Leadership: A Valuable Component of Canadian Medical Education

Lucas King (University of Saskatchewan)
Kate Uhlman (McMaster University)
Adrina Zhong (Western University)
Jessica Garabon (Western University)
George Cai (University of Manitoba)
Reem Aziz (University of British Columbia)
Joseph Boyle (Northern Ontario School of Medicine)
Angela Fan (Western University)
Maria Leis (University of Toronto)

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CFMS
Canadian Federation of Medical Students

FEMC
Fédération des étudiants et des étudiantes en médecine du Canada

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Briefing Note

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Summary of Position Paper

Leadership development has long been an undervalued component of medical education and physician advancement. Recent recommendations from the Association of Faculties of Medicine of Canada (AFMC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) have promoted the value of providing leadership education and providing practical opportunities for students to develop leadership skills. In September 2019, the Canadian Federation of Medical Students (CFMS) general assembly similarly selected leadership development as a priority for the CFMS to pursue. This position paper examines the role of leadership in medical education and establishes a set of principles, concerns, and recommendations to increase opportunities for students to become involved in leadership, receive leadership training and mentorship, and to improve the perceived value of leadership. Furthermore, the paper supports the need for increased equity, diversity, and inclusivity within leadership.

Principles/Stance

Leadership:

- Training and mentorship are important and relevant components of formal and informal medical education for all students, regardless of whether they involve formal leadership roles.
- Involvement should be fostered, recognized, and valued by Canadian medical schools.

All Canadian medical schools ought to provide:

- Opportunities for students to pursue leadership training beyond the base curriculum.
- Opportunities for students to work with medical leaders outside of traditional clinical scenarios.

Equity, Diversity, and Inclusivity:

- Equity, diversity, and inclusivity within leadership are valuable at all levels of the medical profession.

Recommendations

Integrate:

- Leadership training into Canadian medical curricula, as outlined in the 2016 CFMS *Advocacy and Leadership in Canadian Medical Student Curricula Policy Paper*.

Develop:

- Joint leadership certificate and/or degree programs for students interested in leadership.

Provide:

- 6 or more leadership absences each academic year and indicate more absences may be granted on a case-by-case basis. This should be exceptional to personal days and planned absences.
- Leadership opportunities for students to facilitate growth and development of leadership skills.
- Students with the opportunity to work with physician leaders throughout the course of their formal training.

Collaborate:

- With the local MSA, conduct an environmental scan to examine equity, diversity, and inclusivity in student leadership opportunities and develop a strategy to address any identified gaps

Introduction/Background

Over the past decade, leadership has become a focus of medical education at all levels, as illustrated by its inclusion in 5 consecutive Future of Medical Education in Canada (FMEC) reports from 2010-2020.[1-5] (ref. 5 FMEC reports) In 2015, the Royal College of Physicians and Surgeons of Canada (RCPSC) changed the "Manager" CanMEDs role to "Leader" as "a timely evolution for contemporary health care."[6] (ref. M2L report) The RCPSC definition of the CanMEDs Leader role is:

"As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers."

Within the extended description the RCPSC discusses how leadership can be seen at all levels, from patient care to healthcare leadership positions.[6] (ref. M2L report) Importantly, physicians do not require an official role to be considered leaders.[6] (ref. M2L report) Building on this sentiment, Till et al[7] (ref. Till) recommend reframing leadership as part of the professional identity of becoming a physician to normalize leadership and address leadership concerns relating to lack of support, compensation, recognition, and training.[8] (ref. CSPL) Furthermore, a Canadian Medical Association (CMA) survey revealed negative perceptions were present from medical school to clinical practice, which may consequently disincentivize taking on formal leadership roles.[8] (ref. CSPL) Survey respondents further identified a lack of leadership training to be a substantial barrier to physician leadership and recommended introducing training at all levels (ref. CSPL).[8]

Currently, Undergraduate Medical Education (UME) prioritizes the Medical Expert CanMEDs role often at the expense of content development and engagement related to other CanMEDs roles, including leadership (ref. Chen, Cadieux, Till).[7,9,10] Without objective methods to assess leadership curricula, student engagement may be low (ref. Cadieux, Lyons, Till, Webb).[7,9,11,12] This may be addressed by integrating leadership skills longitudinally into existing curricula, providing opportunities for students to practically apply what they are learning and emphasizing the importance of leadership skills for career advancement (ref. Cadieux, Lyons, Till, Webb).[7,9,11,12]

