



CAME Voice/Voix

A Perspective on Leading in Medical Education

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The theme of this year's Canadian Conference on Medical Education (CCME) was 'Leadership for Medical Education and Health Care'. This is a timely topic for us all, as medical education has become progressively more complex. Robust leadership is essential for the implementation of major new initiatives such as the CFPC's Triple C curriculum and the RCPSC's Competence by Design, the redesign of Canadian Family Medicine and specialty residency training respectively.

Being a leader in Medical Education is challenging. The landscape is highly networked and education and patient care are tightly interlinked. Leaders are often required to implement substantive change with few resources and little direct authority. Fortunately there is an emerging literature to guide us. I would like to highlight three articles that have given me useful insights on how to be a more effective leader in medical education.

1. Stewart Gabel notes the importance that physician leaders understand the various bases of power that allow them to function as leaders and of the particular importance of cultivating 'referent' power, the subtle form of political influence that comes from one's core values and personal and interpersonal behaviors¹.
2. Susan Lief and Mathieu Albert from the University of Toronto observe that successful medical education leaders rely on perpetual frames or lenses through which they view their work, placing particular importance on the human resource frame (people) with less emphasis on traditional leadership structures².
3. In a separate paper Lief and Albert also note the importance on being able to apply leadership skills on scales that range from the individual to groups, organizations and systems³.

If this seems like a tall order, it is, but the good news is that these are skills that can be learned. Leadership programs tailored to Medical Educators, such as the CLIME and NEAL programs, provide many opportunities to grow and develop your leadership skills. I encourage CAME members at all stages of their professional careers to consider leadership and leadership development opportunities to ensure the sustainability of Canadian medical education for the years and decades ahead.

References:

1. Gabel S. Physician Leaders and Their Bases of Power: Common and Disparate Elements. *Academic Medicine* 2012; 87: 221-225
2. Lief SJ and Albert M. The Mindsets of Medical Education Leaders: How do they conceive of their work? *Academic Medicine* 2010; 85:57-62
3. Lief SJ and Albert M. What do we do? Practices and Learning Strategies of Medical Education Leaders. *Medical Teacher* 2012; 34: 312-319