

Aiming to become chief resident? Here are 7 must-have attributes

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For physicians approaching the end of their graduate medical education, the role of chief resident can present an opportunity to gain leadership experience and potentially open doors for administrative and academic roles in medicine down the road.

For a study published in the journal *Clinics in Dermatology*, researchers examined how chief residents are selected across 51 dermatology programs. That data, combined with insight from a veteran residency program director, offer direction on the path that resident physicians can take if they have aims on becoming chief residents.

How chiefs are selected

The methods by which programs select chief residents can vary widely by institution and specialty. Looking at the study of chief selection in dermatology programs, about one-third of those programs awarded a chief designation to all senior residents. The other two-thirds used a combination of selection methods in the process.

The most common methods of residency selection were program-director selection—about 25% of selection processes—and a tally of faculty votes (roughly 20%).

The reasons why chief residents were selected also varied. According to this study in dermatology programs, the most important attributes, in descending order, were:

- Helpfulness.
- Dedication.
- Clinical performance.
- Co-resident input.

- Faculty evaluation.
- Approachability
- Indicated interest.

Brilliance alone is not enough

Deborah Spitz, MD, directs residency training in the Department of Psychiatry and Behavioral Neuroscience at University of Chicago Medicine. Her reasons for selecting chief residents largely aligned with those highlighted in the study.

“The way [our selection] is set up is my assistant program director and I talk about which of [the] residents are most responsible and most mature,” Dr. Spitz said. “What we’re looking for is people who have the trust of the residents and who have a sense of collaboration. If somebody were a really brilliant person but they didn’t have the trust of the residents, that would be a big problem—as a chief resident.”

Dr. Spitz said the pool of candidates for a chief resident position in her program is usually four or five physicians, and two ultimately are given the chief designation. The dermatology study, likewise, had an average resident class size of 5.8.

Those numbers are considerably smaller than resident class sizes would be in a specialty such as internal medicine. In some instances, as is the case in the University of Chicago’s internal medicine program, chief residents do an extra year of training while they are in that position. This is less common in smaller specialties.

“In some fields being a chief, especially in fields where it’s an extra year of residency, is quite an accolade,” Dr. Spitz said. “It’s like winning a prize in a large program where there’s a lot of competition to become chief. It speaks well for you, especially if you’re going into academia.”

The AMA Thriving in Residency series has guidance and resources on navigating the fast-paced demands of training, maintaining health and well-being, handling medical student-loan debt, and other essential tips about succeeding in graduate medical training.

Know the chief resident’s role

The role of chief resident is more administrative than it is clinical. The study of dermatology programs found that the most common responsibilities for chief residents were clinical scheduling, resident education planning and working as a liaison between residents and faculty.

The role of chief resident is a unique one, and Dr. Spitz highlighted that it might not always be pleasant.

“If the residents are disgruntled, the chief resident is supposed to help fix it. That’s not very easy, and it might be impossible. Those jobs ultimately belong to the training director, but the chief resident is sort of the first-line person that you go to.

“Not everybody is cut out to be an administrator,” Dr. Spitz added. “Some people are cut out to be clinicians. We want everybody to have a little bit of a chief resident-type experience where they run a service and get a sense of what that’s like, but some of them may ultimately decide not to do it. And that’s totally fine. Not everybody should do it.”