

## 2014 DIHI Healthcare Leadership Summit Recap

As the transition to cost-effective, evidence based medicine continues, the old models of healthcare leadership have become inadequate to meet the demands of 21st century medicine. Over the last several years, the Duke University Health System (DUHS) has seen the emergence of leadership development programs that span all healthcare sectors and which all operate largely independent from one another.

Envisioning the combined potential of these groups DIHI, in combination with the Feagin Leadership Program, hosted the 2nd annual DIHI Healthcare Leadership Summit on March 6, 2014 at the Washington Duke Inn. This innovative leadership summit was held as a means of establishing an efficient and collaborative leadership environment here at Duke. It is a tangible continuation of the on-going effort across the Duke Healthcare community to increase collaboration of all those involved in leadership development programs.

All current leadership programs within the DUHS were invited to participate. Prior to the event, participants were prompted to consider the structure of their leadership curriculum, including unique attributes and ways they could collaborate or share resources with other leadership programs. Participants were also prompted to evaluate their programs by identifying perceived strengths and weaknesses in the areas of resources, faculty, and curriculum. In addition to a great evening of drinks, dinner, and networking, those present at the summit participated in three 20-minute group discussions regarding the aforementioned strengths and weaknesses in addition to discussions on the future of leadership development.

At the conclusion of the event, the Feagin leadership team, comprised of three medical students, two residents, and one fellow, compiled and analyzed the data gathered from the 18 programs in attendance. Interestingly, our data demonstrated that almost 40% of identified strengths within leadership programs here at Duke countered a corresponding weakness in another program. The data also suggested that, despite physical proximity, leaders may find it challenging to connect with other leaders at their own institution.

The collaborations resulting from the 2014 summit have already begun to yield fruit in the form of joint grant applications, shared faculty, and the creation of a Healthcare Leadership Development Council comprised of representatives from Duke Medicine, Duke University, and Duke National University of Singapore. Further sharing of resources and the establishment of institution wide leadership curriculum standards appears to be on the horizon. We thank all those who participated and look forward to building on these advances in leadership education in the coming years.