

## FEATURE REVIEW

## Management and Leadership Development Programs for the Medical Community at McGill University

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In the last few years the Desautels Faculty of Management and the Faculty of Medicine at McGill University have been working on a number of joint projects to provide management and leadership knowledge to the McGill medical community. This article will report on these initiatives and suggest future directions. Although other universities in Canada and elsewhere are also beginning to launch similar initiatives, we believe that McGill is among the leaders in this area.

### RESIDENTS PROGRAM

For a number of years the Faculties of Medicine and Management have been offering a joint MD/MBA degree. In 2003 two physicians at the Montreal Children's Hospital saw the need for offering management training for the residents for whom they were the training directors. They contacted Dr. Laurel Taylor who was the faculty member at the Faculty of Management responsible for the MD/MBA degree. Dr. Karl Moore, a faculty member in management, soon joined the team, as did Dr. Linda Snell of the Faculty of Medicine. This group of five people works together as the MD Lead team.

What particularly promoted this interest was the Royal College of Physicians and Surgeons of Canada (RCPSC) which, through its CanMEDs requirements put forward Manager as one of seven key roles for physicians. Four enabling competencies have been identified for trainees: 1) to participate in activities that

contribute to the effectiveness of the healthcare system, 2) to manage their practice and career effectively, 3) to allocate finite healthcare resources appropriately and 4) to serve in administration and leadership roles (1). In a similar vein, the United States of America based Accreditation Council for Graduate Medical Education (ACGME) recently launched a training framework of six competencies, including that of expertise in systems-based practice (<http://www.acgme.org>). Trainees are expected to demonstrate an awareness of the health care system and to function effectively as managers and leaders within it. A recent survey of medical program directors confirmed that other medical schools are also considering how to deliver management education to their students and residents (2).

The first initiative was with residents in the McGill University Postgraduate Program. McGill is estimated to have over 800 residents in training in any given year. In the autumn of 2003, Dr. Laurel Taylor and Dr. Karl Moore of the Faculty of Management and Dr. Saleem Razack and Dr. Hema Patel of the Faculty of Medicine launched a pilot program in management development for residents in Pediatric specialties and Neurology at the Montreal Children's Hospital, a part of the McGill University Health Centre (MUHC).

The residents are typically at McGill University from 4-6 years beyond their MD degree to learn their medical specialty. Given the considerable time constraints the residents operate under we felt that the most suitable approach to provide management training was a short program. The most recently offered program (2005) consisted of one 4 hour session each month for five months during the academic year, 20 hours total time in the classroom. This is really a "management sampler"

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which introduces key management topics to the participants and creates a desire for longer, more in-depth courses on specific topics. This program provides residents with a broad spectrum of leadership, management and career development concepts that will aid them in the fulfillment of the role of manager in these formative practice years.

The program was offered primarily to residents in the final two years of their residency (typically the fourth or fifth years depending on the length of their specialty training). This philosophy will overcome weaknesses that pervade MBA education classrooms of people too young and too inexperienced to appreciate the world of managing. By this point in their career these are people who have been practicing physicians for several years in a complex medical environment and will have considerable experience in the management of people and the allocation of millions of dollars of resources a year. A maximum class size of approximately 25 participants was chosen in order to allow for considerable amounts of group work and group interaction.

Given the maturity and experience of the participants we adopted many elements of the approach McGill has developed in the successful International Masters in Practicing Management (IMPM), currently offered by a partnership of McGill University, the University of Lancaster in England, INSEAD in France, the Indian Institute of Management at Bangalore, and faculty from Hitso-subashi along with other universities in Japan. Here, each school recruits companies (for example, Matsushita in Japan, Alcan in Canada) which in turn send several of their managers in the 35-to-45 age range to a common class. Particular attention is paid in the IMPM to the experience of the class. Participants sit at round tables, which allow for table discussion at a moment's notice-to consider and apply the material presented by instructors. A 50:50 rule suggests that for half the time, the instructor should turn the material over to the participants on their agenda. Hence, an IMPM class looks and feels very different from most classrooms. We sought to bring into the discussion the participants considerable experience in the health sector. We view them as bringing equally valuable knowledge and insights to the classroom as the faculty.

