

## *Survey Results*

### **Leadership in Medical Education**

To: OSR Representatives

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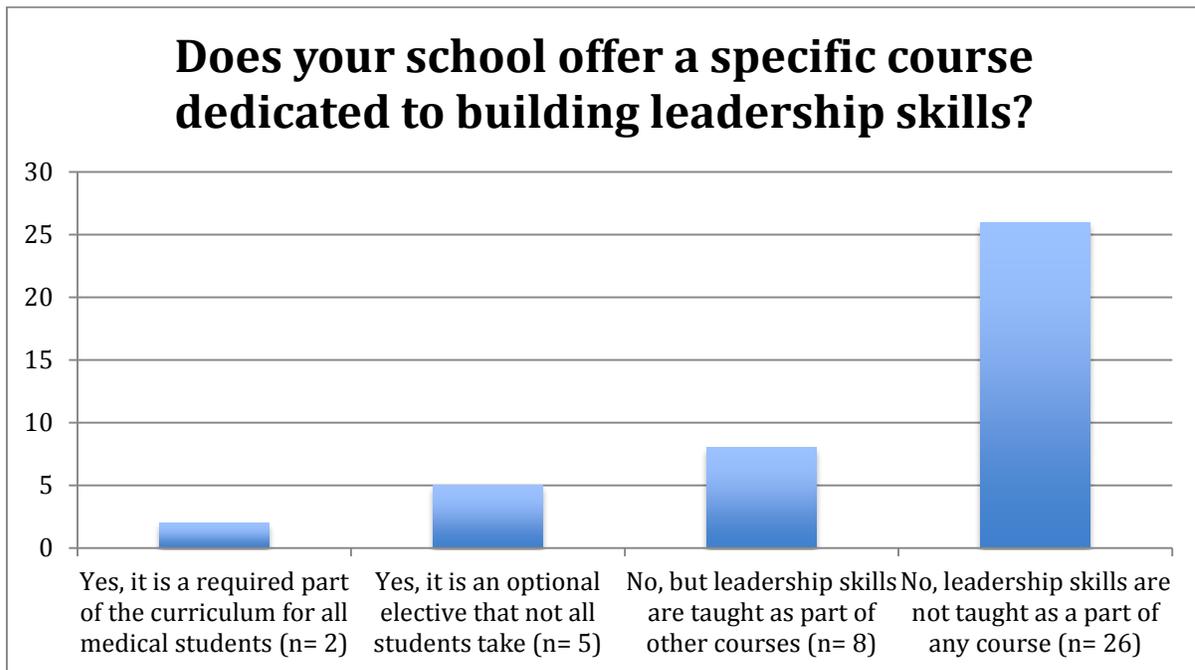
#### **A. Survey Background Information**

- Survey conducted in April/May 2014 by University of Colorado School of Medicine OSR representatives
- Data collected via OSR email blast; responses received in a Google form
  - Analysis of data in Microsoft Excel
- Sample size n=41
- Responses were anonymous; the data collected does not include information regarding which schools participated in the survey nor whether more than one OSR representative from an institution responded.
- Disclaimer: responders to this survey are all OSR representatives. This inherently introduces bias, as OSR delegates hold positions of leadership at their institutions and may feel more strongly about leadership training in medical education than the general medical student population.

## B. Results

**Question 1:** *“Does your school offer a specific course dedicated to building leadership skills?”*

**\*Required question, n=41**



**Analysis:** 5% of respondents indicated that they received required leadership training in medical school; 63% respondents indicated no training in leadership.

**Question 2** *“Please briefly describe how your school provides leadership training”*

**\*Optional Response; 14 responses recorded**

### A. Leadership Training in the form of “interprofessional teamwork”

- n=2
- 1. “There is an preclinical elective for 1st and 2nd years that is taught with nursing, pharmacy, social work, and physical therapy students from nearby schools to include interprofessional teamwork.”
- 2. “Interprofessional Learning is a part of our curriculum. We interact with PA, Nursing students, ENT and respiratory therapy students on a fairly regular basis. We run through scenarios, do service projects together, etc. The goal of this part of the curriculum is to help us develop leadership skills specifically in our future roles as doctors and part of the medical care team.”

