



Perspective / Opinion

Bigger Bandwidth - How Efficiency in Medicine Can Promote Leadership and Empower Budding Doctors

By Stacy Moroz

Empowerment pushes people to “sit at the table,” a phrase coined by award-winning author and leadership coach Sheryl Sandburg to describe the essential step of embracing challenges without the assurance of success in those endeavors. The importance of “sitting at the table” lies in its agonistic effect on self-confidence. That is, as we grow to believe we are capable, we adapt to environmental changes faster, grow more resilient, build our skillsets, and become better problem-solvers. This lifts the restrictive fear of failure, leaving more energy to work on our goals and use mistakes as learning opportunities. Notably, empowerment also gives us a feeling of purpose - a powerful tool for mitigating burnout.

Within the field of medicine, it is particularly important to develop leadership skills since doctors in training will inevitably assume positions of influence due to the nature of our field. As student doctors become experts in their respective specialties, we become looked up to as part of a collective that our communities rely on for medical guidance, information, structure, and support through trying times. Therefore, it is essential for medical providers to optimize workflow, which translates to improved patient health outcomes.

An area under constant revision in medicine is pedagogy. One teaching modality of resident education, the “noon report,” was recently investigated by Gastroenterology & Hepatology fellow Dr. Sowmya Palam under the mentorship of Dr. Hershel Raff through the Kern Institute’s KINETIC3 Teaching Academy. Traditionally, these sessions are primarily teacher-centered with little prompted audience engagement.

In her study, *Impact of Modified Interactive Noon Report PowerPoint Presentations on Learning*, Dr. Palam highlighted differences in mental effort and learning outcomes between two presentation styles: the traditional presentation approach and an interactive resident-led discussion approach that used Illness Scripts instead of PowerPoint. The interactive teaching model showed improved ability to recall key points despite less mental exertion when compared to the traditional PowerPoint model.

Illness Scripts allow for standardization, which, unlike PowerPoint, eliminates the mental effort of searching for pertinent information. This, in concert with the added memory benefit of active learning, calibrates language to allow for quicker and easier communication with retained quality of care and less room for error. Greater residual mental and physical energy broadens our bandwidth, which directly translates to improved provider and patient wellness. Mental effort is analogous to our effectiveness as practitioners. Therefore, tools that save energy while upholding and/or improving quality of care should be prioritized throughout the remodeling of any teaching modalities.

There is a subtle but critical difference between leadership and management. Though both allude to a type of hierarchical dynamic, good leaders aim to produce more leaders, while managers generally seek to maintain the status quo and the dependence of their subordinates. Effective leadership prioritizes mentorship. Time saved from better communication modalities leaves more space for mentorship, which may combat fatigue and leave doctors more energized to further this process and empower budding leaders to do the same in years to come.

(Please access the following QR code for mailing list information or if you would like to be invited to our meeting on March 24th (5-6pm) to discuss. Thank you!)

Link:

https://mcwisc.co1.qualtrics.com/jfe/form/SV_OeSK0sgTAK7xP4W



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