To lead or to influence?
Mener ou influencer?

Victor Do, Jerry M Maniate and Lyn K Sonnenberg

Volume 12, Number 5, 2021

Article abstract
One skill set identified within the CanMEDS Framework (CanMEDS) as essential to training future physicians is the Leader role. Arguably however, the term Leader carries certain connotations that are inconsistent with the abilities outlined by CanMEDS as necessary for physicians. For example, the term Leader may connote hierarchical authority and formalized responsibilities, while de-emphasizing informal day-to-day influencing. This CanMEDS role was first labelled Manager, but was re-named Leader in 2015. Perhaps the focus of this CanMEDS role should be further refined by adopting a more representative term that reflects the concept of intentional influence. Through this lens, learners can discern significant opportunities to influence positively each of the clinical and non-clinical environments they encounter. We suggest that re-framing the Leader role as an Influencer role will be more comprehensive and inclusive of its full scope and potential. Accordingly, given the potential for broader applicability and resonance with learners, collaborators, and the populations we serve, consideration should be given to re-characterizing the CanMEDS role of Leader as that of Influencer.
To lead or to influence?
Mener ou influencer?

Victor Do,1,2 Jerry M Maniate,2 Lyn K Sonnenberg3
1Temerty Faculty of Medicine, University of Toronto, Ontario, Canada; 2The Ottawa Hospital, Ontario, Canada; 3Faculty of Medicine & Dentistry, University of Alberta, Alberta, Canada;
Correspondence to: Victor Do MD, The Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8; email: vdo@ualberta.ca
Published ahead of issue: September 7, 2021; published: November 1, 2021. CMEJ 2021, 12(5). Available at http://www.cmej.ca
© 2021 Do, Maniate, Sonnenberg; licensee Synergies Partners
https://doi.org/10.36834/cmej.72551. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (https://creativecommons.org/licenses/by-nc-nd/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Abstract

One skill set identified within the CanMEDS Framework (CanMEDS) as essential to training future physicians is the Leader role. Arguably however, the term Leader carries certain connotations that are inconsistent with the abilities outlined by CanMEDS as necessary for physicians. For example, the term Leader may connote hierarchical authority and formalized responsibilities, while de-emphasising informal day-to-day influencing. This CanMEDS role was first labelled Manager, but was re-named Leader in 2015. Perhaps the focus of this CanMEDS role should be further refined by adopting a more representative term that reflects the concept of intentional influence. Through this lens, learners can discern significant opportunities to influence positively each of the clinical and non-clinical environments they encounter. We suggest that reframing the Leader role as an Influencer role will be more comprehensive and inclusive of its full scope and potential. Accordingly, given the potential for broader applicability and resonance with learners, collaborators, and the populations we serve, consideration should be given to re-characterizing the CanMEDS role of Leader as that of Influencer.

“Leadership is influence, nothing more, nothing less.”
- John Maxwell1

As we advocate further exploration of the concept of Influencer and its applicability to the medical education lexicon, John Maxwell’s simple statement resonates profoundly. Approaches to the challenges and opportunities inherent in modern medicine are significantly shaped by how individuals seek to lead. The ways we as medical educators define, teach, and practice leadership thus may warrant exploration within the CanMEDS framework.

Résumé

Le rôle de Leader est une des compétences du Référentiel CanMEDS jugées essentielles dans la formation des futurs médecins. Cependant, on peut soutenir que la notion de leadership comporte certaines connotations qui sont incompatibles avec les compétences exigées dans CanMEDS. Par exemple, le terme « leader » peut évoquer une autorité hiérarchique et des responsabilités formelles, tout en minimisant l’influence informelle exercée au quotidien. Avant 2015, ce rôle était désigné par le mot « gestionnaire ». Peut-être l’orientation de ce rôle CanMEDS devrait-elle être redéfinie et une appellation correspondante choisie pour refléter la notion d’influence intentionnelle. Une telle reformulation inciterait les apprenants à cerner les occasions importantes d’influencer positivement les environnements cliniques et non-cliniques dans lesquels ils travaillent. Nous sommes d’avis qu’un recadrage du rôle de leader en influencer engloberait toute la portée et tout le potentiel auxquels le rôle renvoie. Le rôle d’Influenceur promet une applicabilité et une résonance plus larges auprès des apprenants, des collaborateurs et des populations que nous servons, d’où la pertinence de la redéfinition du rôle CanMEDS actuel.

The history of this CanMEDS role has been shaped by a growing understanding of the principles of sound leadership. Refinements have included reconceptualization of abilities initially grouped under the role descriptor of Manager from 2005. This role, rechristened in 2015 as Leader, entails a “societal expectation, [where] physicians demonstrate collaborative leadership and management within the healthcare system.”2,3 Given that expectation, the medical education community must inquire now whether the term Leader effectively summarizes the leadership and management abilities that physician learners require. The Future of
Current understandings of leadership suggest that the environments necessary to create positive and supportive clinical learning supported in developing the skills of intentional influence healthcare team. Clearly, it is critical that learners are the unit, from patients and caregivers to the external immeasurably influence the experiences of everyone on and wellbeing is achieved. During that process, they an effective balance between learning, clinical service, physicians, senior residents on ward teams carry opportunities for influence that are widely available. For fewer learners can engage, rather than results-oriented influencing skills that future physicians will need every day. We recognize the Leader role is meant to encompass the breadth of leadership activities that physicians undertake. However, because substantial gaps exist in how this role is taught, current medical education may not adequately equip learners for an increasingly complex medical system.

This narrow understanding of leadership renders medical education vulnerable to distortions originating in the hidden curriculum, an informal socialisation process operative in healthcare culture. Narratives such as, “those who want recognition and power, go into leadership”, and “once you are in leadership, you forget what the frontline is like,” complicate discussions and perceptions of leadership in medicine. This bias can undermine interest in leadership-related curriculum, despite its importance. Additionally, it encourages a focus on formal roles and titles with which fewer learners can engage, rather than on the informal opportunities for influence that are widely available. For example, senior residents on ward teams carry considerable leadership responsibilities. While themselves learning through supervision by attending staff physicians, senior residents lead clinical teams, ensuring that an effective balance between learning, clinical service, and wellbeing is achieved. During that process, they immeasurably influence the experiences of everyone on the unit, from patients and caregivers to the extended healthcare team. Clearly, it is critical that learners are supported in developing the skills of intentional influence necessary to create positive and supportive clinical learning environments.

Current understandings of leadership suggest that the CanMEDS role identified as Leader should be designated in the 2025 revision framework as Influencer—describing one who has influence on team members, patients, the health system, and society. Influencer is a more comprehensive term, yet includes the full scope of what has comprised the Leader role. Moreover, it offers potential for broader applicability and resonance with learners and other members of healthcare teams. “Leadership is influence, nothing more, nothing less.”

Conflicts of Interest: There are no conflicts of interest for the authors to declare.

Funding: There is no funding, nor any financial conflicts of interest.

Acknowledgements: We wish to formally thank Dr. Anne Arthur, MEd, PhD, and Dr. Laverne Arthur, MD, for their joint editorial revisions and expertise in the intersectionality of education and medicine applied to this manuscript.

References