THE ART AND SCIENCE OF LEADERSHIP IN MEDICINE
A COURSE AT ONE MEDICAL SCHOOL

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OBJECTIVES

- Briefly make the case (preaching to the choir)
- Share the conceptualization and development of our course
- Our course and a few content examples
- Answer questions:
  - Dr. Stephen Linenberger, PhD
  - Aunum Akhter, MD HO2
  - Kate Wageman, M4
  - Jon Ermer, M4
MAKE THE CASE
One of the recipients stated, “I have developed a much greater appreciation for the study of leadership, and how developing as a leader directly improves my ability to be a better physician…”

What if medical schools did not teach infectious disease and the AOA had an inaugural fellowship called “AOA Fellow in Infectious Disease Award”? You could imagine that one of the recipients may report back, “I have developed an appreciation for the study of infections, and how this improves my ability to be a better physician.”

“AOA FELLOW IN LEADERSHIP AWARD”

(The Pharos Volume 79, Number 1, Winter 2016).
Outcomes of Acute Myocardial Infarctions
Top 5% versus Bottom 5%

The hospitals achieving the best outcomes had…
A) The most up to date imaging technology
B) The most up to date pharmacologic protocols
C) The most up to date protocols
D) The most respected physicians in the field
E) None of the above
MEDICINE IS A LEADERSHIP PROFESSION

Good science → Bad environment → BAD things

Good science → Good environment → GOOD things
CONCEPTS AND DEVELOPMENT

Leadership scholar + medical doctor
LEADERSHIP = A dynamic collective process of achieving outcomes through people and tasks
(Yukl, 2013)
Our goal is to avoid the perpetuating alienating social myths in medicine including the hero myth, god complex, and father figure.

DON’T FAN THE FLAME!!!
Traditional models of leadership: LEADER-> follower -> goal

Straightforward on paper, but the model is unrealistic in many medical settings because leaders and followers move among and across different roles each day.
THE DAC LEADERSHIP MODEL
Laser focused on BOARDS!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Not enough time

Emerging adults

Assessment data is being gathered and will be used to determine the most effective and reliable ways to measure changes in leadership awareness and development in medical students (Schmidt, Eno, Moss Breen, & Linenberger, 2018)

CONSIDERATIONS AND BARRIERS
COURSE AND CONTENT EXAMPLES
M1 year: 2 lectures/semester. 2 reflections/semester

M2 year: 2 lectures/semester. Clinical journals

M3 year: Art museum experience, 7 small group discussions

Cast: Medical doctor, Leadership scholar, M4 Leadership TA’s, guest speakers (residents, patients)
M1 Leadership Unit = LANGUAGE ACQUISITION

The M1 curriculum is focused on introducing basic principles of leadership (Define leadership, teams, power, and humility).

M2 Leadership Unit = CONTEXTUAL UNDERSTANDING

The M2 curriculum includes reviewing and reinforcing basic principles and practicing to recognize these principles as witnessed in the clinical setting.

M3 Leadership Unit = ACHIEVEMENT OF SITUATIONAL COMPETENCE

Review, reinforce and discuss “as-witnessed” principles. Reflect upon personal leadership practices/techniques and understand systemic strengths/weaknesses. Look forward toward career.

KNOWLEDGE ACQUISITION -> CONTEXTUAL UNDERSTANDING -> ACHIEVEMENT OF SITUATIONAL COMPETENCE
Self-serving behavior: individualism, need for control, ego-centric

Pro-social behavior: interdependent, cooperation

POWER

Focus on personal goals/needs
Bad decisions
Self centered

Focus on a greater good
Good decisions
Patient centered
HOW COMPLEX, HOW MUCH TIME?

CHALLENGE vs THREAT

Recognize asymmetry

CONCERN FOR SELF

HIGH

INTEGRATING

COMPROMISING

DOMINATING

OBLIGING

LOW

CONCERN FOR OTHERS

HIGH

LOW

AVOIDING
5 FACTORS THAT CAN LEAD TO GROUPTHINK

- High Cohesiveness
- Insulation of group members from opinions or information from outside of group
- Inefficient procedure for gathering information
- Leadership that is both directive and influential
- High degree of stress and tendency to avoid challenging the first acceptable alternative by an influential member

Medicine is a leadership profession

- Medical students need to attend to their leadership development as part of the fundamental responsibility of being a physician.

- In order to achieve optimal patient outcomes, leadership development recognized as a critical element in the education of future physicians.
“I really appreciated the leadership lectures. It was a very special opportunity to receive a formal education on topics related to managing the physician’s leadership role in a positive way. I find value in having a better understanding of concepts such as active listening, groupthink, and humility as it relates to medicine. This instruction has provided a foundation so that I may be mindful of these concepts and continue to build skills related to patient interaction and working with other healthcare providers on a daily basis.”
QUESTIONS FOR THE PANEL

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THANKS, DR. DOHERTY