BUILDING MEDICAL LEADERS

Chris Wilder - ANU Medical School
In the Operating Theatre
In the Neonatal ICU
The Elaine Bromiley Case

Just A Routine Operation
MEDICAL LEADERSHIP
Medical Leadership

Leadership Abilities vs. Career Progression
Medical Leadership

Leadership Abilities vs. Career Progression

SAFETY THRESHOLD
Medical Leadership

Career Progression

Leadership Abilities

Junior Doctor

SAFETY THRESHOLD
Medical Leadership

SAFETY THRESHOLD

Medical Student

Junior Doctor
Medical Leadership

SAFETY THRESHOLD

Junior Doctor

Medical Student
Medical Leadership

SAFETY THRESHOLD
EXPERIENCED NURSE
REGISTRAR TO CALL
LESS PATIENT LOAD

Junior Doctor

Medical Student
Medical Leadership

SAFETY THRESHOLD

EXPERIENCED NURSE

REGISTRAR TO CALL

LESS PATIENT LOAD

LEADERSHIP EXPOSURE

Junior Doctor

Medical Student
Medical Leadership

SAFETY THRESHOLD

ANUMS MLP
LEADERSHIP EXPOSURE

Medical Student

Junior Doctor
Medical Leadership

Leadership Abilities

Career Progression

SAFETY THRESHOLD

Medical Student

Junior Doctor
Building Medical Leaders

ANU Medical School
Medical Leadership Program
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Special Thanks
THANK YOU

Chris Wilder - ANU Medical School
Synopsis: Building Medical Leaders

Chris Wilder
Research Completed during the Vice-Chancellor’s Student Leadership Program

As a medical student I’ve witnessed profound leadership that enabled the type of care that I hope to provide for my patients in the future. Sadly, I’ve also witnessed leadership voids in challenging situations, and I’ve heard stories of these voids leading not only to morbidity, but mortality.

The void in medical leadership is being recognised and addressed. In 2001, the Houston Leadership Press wrote that “There is nothing in a physician’s education and training that qualifies him to become a leader.” More recently, Bruce Dowton wrote in the Medical Journal of Australia that “A campaign is needed to develop doctors as leaders. Clinical mastery or eminence in discipline-specific research does not necessarily translate into an ability to lead.” And on the wings of revolution flies change; the British Medical Journal has launched an online ‘Leadership in Medicine’ course, the Harvard Medical School now offers a combined MD and MBA program. Just this year, the University of Queensland and University of Newcastle are both offering a masters degree in Medical Leadership.

If we are to think about the current situation for medical professionals it appears that as your clinical role progresses the expectations on you as a medical leader increase. Furthermore, your leadership abilities are expected to grow to meet the demands of the situations you will face. To consider what this means in practice, medical leadership may include an ability to lead oneself through challenging circumstances, to lead others when you are required to, and to lead patients and their families through their clinical encounters, because in the times we meet patients they are at their most vulnerable and they will often require such actions from us.

It’s likely that some doctors will grow and development within the clinical setting more than others. Some will become formidable leaders. Leaders capable of taking charge when required, leaders willing to face choices where each option leads to a bad outcome. There will be medical leaders who are willing to analyse practices, scrutinise outcomes and push for change when all they face is resistance. There will also be medical leaders who are capable of none of those things. And although that’s likely ok, I do believe that every doctor out there should possess enough leadership ability to be safe. Enough self-awareness, enough comfort in leading a small group, I believe that there is at some point a safety threshold above which the clinician is able to face the challenge of the situations in which they might find themselves.
It should then be our goal that junior doctors are graduating with enough leadership ability to keep control of themselves, to keep control of situations and teams, and to be safe. However, it would seem that the majority of medical students have little requirement to be leaders. Now that is not to say that these students don’t have the abilities. Quite the contrary, there are medical students at the ANU that have profound leadership abilities. Instead, I would argue that medical school does not ask for leadership from the majority of students. And without the practice and the training I would then argue that the vast majority of us do not yet feel ready to be leaders in the clinical environment. To go back to the concept of a threshold of safety, we may well be graduating below the threshold and thus relying on this safety gap to be filled with teams of experienced nurses, fewer working hours with less fatigue, and a safety net of registrars to call as needed.

So now we come to my hope, to my vision for the ANU Medical School and the introduction of our very own Medical Leadership Program. In March of this year we launched the ANU Medical School Medical Leadership Program as a pilot for 16 selected students spread across our four year groups. This program was born from these ideas and has been enabled by my own participation in the ANU Vice-Chancellor’s Student Leadership program. Funding has generously come from both the ANU Medical School and PARSA and the program was oversubscribed at it’s inception. It runs concurrently with the medical degree from May through to September and focuses on basic principles of leadership including theories of leadership, self-management, influencing and motivating others, coaching, and leading through conflict.

I believe that exceptional leadership in a clinical setting can save lives, just the same as absent leadership can lose them. And as a soon to be junior doctor I want to be able to lead for the sake of patient safety, and I want this for my colleagues. The ANUMS Class of 2016 is entering the final few months of our medical degree, about to make the leap into the real world, a world with pay checks and paperwork and patients to be cared for. We will be busy, we will be stressed, but we must be able to lead when we are required. And that is why the ANU Medical School needs a Medical Leadership Program.