


# How the COVID-19 Pandemic Has Demonstrated a Need for Increased Leadership Education in Medicine

Grant H Cabell   
Aderike Anjorin  
Meghan Price  
Sonal Biswas  
Joseph P Doty

Duke University School of Medicine,  
Duke University Medical Center,  
Durham, NC, 27710, USA

**Abstract:** The healthcare system in the United States has been taxed in various ways throughout the COVID-19 pandemic, stressing healthcare facilities to their breaking point. This has forced decision-makers in healthcare to make difficult choices, highlighting the need for effective leadership. However, there are little intentional leadership development curricula in medical education. Leadership skills can be taught and acquired similar to other skills in medical school, and we believe medical education institutions should cultivate these skills in their trainees. We hope that this will help inspire change in medical education curricula to intentionally teach and develop leadership skills in their students.

**Keywords:** medical education, curriculum, leadership, development

Our current healthcare system is made up of the most technically qualified healthcare professionals to date, but what kind of leadership training did they receive? The United States medical education system on the whole produces clinically and scientifically competent professionals at all levels. The stress inflicted on our healthcare system by the COVID-19 pandemic, however, has demonstrated the critical need for effective leadership.

The rapid influx and sheer volume of patients due to the pandemic have taxed healthcare systems to the point of breaking. Between the shortages of bed space, COVID-19 tests, physical protective equipment (PPE) and other necessary supplies, healthcare workers have been forced to make difficult decisions regarding allocation of resources. Additionally, hard hit areas have seen unprecedented numbers of employees unable to work due to contracting COVID-19.

To address the resulting gaps in patient care, healthcare workers have been redeployed to new teams outside of their chosen specialty or areas of expertise. On top of these already stressful challenges, the disjointed responses at both the federal and state levels have led to mixed messaging on public health recommendations.

As evidenced by these numerous challenges, the pandemic has highlighted that ethical decision-making, communication, teamwork, and flexibility are necessary leadership skills to have during a healthcare crisis. However, leadership in healthcare is not something that just happens— it requires effective and intentional development of these skills. Despite this obvious need for leadership, there is little being done to train medical students to face similar challenges in their future career.

Correspondence: Grant H Cabell  
Duke University School of Medicine,  
Duke University Medical Center 3710  
Erwin Road, Durham, NC, 27710, USA  
Tel +1 919 688-1894  
Fax +1 919 681-6357  
Email ghc9@duke.edu

Without question, the United States medical education system produces well-trained physicians. However, we believe that undergraduate (UME) and graduate (GME) medical education in its current form generally do not adequately prepare future healthcare professionals for the leadership challenges they will face. It is important to note that physician leaders by default will become de facto role models for the students in their respective programs. Therefore, it is imperative that the foundations of leadership be integrated into the UME and GME curricula.

While some may argue that to be a physician is to be a leader, the quality of the leader must also be considered. Effective leadership development requires both the teaching of fundamental concepts and skills and providing opportunities to hone these skills through repeated practice. Thus, the acquisition of leadership is no different than the acquisition of knowledge needed to become a competent physician.

If leadership can be taught and acquired similar to other medical competencies, then is not it the responsibility of our academic medical institutions to develop leadership skills in their trainees? If the answer to this question is yes, when and how is the best way to do this? Despite the necessity of leadership training, there are relatively few efforts to intentionally train leaders in our current medical education system. A handful of medical schools around the US have nascent leadership programs and curricula as part of UME/GME, such as Stanford, Harvard, South Florida and Duke. Yet the majority of these efforts are electives and not disseminated to all students at these institutions.<sup>1,2</sup>

COVID-19 has hit the world hard, and no country has escaped the stress it has placed on healthcare workers. However, it must be noted that while the pandemic did create some new challenges, it also exacerbated pre-existing problems already endemic to healthcare systems. As a result, the pandemic has made evident the urgent need for effective leadership training for future physician leaders.

By virtue of having a medical degree, physicians often find themselves in positions of leadership. In this context, our medical education system's lack of leadership training in medical school is concerning. Hopefully, this can serve as a call to action for curriculum committees to revamp medical education to be more intentional about teaching and developing leadership skills in our medical trainees. Going forward we must ensure we have provided the future leaders in healthcare the skills they need to lead as effectively and intentionally as possible.

## Disclosure

The authors report no conflicts of interest in this work.

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