The following is the 5 modules in brief that were offered in the 2005 academic year:

Session Theme	Contents
<b>Session #1</b> Charting the Future - Building a Successful Career in Academic Medicine	Finding the right job The hiring process Challenges in early academic career development Mentorship

	Interview and presentation skills Curriculum vitae basics
<b>Session #2</b> Leading and Motivating In Academic Conflict and Negotiation	Leadership styles, roles played by physicians Types of conflict Conflict styles Models of communication
<b>Session #3</b> Risk Management, Quality Improvement and the Balanced Scorecard	Safety and risk Quality management - in the institution and in everyday practice Balanced scorecard
<b>Session #4</b> Creating and Managing Change in Your Health Care System	Adoption theory Strategic alignment Transformational journeys Choosing your change leaders Leading change
<b>Session #5</b> Making your Mark: a summary for success	Health care systems overview (Canada, USA; with written materials for several European countries) Managers vs. Leaders Time Management Leadership in action- being a positive force within the system- narratives from guest speakers

Under the auspices of a research grant from the Royal College of Physicians and Surgeons of Canada the effectiveness of the program was tested. The results of this program evaluation will be presented and published shortly.

#### UNDERGRADUATE INITIATIVE

The MD Lead group recently met with the Associate Dean at the McGill Faculty of Medicine responsible for MD education, and we are anticipating offering an optional management course as part of the final year of the MD program, as well as some specific classes for all medical students earlier on in their curriculum. The business and medical schools at the University of Western Ontario have recently offered such a course as an optional course; it was very well subscribed to and received high course ratings.

#### MEDICAL CONFERENCES

The MD Lead group presented a workshop on Time Management entitled, "Like Water from Stone: Time Management Essentials" at both the 2005 U.S. Pediatric Academic Societies annual conference in Washington and the Canadian Pediatric Society annual conference in Vancouver. Both sessions were very highly rated and encouraged us to expand our management workshops at medical conferences reaching experienced physicians and medical professors. In addition we presented our

findings, "The MD-Lead Study of Manager Role Training For Senior Residents: Evidence of Effectiveness From A Single-blind, Randomized, Controlled Trial" at the RCPSC 2005 Annual Meeting, and at the Medical Education Conference, London, Ontario, The Association of Faculties of Medicine of Canada.

### IMHL

A new degree, the International Masters in Health Leadership, will be launched in 2006 under the leadership of Henry Mintzberg and Shalom Glouberman, longtime collaborators on management issues relating to health, and Dean Abraham Fuks of the Faculty of Medicine at McGill University. Building on the IMPM and McGill's Advanced Leadership Program, the hope is that the IMHL acts as a catalyst for change in developing an integrated and sustainable approach to health worldwide, with an impact on key issues of participants and their respective organizations and communities. Members of the MD Lead group will be involved as Module leaders in the IMHL.

The objective of this program is to provide a radically different learning opportunity for health leaders than has existed before. Presented in a modular format, the IMHL concentrates the learning experience on the issues of participants and their respective organizations and communities. This allows not only to benefit from the 'friendly consultants' in the classroom, but to 'anchor' students' learning in the culture and practice of their individual organizations and communities. It also provides participants with an unparalleled opportunity to draw on personal experience in putting theory into practice, developing a far deeper understanding of real-world challenges and providing them with the opportunity for breakthrough solutions. The field-driven focus of the IMHL is intended to maximize the program's impact on the participants, their organizations and the health sector as a whole.

