Critical route for leadership competencies in medical students in 35 PAHO members states: A scoping review and thematic analysis

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Abstract

The 35 member states (MS) of the Pan American Health Organization (PAHO) have been committed to training physicians in leadership competencies since 2008. However, four reviews on teaching leadership using competency-based education (CBE) in undergraduate medical education (UME) identified only two MS: Canada and the USA that worked on identifying gaps in teaching leadership in UME. Previous reviews did not focus on factors influencing leadership education and did not use qualitative methodology to support their findings. Therefore, this review aims to identify facilitating and inhibiting factors in teaching leadership in UME using a scoping review and thematic analysis. Six databases containing grey and indexed literature in English, Spanish, and Portuguese were searched including hand search and authors’ consultations. Forty-eight documents out of 7849 were selected based on eligibility criteria. Braun and Clarke’s thematic analysis guide was used, resulting in seven themes: curriculum, intended learning outcomes, teaching methods, assessment, addressing barriers, supporting organizational change, and building networks. Considering these themes, the authors propose a critical route for teaching leadership in UME in the Americas. First, institutional design should consider governance gaps, such as having national and international policies for leadership in UME with an inter-professional, trans-professional, and citizen-focused approach. This means that there is a pressing need to equip physicians and other professionals from the government, academia, non-governmental organizations, hospitals, and national and international organizations whose missions are related to health or education with leadership competencies. Networking among actors for leadership education and teacher training is also essential. Second, instructional design reveals knowledge-do gaps in MS when incorporating leadership into the medical curriculum. This includes using leadership frameworks, defining learning outcomes, and employing assessment and monitoring tools for leadership education. Mechanisms to reduce these gaps in MS include the Equator Network and Evidence-Informed Policy Networks which foster knowledge translation and governance.

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Figure 1. PRISMA diagram: database, registers, handsearching, and consultation.

Figure 2. Facilitators and inhibitors thematic map for undergraduate leadership medical education in the Americas.
Figure 3. The critical events for leadership education in medical students in the Americas.

- Systems thinking (13), Political leadership (22), Collaborative leadership: building and leading interdisciplinaries teams (23), Leadership and communication (24), Leading change (25), Emotional intelligence and leadership in trust-based organizations (26), Leadership, organizational learning and development (27), and Ethics and professionalism (28).