



Why doctors need leadership training



Medicine involves leadership. In fact, to be a physician is to lead, says an article published online in Harvard Business Review. Unfortunately, as the article notes, physicians are not taught how to lead even though medical schools have designated “leadership” as a core medical competency. Early in their residency training, for example, resident physicians in all specialties lead teams of more junior residents, as well as other care personnel, without undergoing any formal training or experience in how to manage teams. Medical trainees spend years learning about physiology, anatomy, and biochemistry, but there are few formal avenues through which trainees learn fundamental leadership skills, such as how to lead a team, how to confront problem employees, how to coach and develop others, and how to resolve conflict.

"Despite this lack of focused attention towards development of leadership capabilities in trainees, evidence suggests that leadership quality affects patients, healthcare system outcomes, and finances alike," the article points out. For example, hospitals with higher rated management practices and more highly rated boards of directors have been shown to deliver higher quality care and have better clinical outcomes, including lower mortality. Furthermore, enhanced management practices have also been associated with higher patient satisfaction and better financial performance.

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Effective leadership additionally affects physician well-being, with stronger leadership associated with less physician burnout and higher satisfaction. Through the article, Lisa S. Rotenstein, MD, MBA, a resident physician at Brigham and Women’s Hospital and a Clinical Fellow at Harvard Medical School, and co-authors urge medical institutions and residency programmes to modify curricula to include leadership skill development at all levels of training. These two key sets of skills, the authors say, must be the focus of leadership curricula:

Interpersonal literacy. This includes abilities related to effectively coordinating teams, coaching and giving feedback, interprofessional communication, and displaying emotional intelligence. "The centrality of these skills has been recognised by healthcare institutions globally, including the American Medical Association, the National Health Service, and the Canadian College of Health Leaders," the authors note.

Systems literacy. Physicians need to understand the business of healthcare organisation, including concepts such as insurance structure and costs that patients encounter. Physicians are also increasingly responsible for understanding and acting on quality and safety principles to correct and enhance the systems they work in. Given the sensitive nature of their work, physicians must be comfortable with recognising, disclosing, and addressing errors, and helping their teams do so as well.

Formal education on these topics could take the form of dedicated didactics during medical school and residency training, orientation sessions, and skill-building retreats, which are common in other occupations that require managerial development, according to the article.

"At least some teaching should be delivered longitudinally over multiple years. This is important, because as trainees rise in the medical ranks and gain more responsibility (i.e., supervising medical students for the first time as interns, overseeing teams for the first time as junior residents), their ability to engage with leadership content changes," write Dr. Rotenstein and co-authors.

Source: Harvard Business Review

Image source: Pixabay

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