### B. Leadership Training as part of “evidence based medicine, clinical courses, small group curricula”

- n= 5
- 1. "Much of the EBM and Clinical Medicine course covers topics involving leadership in a clinical setting."
- 2. "We have opportunities during our first 2 years to be in small groups, each of which have participation grades and we're required to present material, etc. We have informal "professionalism" sessions, but nothing more than that."
- 3. "We have a course dedicated to creating a "well rounded physician" which includes workshops on how to communicate in teams in both the team member and leader positions. Essentially part of the class is designed to bring students forward and demonstrate leadership skills with a group of about 12 peers. These sessions are often preceded by a lecture describing how teams work and the different roles individuals play"
- 4. "Leadership skills are incorporated into clinical skills group sessions and problem-based learning."
- 5. "We work in small group settings frequently that facilitates leadership development. We also participate in team building activities such as low-ropes course (M1/M2 and optional for M3/M4s.) There are also so many student organizations and class leadership positions that most people are expected to hold a leadership role at some time."

**C. Leadership training as part of "both clinical and interprofessional coursework"**

- n= 1
- 1. "Communication skills are taught during clinical interaction courses, and teamwork skills are taught during interdisciplinary workshops where Medical Students, Pharmacy Students, and Nursing students work together in clinical scenarios."

**D. Leadership training through "extracurriculars and/or rotations"**

- n= 2
- 1. "None except what we experienced during rotations and through extracurricular activities."
- 2. "We work in small group settings frequently that facilitates leadership development. We also participate in team building activities such as low-ropes course (M1/M2 and optional for M3/M4s.) There are also so many student organizations and class leadership positions that most people are expected to hold a leadership role at some time."

**E. Leadership taught in "Optional Electives"**

- n= 3
- 1. "There is a brief elective with the title "Leadership in Medical Teams"; it is taught as a five-week seminar with 1-2 hour meetings each week related to special topics such as working with employees, negotiations, delegations, inter-professional teams, leadership styles"
- 2. "Our combined degree programs have a heavy emphasis on providing leadership training. The students taking part in the dual degree programs also put on a leadership in healthcare summit that is open to the whole student body. Additionally, there is an available MS1/MS2 elective in

leadership. In the MS3 and 4 years, leadership training is a minor aspect of the curriculum, but it is present and integrated seamlessly.”

3. Leadership training is provided through an optional fellowship seminar series which is outside of normal class hours.

#### F. Leadership taught in “dual degree programs”

- n= 1
- 1. “Our combined degree programs have a heavy emphasis on providing leadership training. The students taking part in the dual degree programs also put on a leadership in healthcare summit that is open to the whole student body. Additionally, there is an available MS1/MS2 elective in leadership. In the MS3 and 4 years, leadership training is a minor aspect of the curriculum, but it is present and integrated seamlessly.”

#### G. Other

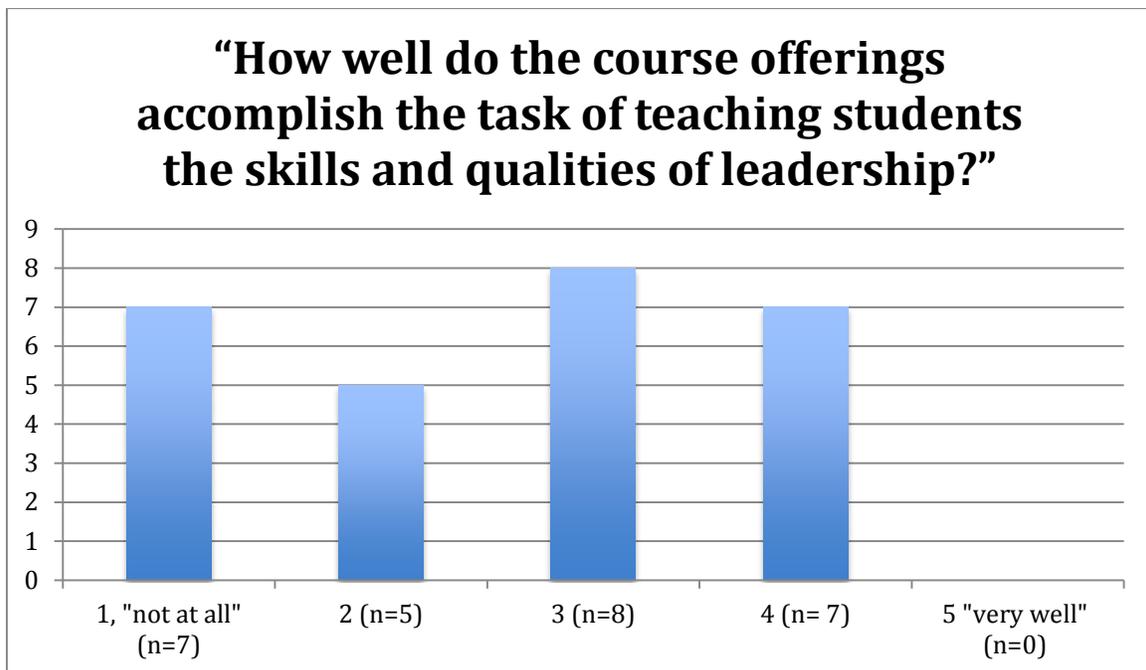
- n= 1
- 1. “I think generally we are encouraged to be independent thinkers. We do most of our work in small groups, but there are always opportunities to shine as an individual, and inevitably leaders emerge. But (the SOM) also recognizes that there are different types of leaders and ways to be a leader -- I really feel the school encourages each of us to develop our leadership talents however makes most sense for us.”

