ABC’S of Leadership Development during Residency Training for Pretty Much Everyone

Lyn K. Sonnenberg
Jerry M. Maniate
Jamiu O. Busari

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Welcome
Introductions
Lyn K. Sonnenberg  MD, MEd(HPE), MSc, FRCP(C)

Director, Academic Technologies, Faculty of Medicine & Dentistry
Associate Professor, Department of Pediatrics
Adjunct Associate Professor, Faculty of Rehabilitation Medicine
University of Alberta

Vice Chair – Developmental Pediatrics Specialty Committee
Royal College of Physicians and Surgeons of Canada

lyn.sonnenberg@ualberta.ca
@lynsonnenberg
Jerry M. Maniate MD, M.Ed, FRCPC

Vice President of Education, The Ottawa Hospital
Assistant Professor, Department of Medicine and Department of Innovation in Medical Education
University of Ottawa

Associate Regional Director – Faculty Development (Kuwait)
Royal College of Physicians and Surgeons of Canada

JManiate@toh.ca
@ManiateJ
Jamiu O. Busari  MD, MHPE, PhD
Department Chair & Program Director
Department of Pediatrics
Zuyderland Medical Center

Associate Professor of Medical Education
Maastricht University

Jamiu.Busari@maastrichtuniversity.nl
@jobusar
Disclosures

No conflicts of interest to declare…we can only wish at this time 😊
Outline

Background
ABC’S of Leadership
Summary
Objectives

At the end of the session, the participants will be able to:

1) Identify context-appropriate strategies for introducing leadership concepts to residents (learners)

2) Assess the clinical learning environment to identify challenges and opportunities required to teach these concepts (instructors)

3) Recognise strategies to develop formal and “just-in-time” modules for a leadership curriculum for residents.
Resources
The importance of clinical leadership in the hospital setting

Abstract: In many areas of the developed world, or by workforce challenges, changing consumer expectations, increasing demand for access to care, or national policy focused on reducing levels and costs of care, hospitals now face a new range of challenges. These challenges are not just about providing care, but also about managing the complex and dynamic environment in which hospitals operate. Clinical leadership is one of the key roles in addressing these challenges, and this review paper explores the role of clinical leadership in hospital settings. It discusses the importance of clinical leadership in improving patient outcomes, enhancing the quality of care, and reducing costs. The paper also highlights the challenges faced by clinical leaders in today's healthcare environment and provides strategies for effective leadership in hospital settings.
Who’s in the room?
Tell us about yourself

Name
Role (clinical and education)
Last non-medical book you read
Tell us about yourself

Specialty
Geography
Program Directors
Program Administrators
Impromptu Networking

Rapidly share challenges and expectations, building new connections
What do you think of when you hear the phrase "Leadership Development"?

What is your biggest challenge in this area as a Clinician Teacher or Clinician Educator

Find a partner... 4 minutes sharing... then find another partner... then find another

2 Rounds
Top Challenges for Leadership Development
Background
CanMEDS 2015 Framework

**Leader**

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.
CanMEDS 2015 Framework

Leader

Key Competencies:
1) Contribute to the improvement of health care delivery in teams, organizations, and systems
2) Engage in the stewardship of health care resources
3) Demonstrate leadership in professional practice
4) Manage career planning, finances, and health human resources in a practice
Physician Engagement
Important but often lacking
Limited knowledge
Knowledge but inadequate skills
Knowledge but limited experience
Experiences are not valued
Leader: Teaching
We do a poor job of teaching this role
Leader: Action

We provide few authentic opportunities to practice this role
Leader: Formative Assessment

We provide minimal (if any) meaningful feedback to improve performance
Leader:
Summative Assessment

We do a poor job of assessing it
Handout
Administrative Bedside Classroom Simulation Framework
Administrative Opportunities
Administrative Opportunities

Resident Leadership Committee

- Senior & Chief Residents
- Issues that impact the learning environment & education
- Advisory to VP Education

Identify
Explore
Engage
Discuss
Propose
Implement
Evaluate
Administrative Opportunities

Resident Leadership Committee
- Senior & Chief Residents
- Issues that impact the learning environment & education
- Advisory to VP Education

