

Medical Leadership

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Jules Willcocks chats to Kirsty Forrest and Jo Bishop about Medical Leadership.

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About Professor Kirsty Forrest

Professor Kirsty Forrest is the Dean of Medicine at [Bond University](#), an accomplished medical education leader, teacher, researcher and clinician with proven strengths and skills acquired during her career in the United Kingdom and Australia. She has been involved in medical education research for 15 years and is frequently invited as a facilitator and speaker on education and leadership at national and international forums. Kirsty also practices educational leadership as an Executive Member and Treasurer of the [Medical Deans of Australia and New Zealand](#) and Chair of the Medical Education Collaborative committee.

Kirsty's passion for medical education extends beyond the undergraduate forum into the graduate forum through her roles as member of the Education, Development and Evaluation Committee and a lead facilitator for the educator program of [Australian and New Zealand College of Anaesthetists](#) (ANZCA). She works clinically as a Consultant Anaesthetist at Gold Coast University Hospital and is a Fellow of the ANZCA. Kirsty's clinical research areas include medical leadership education and patient safety.

About Associate Professor Jo Bishop

Associate Professor Jo Bishop is Associate Dean of Student Affairs and Service Quality and Curriculum lead for the Bond Medical Program, which enables her to work with key stakeholders within the tertiary and health service sector.

Jo is a member of national working groups and contributes significantly to international discussions on student support and medical education pedagogy. She has recently been involved with several webinars and international conferences. Jo has nearly a decade of experience as a curriculum director and an anatomist and former stem cell biologist, and sees herself as a medical sciences educator.

About Dr Jules Willcocks

Jules Willcocks is an Emergency Medicine Consultant and the Director of Prevocational Education and Training at [Gosford Hospital](#).

His interest is in bringing out the best in people principally through [mentoring](#) and coaching. He firmly believes that wellbeing is a crucial part of this and that you cannot look after someone to the best of your abilities if you yourself are not well.

He trained as an executive coach and has a particular interest in [financial wellness](#) for doctors.

He is married with two boys, which is why he's not living a degenerate life in Las Vegas and loves playing poker and fine single malt Islay whisky.

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With Professor Kirsty Forrest, Dean of Medicine and Associate Professor Jo Bishop, Associate Dean at Bond University, Queensland, Australia

Introduction

Medical leadership is defined by a role assigned at a particular point in time rather than a title. It relies on switching between leader and follower depending on individual skillsets but ultimately with a common goal in mind. Having an academic or administrative background can be useful to cultivate the skills to be a leader but are not necessary for practice.

Opportunities to be a leader should be embraced and are diverse, ranging from leading a ward round clinically to mentoring medical students or more junior doctors.

1. What is medical leadership?

- It is taking charge of a group of people with a common goal that they are working towards
- It is a fluid concept and people should be switching between leader and follower
- For example, an individual could be running a ward round and be the leader in that sense but be a part of the team for a resuscitation scenario rather than the team leader

2. Is the corporate definition of leadership similar to how the role is in medicine?

- Stereotypes of corporate leadership portray using fear to inspire the team; however there has been a transition to leaders who are more able to communicate and listen to concerns from workers
- Medicine tends to be insulated from other industries, however, is slowly borrowing concepts from business and is currently moving towards compassionate servant-led leadership

3. Is it necessary to have an academic background to be a medical leader?

- A leader is a function rather than a title and changes depending on the situation at hand
- Although academic or administrative roles are useful and help develop skills such as advocacy and communication, they are not necessary to become a high functioning medical leader
- Advocacy and communication are requirements for the medical profession and so everyone in the profession should have these abilities to some degree

4. Skills essential for being a good medical leader

- Listening
- Vision toward the common goal
- Integrity
- Empathy
- Optimism - although this cannot be always maintained, so self-care is essential

5. How do junior doctors develop themselves as a medical leader?

- Much of medical leadership comes from recognition of yourself and your own abilities
- Vertical knowledge acquisition through reading and courses
- Horizontal knowledge acquisition through experience whilst working and reflecting on experiences

6. What is the role of coaching or mentoring in leadership?

- Ideally one should have a 'quilt' of mentors to rely on with different skill sets with all having the common goal of wanting you to succeed
- Being mentored can be both formal and informal, professional, or personal
- Mentoring people in the situation of junior doctors - likely to be medical students can help to develop leadership skills for the future
- There are many opportunities - students on placement or reaching out to medical schools

Take home messages

- Authenticity and integrity are key
- Value any opportunities to be a leader
- Treat those you are leading as you would want to be treated yourself

Reference

Coyle, D. The Culture Code: The Secrets of Highly Successful Groups, 2018, 1st edition. Bantam

Related Podcasts

- [Coaching: What is it and how is it different from mentoring?](#)
- [How to find and be a good mentor](#)
- [Compassion in medicine](#)

Related Blogs

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