#### ***Question 3: “How well do the course offerings\* accomplish the task of teaching students the skills and qualities of leadership?”***

*\*referring to current course offerings at your institution*

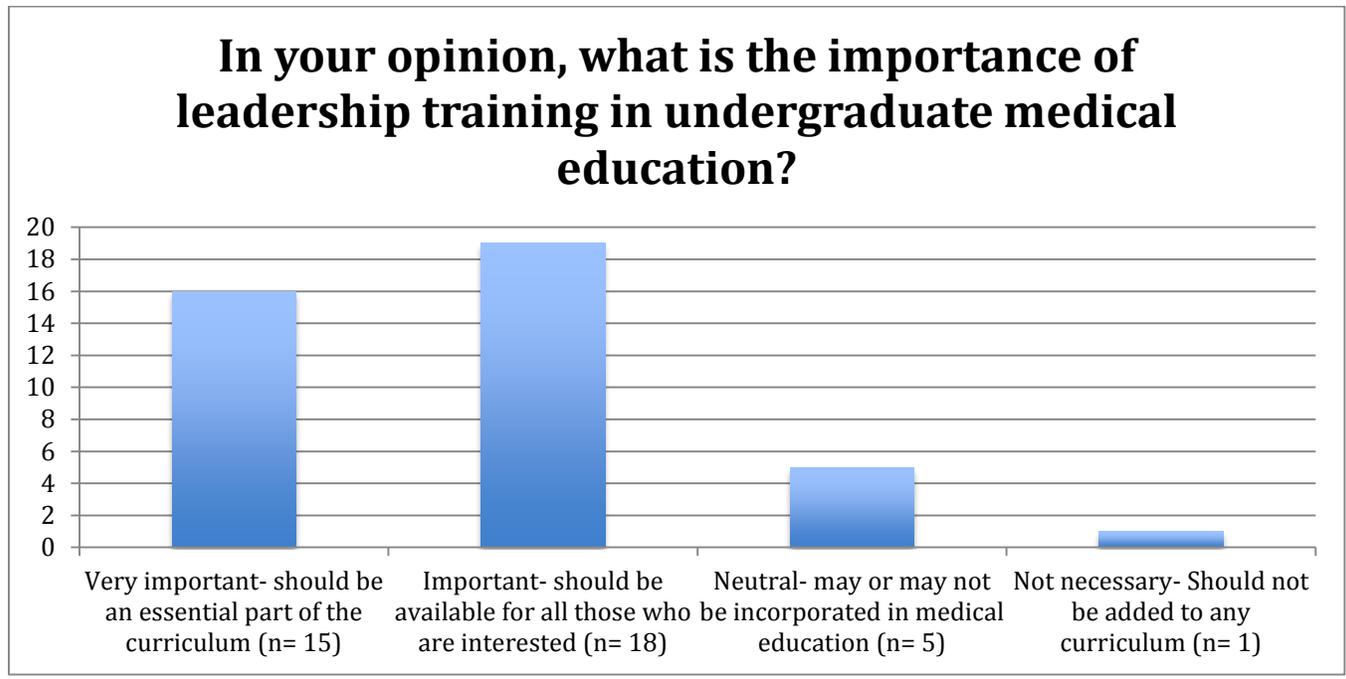
**\*Optional Response; 27 responses recorded**

