Leadership Training in Medicine—12 Years of Experience From the Feagin Leadership Program

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ABSTRACT

Introduction:
Increasingly, physicians find themselves in demanding leadership positions. However, leadership education for medical trainees remains lacking with most physicians reporting that they are ill-equipped to tackle the challenges of leadership. Here, we set out to describe the Feagin Leadership Program (FLP) and assess its reception and impact on trainees over the past 12 years.

Materials and Methods:
During the 1-year FLP, selected scholars from Duke University, Wake Forest University, and the University of North Carolina participate in five leadership sessions, individual coaching, a leadership forum, and a multidisciplinary team–based capstone project. A 28-question survey with six optional free-response questions was distributed to the Feagin Alumni Network, and descriptive statistics were assessed.

Results:
Since its founding, 212 scholars have graduated from the FLP and 117 (55%) alumni have gone on to surgical specialties. A survey was distributed among all Feagin alumni. A total of 56 (26%) surveys were completed. Forty-three percent ($n = 24$) had held at least one leadership position since completing the FLP. When asked about the impact of their experience, 96% ($n = 54$) said that the program encouraged them to pursue a position of leadership within their field, 95% ($n = 53$) stated that it prepared them for such a position, and 93% ($n = 52$) stated that the program positively influenced their decision to be involved with current or future positions of leadership.

Conclusions:
Over the last 12 years, the FLP has demonstrated a high perceived impact on personal growth, leadership proficiency, and the decision to pursue leadership positions in medicine. The current dearth of leadership education for surgical trainees can best be addressed with models such as the FLP, with adoption benefiting medical trainees, the medical community, and patients they serve.

INTRODUCTION

Long before the Athenians first instituted their democracy in the fifth century BC, Homer shared his leadership model in the epic poem "Odyssey." According to Homer, leadership requires respect, reciprocity, and excellence.[1] These pillars hold true today for leadership in all domains, and the lessons from Homer, among other philosophers and leaders, are taught almost ubiquitously. However, in contrast to other arenas such as finance or business, leadership training for medical trainees remains limited, throughout their education, from medical school to residency, fellowship, and early-career stages as board-certified clinicians.[2–5]

Although diverse in scope, size, and setting, the leadership expectations placed upon clinicians are demanding.[6,7] This assumption is largely based on a belief that the years of medicine and specialty training that led to a successful clinical career will also ensure success as a leader. Although some physicians can quickly adapt to this role, the majority feel that they are ill-equipped to tackle such challenges.[8] Acknowledging that many physicians lack the necessary leadership skills and relevant leadership training, healthcare institutions are still hiring individuals to fill many core positions with skilled, non-physician leaders. Whether it is the changing tide in healthcare reimbursement and insurance or adapting to global pandemics, the demand for strong medical leadership is growing.[9] This is particularly true in the era of multidisciplinary patient care, where patient clinical outcomes are dependent upon individual ability to efficiently lead a multidisciplinary care team.[10] These challenges span a wide breadth of arenas from academia and research to private practice.[11,12] As these challenges mount, the classical assumption that any physician will instinctively know how to excel as a leader is being increasingly tested.

Despite the demand for leadership education in medicine, little guidance exists in the present literature.[13] To address the need for leadership education in medicine, the Feagin Leadership Program (FLP) was launched in 2008 at the Duke University School of Medicine with a mission of providing a "transformational learning experience that develops effective, ethical leaders who positively influence healthcare." In order to achieve its mission, the program approaches scholars

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not only as physicians or surgeons but as future leaders who are interested in transforming healthcare from a solely clinical practice to a patient-centered, humanitarian service. The purpose of this report is to describe the fundamental principles of FLP and assess its reception and impact on trainees over the past 12 years.

MATERIALS AND METHODS

Program Outline

The FLP was named after Dr. John Feagin, a renowned orthopedic surgeon, leader, and humanitarian who is frequently quoted as saying, "leadership is doing the right thing, at the right time, for the right reason." The program engages healthcare trainees across various fields and levels of training mainly from Duke University, but in recent years, the program expanded by matriculating scholars from Wake Forest University and the University of North Carolina, Chapel Hill. Feagin scholars are selected after a rigorous application process consisting of a 1-page focused resume, several letters of recommendation, and a personal statement on the applicants' experiences and commitment to leadership. Scholars then complete a 1-year program, including five leadership education sessions, bimonthly individual coaching that can be adjusted according to the individual needs and the nature of the capstone project, a minimum for a monthly team meeting, an annual leadership forum, and a multidisciplinary team–based capstone project focused on leadership development in medicine. The coaching is focused on facilitating the growth of individual leadership skills as well as the improvement of teamwork with direct observation and immediate feedback by the assigned coach. The program combines large group events with invited speakers (leadership figures, FLP alumni. Etc.), frequent 360° evaluation at an individual and team level, opportunities for one-on-one reflection on personal leadership development with coaches and mentors, and challenging conversations. Finally, part of the leadership training takes place at Westpoint Military Academy, where scholars interact with military leaders and develop leadership skills using leadership examples from U.S. history and present. The usual team size is six members of various cultural and social backgrounds but similar scientific and leadership interests. The number of scholars per year varies from 30 to 34, and the total curricular hours are 80 at minimum. Initially, the program was focusing on medical students and medical graduates at various training levels (residents and fellows), but recently, the program started including physician assistants as well.

