

The University of Queensland Medical Leadership Program: A Case Study

Lynnette Knowles, BSc (Hons), MPhil, Corina O'Dowd, LLB (Hons), BA, David G. Hewett, MBBS, MSc, PhD, FRACP, Jennifer Schafer, MBBS, DRANZCOG FRACGP, David Wilkinson, BSc (Hons), MBChB, MSc, MD, PhD, DSc, FRCP, FRACGP, FAFPHM

School of Medicine, The University of Queensland, Brisbane, Australia

ABSTRACT

Changes in modern healthcare's provision, complexity, and workforce demands provide a compelling rationale for an increasing emphasis on leadership development at all levels of training within the medical profession. Undergraduate medical education has traditionally focused on the development of clinical acumen with little emphasis on the development of leadership skills or on the operational and systemic issues surrounding healthcare delivery. Incorporating leadership education and competencies presents a number of challenges to medical schools, including defining the subject area, determining the specific skills and knowledge bases that should constitute the basis of the program, and optimizing training to be integrated into the existing clinical curriculum. We present a case study of the Medical Leadership Program at The University of Queensland School of Medicine that runs concurrent to the undergraduate medical degree. We outline the inception of the program, its aims, participant selection, and program components and reflect on the program to date.

INTRODUCTION

Transformative changes to modern healthcare have revolutionized the skill set demanded of medical

practitioners as the traditional practice of physician autonomy is increasingly supplanted by the advent of multidisciplinary teams operating in an environment of complex social change and technological innovation.^{1,2} As a result, professional medical bodies and specialty colleges, nationally and internationally, increasingly emphasize leadership experience at all levels within the profession as part of their criteria for career progression.³⁻⁷ In this context, leadership, teamwork, and communication skills are assuming a progressively recognized status as essential competencies for graduating medical students to demonstrate throughout their clinical training.

Despite this changing paradigm, most medical school curricula currently offer little in the way of either formal or informal leadership training. Medical education has traditionally focused on the diagnosis and management of disease, with modest emphasis on the systemic issues surrounding healthcare delivery or the team collaboration necessary to achieve quality healthcare in the current environment.^{8,9}

We present an overview of the Medical Leadership Program (MLP) at The University of Queensland School of Medicine (UQ SOM) that was designed to respond to the demands for leadership skills and experience from both students and the profession at large.

CHALLENGES IN DEVELOPING A LEADERSHIP CURRICULUM

Three distinct challenges to developing a leadership curriculum for medical students have been identified. First, the definition of leadership is often ambiguous.³ The literature in this area remains the subject of ongoing debate, and critics often challenge the idea that leadership is a set of skills that can be meaningfully taught.¹⁰ Although certain individuals undoubtedly possess inherent personality traits that enhance their leadership potential (such as courage, compassion, and creativity), a broad consensus now exists that all professionals can develop skills to make

Address correspondence to

David G. Hewett, MBBS, MSc, PhD, FRACP
The University of Queensland School of Medicine
Mayne Medical Building
Brisbane 4006
Queensland, Australia
Tel: +61 7 3365 5016
Fax: +61 7 3365 5522
Email: d.hewett@uq.edu.au

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them more effective when in a leadership role (such as strategic planning, conflict resolution, and personnel management).¹⁰

The second challenge is that defining the appropriate content for a medical leadership program is controversial, and the specific knowledge and skills that should constitute the learning outcomes of a new program are frequently ill defined. Much of the literature on leadership and effective management has been generated in the context of the business world. This situation presents a philosophical challenge in both the academic and private healthcare setting because many doctors feel uncomfortable adopting a system of principles derived from the context of a profit-based economy.¹¹

A final challenge to developing a leadership curriculum is that, at present, no consensus exists regarding the optimal manner in which leadership training should be integrated with the existing parameters of medical education. The most commonly cited barrier to teaching leadership skills is that the medical school curriculum is already overcrowded and that students have too little time to cover competing educational demands.¹¹ Nonetheless, a wide spectrum of variability exists in the way that leadership curricula could be meaningfully taught and assessed.¹

