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# Recognising dispositional leadership among medical learners

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Health professions' education has increasingly stressed leadership as a key competency of health care professionals. Physicians, in particular, are expected to be competent leaders among healthcare teams, and these leadership competencies are stressed in both post-graduate and undergraduate medical training. Despite the push for these leadership competencies, the literature speaks to the dearth of leadership training.<sup>1</sup> In a recent article in *Medical Education*, Annan et al.<sup>2</sup> use phenomenological methods to explore the lived experience of residents who served in 'elective, representative' leadership roles while in medical school. This research highlights the worthwhile nature of these roles, despite learner's lack of faculty mentorship and the undervalued nature of these leadership roles among medical faculties.<sup>2</sup> Annan et al.'s<sup>2</sup> study highlights how these leadership undertakings foster the development of leadership skills and may 'contribute to the development of physicians with more well-rounded competencies'.

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Annan et al.<sup>2</sup> remind us that 'the work of elected, representative medical student leaders is consistent with the CanMEDS definition of physician leadership'. I wholeheartedly agree that elected titled positions, both formal and informal, foster meaningful engagement with leadership competencies. Yet the authors also acknowledge the many definitions of leadership and that their participants were limited to those in elected leadership positions both within and outside the formal curriculum, highlighting the need for future research across the

leadership spectrum. Similarly, although titled leadership positions certainly fall within the scope of the leader role, the CanMEDS framework also stresses that leadership can fall outside of held titled positions stating that 'Leaders do not need a formal title to lead'.<sup>3</sup> One way to broaden our leadership spectrum is by recognising the role of dispositional leadership in medicine.

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Positional leadership can overshadow the contributions and merit of dispositional leadership. Dispositional leaders may not hold formal titles, they may not be elected by their peers and they may not serve in representative roles. Individuals who stand out as leaders regardless of their role and who demonstrate character through their actions are our dispositional leaders. Take, for example, a medical student working on a group project. They noticed that one of the other students in the group was less engaged and struggling to keep up with their workload. They reach out to the student one on one and take the time to check in on them to see how they are doing and if they can do anything to help. They learn that the medical student is struggling to take care of an ill parent and balance all of their responsibilities. Together, they devise a plan to support the student and the rest of the group as best as they can through this challenging time. This student has demonstrated humanity through compassion and empathy. This student was not in a leadership position but demonstrated leadership through their actions—dispositional leadership.

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## *Positional leadership can overshadow the contributions and merit of dispositional leadership.*

Dispositional leadership and character go hand in hand. Individuals who demonstrate character are humble, courageous, transcendent and collaborative, and these characteristics translate into effective leadership.<sup>4</sup> Positional leadership, on the other hand, may not bear as striking a resemblance. Yes, there are elected leaders who are competent in their roles, committed to their organisations and whose values align with those organisations. Yet we can all think of examples of elected leaders who lacked character. Perhaps these individuals lacked accountability, rushed into making decisions, were difficult to trust or were socially irresponsible. Just because an individual serves in a leadership role does not necessarily make them an effective leader. These less effective leaders can often be attributed to a lack of character.<sup>5</sup>

## *Dispositional leadership and character go hand in hand.*

When an individual demonstrates character through their actions, they demonstrate leadership regardless of their role. Take another example, a fourth-year clerk on rotation in medicine. They notice one of the residents taking out their frustrations on the nursing staff, who did nothing wrong in the situation. The medical student could have done nothing but chose to act courageously and stand up for the nurse. They called out the resident on their behaviour. In doing so, they faced their fears and put themselves in a vulnerable position to stand up for others and do the right thing in the face of difficulty. In this situation, the clerk was by no means in a leadership position, but they certainly demonstrated leadership through their courageous actions.

There is more to the lived experience of medical student leaders than elected leadership roles and leadership work and room to

consider the notion of dispositional leadership among medical learners. When we recognise those with the disposition to lead in addition to positional leaders, we create space to recognise the role of character in leadership.

## *There is more to the lived experience of medical student leaders than elected leadership roles and leadership work and room to consider the notion of dispositional leadership among medical learners.*

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