After the Associations of Faculties of Medicine of Canada's (AFMC) implementation of Best Practices in Applications and Selection (BPAS), the selection criteria for residency programs have been expanded, with many programs endorsing leadership skills as a component of the file review and interview process (ref. Bandiera, AFMC uCMG, CaRMS website).[13-15] To further emphasize the value of leadership, medical schools have begun to implement joint certificate (e.g. Memorial University Physician Leadership Certificate) and degree programs (e.g. University of Toronto MSc in Systems Leadership and Innovation) in addition to providing opportunities for students to become involved in UME committees (ref. 2015 FMEC, Maddalena, UofT).[3,16,17] Others have developed specific electives (e.g. University of Ottawa) and leadership half-days within clinical rotations (ref. Lamont, UofO).[18,19] Faculties' value of leadership may also be demonstrated through awards recognizing outstanding contributions or

by dedicating time and travel funding to attend conferences or training (ref. CSPL, FMEC 2015, McGill awards).[3,8,20]

The FMEC 2015 report states, "Faculties of Medicine must recruit, select, and support a representative mix of medical students", further validating equity, diversity, and inclusivity (EDI) as important pursuits of leadership (ref. FMEC 2015).[3] Groups that are historically underrepresented in medicine (e.g. racialized, women, LGBTQ2S+, etc.) are now joining our profession faster than ever before, but continue to be disproportionately underrepresented in leadership positions (ref. CMA, Ciolfe, Glauser, Mazur).[21-24] Medical education and healthcare leadership must reflect their diverse patient populations (ref. CMA, Nivet).[21,25] Mentorship programs that incorporate EDI in leadership development (e.g. University of Toronto, Diversity Mentorship Program), may increase diversity in academic leadership positions and allow learners to explore their full potential (ref. Choi, Rodríguez, UofT).[26-28]

Principles/Stance

The CFMS endorses the following statements to support student leadership development:

1. Leadership training and mentorship are important and relevant components of formal and informal medical education for all students, regardless of whether they hold formal leadership roles.
2. All Canadian medical schools ought to provide opportunities for students to work with medical leaders outside of traditional clinical scenarios.
3. All Canadian medical schools ought to provide opportunities for students to pursue leadership training beyond the base curriculum.
4. Leadership involvement should be fostered, recognized, and valued by Canadian medical schools.
5. Equity, diversity, and inclusivity within leadership are valuable at all levels of the medical profession.

Concerns

1. Student engagement in curricular content beyond that of the CanMEDs medical expert role, particularly leadership, is often low.
2. While medical schools have implemented leadership training into their curricula, there are few formal opportunities for students to work with and learn from physicians in leadership contexts.
3. Between universities, there are large differences in leadership absence policies. For example, one policy explicitly provides students with 6 leadership absences each year, while other policies require students to use personal vacation time to participate in leadership work (Ref. USask).[29] Denial of absence requests and policies that restrict leadership involvement may have negative repercussions on the perceived value of student leadership, engagement, and future opportunities.

4. Negative perceptions of and a lack of support for healthcare leadership may impact how students look at and value leadership opportunities.

Recommendations

The CFMS has compiled the following list of recommendations for Canadian medical schools to support student leadership development:

1. Integrate leadership training into Canadian medical curricula, as outlined in the 2016 CFMS *Advocacy and Leadership in Canadian Medical Student Curricula Policy Paper* (ref. CFMS).[30]

In 2016, the CFMS passed the *Advocacy and Leadership in Canadian Medical Student Curricula Policy Paper* advocating for the integration of an Advocacy and Leadership Curriculum (ALC) into all Canadian medical schools (ref. CFMS).[30] This paper outlines learning objectives that could serve as guiding principles for an ALC and provides a sample Curriculum, Competencies, and Evaluation and Implementation Guidelines that may be used by medical school faculties as a framework to structure their ALC.

2. Provide students with the opportunity to work with physician leaders throughout the course of their formal training.

In some cases, this may be in the form of classroom teaching, but an emphasis should be placed on finding ways for students to be exposed to leadership in action throughout all years. By exposing students to the work of physician leaders, a greater interest in leadership may be fostered in addition to relationship and skill development between the leader and student. Opportunities provided to students may include shadowing physician leaders, leadership electives, and leadership half-days during clinical placements (ref. FMEC 2015, Lamont, UofO).[3,18,19] These opportunities should focus on experiences that students would not otherwise be exposed to during their education and could include leadership in healthcare administration, medical education, and community-based leadership (ref. FMEC 2015).[3]

3. Develop joint leadership certificate and/or degree programs for students interested in leadership.

Providing more opportunities for students to pursue leadership training will not only be beneficial for producing better leaders, but also in showing students and physicians that medical schools value leadership. Medical schools should work towards providing two levels of training: a certificate program that may be completed concurrently with the base curriculum and a joint-degree program that would require students to extend their training. The University of Ottawa and Memorial University are examples of schools that have implemented leadership certificate programs (ref. FMEC 2015, Maddalena).[3,16] The University of Calgary and University of Toronto have implemented joint-degree leadership programs, while the University of Alberta and University of Saskatchewan have implemented joint MD-MBA programs (ref. UofC, UofA, UofS, UofT(17)).[17,31-33] A study evaluating the impact of MD-MBA programs found that the majority of students who graduated from such programs pursued careers

with extensive postgraduate medical training while leveraging leadership perspectives and skills to improve healthcare delivery (ref. Krupat et al).[34]

