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Incorporating Medical Leadership and Management into Undergraduate Training

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Medical Leadership and Management (MLM)

There is a growing acknowledgement that doctors need to develop leadership and management competencies to become more actively involved in planning, delivery and transformation of patient services [(1)]. It's a developing field of medical education [(1)] which supports students in their carrier of long leadership journey. [(2)]

Clinical leadership is also a political priority as medically trained professionals are required to take managerial positions[(2)]Doctors of all levels and specialties should exhibit skills in shared, collective leadership, managing people, continuous improvement of care within finite resources and effective change. [(2)]

Medical Education in Sri Lanka

Medical schools in Sri Lanka are aiming to produce doctors equipped with comprehensive and up to date medical knowledge, key technical competencies and soft - skills in their medical education. Apart from the medical education stream, behavior science stream guides them in ethical practices, professionalism and promoting attitudes while community science stream significantly contributes towards preventive medicine. There is a department of medical education in every medical school in SL which is responsible in reforming medical curricula.[(3)]Further, Medical schools significantly contribute to community services and for research. However, little is known about current training of medical students in Medical Leadership and Management skills in medical schools.[(4)]

Basic science disciplines have expanded into several branches claiming departmental status and additional curricula time, without any consideration for training a basic practitioner. [(3)] Further expansion of profit oriented private hospitals and practitioners pushing clinical teachers to involve in generate revenue rather than teaching [(3)] Only little emphasis is given to leadership and management in medical curricula.[(1)]

Problems identified;

In this context, doctors in various levels i.e. house officers, grade medical officers and specialist medical officers do not have the required knowledge, skills, attitudes and behaviors expected to be a clinical leader/ manager when delivering direct patient care and patient care related services in Sri Lankan health system.

The subject of MLM is confined to the segment of doctors who have undergone post graduate training in medical administration and community medicine, in curative sector and preventive sector respectively. Rest of the doctors at all specialties and grades rarely get opportunity to gain adequate competencies in this specialty for the smooth functioning of the health system to achieve its goals and objectives. Only 2 ½ months training is provided for heads of divisional hospitals and MOHs by the NIHS. As a result, effective management of DHs in Sri Lanka has been a failure despite enormous financial resources allocated for infrastructure development. It has resulted in low bed occupancy rate, by pass, unnecessary transfers, shortage of supplies, patient dissatisfaction, waste of human resources and a high budget to maintain these hospitals.

In addition, medical administrators managing in secondary and tertiary care hospitals find it very difficult to carry out their managerial duties and responsibilities expected from the health system, with the medical staff at different grades due to their inadequate competencies on leadership and management. It has led to frequent resistance, poor interest, objections, complains especially with regard to "change for improvement". As a result there are many conflicts seen between administrators and clinicians when coming to consensus.

Change the system for better or continuous improvement is a key function of management of any organization. When it comes to hospital setting, examples such as work improvement teams, quality improvement initiatives, patient safety programmes, performance reviews, clinical audits, health information management, adherence to national guidelines, human resource management, attendance management, in service training, continuous professional development are not inspiring among medical staff and are frequently regarded as unnecessary interference by the management.

In addition, the grade medical officers appointed to support management in the positions of Medical Officer - Quality Management, Medical Officer -Planning, Medical Officer – NCD, Medical Officer – Public Health and Medical Officers holding MOIC positions in Out Patient Department, Emergency Treatment Units etc. do not seem to have the mind set of management contribute adequately to the management.

As a result, managers have to make an extra effort to convince the medical staff to implement policies, procedures, guidelines and quality improvement processes for the betterment of the health care. The feedback varies based on the personal interests as there is no uniform pattern thinking. Therefore, results of system improvement projects for the betterment of the health system in the country are not in par with the efforts made.

Evidence from other countries

Improved knowledge leads to improved practice. A person knowledgeable on a particular subject area can be easily motivated for practice what is learnt.

Why implementation of above initiatives with nursing staff in Sri Lanka is easier, could be because the leaders; matrons and ward sisters are well trained on leadership and management and they have a mind set to look at a new improvement initiative in a broader perspective. It's a good example to demonstrate the value of improving the MLM competencies among medical staff.

As a solution for this issue, there is increasing recognition of the importance of incorporating medical leadership training into undergraduate medical curriculum.[5] It was supported through the development of "undergraduate medical leadership competency framework by the Academy of Medical Royal Colleges in 2012 which was advocated by the General Medical Council, UK[5]to prepare students for lifelong career as professional medical leaders. [2] Competencies are identified in several areas; Demonstrating personal qualities, Working with others, Managing services, Managing people, Improving services and Setting directives. Further, "Generic professional capabilities framework" of GMC[6] has emphasized nine domains of professional capabilities of which 5thbeing "capabilities in leadership & teamwork" and 6th being "capabilities in patient safety & Quality improvement".[1]It has emphasized leadership and follow ship behavior, supervision, performance appraisal, learning culture, clinical governance, resource management, record keeping, Quality improvement reviews, audits, and Changes to their practice.

Knowledge, skills and attitudes of medical students on this developing field of medical education need to be improved.[1]Studies have shown positive attitudes towards and perceived need for leadership and management education among students. [7] Overfilled curricula, reluctance of staff to teach, lack of consensus on proposed content and methods and heterogeneity in MLM teaching and assessment methods and disinterested in some activities have been identified as barriers.[1, 4]

Proposal to Sri Lanka

Author personally believes that most of the above described issues repeatedly seen in Sri Lankan health sector is due to asymmetry of competencies on MLM between two groups. If the root cause is attended as in other countries, the efforts made for the strengthening of health services in the country would be more productive and efficient. In Sri Lanka Medical Administrators are trained from the pool of medical professionals instead of recruiting lay administrators to overlap the knowledge for easy consensus building. Likewise, the rest of the medical professionals need to be well equipped with MLM competencies to satisfy easy consensus building.

Therefore, the author proposes the responsible authorities to incorporate MLM to undergraduate training and to establish a separate department or to incorporate the contents of MLM in the curriculum of behavior science stream in medical schools. Further, it is suggested to recruit professionals fully qualified in medical administration as resource staff with hospital practical training.

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