Conference:

1. Understand the AV system in our usual conference room and the Auditorium.
2. Be comfortable using Turning Point (see Kelly).
3. Turn weekly conference schedule in to Rose before Friday every week.
4. Have first month of conference scheduled by end of June, first 3 months scheduled by end of August.
5. Facilitate choice of conference topics by residents and faculty (see Christine and Elise about 3 year curriculum).
6. Organize Oral Boards faculty for the year, and direct faculty to the website for the template and to view cases already presented (avoid redundancy).
7. Solicit interest from EM faculty and off-service faculty regarding lectures. Discuss with current chiefs about successful/less successful off-service lecturers, and respectfully ask off-service lecturers to keep the focus on Emergency Medicine.
8. Send out email reminders to residents and faculty about their upcoming lectures. Give a two-month warning (so that faculty remember to ask off for that day) and a two-week warning.
9. Keep conference on track every week-plan for breaks, start lectures on time.
10. Have back-up lectures ready to go in case of last minute cancellations (e.g. 30 min jeopardy, visual diagnosis, interesting case F/up).
11. Coordinate STEMI (with Cindy Chan) and Joint Peds (with Christine, Elise and Peds chiefs) conferences.
12. Keep track of master conference schedule on website, update oral board cases list on website, trauma topics covered, 3 year topic list updated

ED Scheduling

1. Have Block schedule completed and turned in to Andrej and Dan G. by 2 weeks prior to the beginning of the next block.
2. Make EM resident vacation schedule.
3. Assure ED is covered when resident class travels together to a conference.
4. Schedule and oversee Moonlighting. If anyone requests more than 4 moonlight shifts in one block, Dr. G. must approve it.
5. This goes without saying but the schedule should be transparently fair. You may have to put yourself at a disadvantage.
6. Arrange emergency coverage on short notice
7. Keep Rose appraised of all schedule changes.

Off Service

1. Schedule IM, FP, Peds residents for their ED rotations.
2. Orient all off service residents **prior** to their first shift in the ED.
3. First line of responsibility to resolve problems/conflicts with off-service schedules (Andrej as back-up).
4. Communicate with Andrej any concerns (scheduling, professionalism, etc.) about individual off-service residents.
5. Keep tabs on off-service schedules for our residents (eg ortho) to be sure call limits and duty hours in general are respected.
6. Act as liaisons to off service rotations: meet with IM, FP, and Peds chiefs at least quarterly to review expectations, scheduling, and any issues that our residents have had on off-service rotations or that have come up for their residents when rotating in the ED.

Recruitment

1. Have a Chief at every interview day, both to interview and to organize resident component of the day.
2. Have Chief presence at every Recruitment Social.
3. Be sure every candidate has a resident contact for follow-up emails and feedback.
4. Be available when possible to help with U of I med student day, EMRA recruitment fair, etc.

Residency Leadership

1. Ensure Chief presence at Intern Orientation picnic.
2. Attend orientation first day lunch with new interns.
3. Assist with teaching of Intern Orientation Splint Lab.
4. Assist with teaching of Intern Orientation Suture Lab.
5. Providing updates to program leadership on resident issues such as morale, conflicts, resident wellness.   Periodic Wednesday meetings with residency leadership after lunch-more frequently in beginning of the year.
6. Be familiar with program website ([www.christem.com](http://www.christem.com)). Between the four chiefs, upload at least one interesting case or image or ECG every 2 weeks.

Administration

1. Keep an updated email list of all residents to help organize communications and conversation threads.
2. Chief representation at every monthly department meeting (first Wednesday of every month, 1-3 pm).
3. Lead by example; keep up with procedure logs, duty hours, and remind other residents to do the same.

**Other comments from your Chief predecessors….**

It’s important to find a balance between being advocates for the residency versus being advocates for individual residents. Regarding scheduling, be fair and firm from the beginning; avoid rewarding the perpetual complainers in order to avoid hearing the complaining.

**And a word from your residency leadership:**

There are many things that can be handled at the chief level and we believe that an integral part of being chief is learning to problem-solve and take ownership of your leadership role in the program. At the same time, we are always here to support you and in certain situations, we must be contacted right away.

Immediate up-the-ladder issues include:

--any concerns about physical, emotional, or sexual mistreatment of a resident.

--any concerns about substance abuse by a resident.

--any depression or mental illness concerns about a resident which might rise to the level of impairment of performance in the ED or put a resident at risk of harm.

Thank you for taking on this vitally important role in our program and in our department! We look forward to your leadership and contributions this year.