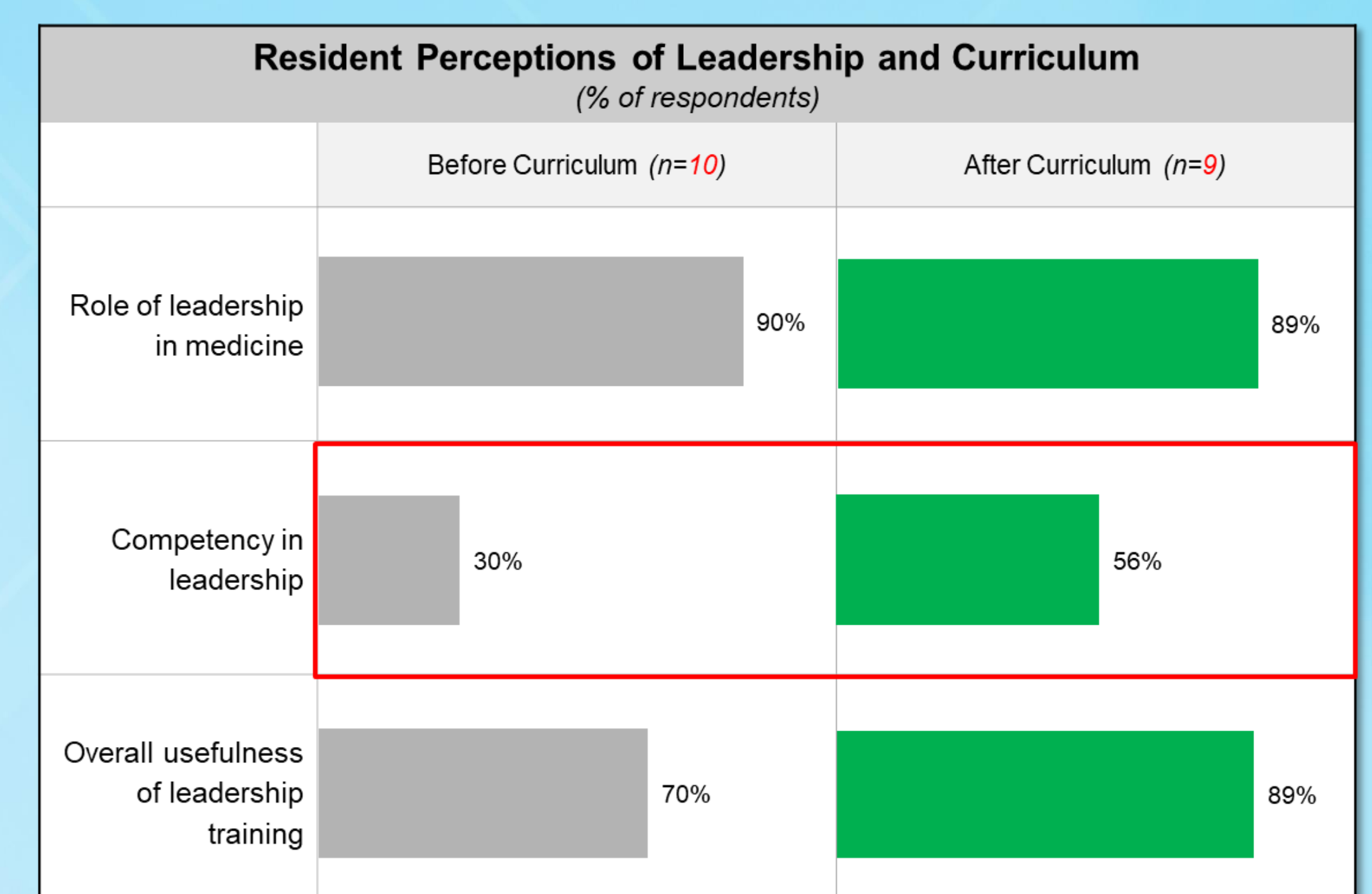
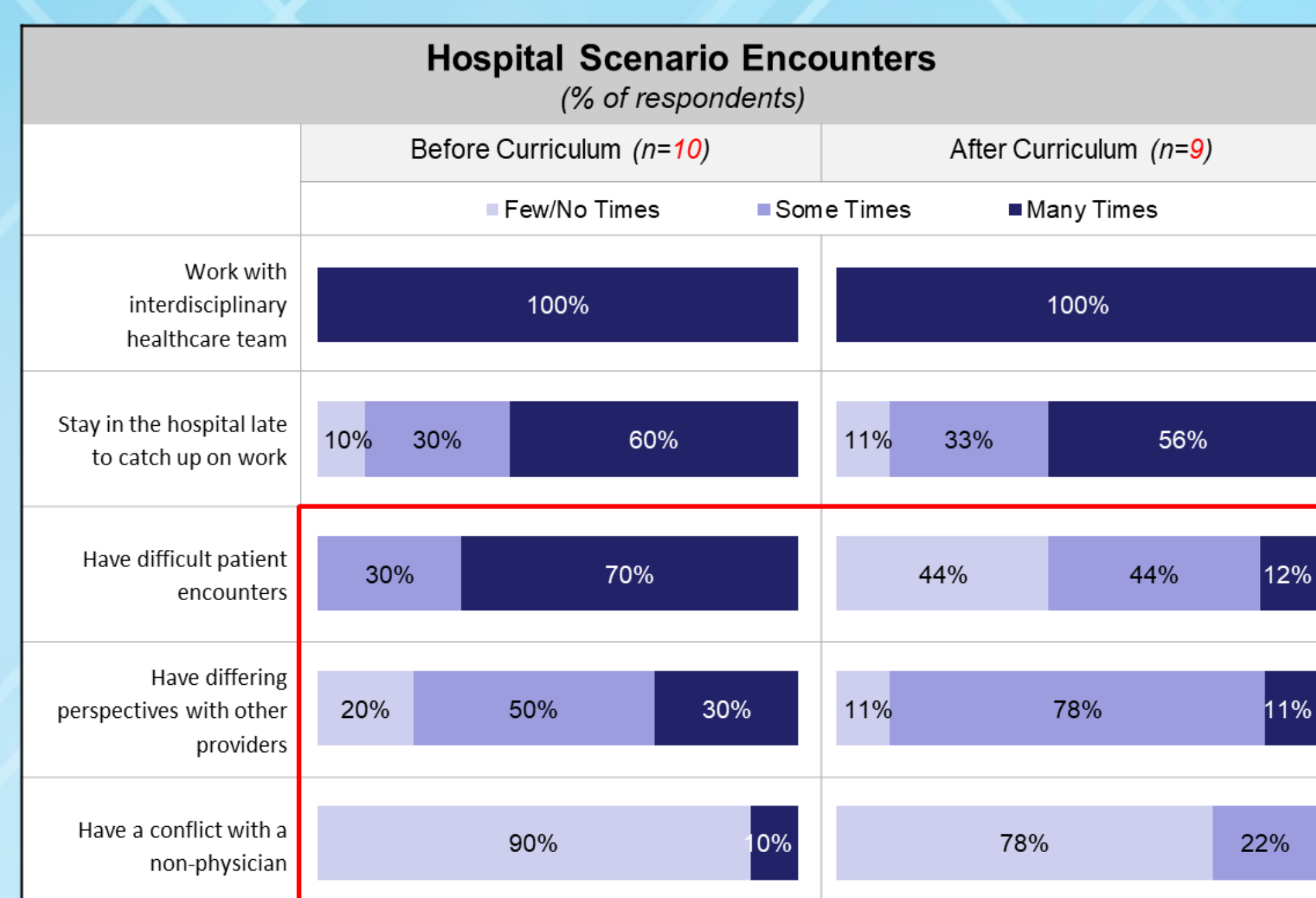
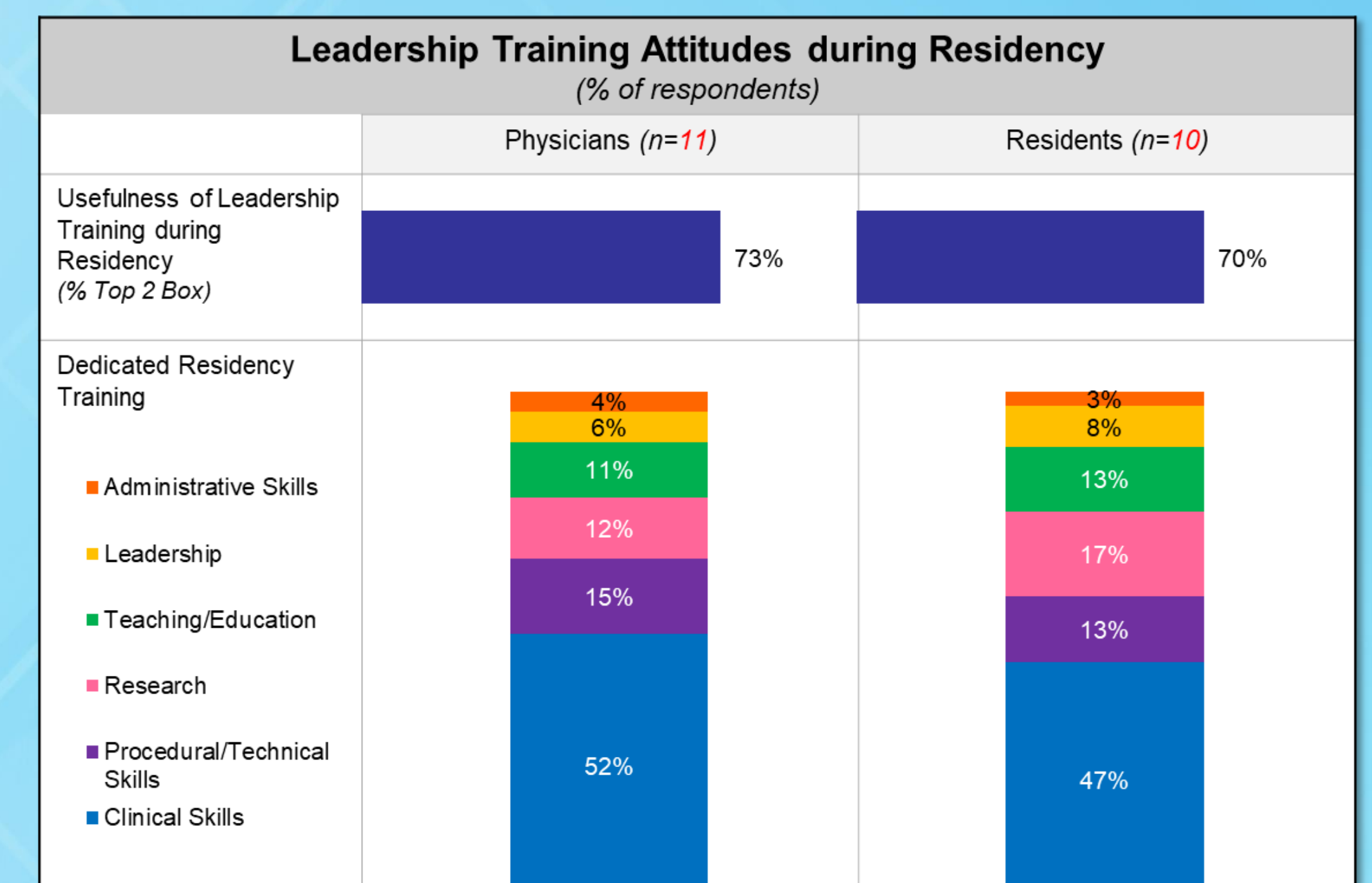
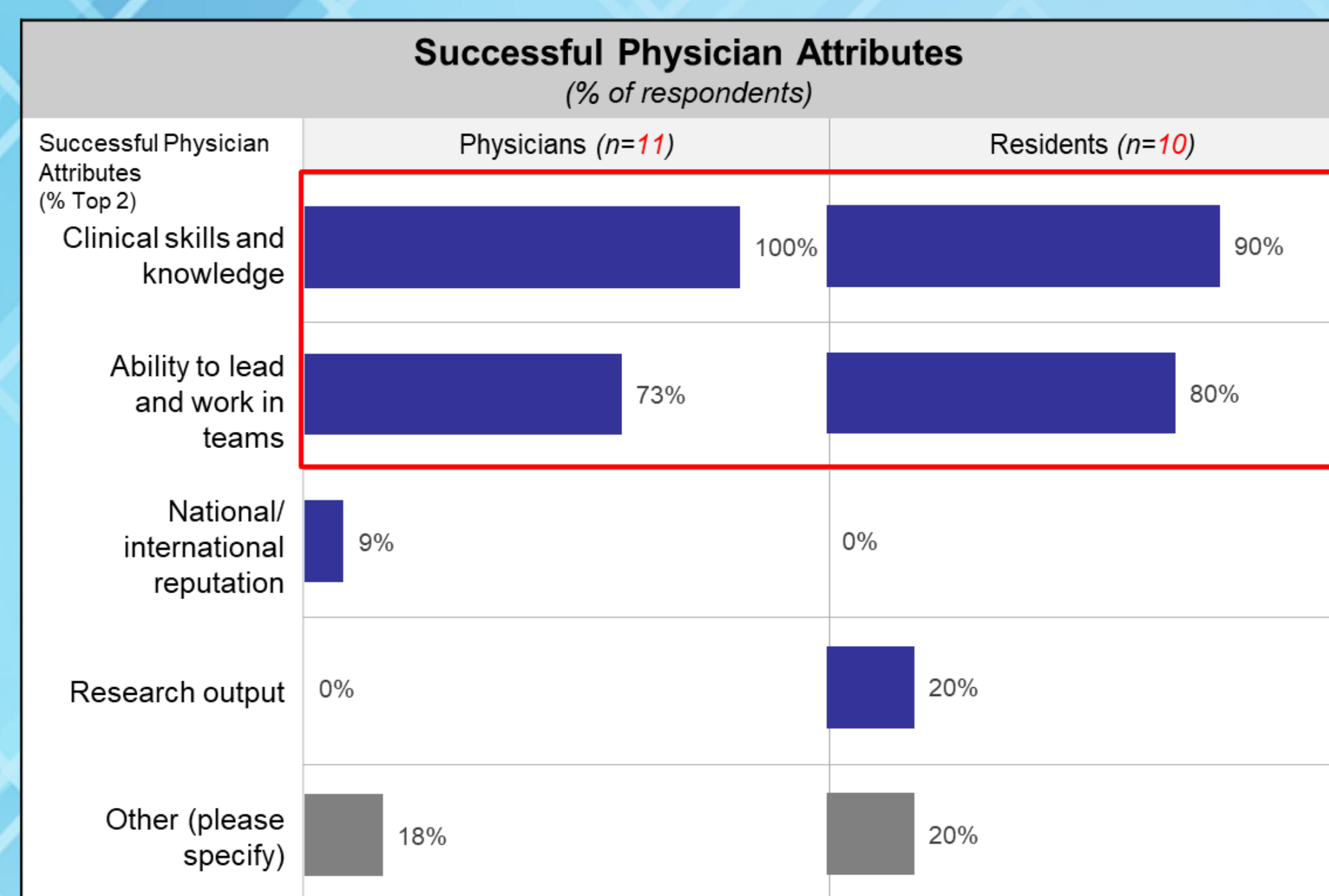
- A Qualtrics survey addressing baseline attitudes towards leadership in healthcare, emotional intelligence (EI) competencies, and leadership training interests was sent to current and past residents who completed/are completing RO residency training at our institution (n=21, 11 attending physicians, 10 current residents).

