

**Resident
Doctors
of Canada**



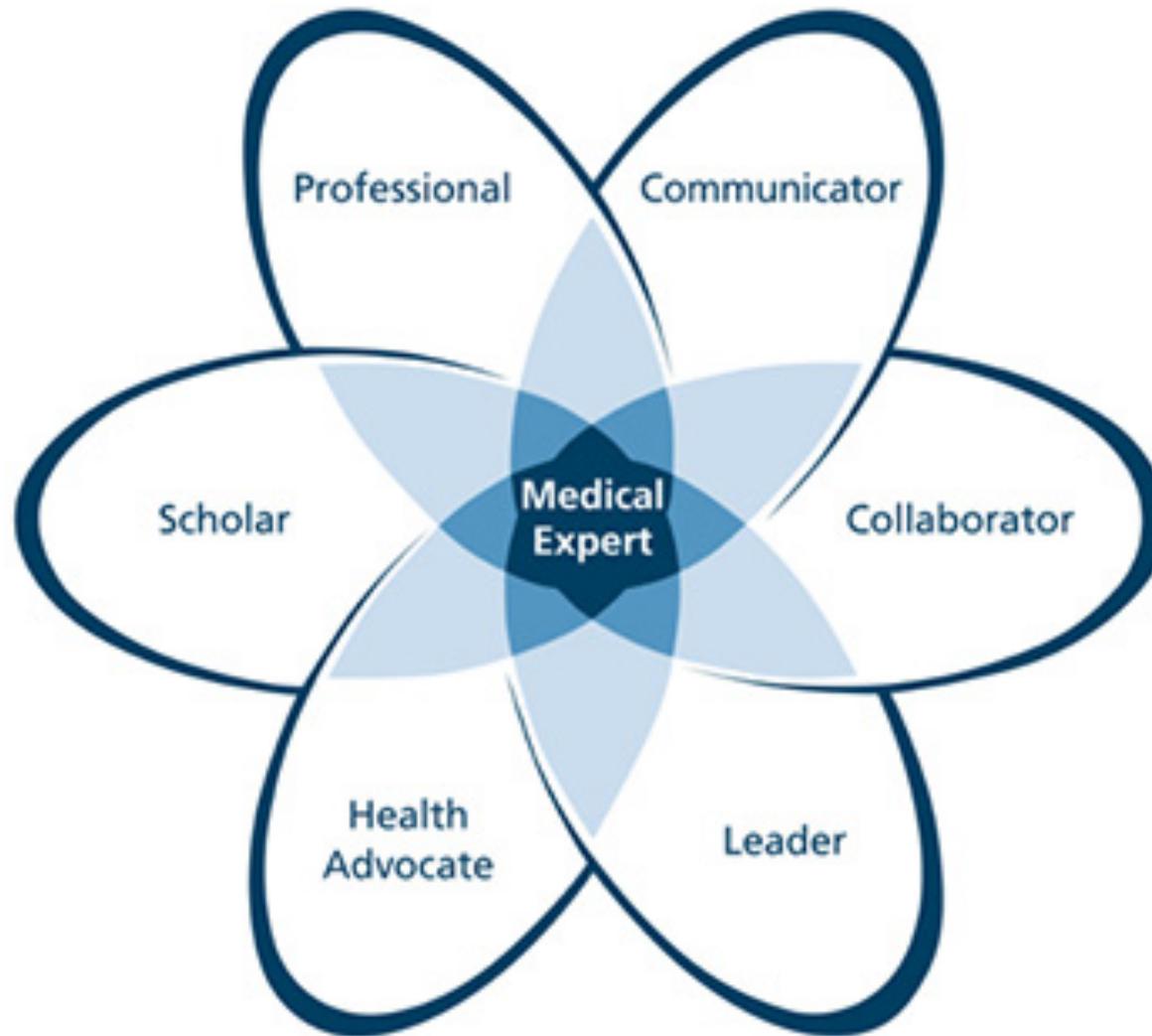
**Médecins
résidents
du Canada**

Levelling the Playing Field: Creating a culture in PGME that promotes leadership opportunities for residents

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Leader



CANMEDS

Leadership Education

- ▶ Recognized as important by Royal College and CFPC, National Health Service, Future of Medical Education in Canada, Accreditation Council for Graduate Medical Education
- ▶ Formal training programs in MD/MBA, leadership coursework, “leader track” training in medical school or residency
- ▶ Placement programs in physician leadership (e.g. FDA, DHHS, NHS)
- ▶ Relatively few “in situ” leadership opportunities in Canada
 - ▶ Chief residencies

