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To lead or to influence?

Mener ou influencer?

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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*.

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 *influenceur* 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.

"Leadership is influence, nothing more, nothing less."

-John Maxwell[1]

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.

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, re-christened 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

Medical Education in Canada (FMEC) 2012 postgraduate report[4] acknowledges varying definitions of leadership but posits that "the common thread is a process of intentional influence between the leaders and followers to work towards a shared goal." This concept of *intentional influence* is compelling.

The Oxford Dictionary defines influence as "the capacity to have an effect on the character, development, or behaviour of someone or something". Influence is thus outcome-oriented. By contrast, that dictionary defines a leader as "an individual that leads a group or organization", and leadership as "the act of leading a group."[5] Representing the physician's role as *Leader* invokes top-down patterns of formal administrative titles or positions, 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.[6]

This narrow understanding of leadership renders medical education vulnerable to distortions originating in the hidden curriculum, an informal socialisation process operative in healthcare culture.[7] 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.[8] 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."[1]

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