

International Federation for Emergency Medicine new and emerging leaders course: A pilot program

Elizabeth DeVos^{1*}, Rasha Bhumaid²

1. 655 W 8th Street Jacksonville Florida 32209 USA

2. Building 14, Dubai Healthcare City P.O Box 505055, Dubai UAE 800 MBRU (6278)

Correspondence to: Elizabeth DeVos

*655 W 8th Street Jacksonville Florida 32209 USA

Email: elizabeth.devos@ifem.cc

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Background:

The International Federation for Emergency Medicine (IFEM) recognizes that early career Emergency Medicine (EM) leaders need additional skills leading healthcare teams. Especially in environments where EM is a new specialty, newly graduated specialists may take positions of authority with little direct training for the responsibilities. IFEM developed a New and Emerging Leaders course to address these needs and to build an ongoing community of practice for EM leaders to gather additional support and camaraderie. In early 2023, IFEM member organizations were asked to encourage senior EM trainees and Emergency Doctors (i.e. consultants, attendings, specialists) in their first 10 years after completing EM specialty training to apply for the program.

Methods:

The pilot course was delivered March-May 2023 consisting of one three-hour virtual meeting of the cohort each month. Each session started with a presentation from a current EM leader discussing their own leadership journey and lessons learned. Delegates participated in a question and answer and discussion session with the leader. The remainder of each session was facilitated by a professional development expert to focus on elements of the IFEM curriculum utilizing didactics, large group discussions and small-group breakouts as well as individual independent activities. Learning objectives included development of understanding and application of the following topics:

- Team leadership
- Developing high-performing teams
- Mentorship and growth mindset
- Basic skills for delivering education and developing training programs for junior staff
- Personal leadership style development
- Negotiation skills
- Strategic reviews and an agile response
- Global awareness and benchmarking

The pilot course was offered on a conference platform housing login links, speaker biographies, course agendas, resource materials, course recordings and delegate chat opportunities. All delegates were requested to complete feedback surveys after each session.

Findings:

Interest in the program was brisk. 139 applications were received with 97 applications meeting delegate requirements. There were 14 applications from High-Income Countries, 10 from Upper-Middle Income Countries, 63 from Lower-Middle Income Countries, and 52 from Low-Income Countries. Of the 97 invited, 26 completed payment and attended the course. 15/26 participants completed the post-course survey. 53% (n=8) were in their first 5 years of EM specialist work, 27% (n=4) 5-10 years post-training, 13% (n=2) were senior Emergency Medicine trainees. One EM administrator and leader trained in another specialty also participated. 80% (n=12) registered from a Low-Income Country and 20% (n=3) from Middle Income Countries. Participants ranked their satisfaction with the session as Very Good or Excellent (87%). Feedback on the course conference platform was mixed. Qualitative feedback supported the small groups, interactivity, and asynchronous activities.

Interpretation:

Overall, the pilot was extremely successful. A large waiting-list of future attendees confirmed interest in continuing the course. Five additional cohorts are planned through December 2024. The nature of an international program necessitates that timing will be inconvenient for some no matter when a course is produced. In this case, a portion of the pilot fell during Ramadan and was timed to fall after Iftar in the UAE. IFEM received feedback from those in Oceania that the time was too late for participation. Future cohorts will be delivered to suit various time zones. Additional feedback identified opportunities to partner with regional societies of EM to ensure representation and additional sponsorship. Future cohorts will utilize simpler web resources to minimize issues with navigation and will develop WhatsApp or other similar groups for ongoing discussion. Future activities will develop additional topical trainings for graduates.