Resident Doctors of Canada

- ▶ National representative body of more than 9,000 resident doctors in Canada
- ▶ Established as a not-for-profit organization in 1972
- ▶ Acts as the unified, national voice of our membership
- ▶ A member-driven organization that relies on resident volunteers to achieve our mandate
- ▶ Works with other national health organizations to:
 - ▶ continuously improve patient care
 - ▶ explore new approaches to the delivery of health care
 - ▶ achieve consensus on education, policy and advocacy issues of a national interest

Strategic Plan 2014-17

Our 2014-17 Strategic Plan was approved by the Board of Directors at its meeting on June 14, 2014 and articulates the following mission, vision and values:

MISSION

To drive excellence
in medical education
as the national
voice of resident
doctors.

VISION

Best training.
Best health.
Best care.

VALUES

Collaborative.
Proactive.
Accountable.

Not a happy accident...

- ▶ **Capacity development for leadership** is an often unacknowledged impact of our organizational objectives.
- ▶ Each year, we “graduate” a cohort of residents who have developed significant and concrete leadership experience.



This study - what we wanted to know

- ▶ Are leadership opportunities for residents important?
- ▶ Do they translate into tangible benefits for residents?
- ▶ Does our system encourage and enable these opportunities...
- ▶ Or does it present barriers?
- ▶ What could or should we be doing differently?



Methodology

- ▶ Qualitative analysis of semi-structured interviews conducted by one of 3 interviewers;
- ▶ Analyzed using Nvivo, using a grounded theoretical approach;
- ▶ Participants who have served on the RDoC Board of Directors since the organization's inception in 1972 (n=48);
- ▶ Interviews conducted with 10 thus far, 12 more interviews to be conducted;
- ▶ Gender: 8 males, 2 females
- ▶ Specialties: 3 Family Medicine, 2 psychiatry, 1 uro-gynecology, 1 thoracic surgery, 1 colorectal surgery, 1 ophthalmology, 1 cardiology, 1 emergency medicine
- ▶ Years of service: range from 1973 to 2013

Are leadership opportunities important?

“Those skills that you gain from things like CAIR coalesce around everything you do.”

- ▶ Leadership has been identified within CANMeds, CANMeds-FM, ETC...
- ▶ Also identified by FMEC and FMEC-PG

Benefits of Leadership

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ Confidence
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

▶ Communication

- ▶ “The formative lessons, the ‘becoming’ that takes place when you’re involved in medical politics, it’s huge. It is involved at every level - I would even submit that it allows you to communicate better with your patients. It goes right down to the bedside, and out from there.”

▶ Advocacy/Negotiation

▶ Collaboration

▶ Knowledge of the system/issues

▶ Building a network

▶ Confidence

▶ Management skills

▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ **Advocacy/Negotiation**
 - ▶ “Experiences like CAIR can’t be replicated in the classroom. You can’t replicate negotiating against the government, right? That’s an experience.”
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ Confidence
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ **Collaboration**
 - ▶ “It’s so helpful for understanding how collaborative processes work, and how the wheels grind. How you can’t just jump in and say “I want this” and expect people to believe you.”
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ Confidence
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ **Knowledge of the system/issues**
 - ▶ “It gave me a good amount of insight into the workings of medical education, the regulatory authority, all of it.”
- ▶ Building a network
- ▶ Confidence
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ **Building a network**
 - ▶ “At CAIR, there was a lot of networking going on. So it opened my eyes to a lot of organizational opportunities in terms of medicine. All kinds of groups I’ve had involvement with over the years.”
- ▶ Confidence
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

