

1. Introduction

This unit focuses on competencies the Clinician Educator (CE) will need in order to lead teams that have an education orientation. Leadership skills are an essential ingredient in the development of new curricula, the integration of education activities within the structure and function of academic organizations and systems, the mentoring of colleagues, and the negotiation and management of conflicts. This unit will provide the CE with the theoretical framework and practical skills that he or she will require to implement the activities planned in other units.

2. Prerequisite units

- Foundations: Part 1

Although there are no other prerequisites, this unit may be best appreciated toward the midpoint or end of the diploma program, when concepts from the core units and increasing experience as an educator have been established.

3. CE competencies addressed in this unit

A CE must be able to:

1. Develop and describe his or her personal leadership philosophy
2. Lead a team toward the completion of an education project

4. Learning objectives

By the end of the unit, the CE will be able to:

1. Demonstrate comprehension of leadership theory and context, by

- describing the skills and characteristics of effective leaders in education
- analyzing his or her own leadership styles and skills
- describing the organizational structure and function of medical education systems in academic (regional or national) and clinical contexts

2. Demonstrate good intrapersonal practices, by

- preparing a list of personal and professional leadership goals and a leadership vision
- applying time management tools to align the time allocated to tasks with personal values

3. Demonstrate good interpersonal practices, by

- applying (in theory or in practice) a framework for dealing with conflict in an educational context

- identifying the skills required of an effective mentor

4. Demonstrate good organizational and systems practices, by

- leading a team with the goal of completing a project
- applying (in theory or in practice) a framework for bringing about a change in an educational program
- describing the steps for strategic planning in medical education

5. Suggested resources

Articles

Aschenbrener CA, Siders CT. Part 2, Conflict management. Managing low-to-mid intensity conflict in the health care setting. *Physician Exec.* 1999;25(5):44–7.

Berwick DM. Disseminating innovations in health care. *JAMA.* 2003;289(15):1969–75.

Drucker PF. Managing oneself. *Harv Bus Rev.* 1999;77(2):64–74

Goleman D. Leadership that gets results. *Harv Bus Rev.* 2000(78(2):78–90.

Gratton L, Erickson TJ. 8 ways to build collaborative teams. *Harv Bus Rev.* 2007;85(11):100–9, 153.

Kotter JP. What leaders really do. *Harv Bus Rev.* 2001;79(11):85–96.

Lieff S, Albert M. 2012. What do we do? Practices and learning strategies of medical education leaders. *Med Teach* 2012;34(4):312–9.

Siders CT, Aschenbrener CA. Conflict management, Part 1. Conflict management checklist: a diagnostic tool for assessing conflict in organizations. *Physician Exec.* 1999;25(4):32–7.

Souba WW. Academic medicine and the search for meaning and purpose. *Acad Med.* 2002;77(2):139–44.

Sull DN, Houlder D. Do your commitments match your convictions? *Harv Bus Rev.* 2005;Jan 82–91.

Yuki G, A Gordon A, Taber T. A hierarchical taxonomy of leadership behaviour: integrating a half century of behaviour research. *J Leadersh Org Stud.* 2002;9(1):15–32.

Books

Covey SR. *The 7 habits of highly effective people.* New York: Free Press; 2004.

Fisher R, Ury W. *Getting to yes: negotiating agreement without giving in.* New York: Penguin Books; 1991.

Goleman D, Boyatzis RE, McKee A. *Primal leadership: learning to lead with emotional intelligence.* Boston (MA): Harvard Business School Press; 2004.

Kotter JP. *Leading change.* Cambridge (MA): Harvard Business School Press; 1996.

Kouzes JM, Posner BZ. *The leadership challenge.* San Francisco (CA): Jossey-Bass; 2002.

Book chapters

Bland CJ, Wersal L. Effective leadership for curricular change. In: Norman GR, van der Vleuten CPM, Newble DI, editors. *International handbook of research in medical education.* Dordrecht: Kluwer Academic Publishers; 2002. p. 969–79.

McKimm J, Swanwick T. Educational leadership. In: Swanwick T, McKimm J, editors. *ABC of clinical leadership*. Chichester (UK): Wiley-Blackwell/BMJ Books; 2011. p. 38–43.

Online resources

Eikenberry K. Developing a team charter. www.sideroad.com/Team_Building/developing-team-charter.html

Pausch R. Time management. Carnegie Mellon online. www.youtube.com/watch?v=oTugjssqOT0

6. Learning activities

Formal

- The candidate must engage in a structure, formalized activity or a series of activities related to the learning objectives above. This activity or activities should include interactions with other learners and teachers. The activity or activities will facilitate a deeper engagement of the material. The learning activity or activities can include, for example, workshops, courses, e-learning programs or other activities associated with a faculty development program, a national specialty society or education conference, or a free-standing course, such as CLIME (Canadian Leadership Institute in Medical Education) or a Physician Management Institute course (Canadian Medical Association). Learning activities must be pre-approved by the CE AFC program. To assist in standardizing the scope of the required learning activity or activities among CE AFC programs the typical time requirement for the formal learning activity or activities is 6 hours.
- Complete a personal leadership inventory

Applied

The candidate must:

- lead a team with the goal of completing an education project and describe how leadership theory, personal effectiveness, time management, strategic planning, change management, negotiation, conflict management, etc., have been applied to this activity.
- establish a formal relationship with at least one mentor and reflect on this

7. Assessment

Formative

During this unit candidates should meet regularly with their unit advisor (a minimum of four 30-minute meetings or equivalent) to:

- discuss and receive feedback on their understanding of key ideas in education leadership
- check their progress in achieving the learning objectives of this unit
- monitor their progress in the applied learning activities

Documentation of these interactions and their outcomes is required (through the Final Unit Report)

Summative

Candidates should submit e-documentation of the following to their electronic portfolio:

1. successful completion of the formal learning activities (via the Final Unit Report and not as a separate entry.)
2. documentation that the candidate has completed a personal leadership inventory

3. a reflective essay or multimedia report discussing the candidate's philosophy of leadership and linking it to the challenges of actually leading a team, the candidate's approach to negotiating a solution to a real or theoretical conflict, and the candidate's approach to time management. This reflection does not need to be referenced in a typical academic manner; however, major theories or frameworks adopted by the candidate should be identified. It must demonstrate interaction between the candidate and unit advisor, e.g., a documented response from the unit advisor and the candidate's subsequent reply.
4. a summative team report by the candidate that demonstrates incorporation of feedback from members of the team
5. a letter from a mentor indicating that a formal relationship has been established
6. a standard academic essay or multimedia report from the candidate reflecting on the mentoring relationship.
7. Final Unit Report: a narrative report from the unit advisor using the prescribed template indicating that the candidate has successfully completed the unit

8. Criteria for a unit advisor

Education qualifications: none

Experience: a minimum of one year's experience in a leadership role (does not necessarily have to be a physician)

The CE AFC program must assess the appropriateness of the proposed unit advisor and submit the appropriate certificate.

9. Unit designation

Selective

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