Resident Engagement Committee
- Residents representing their programs
- Implementation & use of Epic (EMR)
- Advisory to VP Education & CMIO

Identify
Explore
Engage
Discuss
Propose
Implement
Evaluate

Resident chaired
Executive sponsors (VP Education & CMIO)
Bedside Opportunities
Bedside Opportunities

Senior Leadership Block (see handout)

University of Alberta Developmental Pediatrics
Subspeciality Residency Training Program
Rotation-Specific Objectives for the Rotation in

Leadership

INTRODUCTION

In the second year of subspecialty training, residents will return to clinics that they attended in their first year, with the expectation that they will have mastered much of the Medical Expert objectives (with respect to knowledge, skills, and attitudes) and be able to work towards competency with respect to the CanMEDS roles of leader, collaborator, communicator, and health advocate within the team environments seen in Developmental Pediatrics.

It is expected that many graduates of Canadian Developmental Pediatric subspecialty training programs will work in tertiary settings, and their careers will include administrative responsibilities for clinical programs, and/or undergraduate and postgraduate medical education. For this reason, a senior rotation in either a developmental-behavioral focused program or a physical medicine-neurodevelopmental focussed program will be selected (with the guidance of the program director) in which the resident will take on an expanded leadership role. In this rotation, the Medical Expert requirements build on those established in Year One, while expanded learning objectives are directed towards other CanMEDS roles.
Classroom Opportunities
Classroom Opportunities

Content
• Change management
• Theories and frameworks
Simulation Opportunities
Simulation Opportunities

Interprofessional / Team-Based Simulation
• Decision-making
• Patient safety
• Power & hierarchy
• Leadership & followership

Just-in-Time Leadership Teaching Opportunities
Reflection is key

Portfolios / Reflective Practice

https://sites.google.com/site/devpedstemplate/
Common challenges to implementation of a new curriculum

1) Write down your thoughts on paper (one thought per note)
2) Discuss at your table
3) Place them onto the chart paper into the category you think is most appropriate
4) Share the top 2 challenges
Top Challenges for Implementation
Elements for Curriculum Development
Kern’s Framework

**Kern’s Framework**

- **Evaluation & Assessment**
  - General Needs Assessment
  - Targeted Needs Assessment

**Leadership Development Program**

Based on Kern’s Educational Framework
Based on CanMEDS Framework
Integrating educational theory (Adult-based Learning, Experiential Learning)

**Goals & Objectives**


**Examples of TOPICS:**
- Leadership vs. Management
- Communication
- Advocacy
- Teamwork

**Implementation**

- e-modules
- Lectures
- Workshops
- Simulation
- Mentorship

**Logic Model for Program Evaluation**

- Learner experience
- Faculty experience
- Video & debriefing

**Why does this program exist?**

- Profession needs
- Demographics
- Physician needs

**Resident**
- Junior faculty

**Faculty**
- Mid-career faculty
- Division/Department Heads
- Deanery
- Hospital Administration
- University Administration
- Ministry civil service
Leadership EPAs

- Ability to effectively manage a ward and lead the medical team
- Ability to chair and provide oversight during a handoff session
- Ability to effectively manage the care of a patient within an interprofessional team
What learning objectives do you want to include in a proposed curriculum on leadership?

At your table write 1 – 2 learning objectives that you would wish to include in a proposed curriculum on leadership development.
Dialogue
Summary

ABC’S Framework
Reflection is key
Integrate educational theory and framework
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Username</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyn K. Sonnenberg</td>
<td><a href="mailto:lyn.sonnenberg@ualberta.ca">lyn.sonnenberg@ualberta.ca</a></td>
<td>@lynsonnenberg</td>
</tr>
<tr>
<td>Jerry M. Maniate</td>
<td><a href="mailto:JManiate@toh.ca">JManiate@toh.ca</a></td>
<td>@ManiateJ</td>
</tr>
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<td><a href="mailto:jamiu.busari@maastrichtuniversity.nl">jamiu.busari@maastrichtuniversity.nl</a></td>
<td>@jobusar</td>
</tr>
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