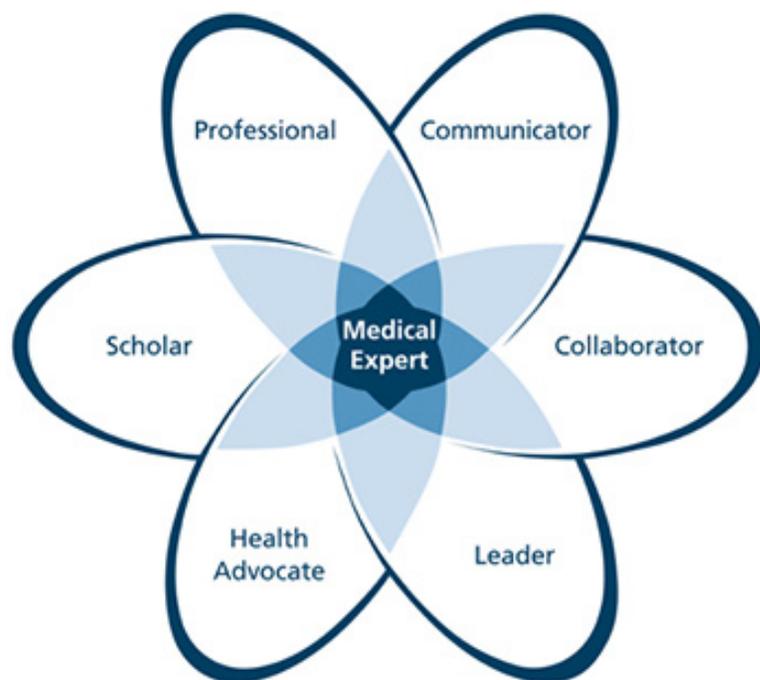
- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ **Confidence**
 - ▶ “I gained a lot of confidence. In terms of ideas, public speaking, presenting evidence... There were a lot of unpopular things that came out of CAIR that I had to take responsibility for, and so I got that sort of thick skin, and the confidence to put myself out there.
- ▶ Management skills
- ▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ Confidence
- ▶ **Management skills**
 - ▶ “I’m responsible for overseeing several administrative assistants, executive assistants, and allied health professionals. The lessons I learned in dealing with those individuals has helped me manage the practice environment that I’m in right now.”
- ▶ Patient care

Benefits of Leadership

- ▶ Communication
- ▶ Advocacy/Negotiation
- ▶ Collaboration
- ▶ Knowledge of the system/issues
- ▶ Building a network
- ▶ Confidence
- ▶ Management skills
- ▶ **Patient care**
 - ▶ “Experience with CAIR helps doctors learn how to talk to patients. It especially applies for the difficult conversations that can take place.”



CANMEDS

KEY CONCEPTS

Administration: 4.1, 4.2

Career development: 4.2

Complexity of systems: 1.1

Consideration of justice, efficiency, and effectiveness in the allocation of health care resources: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2

Effective committee participation: 3.2

Health human resources: 2.1, 4.2

Information technology for health care: 1.4

Leading change: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2

Management of personnel: 4.2

Negotiation: 3.1

Organizing, structuring, budgeting, and financing: 2.1, 2.2, 4.1, 4.2, 4.3

Personal leadership skills: 3.1, 4.1

Physician remuneration: 4.2

Physician roles and responsibilities in the health care system: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2

Physicians as active participant-architects within the health care system: 1.1, 1.2, 1.3, 1.4, 3.2

Practice management to maintain a sustainable practice and physician health: 4.1, 4.2, 4.3

Priority-setting: 2.1, 3.2, 4.1

Quality improvement: 1.1, 1.2, 1.3, 1.4, 2.2, 3.2, 4.3

Stewardship: 2.1, 2.2

Supervising others: 4.2

Systems thinking: 1.1, 1.2, 1.3, 1.4, 2.1, 2.2

Time management: 4.1, 4.2

Enablers

Enablers

- ▶ By far, the most important enablers for resident leadership opportunities were **supportive supervisors** and **supportive peers**.
 - ▶ “My program was quite supportive and encouraged me in doing this work. So I never felt that there was any barrier to my participation.”

Barriers



Barriers

- ▶ Lack of time
- ▶ Unsupportive supervisors
- ▶ Fear/Stigma
- ▶ Tokenism



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Barriers

- ▶ Lack of time
- ▶ Unsupportive supervisors
- ▶ Fear/Stigma
- ▶ **Tokenism**
 - ▶ “It’s best described as the ‘silver fox syndrome,’ those senior folks... who looked down their nose...saying, ‘Good job, but you’re not one of us.’ So there was diminishing of my role as a leader, and that was to remind me of who was really pulling the strings, who was really important.”

What could we do differently?

- ▶ Formalize and legitimize a leadership component within medical education
- ▶ Implement tools and resources to improve time management
 - ▶ “It should be built into the educational process at all levels: these leadership role people are doing good work, we will not punish them, we will support them.”

Key Concepts

- ▶ Impact of experiential leadership on all aspects of physician role
- ▶ The “time” barrier
- ▶ The “value” barrier
- ▶ Structured experiential leadership opportunities for residents
 - ▶ E.g. chief residencies, internships/placements, scholarly projects

Breakout sessions

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