Throughout its maturation, the program developed a leadership model focused on the tenants of patient-centeredness, teamwork, selfless service, integrity, critical thinking, and emotional intelligence—traits that are critical for the physician or surgeon leader (Fig. 1). The leadership model acts as the cornerstone of the program's philosophy and is designed to shape medical leaders that, above all else, provide personalized and patient-centered care.[14]

As a concept, "patient centricity" is the fundamental principle of healthcare. While paralleling their clinical education, FLP scholars learn of the importance of patient autonomy and the compulsory practice of including the patient in the formation of their care plan. In this way, teamwork is leveraged and utilized to work with the patient and other providers toward a common objective. Scholars are coached on creating a fecund environment of psychological safety and collaboration through the capacity to both listen and inspire. This is enhanced with an emphasis on selfless service, which incorporates focusing on the needs of others irrespective of their role, ranking, or performance. Through lessons in integrity, scholars learn to praise others for their contributions, acknowledging successes, and holding themselves accountable for mistakes not only toward superiors but also toward peers, junior staff, and their patients. Critical thinking enables leaders at multiple levels to feel, comprehend, and deeply understand the effect and impact of their decisions. This provides the armamentarium of skills to create an environment within a team where diversity of thought can be considered before making surgical and clinical decisions. Finally, emotional intelligence emerges as an essential tool to optimize outcomes as it provides the ability to use emotions to manage high-stress situations positively and overcome both internal (physicians themselves) and external (patient, coworkers, etc.) challenges.

Within the FLP, capstone projects all revolve around selfless service and range from implementing and enhancing middle-school science, community outreach, and math mentorship programs to developing and promoting a perioperative culture initiative across a large health system. By combining didactic-based sessions and team-based projects, lessons are both learned and then implemented. In this way, the FLP pillars are not just learned but practiced and reinforced. The FLP is supported by grants, sponsors, and individuals who desire to impact the future of healthcare by growing leadership capability in the medical profession.

Survey Design

A 28-question survey with six optional free-response questions was distributed to the Feagin Alumni Network in April 2020, as a Quality Improvement (QI) initiative to improve the FLP, and descriptive statistics were assessed. Questions focused on alumni demographics, program satisfaction, and perception of the impact of the FLP on leadership training. Demographic information included age at time of survey, gender, race, professional/education status while in the FLP, professional/education status at the time of survey, year of participation in the FLP, and current or past leadership position(s). Responses were tallied, and all data are presented as frequency (percentage) of respondents for each question stem.

RESULTS

The survey was sent out to the extensive Feagin Alumni Network in April 2020, with 56 (26%) scholars responding

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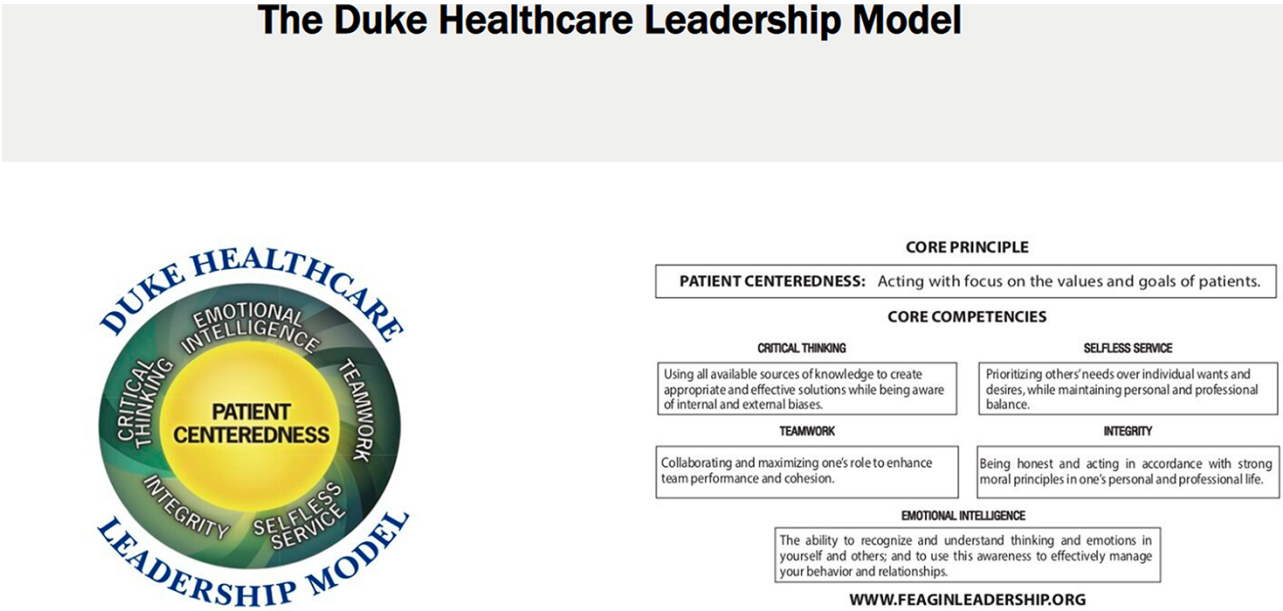

