

# Leadership Skills Development & Establishment of Multi-Disciplinary Team (MDT) Tumor Boards

Shahid Kamal\*

*Department of Nuclear Medicine and Molecular Imaging, Neurospinal & Medical Institute, Karachi, Pakistan.*

Leadership and managerial skills have long been identified in the developed countries as essential components of their post graduate trainees to enable them to meet the challenges of modern health care systems. However, health care systems in LMIC have their own challenges. Certain models such as public, public-private partnerships, private, welfare and insurance-based systems do exist in this part of the world, but comprehensive and efficient integration is still lacking. Cancer patients depend largely upon public sector facilities already over-burdened by long waiting list. The non uniform healthcare system along with variability in expertise & facilities further compounds the issue. This issue needs to be identified as a problem, and a solution-oriented approach evolved. Lack of strong personal and professional values among physicians have also been identified as key factors afflicting these already resource starved regions. Doctors need to learn about financial management and funding, organizational structures, governance and management of their healthcare systems so that they are better able to play more effective strategic roles for service development and get skillful in navigating the organization and systems towards improvement of quality patient care [1]. The concept of managers to organize infrastructure and support health care physicians in practicing their professional responsibilities is still in a teething phase in our society [2]. Being part of a resource constrain region, an alternate cost cutting approach would be to transform a clinical physician as a manager or a leader. This concept of physician leadership is not new, where a physician acquires a set of organizational and leadership competencies and has been stratified into four domains including; 1) Technical skills (operations, finances, information systems, human resource, strategic planning), 2) Industrial knowledge (clinical processes and healthcare institutions) 3) Analytics and conceptual reasoning, 4) Problem solving via interpersonal, emotional intelligence and effective communication – skills that traditional medical school does not teach. Hence making a bridge between clinical and administrative sides for their growth would go a long way to assure success of health care systems [3-5]. We strongly believe that leaders by “accidents” can do more harm than good as they are not equipped with the needed set of skills. The concept of Physician – Leader proposed by Ackerly *et al.* suggests an “active cultivation” of future leaders to adopt the rapidly changing demands in the

\*Address correspondence to this author at the Department of Nuclear Medicine and Molecular Imaging, Neurospinal & Medical Institute, Karachi, Pakistan. Email: skamal77@hotmail.com

field of medicine during their post graduate training years [6]. A Multidisciplinary Team (MDT) approach is suggested to achieve patient – centered approach rather than considering oneself as a sole decision taker [7]. We suggest development of these core values in our training program so that we may train the next generation of leaders that can help, not in just improving the current facilities but also be ready to take the newer challenges posed by ever growing cancer related challenges with a solution-oriented approach. We believe that these concepts should be taught during their training. MDT tumor boards are essential component for a cancer management. With the above discussed skills tumor boards establishment is achievable.

## CONFLICT OF INTEREST

Declared none.

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