AFMRD Association of Family Medicine Residency Directors **From the Association of Family Medicine Residency Directors**

Ann Fam Med 2025;23:177. https://doi.org/10.1370/afm.250097

RESIDENT LEADERSHIP ROLES AND SELECTION

Residents serving in a leadership capacity can be integral to the success and daily operations of family medicine residency programs. They often serve in a variety of important institution-dependent roles including advocating for the well-being and working conditions of their peers, creating schedules, recruiting, teaching, and multidisciplinary collaboration. Historically, the term "chief resident" was utilized to recognize those leading in this capacity. Programs may consider the title that best describes and fits their program, however, considering Lead Resident or widening the pool and appointing Recruitment Chairs or Scheduling Champions.

Regardless of title, it is known that residents formally recognized as leaders within their institutions often benefit financially and through career advancement. Yet, despite their essential role, there is a paucity of literature describing how they are selected and there are currently no guidelines to aid family medicine programs in designing a fair and equitable selection process. One large academic center used semistructured interviews of program directors at their institution to better understand the selection process. The authors identified 4 major themes but noted that methods to select chiefs were not uniform across programs and the process often lacked transparency.[1]

When looking at the chief resident position, studies have shown that there are definite racial and gender disparities. A recent review in emergency medicine found that residents identifying as Asian or Black were significantly less likely to be selected than White peers.[2] Additionally, they reported women underrepresented in medicine were one-half as likely to be selected when compared with White male counterparts.[2] Another study looking across all specialties found that residents of color had a decreased likelihood of selection as chief.[3] Addressing racial and gender inequities in the selection of chief residents is important to continue to diversify the physician workforce to achieve health equity.[4]

Despite limited publications, there are lessons within current evidence that can apply to family medicine programs. A pediatric residency designed and implemented a selection process using strategies shown to mitigate bias in academic recruitment. It outlined a 4-step, transparent process that included a nomination survey, structured interviews, a clinical review, and a holistic review of each candidate. A survey of the residents and faculty after implementation found the majority felt that the process was fair and inclusive.[5]

Further complicating the selection of residents for leadership roles is the lack of clarity regarding responsibilities and preparation for the role. While most programs offer these positions (97% of programs in 2012 survey) there is little detailing the duties of such positions.[7] Rather, literature reports variable responsibilities in line with the diversity of programs.[8] Consideration of maximum benefit to programs and resident leaders may be advantageous in role development to capitalize on new initiatives or teaching needs.[8] Preparatory activities can be critical to understanding administrative requirements and support structures in place. Organizations including the ACGME and AAFP offer workshops for this purpose.

Due to the importance of resident leaders, family medicine programs should review and evaluate these roles. Clearly defined responsibilities, a selection process that is transparent and equitable, and adequate preparation can enhance both the resident experience and the benefits to the program.

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References

1. Mirabal SC, Wright SM, O'Rourke P. The selection of chief residents across residency programs at a large academic medical center. *BMC Med Educ*. 2023; 23(1):931. doi:10.1186/s12909-023-04896-9
2. Tsai JW, Nguyen M, Dudgeon SN, et al. Race and sex disparities among emergency medicine chief residents. *JAMA Netw Open*. 2024;7(9):e2432679. doi: 10.1001/jamanetworkopen.2024.32679
3. McDaniel LM, Molloy MJ, Blanck J, Beck JB, Shilkofski NA. The chief residency in U.S. and Canadian graduate medical education: a scoping review. *Teach Learn Med*. 2024;22:1-10. doi:10.1080/10401334.2023.2298870
4. Saha S. Taking diversity seriously: the merits of increasing minority representation in medicine. *JAMA Intern Med*. 2014;174(2):291-292. doi:10.1001/jamainternmed.2013.12736
5. Katz-Sidlow RJ, Roberts KL, Elliott DA, Conway EE Jr. Implementation of a chief resident selection process designed to mitigate bias: lessons learned. *Cureus*. 2023;15(11):e48116. doi:10.7759/cureus.48116
6. Stiller RH, Starks HE, Berger GN, Çoruh B, Cornia PB, Albert TJ. Responsibilities of internal medicine chief residents in the modern era: a national survey. *ATS Sch*. 2023;4(1):33-38. doi:10.34197/ats-scholar.2022-0096BR
7. Deane K, Ringdahl E. The family medicine chief resident: a national survey of leadership development. *Fam Med*. 2012;44(2):117-120.
8. Suero-Abreu GA, Barajas-Ochoa A. The value of the chief resident in successful resident-led quality improvement and patient safety scholarly initiatives. *J Gen Intern Med*. 2021;36(12):3880-3881. doi:10.1007/s11606-021-07148-y