4. Provide leadership opportunities for students to facilitate growth and development of leadership skills.

Every school already provides leadership opportunities for students in varying degrees. However, it is important to acknowledge and reinforce that there are many ways to expose students to physician leaders and provide leadership training beyond the curriculum. The UME administration plays a critical role in providing practical opportunities for students to become involved with academic leadership as change-makers and as learners (ref. FMEC 2015).[3] Milles et al.[35] (ref. Milles) explored the concept of bringing students in as "module co-directors" for curriculum development and found their model was positively received by students and faculty. When including students on committees, or other UME roles, this inclusion should be approached not only as an opportunity to hear the perspective of the students, but also as an opportunity to mentor and teach students how to work effectively within the medical education system. Additionally, it may be beneficial to encourage peer-to-peer leadership through mentorship programs and student government to foster leadership skill development within the student body and prepare students for future leadership roles (ref. 2015FMEC, Milles, Nimmons(36)).[3,35,36]

5. Grant 6 or more leadership absences each academic year and indicate more absences may be granted on a case-by-case basis. This should be exceptional to personal days and planned absences.

One of the difficulties of taking on student leadership roles is that it requires a flexible schedule, and the ability to take time away from clinical duties, to attend meetings, conferences, or fulfill other duties. While students should not miss extended periods of their education these experiences are often valuable in terms of their impact on the student, other students, and the medical school itself. To facilitate leadership development, show students the value of leadership, and encourage them to become involved medical schools should provide a defined number of absences, specifically for leadership opportunities. The exact definition of what qualifies for a leadership absence will be determined by each medical school. However, it should not be exclusive to local medical student association (MSA) or CFMS-related duties. Physician leaders often lead in informal ways and that concept should also be applied to students to allow for a wider scope of what is considered as a leadership absence (ref. CSPL, FMEC 2015).[3,8]

6. In collaboration with the local MSA, conduct an environmental scan to examine equity, diversity, and inclusivity in student leadership opportunities and develop a strategy to address any identified gaps.

To empower organizations (e.g. University of Alberta Indigenous Medical Dental Student Association, Black Medical Student Association of Canada, local MSAs, CFMS) as they work to improve equity, diversity, and inclusivity (EDI) medical schools should conduct an environmental scan, in collaboration with local MSAs, to examine EDI in student leadership opportunities (ref. UofA IMDSA(38),

BMSAC(37)).[37,38] The results of the scan should then be used to develop a strategy to reduce barriers to EDI in student leadership and reduce identified gaps, in collaboration with the local MSAs and other stakeholders. A collaborative approach between faculty, especially those who are passionate about EDI and have diverse backgrounds, and student organizations is important for creating positive changes (ref. Moss).[39] Faculty involvement facilitates long-term sustainability, provides organizational support for student organizations, and can foster institutional culture change (ref. Milles(35), Moss).[35,39]

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Resolution for Position Paper titled:

Leadership: A Valuable Component of Canadian Medical Education

Whereas the role of Leader is clearly articulated in the Royal College of Physicians and Surgeons of Canada's CanMEDS 2015 framework as a critical component of medical education;

Whereas the Association of Faculties of Medicine of Canada has included Leadership as a central theme in each of the 2010, 2012, 2015, 2019, and 2020 Future of Medical Education of Canada reports;

Whereas, at the 2019 Annual General Meeting, the CFMS membership selected leadership development as a priority for the CFMS to pursue;

Whereas leadership is an important part of every physician's career, regardless of the official positions or roles they hold;

Whereas there is limited recognition of the value of leadership by Canadian medical schools, as evidenced by insufficient opportunities for students to become involved with leadership and mentorship, and minimal instruction on the application of leadership skills;

Be it resolved that the CFMS adopt the position paper titled *Leadership: A Valuable Component of Canadian Medical Education.*

Financial cost:

There is no associated financial cost to the adoption of this position paper regarding student leadership and the recommendations that the paper endorses.

Source of funding:

Not applicable to adopting the position paper at this time.

Level of Effort of Volunteers/Staff:

The level of effort on behalf of the CFMS and its representatives will involve future advocacy efforts to support the recommendations as advised in the position paper.

Moved by: Lucas King, University of Saskatchewan

Seconded by: Kate Uhlman, McMaster University