**Teaching the Leader Role PowerPoint Slides**

Can Meds Leader teaching tool number two

This is a power point presentation for a lecture or large group session.

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**Slide 1.**

Teaching the Leader Role.

The presenter’s name and date of presentation can be inserted on this slide.

Presenters Notes for Slide 1.

Add information about presenters.

**Slide 2.**

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**Slide 3.**

Objectives and agendas of this presentation are,

Number 1. Recognize the process and content of leadership.

Number 2. Apply key leadership skills to examples from everyday practice.

Number 3. Develop a personal leadership resource for everyday practice.

Presenters Notes for Slide 3.

- Sample goals and objectives of the session – revise as required.

- Consider doing a ‘warm up activity.’

- Review/revise goals and objectives.

- Insert agenda slide if desired.

**Slide 4.**

Why the Leader Role matters.

- Physician leaders play an important part in health care

- Collaborative leadership competencies help facilitate improvements

- The health care system depends on physicians taking responsibility for stewardship of finite resources

- Physicians must make personal management skills a priority to manage competing demands.

Presenters Notes for Slide 4.

Reasons why this Role is important.

**Slide 5.**

The details: What is the Leader Role.

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Presenters Notes for Slide 5.

- Definition from the CanMEDS 2015 Physician Competency Framework.

- Avoid including competencies for learners.

- If you are giving this presentation to teachers or planners, you may want to add the key and enabling competencies.

**Slide 6.**

About Leader.

1. The Leader Role facilitates the expression of leadership no matter what title a physician may or may not hold.

2. Dynamic leaders know when and how to stand back, support and enable others to lead.

3. Leader Role continues to include important manager competencies (i.e. management of personal and professional practice).

Presenters Notes for Slide 6.

- Truth behind misconceptions.

**Slide 7.**

Key terms for Leader.

- Stewardship

- Quality improvement

- Patient safety.

Presenters Notes for Slide 7.

* Define from the *CanMEDS Teaching and Assessment Tools Guide* Medical Expert Role chapter.
* Provide examples of these terms in your specialty.

**Slide 8.**

Recognizing Leader process.

- Culture

- Changing

- Transitioning

- Continuously improving

- Following

- Managing

- Implementing

- Delegating

- Strategizing, Monitoring

- Organizing

- Prioritizing

- Scheduling

- Budgeting

- Running a team, unit, department, service

- Stewarding, Choosing wisely

- Utilizing technology.

Presenters Notes for Slide 8.

Trigger words relating to the process of Leader.

**Slide 9.**

Recognizing Medical Expert content.

- Culture

- Patient safety

- Incident

- Quality improvement

- Systems thinking

- Priorities

- Strategy

- Effectiveness

- Efficiency

- Patient flow

- Resources (e.g. human, financial, equipment)

- Time management

- Workflow

- Schedule

- Human resources

- Career planning

- Integrity.

Presenters Notes for Slide 9.

Trigger words relating to the content of Medical Expert.

**Slide 10.**

Leadership improves with feedback.

1. Ask someone who is willing and can be constructive.

2. Ask for specific feedback.

3. Listen and focus on what is helpful and specific (i.e. Don’t interrupt. Watch for   
 resistance and defensiveness).

4. Say thank you for the input.

**Slide 11.**

Analyse quality in day-to-day practice.

The six domains of health care quality are”

1. Safe.

2. Effective.

3. Patient-centered.

4. Timely.

5. Efficient.

6. Equitable.

Presenters Notes for Slide 11.

* Illustrate these quality domains in day-to-day practice.
* How does this impact residents in day-to-day practice?

**Slide 12.**

Quality improvement framework.

1. What are we trying to accomplish?

2. How will we know that a change is an improvement?

3. What changes can we make that will result in improvement?

**Slide 13.**

PDSA Plan-Do-Study-Act.

Used to test and implement changes in practice.

**Slide 14.**

Stewardship of resources.

- Be aware of stewardship issues, options, decisions based on individual patient needs, preferences, and values of the patient and organization.

- Use guidelines to inform appropriate use of testing and get info from Choosing Wisely Canada

- Consider “How will the result of this test influence our overall management plan?” If no bearing on the overall treatment plan, then it is likely of minimal benefit and should not be ordered

Presenters Notes for Slide 14.

* Give examples of how to do this in day-to-day
* What are common issues for your patients’ problems re: stewardship.

**Slide 15.**

Patient Safety.

- Models a safety culture including demonstrating a commitment to openness, honesty, fairness and accountability

- Expect the unexpected. Anticipation and prevention of errors is important as is vigilance and readiness.

**Slide 16**

Patient Safety Incident.

Patient safety incident is an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. Harm is due to the medical care provided, not the underlying medical illness.

Three types of patient safety incidents are:

Number 1. A harmful incident results in harm to the patient.

Number 2. A no harm incident reaches a patient but does not result in any discernible harm.

Number 3. A near miss does not reach the patient.

**Slide 17**

Key actions when patient safety incidents occur.

- Meet the immediate and ongoing care needs of the patient (ensure the patient is clinically   
stable, correct the safety issue(s), limit further harm, and provide ongoing monitoring and care).

- Explain to the patient what unexpected event or change happened including who, how, what and prevention

- Apologize that it happened

- Explain what will happen next, including actions to avoid recurrance

**Slide 18**

Manage career planning, finances, and health human resources.

