

EDITORIAL

Leadership Training in Family Medicine

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“Leadership is all about building relationships, understanding people, and inspiring them to be their best.”

—Barack Obama

What is leadership? The dictionary defines it as the act of leading a group or organization. There are many different styles of leadership, depending on personality traits and the setting. For example, servant leadership describes a method of putting your team before your own needs and desires. Servant leaders prioritize the health of the team and focus on building community but can struggle within larger organizations and with complex decisions. Other leadership styles include the autocratic approach, where the leader makes decisions on their own. There is also an affiliative style, where the leader attempts to achieve consensus when making decisions. Other leaders are described as *laissez faire* and leave most decisions to their employees. An internet search of “what is leadership” returns thousands of results. There is no single, right way to be a leader; leadership style is deeply personal and can vary depending on the situation.

Physicians are inherently leaders within their clinics, hospitals, health systems, and communities. Our residents lead multidisciplinary hospital teams and project an aura of authority when talking to patients but are left to learn about other aspects of leadership by watching their teachers and practicing in the real world. Residents see examples of leadership in senior residents and faculty but do not experience much organized curriculum focused on bread-and-butter leadership skills.

Surprisingly, there little evidence about teaching leadership skills in medical education. A 2018 systematic review of leadership curricula in graduate medical education¹ found that there was no

consensus for which teaching method (eg, lecture, small group, case-based, longitudinal curriculum) or content area is the most effective. The review included 52 articles with variable evaluations. Content most commonly focused on change management, team building and structure, and communication.¹ Small, single-institution studies of residents and medical students have demonstrated increased rates of self-reported confidence with leadership.² For example, a pilot leadership and management module in Europe for undergraduate medical students demonstrated increased self-reported competence in leadership skills.³ Focus groups with 20 surgical residents explored experiences with leadership training and opportunities for formal curriculum.⁴ The surgical residents reported that many of their leadership skills came from employment or extracurricular experiences before residency, but other than that, they learned leadership skills by watching their senior residents and faculty. Further, the residents cited transitions during residency (eg, from junior resident to senior resident) as opportune times to insert structured curriculum on leadership.⁴

Within family medicine, the American Academy of Family Physicians (AAFP) conducts leadership training for chief residents⁵ and STFM has numerous leadership development programs for residents who want to become faculty (Emerging Leaders Fellowship).⁶ Many state academies also offer leadership training.

A 2020 systematic review of leadership training in family medicine residencies found that there is a paucity of data and experience providing training for all residents.⁷ This review included 12 papers, most of which focused on teaching leadership in specific content areas or

to a specific group of residents but not universal training for all residents. The AAFP curriculum guide includes content requirements to teach about leadership.⁸ The nine-page document identifies methods of instruction that include didactic or case-based opportunities. The items to cover include skills for leading a team, performance improvement, and patient advocacy.

There is no evidence-based, agreed-upon way to effectively teach family medicine residents how to be leaders nor is there consensus on outcomes of these leadership trainings. How do we measure leadership skills? Is self-reported comfort with leadership enough? We need more research examining methods of teaching leadership skills to family medicine residents and how to evaluate whether they grow in their leadership as a result of the training.

In this increasingly complex world, our new family physicians would do well to have training on how to be leaders in their communities and in their health systems.⁹ Former President Obama's quote describes leadership as being a quintessential family physician—building relationships, understanding people, and inspiring them to be their best. These are all qualities that we expect in our residents. It would be wonderful if our research could document how we teach these important qualities and measure outcomes.

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