- Answers recorded on a 1-5 pt scale (1= not at all; 5= very well)



**Question 4: "In your opinion, what is the importance of leadership training in undergraduate medical education?"**

**\*Required question, n= 41**



**Analysis:** 2% of respondents indicated no need for leadership training in medical education; 12% indicated neutrality on the subject; 44% indicated that leadership training is important and should be available for any interested students; 37% indicated leadership training ought to be an essential component of a medical education curriculum.

**Question 5: "Please add any thoughts about leadership training in medical education."**

- **Optional Response; 14 responses recorded**

**A. Comments suggestive of more specific leadership training in medical education:**

- n= 1
- 1. "I found the leadership elective to be not enough hands-on activities. Too much leadership and group theory without discussing practical applications to the field of health care. I think leadership training is important, but it's hard to do well with measurable outcomes. I think most med students have participated in "teambuilding exercises" and done other similar leadership training, but it may be more useful to learn specific skills like public speaking and negotiation."

**B. Comments suggestive of greater emphasis on leadership training in medical school:**

- n= 6
1. "Physicians are often thought of as "leaders" of the healthcare field. They are held accountable for the clinical decisions of their practice and should therefore be properly trained on how to lead their team."
  2. "Would be good - might incorporate into current curriculum or offer during the lunch hour for those interested."
  3. "I feel that there are several main elements of leadership training. 1) Leading a care team in a hospital, 2) being a leader in the community (like in private practice), 3) being a leader in research, 4) being a leader in medical student education. All of these things have skills that are applicable between them, so it's not like you need four different training programs, just an awareness that 'leadership' means different things to different people. With the evolving nature of healthcare and the growing importance of mid-level providers, I firmly believe that leadership training is one of the most critical ways that physicians need to contribute to the changed (and changing) landscape."
  4. "It needs to be incorporated into the curriculum."
  5. "As medicine becomes more and more interdisciplinary and team-based, I think it's crucial to teach future physicians how to be a good leader. These skills are not inherent, and I do believe they can be learned."
  6. "It would be great to have a specific seminar or class on leadership training, so the importance of it is emphasized more."

**C. Comments indicating preference for optional leadership training in medical school**

- n= 1
1. "I think that compelling all students to do it will inherently dilute the quality and purpose because there will simply be too many students and it will be a waste of everyone's time. No one learns leadership skills in a lecture hall, it has to be small groups or individually. Make it optional as a 4th yr clinical elective for interested students. Smaller classes will individualize the attention and make it worthwhile for everyone involved, all while committing an equal or smaller amount of resources than would have been used educating the entire class."

**D. Comments suggesting leadership training ought to experiential and through training**

- n= 3
1. "It seems like leadership is something hard to teach except by experience. I would assume that most schools expect students to have a bit of leadership experience when they start med school. Then they can continue to develop those skills experientially throughout training and careers."
  2. "It is important to factor in the non-curriculum based leadership opportunities including student interest groups and student run clinics. These, especially the latter, teach students a lot about leadership dynamics."
  3. "Though leadership skills are important, I haven't yet encountered a teaching program that I felt did a good job of improving leadership skills; I feel like past leadership experiences, leadership in medical school extra curricular

activities, and jobs often is the best way to learn these skills. However, if there are validated courses that work well to improve leadership qualities then they could be of use.”

**E. Comments suggesting leadership training should not be formally taught in medical school**

- n= 1
- 1. “I believe that good leadership skills are taught through activities, interest groups, mentorship and are developed organically. There may be something that is taught formally but I have a tough time see it is a high value time compared to efforts focused on studying, researching, or other activities.”

**F. Additional Comments**

- n= 2
- 1. “Most people who are in medical school have already held previous leadership positions as an undergrad or in the workforce. Not sure what this kind of training would consist of, but I imagine that a lot of medical students have already been exposed to how to be a leader, although maybe not the theory behind it.”
- 2. “I think doctors are often (always) expected to be leaders and have no formal training. Some training is informal and through mentoring and individual experiences. I would imagine individual motivation would influence this as well.”