FIGURE 1. The Duke Healthcare Leadership Model as developed by the Feagin Leadership Program and its detailed breakdown.

(Supplemental Appendix). Since its inception, 55% of the Feagin scholars have gone on to surgical specialties (Table I). Of the 212 Feagin alumni, 50% were in medical school and 50% in residency or fellowship training at the time of participation, and 81 (38%) alumni are female. Respondents closely mirrored the overall demographics of the program, with the majority aged 25-34 ($n = 43$, 77%), male ($n = 34$, 61%), and Caucasian ($n = 32$, 57%). The majority of respondents are currently serving in an academic medical center ($n = 43$, 61%).

At the time of our survey, 38% ($n = 21$) currently hold a leadership position within their field, and 43% ($n = 24$) had held at least one or more leadership positions since completing the FLP. When asked about the impact of their experience, 96% ($n = 54$) said that the program encouraged them to pursue a position of leadership within their field, 95% ($n = 53$) stated that it prepared them for such a position, and 93% ($n = 52$) stated that the program positively influenced their decision to be involved with current or future positions of leadership. In line with the FLP's mission, 96% ($n = 54$) stated that the program also both encouraged and prepared them to teach others how to be useful and ethical leaders in healthcare. Explicitly, 95% ($n = 53$) stated that the program improved their ability to lead a team, and 93% ($n = 52$) stated that it improved their teamwork and communication skills. Much of this learning was obtained via completion of their team's capstone project, with 95% ($n = 53$) stating that the project improved their ability for and understanding of leadership. Ultimately, 99% ($n = 55$) were both satisfied with their training within the FLP and would recommend it to others. Although these results are subject to response and selection bias, they are reassuring that the program is well-received and impactful.

DISCUSSION

Medical leadership is crucial in delivering high-quality healthcare, and yet medical training and career progression have been traditionally lacking organized leadership training. Currently, only about a third of medical schools have either mandatory or elective leadership development curricula.[15] It seems that healthcare leadership by physicians is currently dependent upon individual standards[16] that in turn leads to variations in the quality of medical leadership between different organizations and, on occasions, catastrophic lapses in the standard of care provided to patients.[6,17] The latter highlights the need of seeing doctors take on more significant leadership roles throughout the healthcare system[18,19] as well as focusing more on leadership development for all doctors, starting earlier during the medical school years[20] and continuing throughout their careers.[21] In order to achieve these aims, there is a need for structured and organized leadership programs to help physicians develop strong personal and professional values, a variety of non-technical skills that allow them to lead across professional boundaries and understand the increasing complexity of the environment in which 21st -century healthcare is delivered.[17] In order to develop these leadership programs, vision, dedicated resources, and sophisticated and thoughtful application of a variety of different learning methodologies including mentoring, coaching, action learning, and networking are needed.[22] This learning and growth does not and will not just happen by accident. It must be intentional, planned, modeled, and practiced.

