

Quick Fire



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The Situation:

- You are a Vice Chair at an academic department of emergency medicine. Your long-standing Chair has decided to embark on a 3 month long adventure travel “mini-sabbatical” to a remote destination and will not have any communication with the institution or you. You are standing in for the Chair for administrative concerns during the absence. The Dept of EM at your institution has an EM residency and runs the academic hospital ED with an annual volume of 75,000 patients per yr. There are 50 EM faculty members, an active research program, and good involvement in the medical school.

Week 1 – Welcome to Being the Boss!

- Week 1: You get a call from the hospital President. The 22 yr old daughter of the CEO of a major corporation is found dead from an opioid OD. The CEO is a neighbor and friend of the hospital President. The parents learn that the patient was seen in your ED twice in the past 3 weeks with opioid OD. Once she walked out after getting EMS naloxone and waking up. Once you provided counseling and referral to a treatment center, which she declined, was discharged with a friend and a naloxone kit. The parents are irate that they were not contacted when she was in the ED, and are demanding to meet with the head of emergency medicine. The hospital President requests that you attend a meeting with the parents in 2 days.
- What do you do? How do you prepare?

Week 2 – And if you thought *that* was bad!

- One of your highest rated EM clinician educators has been noted to be “dragging” at work and is less engaged and withdrawn. You get a call from the charge nurse in the ED who says that today a nurse thinks she smells alcohol on the faculty member and he is exhibiting strange behavior.
- What do you do in the next 2 hours? In the next week? How do you communicate to nursing, colleagues, others about this faculty member’s personal issue?

Week 3 – The system comes calling.

- The health system/medical school leadership has reviewed budget projections for the next fiscal year and decided that expense reductions of 5% across the board are needed. As the de facto EM leader you are instructed to come up with 5% cuts in the academic Dept EM expenses -(physician, APP's, GME, research, and education, etc). You are asked to provide a preliminary report and list of expense reductions to achieve the 5% cut to the Dean/CEO in ONE week.
- How to organize and mobilize this process? Do you accept this demand or push back? Who are you allies now?

Week 4 – Nothing major happens! Whew!

- You just go to meetings from 7 am to 6 pm most days, work a clinical shift where you are frustrated by the boarding issue, and have 2 evening functions.
- It was a BREEZE!

Week 5: Impending Departure?

- One of your top physician researchers calls a meeting with you and says that she has been recruited to and interviewed for the position of Vice Chair for Research at a competing academic EM department. She currently has 2 federal grants that have 2-3 years remaining. She accounts for 25% of your departmental research funding and expenses. She has sometimes been problematic in terms of behavior, poor resident teaching evaluations, and is “high maintenance.”
- What is your response? How do you analyze this? Do you counter offer?

Lessons from the Crucible

- Resist the impulse to react immediately. Think, analyze, plan, respond.
 - *“Be quick but don’t hurry.”* John Wooden
- Know (or quickly learn) the rules and policies that apply to the situation.
- Use your leadership team, confidantes, consultants, mentors when facing a difficulty decision or situation.
- Be compassionate, but decisive, accepting that some decisions will be questioned and unpopular.
- Communicate important decisions and strategy, then recommunicate (X 3).
- Remember - your primary responsibility is upholding the MVV of the department. That is your reference point, anchor, and shield.