

Leadership in General Internal Medicine: Are We Leading or Managing?

Liderança em Medicina Interna Geral: Estamos a Liderar ou a Gerir?

Flavia K. Borges 

Department of Medicine and Health Evidence and Impact, McMaster University, Hamilton, Canada
Population Health Research Institute, Hamilton, Canada

General Internal Medicine (GIM) is known for its broad clinical perspective with deep medical knowledge which gives internists a central role in health care. Internists are frequently the driving force of most community and tertiary care academic hospitals. In most hospitals internationally, GIM services occupy the largest inpatient footprint.¹ As GIM specialists, we are often the first contact for admitted patients and are responsible for the coordination of their care through inpatient and outpatient phases of care. This puts us in a unique position to understand the healthcare system, its clinical pathways, and the barriers, challenges and opportunities for improvement.

Internists commonly have crucial roles in hospital administration, in patients' clinical care, in medical education, and in advancing medical knowledge through research. Many of us are leading clinical decisions, medical clinical teaching units, outpatient clinics or hospital units, and research projects. For instance, at the organizational institutional level, we understand the nuances of complex systems. We are certainly in a position where we can propose refining processes to excel in efficiency and to improve patient experience, supporting patient flow, connecting patients with required resources, trustable information, and appropriate services. It is our duty to advocate for meaningful improvements in health care policy.

Despite years and years of medical training to turn into an Internist equipped with many critical complex skills, a key feature for our success in our profession is not part of our training portfolio: leadership. We learn as we go. We follow examples, we have mentors, coaches and clinical models of success. Indeed, we need strong and solid leadership skills to improve and to provide transformative changes in our healthcare environment and in our society. The current traditional model where physician leaders are selected based on their clinical prominence, research or educational impact is not sustainable in the current health care environment. There is a clear need for a new generation of leading physicians able to align teams towards a common vision and promote a culture of commitment, collaboration and excellence. The overall sense, specially into 2 years after the pandemic, is that we are managing teams and expectations, and only adjusting to the externally imposed rules by institutions or regulatory boards, as opposed to taking the lead and being the movement of change.

Therefore, the introduction of formal leadership training embedded in our basic learning teaching during medical school, residency, and fellowships would capitalize on our potential to be effective leaders. Indeed, it is our responsibility as physicians to be able to guide multidisciplinary teams towards strategic planning, to advance quality of care, and to propose economically viable models for the health care system. An internal medicine leadership curriculum would provide skills and development of leaders with constructive styles, able to be collaborative, and humanistic, with clear and strategic goals equipped with the essential tools.

The Internal Medicine residency training is therefore one of the platforms to promote analytical and leadership expertise to create meaningful change in health care. Indeed, leadership training during internal medicine residency turns out to be an essential tool for contemporary physicians. Due to the focus of the residency program, it is challenging to implement a curriculum for healthcare leadership. However, literature shows that a healthcare administration and leadership rotation could be a valuable experience, highlighting the importance of leadership to accomplish personal goals as physicians and healthcare goals as key players in the system.²

Leaders should guide by example. Leaders rise by lifting others. Leaders are not made to manage people and split tasks. True leaders envision the pathway to achieve common goals and create a common culture towards a collective endeavor to achieve that goal. However leaders need to acquire essential skills including understanding, respecting, and balancing the diversity of opinions and interests across teams and institutions, and building alliances and effective partnerships with other stakeholders such as allied healthcare teams, administrators, and nurses. Team building, change management, strategic planning, emotional intelligence, decision-making processes, and enhanced collaborative and communication skills are definitively crucial for success.³

Additionally, our roles as physicians, mentors, supervisors and tutors are not only to be great leaders. We also need to identify potential young leaders and engage them in internal committees, retreats, and offer and support formal training programs. Frequent evaluation and structured feedback on leadership skills are great opportunities for improvement.

In times when questionable leaders have unprecedented power to lead large nations and guide major healthcare decisions, we as physicians need to stand up. As opposed to

<https://doi.org/10.24950/rspmi.2669>

waiting for sunny days, we need to push clouds away and overcome all challenges. We need to achieve transformative leadership roles in our institutions to make real changes in our environment, with the wisdom to identify the things we can change, and the courage to do so. ■

Disclosure

This paper reflects my personal opinion, rather than the institutions I work for.

Publicado / Published: 2024/12/20

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