THE UQ MLP

The UQ SOM is a large and globally oriented medical school based in Brisbane, Australia. Approximately 550 students begin the graduate-entry 4-year medical degree program annually, including 300 Australians, 130 onshore international students, and up to 120 students in the UQ-Ochsner program. The UQ-Ochsner program is the result of a partnership between UQ and the Ochsner Health System, in which United States citizens or permanent residents are enrolled to study for years 1 and 2 at UQ's campuses in Brisbane and for years 3 and 4 at the Ochsner Clinical School in New Orleans, LA.

In 2010, the UQ SOM entered into a strategic partnership with the UQ School of Business to develop a flagship program to identify and develop future medical leaders. The primary driver was the clear need for a new caliber and type of leadership in medicine. Modern doctors have leadership roles in most of what they do; however, a small cadre of medical leaders is needed to provide exemplary leadership to the profession and within society. The MLP was designed to train those leaders. We undertook the program in collaboration with student government leadership (University of Queensland Medical Society [UQMS]) and responded to feedback from medical graduates who identified the needs of junior-level leaders within the profession.

The MLP is a selective extracurricular concurrent scholarship opportunity for second- to fourth-year medical students. The central foci of the program are to develop personal and professional capabilities in leadership, change management, and strategy and thereby to create a long-term and significant impact on medical outcomes by encouraging innovation.

The MLP curriculum has 3 primary components: a graduate certificate in executive leadership specifically focused on strategic leadership in the medical context; a seminar series and mentoring program with domestic and international leaders in the fields of medicine and business; and an independent action project in which students implement the leadership principles that they have developed through a practical project or internship (Table 1). The program offers formal teaching by leading business academics at UQ, as well as the opportunity to network with, learn from, and share ideas with medical, business, and community leaders with diverse experiences.

The MLP is conducted over 3 consecutive years of the 4-year medical program and is held in the evenings and on weekends to prevent conflicts with the clinical training of the undergraduate medical program. All participants undertake 3 core courses examining strategy, human capital, and leadership. The courses were selected as the most relevant to the needs of healthcare leadership and are tailored to focus on current healthcare issues and case studies. Each course involves 36 contact hours over 2 weekends, with additional time required for study and assignment completion. The seminar series is conducted bimonthly throughout the academic year, while the mentoring sessions, led by the dean and the undergraduate medical program director, are held monthly. Both the seminars and mentoring sessions are open to all cohorts, providing an opportunity for individuals to establish and strengthen networks across cohorts. The seminar series accesses a network of local health and academic leaders and executives, as well as visiting international academic, health, and business leaders who are invited to give personal reflections and mentorship on their leadership experiences.

The core courses, together with the independent action project, contribute to the award of the graduate certificate in executive leadership offered by the UQ School of Business. Participants may, on completion of the graduate certificate, use credit from these courses to progress to a graduate diploma or master of business administration.

Ten scholarships were offered for medical students in the first year of the program and all subsequent years. Each year, interested students are asked to complete structured application essays,

Table 1. The University of Queensland Medical Leadership Program (MLP)

Core courses	Formal coursework from The University of Queensland School of Business: <ul style="list-style-type: none"> •Strategy in Action •Valuing Human Capital •The Leadership Challenge
Independent action project	Practical project or internship
MLP seminar series and mentoring program	Bimonthly evening sessions and monthly meetings with the dean and program director

submit curriculum vitae describing their leadership experience, and outline how participation in the MLP would benefit their career. Potential students are invited to an interview for final selection. Students are assessed on personal attributes, professional experience, and potential contribution to the group (Table 2). Grade point average is not a considered component of selection. The program is now entering its third year, with the initial cohort set to graduate in December 2012.

