Designing a Leadership Curriculum: Insights from Experienced Physician Leaders on Key Competencies to Prepare Medical Students for Leadership

Background: Most medical schools do not have required curriculum on leadership, although many leadership skills are taught in the setting of clinical care teams and through optional electives. Nearly all physicians serve as leaders in some capacity during their careers, and it is crucial for students to intentionally develop leadership skills. The key leadership skills that medical school graduates should possess are not currently well understood. Therefore, we aimed to elicit perspectives from experienced physician leaders regarding key skills necessary for effective leadership in order to guide the development of a leadership curriculum for fourth year medical students.

Methods: Semi-structured, qualitative interviews were conducted with a convenience sample of physician leaders. Data were analyzed qualitatively.

Results: Semi-structured interviews were conducted with eight physician leaders at an academic medical center, including the Chief Medical Officer (CMO), two Chiefs of Staff, two Vice Chiefs of Staff, and two prior CMOs. A qualitative approach was used to 1) explore perceptions of key competencies required for effective leadership and 2) elicit feedback on leadership curriculum designed for fourth year medical students. Each physician was asked eleven questions about leadership skills and encouraged to expand on their answers. All participants reported that emotional intelligence, leading crucial conversations, change management, and collaborating with non-physician leaders were essential skills required of effective physician leaders. The majority also reported that these skills are difficult for physicians to acquire and can be barriers to physicians entering leadership positions. Six responders shared that other leadership concepts including financial/business planning, budget management, and revenue cycle management were not best learned during medical school.

Conclusions: Eight physician leaders at an academic medical center shared their insights about skills that physicians can master to become effective leaders, including emotional intelligence, leading crucial conversations, change management, and collaborating with non-physician leaders. Previous studies of undergraduate leadership curricula have reported that medical students perceive themselves to be “somewhat or fully competent in communication and conflict resolution,” although physician leaders in our study reported that these skills are challenging for nearly all early-career physician leaders. This highlights discrepancies between student perceptions of their own leadership skills and observations from experienced physician leaders. Limitations of this study include the use of a small sample of leaders from a single academic campus. Next steps include building a leadership curriculum for fourth year medical students focused on these skills. Future studies should address optimal methods of teaching and assessing these leadership competencies.