- Set priorities and manage time to integrate practice and personal life

- Be mindful and deliberate about managing busy schedules

- Use tools to get/stay organized

**Slide 19**

Share the work through effective delegation

* Organize

- Identify the priority tasks

- Establish the steps and sequence key

- Inventory available resources

- Assign people the authority and responsibility for important activities.

- Assign based on match/fit and/or need for skill development

- Monitor, communicate, clarify and coach

- Deploy or redeploy people to new assignments

Presenters Notes for Slide 19.

Share the work through effective delegation

- Organize to ensure a complete understanding of what needs to be done by what deadline

- Identify the priority tasks incl timelines

- Establish the steps and sequence key to achieving the desired outcomes on time

- Inventory available resources incl team member competencies

- Assign people the authority and responsibility for important activities.

Assign based on: (a) match/fit of competencies and strengths to activity and/or (b) needs for skill development

- Monitor, communicate with, clarify expectations with, and coach delegates

- Deploy or redeploy people to new, emerging, or challenging assignments as they arise

**Slide 20**

Objectives and agenda

1. Recognize the process and content of leadership.

2. Apply key leadership skills to examples from everyday practice.

3. Develop a personal leadership resource for everyday practice.

Presenters Notes for Slide 20.

- Revisit workshop goals and objectives

**Slide 21**

References.

* Dath D, Chan M-K, Anderson G, Burke A, Razack S, Lieff S, Moineau G, Chiu A, Ellison P. Leader. In: Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.
* http://www.choosingwiselycanada.org
* Stone D, Heen S. *Thanks for the Feedback: the science and art of receiving feedback well*. New York: Viking; 2014.
* *Six Domains of Health Care Quality.* Consumer Assessment of Healthcare Providers and Systems (CAHPS) website. Last retrieved July 3, 2015 from: https://cahps.ahrq.gov/consumer-reporting/talkingquality/create/sixdomains.html.
* Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* 2nd Ed. Jossey Bass, San Francisco 2009. See more at (last retrieved July 3, 2015): [http://www.institute.nhs.uk/quality and service improvement\_tools/quality\_and\_service\_improvement\_tools/plan\_do\_study\_act.html](http://www.institute.nhs.uk/quality%20and%20service%20improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html).

**Slide 22** forward are additional slides that may or may not be added to the presentation.

**Slide 23.**

Leader Key Competencies.

Physicians are able to:

Key competency 1. Contribute to the improvement of health care delivery in teams, organizations, and systems.

Key competency 2. Engage in the stewardship of health care resources.

Key competency 3. Demonstrate leadership in professional.

Key competency 4. Manage career planning, finances, and health human resources in a practice.

Presenter Notes for Slide 23.

- Key Competencies from the *CanMEDS 2015 Physician Competency Framework*

- Avoid including competencies for learners

- You may wish to use this slide if you are giving the presentation to teachers or planners

**Slide 24.**

Leader Key Competency 1.

Physicians are able to: Contribute to the improvement of health care delivery in teams, organizations, and systems.

Enabling Competency 1.1 is Apply the science of quality improvement to contribute to improving systems of patient care.

Enabling Competency 1.2 is Contribute to a culture that promotes patient safety.

Enabling Competency 1.3 is Analyze patient safety incidents to enhance systems of care.

Enabling Competency 1.4 is Use health informatics to improve the quality of patient care and optimize patient safety.

Presenter Notes for Slide 24

- From the *CanMEDS 2015 Physician Competency Framework*

- Use one slide for each key competency and associated enabling competencies

**Slide 25.**

Leader Key Competency 2.

Physicians are able to: Engage in the stewardship of health care resources.

Enabling Competency 2.1 is Allocate health care resources for optimal patient care.

Enabling Competency 2.2 is Apply evidence and management processes to achieve cost appropriate care.

Presenter Notes for Slide 25

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 26.**

Leader Key Competency 3.

Physicians are able to: Demonstrate leadership in professional practice.

Enabling Competency 3.1 is Demonstrate leadership skills to enhance health care.

Enabling Competency 3.2 is Facilitate change in health care to enhance services and outcomes.

Presenter Notes for Slide 26

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 27.**

Leader Key Competency 4.

Physicians are able to: 4. Manage career planning, finances, and health human resources in a practice.

Enabling Competency 4.1 is Set priorities and manage time to integrate practice and personal life.

Enabling Competency 4.2 is Manage a career and a practice.

Enabling Competency 4.3 is Implement processes to ensure personal practice improvement.

Presenter Notes for Slide 27

* From the *CanMEDS 2015 Physician Competency Framework*
* Use one slide for each key competency and associated enabling competencies

**Slide 28.**

Effective leaders: Have courage and take responsibility for errors

Three Rules of apologies:

Number 1. Be honest and authentic.

Number 2. Do not explain.

Number 3. Do not use the word “but.”

Steps to an effective apology:

Step 1. Express remorse: “I am sorry.”

Step 2. Take responsibility for actions or behaviour.

Step 3. Make amends for your actions to make the situation right where appropriate and within your authority.

Step 4. Rebuild trust. Repair the relationship.

Presenter Notes for Slide 28.

Reference for this slide:

copyright Mind Tools Ltd, 1996-2015. All rights reserved. “MindTools” is a registered trademark of Mind Tools Ltd. Lind Tools. How to apologize: asking for forgiveness gracefully. [www.ming-tools.com.pages.article/how-to-apologize.htm](http://www.ming-tools.com.pages.article/how-to-apologize.htm).