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14.1 Introduction

Leadership is a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential [1]. Leadership influences people by providing purpose, direction, and motivation while operating to accomplish the mission and improve the organization. Thus, it is an activity, an influential persuasive process in which an individual gains trust and commitment of others with or without reliance on formal position or authority and moves the group into the accomplishment of one or more tasks. Leaders in professional education need to be good advocates of health. Health advocacy can be described as purposeful actions by health professionals to address determinants of health, which negatively impact individuals or communities by either informing those who can enact change or by initiating, mobilizing, and organizing activities to make change happen, with or on behalf of the individuals or communities with whom health professionals work [2]. Yet for many, providing such leadership is difficult! Why?

Adaptive change is distressing for the people going through it. They need to take on new roles, relationships, values, and approaches to work; many employees are ambivalent about the sacrifices required of them. In this complex world, and an increase in accountability to survive as a leader and pull the institutional development from the gutter, the leader should understand the complexity of contemporary organization as well as potentially self-adapting [3]. The principles for the leader to practice in order to be successful in leading adaptive work and change include:

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- Getting on the balcony to perceive what is going on and have an overview of the organization and reflecting on a daily basis.
- Identifying adaptive challenges to have a clear picture or understanding of how the organization operates in order to address the challenges.
- Maintaining disciplined attention to be able to focus the staff's attention on the task.
- Giving the work back to the people involved to empower the staff to carry out the tasks needed related to achieving the goals.
- Protecting the voices of leadership from below to ensure the voices of heads of departments and units are heard.

Developing a leader is a process that requires learning new behaviors and skills through experience. It requires experimentation, application, and deliberate practice. It requires experiential learning (experience/activity). This allows the student to apply the lesson learnt in the class to their leadership development. In this chapter, we will discuss a set of goals and objectives with action plans and KPIs to implement leadership and management qualities/skills among health professionals.

14.2 Strategic Goal 6: Promoting Leadership and Management Qualities Among Healthcare Faculty to Cope with the Rapidly Changing Global Educational Environment

Leadership and management are often used interchangeably, and they are practically considered overlapping in necessary concepts. Both leadership and management involve influence, working with people, and working to achieve common goals. However, the fields of leadership and management are different [4]. Unlike management, which is a one-way authority relationship, leadership is a multidirectional influence connection. The majority of authors attempted to pinpoint discrepancies by contrasting management and leadership in terms of definition and competencies. There are many diverse definitions of management and leadership. Robert Katz defines management as exercising direction of a group or organization through executive, administrative, and supervisory positions [5]. He adds that management responsibilities are usually tasked-oriented, and they involve developing staff, mentoring persons with high potentials and resolving conflicts while maintaining ethics and disciplines. As a result, management as a whole is a process utilized to accomplish organizational goals. Managers concentrate on the formal leading and management of their staff, resources, systems, and structures. A manager works to achieve short-term objectives, minimize risks, and create standardization to boost productivity. On the other side, leaders prioritize inspiring and motivating others. Creating a passion for their vision, long-term goals, and taking risks to meet obstacles is a leadership ambition. People follow the leader freely because leaders are always mindful of the benefits to their followers [6]. To adapt and cope with the twenty-first century's health care reforms and

challenges, health professionals need to be engaged at all levels—local, national, and global—to lead educational transformation to strengthen health systems in an interdependent world [7].

14.3 Objective (Initiative) 6.1: To Provide Forums for the Exchange of Ideas in Educational Developments

This initiative is summarized in Table 14.1. Educational transformation and development are of paramount necessity in health professions education in order to graduate health professionals well equipped with knowledge, skills, and high professional

Table 14.1 Strategic plan for providing forums to exchange ideas in educational developments

