



LEADERSHIP EDUCATION ACROSS THE CONTINUUM

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I, Isser Dubinsky, have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. (Hay Group Health Care Consulting)

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AGENDA

Educational Objectives

Introductions/Experience

Learning Goals

“Education”

“Continuum”



Educational Objectives

- Share information on attendees' organizations leadership education “across the continuum”
- Share information gleaned from the literature
- Critical analysis of what's available and what's needed
- Suggest opportunities for improvement (including content, “sharing”, evaluation, outcome studies etc.)



Introductions/Experience

- what worked (or didn't)
- your "ideal" model(s)



Education

Formal

- Faculty of Medicine
- Other

Informal

- mentorship/role model
- "on the job" training

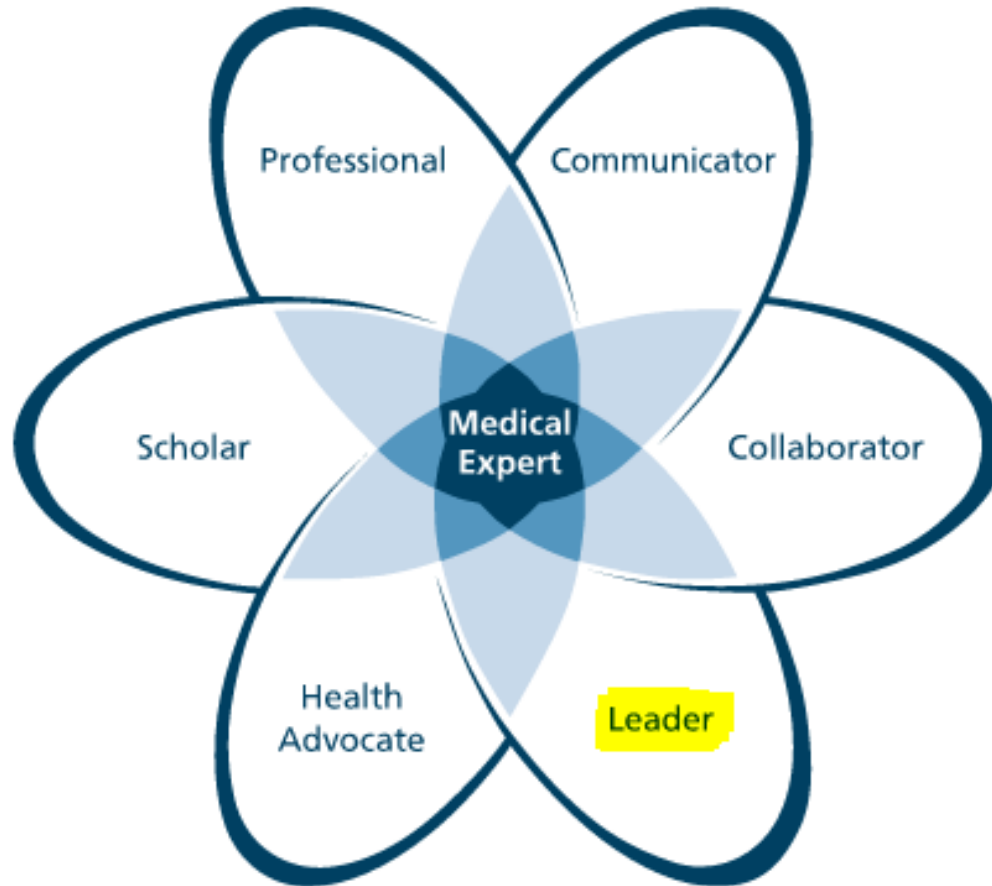


Continuum

- undergraduate
- postgraduate
- continuing professional development



CanMeds



The Canadian Literature/Experience

-U of T

-undergrad SLI

-postgrad SLI

-other faculties (e.g. Rotman)

-CPD



Canadian Literature/Experience

McGill University

-undergrad (see Benrimoh et al-
Advocacy and Leadership)



McMaster U.

Emerging Health Leaders Program

- undergrad, graduate and medical residents
- non-degree, “residential”



International Literature

“Leadership Development Programs for Physicians: A Systematic Review”

Frich et al JGIM 2014

- lit search

- 35 programs

- multiple learning methods

- only 6 demonstrated positive organizational outcomes

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International

“Physicians as Managers of Health Care Delivery and the Implications for Postgraduate Medical Training: A Literature review “

Busari et al Teaching and Learning in Medicine 2011

- lit review

- most existing programs in North America/FM

- lack evidence of impact of training but “improved knowledge and confidence”

- suggest ideally in postgrad



Graduate Medical Education

University of Toronto

- Ob/Gyn
- Family Medicine
- Surgery



Graduate Medical Education

“A Model for Physician Leadership
Development and Succession Planning”

Dubinsky, Feerasta and Lash

Healthcare Quarterly 2015

-focus on experiential learning



Graduate Medical Education

“An Educational Package to Facilitate Leadership Development in Graduate Medical Education”

Bohnen, J et al 2015

-”how to” guide



GRADUATE MEDICAL EDUCATION

“Implementing a Pilot Leadership Course for Internal Medicine Residents: Design Considerations, Participant Impressions, and Lessons Learned”

Blumenthal et al BMC Medical Education 2014

- focus on 2nd year medical residents
- large/small group teaching
- weekly 2-3 hours sessions X4 weeks



Graduate Medical Education

“Administration and Leadership Competencies:
Establishment of a National Consensus for
Emergency Medicine”

Thoma et al

CJEM 2015

-consensus document on core admin and
leadership competencies as “guide” for
residency program directors



Australia

University of Queensland Medical Leadership Program

- 3 of 4 years of undergrad
- evenings and weekends
- practical component



Continuing Professional Development (CPD)

Similarities to UG/PG

- Variety of approaches – formal and informal
- Lack of data on outcomes

Differences

- Perceived needs become clearer, unperceived needs become perceived
- Importance of context to determination of needs
- Expectations of colleagues
- System need as a driver



System developments driving change

- Recognition of transformative potential of primary care
 - larger groups
 - emergence of networks
 - local system-level identification of needs and oversight of implementation
- Practice-based QI as a standard of care
 - key roles of MD
- Identification and expression of needed skills
 - checklist format for documenting



A practical expression of leadership skills

“A Model for Physician Leadership
Development and Succession Planning”

Dubinsky, Feerasta and Lash

Healthcare Quarterly 2015

- Naming and grouping of attributes
- Position accountabilities related to attributes
- Relevant experience related to attributes
- Possible questions to sample achievement and reflection



Models of MD Leadership Education in CPD

Self-funded

- PLI, Royal Roads, American Association for Physician Leadership, Canadian Society of Physician Leaders
- Universities – Health Science faculties, business faculties
- Courses, certificates, Master's programs
- In-person, online, executive and hybrid models



Models of MD Leadership Education in CPD

Externally funded

- Organized by government (e.g. AB), local health system (e.g. cancer care in MB), medical associations, universities (academic leadership)
- Focused need vs broad-based curriculum
- Formal and informal (e.g. mentorship models)



3 Key Messages

1. Lack of formal programs (UG/PG)
2. Trend of increasing prevalence
3. Highly context dependent



3 considerations for moving forward

1. Research on outcomes necessary
2. Opportunities for curriculum development
3. Could Canada lead the world?



For discussion...

What needs to be changed about what we're already doing?

- U/G
- P/G
- CPD

What educational opportunities need to be created?

- Formal
- Informal



THANKS TO ALL OF YOU!!!