Post Implementation Survey

- A post-implementation Qualtrics survey of 23 questions was sent to current residents (n=9) on the impact of the course on their leadership and EI competencies.
- Analysis was completed on SPSS 24.

Section	Objectives / Topics
I	Demographics <ul style="list-style-type: none"> Identify training status, responder demographics, and current practice setting
II	Current leadership attitudes <ul style="list-style-type: none"> Assess current attitudes towards leadership in healthcare Assess current emotional intelligence (EI) competencies
III	Leadership training usage <ul style="list-style-type: none"> Identify leadership interests and usage of leadership training in residency

Results



RESIDENT REVIEWS

Brought a new perspective to the field of medicine.

Interactive sessions to make group activity a central component of the curriculum.

Could use more case-based learning and less lecture/formal didactics

More resident input on structure and scenarios presented

Discussion

- Physicians play a central role in leading healthcare improvements, but leadership knowledge and training are not emphasized in clinical training.¹
- Some attempts have been made to enhance leadership capacity as a component of training², but none at the longitudinal level.
- RO practicing physicians and residents strongly agreed that leadership training is a desired experience during residency.
- Residents reported high satisfaction with the curriculum and utilization of leadership training into their daily work.

Conclusion

- With our LDC, there is the potential to improve resident resiliency with EI strategies to optimize the individual's self-awareness and capacity for self-management.
- Future studies include gauging multi-institutional interest towards developing a standardized leadership curriculum for RO residents.

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