THE MLP EXPERIENCE

Since its inception, the MLP program has attracted a high standard of applicants who have rich leadership experience within diverse industry backgrounds. The number of applications for each cohort has more than doubled since the program was initially offered in 2010 (28 applicants for the 2010 cohort, 30 for the 2011 cohort, 40 for the 2012 cohort, and 66 for the 2013 cohort). Of the successful applications, approximately one-third of MLP participants have been international students.

Support from leaders within both medicine and business has also been strong. In addition to the contribution that medical and business leaders have made as keynote speakers and mentors, the program has received significant financial support from a large metropolitan hospital in Brisbane. In recognition of the value of the MLP program in early medical training, the hospital currently sponsors 5 scholarships for junior doctors in residency programs, in addition to the 10 places available to students annually. The first junior doctor participants joined the program in 2011.

Still in its infancy, the MLP continues to develop in response to student program reviews and participant feedback. Changes to course and seminar delivery to allow videoconferencing and remote access have improved flexibility and interaction for participants who are on rural or international placements. The time investment in this program has been considerable for

Table 2. Example Medical Leadership Program Interview Questions

Why do you wish to be a part of the Medical Leadership Program?
What qualities can you bring to this program?
Tell us about any previous leadership experience and training.
What university/community activities have you been involved with?
What are your goals (short and long-term) within medicine and in medical leadership?
Tell us about your academic achievement before medical school.

the students, requiring a careful balance between the substantial study requirements of the medical degree and the MLP curriculum. This balance has proven more challenging, although not insurmountable, during the independent action project phase of the program in the participants' final year of medical study.

The MLP curriculum has been progressively refined each year, including enhancements to focus the core courses more specifically on healthcare, such as the use of health case studies within the Strategy in Action course. Participant feedback indicated the value and career relevance of exploring the challenges, opportunities, and innovations that are unique to medicine and healthcare rather than other business contexts. The program has also evolved to acknowledge the depth of prior leadership experience among participants, allowing deeper exploration of course concepts and more time for discussions of health-related experiences and contexts.

Formal MLP evaluation and outcome data are not yet available, as the first student cohort has yet to graduate. However in narrative feedback to course directors, MLP participants are self-reporting enhanced leadership effectiveness, a significant expansion of their professional networks, and greater confidence to take up their roles as instruments of change within the medical community after graduation. Many first cohort participants have already assumed significant leadership roles in partnership with local hospitals, nongovernmental organizations, and research groups in the execution of their independent action projects. Participants also have indicated their perception of the advantage the MLP may provide for their future career, especially having developed a strong community of like-minded peers whom they feel able to draw upon for ongoing support and inspiration. These perceptions and observations will be formally validated in ongoing work to evaluate the program and outcomes for each cohort.

THE FUTURE OF THE MLP

The UQ MLP continues to develop and build on initial successes. Further research is underway to systematically evaluate the program and its learning outcomes. Additional MLP student scholarships are planned, and consideration is being given to expanding the program to our international partners, including the Ochsner Clinical School. The MLP experience may also inform the further development of leadership and health systems curricula for the broader undergraduate cohort within the UQ SOM. Caution in generalizing our experience is warranted, however, given the highly selective process for choosing our initial MLP participants and their preexisting leadership skills and experience. The small size of our cohorts also allows us to be responsive with the leadership curriculum and to personalize it to the unique skills and career goals of the participants. Nevertheless, it is clear from the program's initial reception that leadership training is an important adjunct to undergraduate medical education.

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Epitoma

Physician leadership is needed now more than ever because of both the national debate on healthcare and the increasing number of multidisciplinary teams that deliver the care. The University of Queensland School of Medicine in Australia has developed a selective extracurricular program to develop future leaders in medicine. The curriculum has led to students assuming leadership roles in partnering with local hospitals and research groups. The authors share their challenges and successes with the program. This innovative program may pave the way to incorporating a broader leadership curriculum within the traditional 4-year program and may be used as a resource for other medical schools considering similar programs.

—Guest Editor Ronald G. Amedee, MD

This article meets the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties Maintenance of Certification competencies for Patient Care, Medical Knowledge, and Interpersonal and Communication Skills.