### PROGRAM DESIGN

The fundamental assumption of the IMHL program is that leadership in the complex health system requires the ability to transform people, organizations, systems and their contexts. Accordingly, the IMHL is built around five "leadership mindsets" aimed at exploring the possibilities of transformation within different realms of management:

- ⊙ The Reflective Mindset - Broadening Perspectives
- ⊙ The Analytic Mindset - Leading Organizations
- ⊙ The Worldly Mindset - Navigating the System
- ⊙ The Collaborative Mindset - Appreciating Work Relationships
- ⊙ The Catalytic Mindset - Achieving Change

Each of the five modules corresponds to a specific "leadership mindset":

#### ⊙ **Module 1: The Reflective Mindset - Broadening Perspectives**

This module is designed to help participants gain a better understanding of their personal management style - how they present themselves to others, their strengths and weaknesses, and their current leadership skills.

In this module, participants explore their own thought processes and behaviours in order to stimulate fresh approaches to managing. The reflective skills required by leaders of complex health environments are tuned and developed.

#### ⊙ **Module 2: The Analytic Mindset - Leading Organizations**

This module provides an overview of today's principal health organizations including health promoting hospitals, community agencies, etc. by analyzing their intrinsic similarities and differences. Discussions are reinforced by field studies.

The concepts of strategy, structure, sourcing and delivery are explored in a systematic way that allows participants to view the managing process as a melding of science, art and craft. Key concepts in accounting, people management and organizational strategy stimulate participants to diagnose the strengths and weaknesses of their own organization.

#### ⊙ **Module 3: The Worldly Mindset - Navigating the System**

The delivery of health care is rooted within highly complex systems that vary enormously across the world - from fully socialized to market-driven. Yet every system struggles with where it should sit on this continuum. Because most practitioners - whether managers or clinicians - typically spend their careers within a single system, they rarely have the opportunity to appreciate the alternatives. This module concentrates on "systems" at a contextual level including the various social institutions in the health field and their interactions with economic, political and social forces. The goal is to increase understanding of the dynamics of "system change". Participants are encouraged to seek creative solutions based on an integrated, rather than a fragmented, understanding of health care.

#### ⊙ **Module 4: The Collaborative Mindset - Appreciating Work Relationships**

This module focuses on managing relationships that lie at the heart of the health system, i.e. with patients, professionals, health advocates, administrators, the government, the media and many other groups. It explores the resolution of health challenges through

relationship building, negotiating, stakeholder coordination, and knowledge management. The managing of professional relationships is emphasized, with participants developing the advanced skills necessary to build and lead complex integrated networks rather than simple organizations. The integration of knowledge from multiple disciplines and perspectives is also examined.

⊙ **Module 5: The Catalytic Mindset - Achieving Change**

The final module is action-focused and integrative in nature, focusing on the achievement of change. The anchoring projects on which participants have worked throughout the program are given considerable attention. Moving from theory to action, successful health management cases are reviewed and the action implications of adaptive management are explored. Other key areas of study include: integrated and sustainable approach to health; the notion of prevention and its applied dissemination; effective intervention within the policy environment; positive/negative outcomes of media exposure in health policy; and the notions of evaluation and accountability.

**CONCLUSION**

There has been considerable progress at McGill in providing management education to various levels of the medical community. We have offered or plan to offer shortly programs on management for MD students, residents, and in the IHML for hospital CEOs, heads of departments and other senior medical professionals. The response of the medical community has been very positive. We have learned a considerable amount in terms of how to collaborate between the two faculties with their two different cultures and look forward to the relationship continuing to grow.

**REFERENCES**

1. Societal Needs Working Group, The Royal College of Physicians and Surgeons of Canada. Skills for the new millennium: report of the societal needs working group: CanMEDS 2000 Project. Ottawa: The Royal College of Physicians and Surgeons of Canada; 1996 September 1996.
2. Heard JK, Allen RM, Clardy J. Assessing the needs of residency program directors to meet the ACGME general competencies. *Academic Medicine* 2002;77(7):750.

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