

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 327  
(A-22)

Introduced by: New Jersey

Subject: Leadership Training Must Become an Integral Part of Medical Education

Referred to: Reference Committee C

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1 *"No one other than physicians can do what physicians do. They have a unique skill set in*  
2 *healing and "fixing" people. If doctors aren't willing to contribute their professional expertise in*  
3 *these areas, they will essentially leave the health of their profession to those outside of the*  
4 *profession" - General Mark Hertling*

5  
6 Whereas, Physicians play a leading role in the healthcare team and are considered to be  
7 ultimately responsible for the overall outcome of patient care (1); and

8  
9 Whereas, Medical graduates are expected to "provide leadership skills that enhance team  
10 functioning, the learning environment, and/or the healthcare delivery system" (1); and

11  
12 Whereas, A physician's role as a leader of medicine is currently underestimated within the  
13 current medical curriculum (6); and

14  
15 Whereas, Medical students report that they do not feel that they have received an adequate  
16 level of leadership training required to be an effective leader (5); and

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18 Whereas, The number of medical programs implementing some form of leadership training into  
19 their curriculum is growing, experiences are rare and inconsistent (6); and

20  
21 Whereas, There is an essential need for a clearly developed and standardized form of training  
22 that can be implemented throughout the graduate and postgraduate medical curriculum (4);  
23 and

24  
25 Whereas, Many schools lack formal leadership programs, which may reflect the time constraints  
26 of existing curricula, limited resources, beliefs that leadership cannot be taught, lack of  
27 consensus on leadership content, and other factors (2); and

28  
29 Whereas, Students report a lack of support structure for practicing leadership skills, a lack of  
30 opportunity to serve in a leadership position, and the number of time-related pressures present  
31 for medical students during their training (4); and

32  
33 Whereas, Addressing leadership training opportunities for physicians has been in the AMA  
34 policy radar since at least 2018 per D-295.316, the urgency for implementation of concrete  
35 steps cannot be overstated (9); therefore be it

36  
37 RESOLVED, That our American Medical Association study the extent of the impact of AMA  
38 Policy D-295.316, "Management and Leadership for Physicians," on elective curriculum and  
39 provide a report at the interim meeting (Directive to Take Action); and be it further

- 1 RESOLVED, That our AMA advocate for the implementation of concrete steps to incorporate
- 2 leadership training as an integral part of the core curriculum of medical school education, post-
- 3 graduate training, and for practicing physicians.

Fiscal Note: Not yet determined

Received: 05/10/22

References:

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9. Management and Leadership for Physicians D-295.316. AMA Policy Finder. (n.d.). Retrieved February 9, 2022, from <https://policysearch.ama-assn.org/policyfinder/detail/Management%20and%20Leadership%20for%20Physicians?uri=%2FAMADoc%2Fdirectives.xml-0-804.xml>

## RELEVANT AMA POLICY

### Management and Leadership for Physicians D-295.316

1. Our AMA will study advantages and disadvantages of various educational options on management and leadership for physicians with a report back to the House of Delegates; and develop an online report and guide aimed at physicians interested in management and leadership that would include the advantages and disadvantages of various educational options.
2. Our AMA will work with key stakeholders to advocate for collaborative programs among medical schools, residency programs, and related schools of business and management to better prepare physicians for administrative, financial and leadership responsibilities in medical management.

3. Our AMA: (a) will advocate for and support the creation of leadership programs and curricula that emphasize experiential and active learning models to include knowledge, skills and management techniques integral to achieving personal and professional financial literacy and leading interprofessional team care, in the spirit of the AMA's Accelerating Change in Medical Education initiative; and (b) will advocate with the Liaison Committee for Medical Education, Association of American Medical Colleges and other governing bodies responsible for the education of future physicians to implement programs early in medical training to promote the development of leadership and personal and professional financial literacy capabilities.

Citation: Sub. Res. 918, I-14; Appended: Res. 306, I-16; Reaffirmed in lieu of: Res. 307, A-17; Modified: Res. 313, A-18