

Liverpool Blog: - Idea: leadership education emphasis in undergraduate and post graduate education.

The conference, although it was buzzy and full of energy, subtly steered delegates to stand back, reflect and take stock of what direction their part of healthcare systems were going in, and how to influence this.

A theme that recurred to me was that Doctors are very focused on the metrics of patient outcome – acting locally to a high standard but failing to THINK globally. We are trained to the point of obsession to strain over every vital sign, analyse mortality and morbidity on a monthly basis, etc, but a very large vital link as to how this fits in with other departments in the hospital, other hospitals in the group, other groups within the healthcare system, is missing. It lends itself to a chaotic disorganization, cost inefficiency, frustration and poorer care for patients.

As Mark Britnell, keynote speaker on Tuesday morning identified, all our failures are attributed to Divergent objectives, cooperation failures and power asymmetries'. By having a sole focus on clinical objectives, we are losing site of the wood for the trees – the big picture of working together to an efficient national healthcare system. Our training is lacking in a focus towards developing skills to delegate, lead and analyze the large business elements of an effective system.

The answer? Foster the confidence in our medical students from an early stage to be able to lead and manage teams, departments, research, meetings – the list goes on. As Victor Abedowale, key note Wednesday said "Society has invested so much in you, it cannot afford for you not to lead." We can easily incorporate modules into undergraduate and postgraduate education to echo this sentiment. Emphasizing the importance of each clinician's duty to contribute positively is paramount. If we engrain this responsibility from an early stage, I think the results could be great. Each system is a sum of all of its' parts.

Anna McHugh, NCHD lead Letterkenny University Hospital.
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