The FLP is an example of a successful leadership program where its success rests on the fact that the Feagin scholars have the space and time to engage in developmental experiences (readings, discussions, one-on-one coaching, etc.). As

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TABLE I. Survey Respondent Demographics

Characteristics	Number (percentage)
Age (years) at the time of survey	
Under 18	0 (0)
18–24	0 (0)
25–34	43 (76.8)
35–44	12 (21.4)
45–54	1 (1.8)
55–64	0 (0)
65 or older	0 (0)
Gender	
Male	34 (60.7)
Female	22 (39.3)
Race	
Caucasian	32 (57.1)
Black or African American	2 (3.6)
Asian	15 (26.8)
Hispanic or Latino	3 (5.4)
Native Hawaiian or Other Pacific Islander	0 (0)
American Indian or Alaska Native	0 (0)
Multiracial	4 (7.1)
Professional/educational status while in the FLP	
Medical student	29 (51.8)
Resident	17 (30.4)
Fellow	7 (12.5)
Attending	3 (5.4)
APP (nurse practitioner/ physician's assistant)	0 (0)
Nurse	0 (0)
Physical therapist	0 (0)
Current professional/educational status	
Medical student	19 (33.9)
Resident	22 (39.3)
Fellow	6 (10.7)
Attending	8 (14.3)
APP (nurse practitioner/ physician's assistant)	0 (0)
Nurse	0 (0)
Physical therapist	0 (0)
Assistant professor	1 (1.8)
Specialty focus	
Medical	16 (28.6)
Surgical	31 (55.4)
Not applicable (student)	9 (16.1)
Any leadership position held since completing the FLP	24 (42.9)

reflected by the present survey, the majority of respondents (96%) felt that the FLP experience encouraged them to pursue a position of leadership within their field, whereas more than 90% of them stated that FLP prepared them for a leadership position or how to be useful and ethical leaders in healthcare. Ultimately, 99% were both satisfied with their training within the FLP and would recommend it to others. Moreover, the FLP scholars see improvement in their ability to optimize team dynamics, effectively communicate, motivate others, be self-aware, and self-manage. They feel an improved ability to think holistically, communicate effectively, and be resilient. They also see improved patient outcomes and higher productivity and morale in the provider teams.[23]

More and more peer universities have launched leadership training programs. However, the context, the audience, and the teaching methods among programs are not consistent. Also, data pertaining to the impact of their programs or their perceived reception among their alumni remain lacking. For example, the Harvard University has launched the "Leadership Development for Physicians in Academic Health Centers," which is a 2-week intensive program focusing on serving a wide array of physician leaders including medical directors and chiefs of divisions from academic health centers. The curriculum of the program focuses on more strategic leadership style including financial analysis as well as operation management, organizational issues and healthcare policy. The principal method of instruction in the program is the case method, with most of the cases presented being actual problem situations familiar to physicians in administrative positions at academic health centers.[24] On the other hand, the University of Illinois at Chicago has initiated an online Master of Science in Health Informatics program that is focused on training health informaticists and as a side goal it aims to provide leadership training for "problem-solving, conflict resolution, team collaboration and adaptive leadership."[25] Cornell University has also developed two different online 2-month, instructor-based leadership courses, one focusing on executive healthcare leadership designed mainly for clinicians, medical personnel, and staff transitioning into administrative, management, director, or executive leadership roles and the other one focusing on strategic healthcare leadership mainly designed for hospital and healthcare facility administrators, hospital board members, and department directors who look to refresh their strategic skills.[26] Stanford University developed a leadership program, jointly sponsored by the School of Medicine and Stanford Hospital, where physicians participated in six day-and-a-half long meetings. Meetings took place throughout the year and covered multiple topics including leadership, finances, human resources, and diversity. Participants learn work–leadership balance and receive feedback on their individual leadership styles and opportunities for development. The program is designed to include 25-30 participants each year from all ranks in all faculty lines. Nomination by a senior leader in the School of Medicine is required.[27] The University of Michigan has an established formal leadership program dating back to 2012[28] and that is incorporated to the MD program curriculum. The main values of the program are "deep self-awareness and connection to one's values, purpose and mission" that can lead to "transformational leadership," which is considered to be the key to build "highly effective teams, fostering interprofessional collaboration, providing exceptional patient care, and positively impacting complex systems." The Michigan Leadership program has many similarities with the FLP since it combines large group events with invited speakers, frequent

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360° evaluation, opportunities for one-on-one reflection on personal leadership development with faculty, challenging conversations, and capstone projects.[29]

CONCLUSIONS

The demand for leaders in medical field is growing, and the dearth of training has not yet been filled. Over the past 12 years, the FLP has matured into a sustained leadership curriculum for trainees, graduating over 200 physician and surgeon leaders. It has demonstrated a high perceived impact on personal growth, leadership proficiency, and the decision to pursue leadership positions. The current dearth of leadership education for trainees can best be addressed with models such as the FLP, which can easily be translated and utilized in other medical systems. Such adoption would not only benefit trainees but the medical community and the patients we serve.

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SUPPLEMENTARY MATERIAL

Supplementary material is available at *Military Medicine* online.

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CONFLICTS OF INTEREST STATEMENT

None declared.

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