Encouraging educational leadership

In his recent book, *Learning to Lead in Higher Education*, Paul Ramsden explores in depth the concept of 'leadership' within a higher education setting.[1] He arrives at several 'principles of academic leadership' that can be applied to other educational contexts, including those settings that relate to medical and health care education. An important point he makes is that learning and leadership are inseparable – and that many opposing values and forces, for example, management and leadership, freedom and discipline, innovation and tradition, need to be amalgamated within an appropriate educational climate to achieve success.

But what are leaders, and what constitutes leadership? Leadership involves the possession and use of power and authority to bring about change – to influence the thoughts and actions of other people. Studies have shown that in business organizations there is a move away from an autocratic to a more democratic style of leadership, variations in leadership style according to different situations, and a collective approach to decision making. Such 'transformational' or 'charismatic' leadership focuses more on the process than the task, and motivates through co-operation rather than competition, considers people's needs and feelings and encourages participative decision making and problem solving. The idea that leaders are born and not made and who possess innate abilities appropriate to leadership, is less accepted.

According to Zaleznik,[2] managers and leaders have different attitudes towards work, relationships and themselves. Managers are practical problem-solvers who direct other people to achieve results that contribute towards the prosperity of an organization and who 'act to limit choices'. Leaders, 'adopt a personal and active attitude towards goals… are more inclined to take risks… develop fresh approaches to long-standing problems, and open issues for new options.' Leaders 'emerge as a result of their personal backgrounds, circumstance, their individual personalities and frequently the existence of a mentor with whom they have a one-to-one learning relationship'.[2] The span of understanding surrounding the concept of leaders, leadership and managers, and the interchangeable use of these terms suggest that, so far, a definitive theory of leadership is difficult to determine.

The principles of leadership in higher education put forward by Paul Ramsden contain elements of both leadership and management. First, we must recognize that education is a dynamic process. Educational needs of individuals, communities and populations will vary according to life circumstances. Where change is planned, whether in a classroom, clinic or administrative context, tensions will invariably arise and have to be reconciled, short-term goals will be set within long-term visions, and risks may need to be taken along the way. Second, we should focus on the effects of the educational process rather than the competencies of individuals. Our aim is to create a fair and equitable climate where teachers and learners are open to change, where perceptions can be heightened and understanding increased and deepened. Third, education occurs at different levels and in different contexts, for example, university, hospital and general practice – and may involve administrators, clinical directors, heads of departments and individual teachers or practitioners. Leadership roles, at whatever level, may mean coordinating the activities of individuals, groups or teams as well as yourself. So, developing the learning needs of the organization should be synonymous with meeting the educational needs of both yourself and individuals. Fourth, educational leadership is about human relations, about recognizing the qualities, feelings and experiences of everyone involved in the educational process and the situations in which relationships occur. Finally, everyone involved in education is a learner. It is impossible to lead others towards increased understanding without being open to your own learning and development. So, we must be adaptable and flexible and open to discussion.

Leadership by example

Some of these principles can be seen in the educational trends being incorporated today in medical and health care education. At the undergraduate level, many changes are taking place that will encourage the development of skills and the development of qualities needed for leadership. Small group learning methods are becoming the norm in professional education at all levels. Students learn in an atmosphere that is more trusting and open than in the past, where they can take risks, and tutors are prepared to admit that their knowledge of a particular topic may be limited. The emphasis being placed on multiprofessional teamwork in clinical contexts encourages us to be cooperative, supportive, open to new ideas and willing to compromise.

At the same time conflicts can be created and prejudices revealed which have to be managed and resolved.

If we are to develop qualities needed for leadership in medical and health care education, we need people who can lead by example, who can manage resources, handle and resolve conflicts, develop themselves and others as learners and encourage an open and non-threatening climate for learning, research and practice, and foster imagination and creativity. We can begin this process by reflecting on how we see ourselves, our circumstances and our relationships with people.

In this issue of the journal we have gathered together four papers examining various perspectives on leadership in medical education. Bjorn Klinge from the Karolinska Institute in Sweden, reflects on the relationship between leadership and the achievement of educational excellence.[3] He argues that everyone involved in health care education has a responsibility for leadership but that for many, this role has not been sufficiently recognized. The development of professional portfolios is one method that faculty at the Karolinska are using to identify skills and abilities in this area. John Horder from London, UK, writes about leadership in a multiprofessional setting.[4] He uses his extensive personal experience of both clinical practice and health care education to identify qualities of effective leadership and to consider how effective leadership can so positively influence team performance. Bordage and his colleagues from Chicago, US, report on an international survey of deans, department heads and chief executive officers.[5] The purpose of the survey was to identify the skills and attributes of educational programme directors as judged by potential employers. Leadership and sense of vision emerge as highly emphasized elements. Finally, Calman and Simpson from the UK draw together their experiences of management and leadership in both the National Health Service and in medical education to discuss how leaders of the future may be developed and nurtured.[6]

It is clear from these papers that leaders must have a vision and a clear idea of where they are going and what they want to achieve. Leadership is about taking risks in order to make progress – risks that may be intellectual, academic or financial. A supportive climate will encourage experiment, develop people with ideas and provide them with opportunities to do new things. Such a climate is crucial to empower leaders who will have a dynamic impact on the quality and effectiveness of medical and health care education in the future.

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References

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