Goal 6: Promoting leadership and management qualities among healthcare faculty to cope with the rapidly changing global educational environment			
Objective (6.1): To provide forums for the exchange of ideas in educational developments			
Initiative (6.1) Provide forums for the exchange of ideas in educational developments	Responsible T&L steering committee and T&L units (medical education departments) in HSCs	Accountable VRHS, leadership committee, and deans of HSCs	Partners Deanship of e-learning and distance learning, CELT, and deanship for skills development at KSU
Initiative description Improving faculty awareness of new trends in education			
Requirements and interdependencies 1. Special purpose rooms outfitted to host health science forums on educational developments 2. Creating a virtual learning environment for health colleges to facilitate online participation in the forums small-group discussions, etc.			Stakeholders Faculty staff
Action plan 1. Organizing monthly health science faculty forums/clubs to discuss global trends and developments in education 2. Establishing guidelines to run these activities 3. Establishing an annual reward system for the best innovative approaches to education among health sciences faculty 4. Establishing the guidelines for issuing such awards 5. Archiving these activities should be for future reference			Estimated time Phase II
KPIs 1. More than 20% attendance of each forum 2. More than 70% satisfaction of forum participants 3. More than 70% of randomly sampled staff agree with the choice of recipient of an award for a particular academic year 4. The forums for a particular academic year are verified in the archives			Estimated budget Phase II

T&L teaching and learning, *HSCs* Health Sciences Colleges, *VRHS* vice-rector for health specialties, *CELT* Center of Excellence in Learning and Teaching, *KSU* King Saud University, *KPIs* key performance indicators

attitudes in the complexity of ever-changing health care systems. This requires well-educated and trained faculty to lead this notion of educational reforms for the twenty-first century. In order to achieve this objective, KSU should promote and support faculty development programs across HSCs. Qualified educators representing all HSCs should form a team that plans and conducts progressive faculty programs to improve HSE. The initial forum should involve policy and decision makers, to present and discuss published research and reports on the importance of educational reforms and needs assessment results that involve students and faculty and other stakeholders, current trends in educational development, strategic planning, ways for implementation and evaluation, and other educational matters. This will hopefully result in opening the support and funding gate by KSU administration. The next step is to nominate a leadership panel of qualified and expert educators representing all HSCs that will be responsible for strategic planning, establishing guidelines for educational development and reforms, and formulation of teams who will educate and train faculty in new trends for promoting HSE at all levels as a joint program [8]. This can be achieved onsite by providing common educational facilities such as well-equipped conference halls, small-group rooms, and clinical skills labs for demonstration and training. Nevertheless, virtual and online faculty development programs proven as effective as onsite education and training especially in knowledge domain, as most faculty nowadays are computer literate and prefer to do these faculty development exercises at their free time off the working hours. However, combining both onsite and online activities may achieve the educational development and reform goals. Estimated timeframe and budget outline of this and other initiatives in this chapter will be studied and decided later as a second phase.

14.4 Objective (Initiative) 6.2: To Coordinate Educational Offerings to Faculty Across HSCs

This initiative (Table 14.2) discusses one of the leadership panel's responsibilities, which is to coordinate all educational development activities across HSCs. In order to achieve this objective, the leadership panel needs to establish a central body (e.g., VRHSs) supported by qualified secretaries and equipped with computer desktops and intranet system. Faculty educational development needs may vary from a college to another. Therefore, each HSC should submit corresponding needs (based on needs assessment) few months before the beginning of each academic year, so the leadership expert panel would arrange and coordinate the FD program for all HSCs. Once the program for all is ready, it can be posted on the central body website, sent as brochures, faculty e-mails, and to the education unit in each HSC. According to research by Lucas et al. [9] on the characteristics of faculty leadership development

Table 14.2 Strategic plan for coordinating educational offerings to faculty across colleges

Goal 6: Promoting leadership and management qualities among healthcare faculty to cope with the rapidly changing global educational environment			
Objective (6.2): To coordinate educational offerings to faculty across HSCs			
Initiative (6.2) Coordinate educational offerings to faculty across colleges	Responsible The T&L steering committee, vice-deans academic affairs of HSCs, and the T&L units (medical education departments) in HSCs	Accountable VRHS, leadership committee, and deans of HSCs	Partners All departments and IT units in HSCs
Initiative description Coordinating educational offerings across HSCs to use and benefit from available resources			
Requirements and interdependencies 1. T&L units (medical education departments) in HSCs 2. IT subunits in HSCs 3. VRHS		Stakeholders Faculty staff	
Action plan 1. Establishing a body at the VRHS in charge of coordinating educational offerings across HSCs 2. Designated body should enforce the presentation at the beginning of each academic year with all the educational activities scheduled to take place at all HSCs for that year. Such presentations (ideally in printed and online brochures) should state the plans, etc., of each educational offering		Estimated time Ongoing	
KPIs 1. A proper coordinating body has been established at the VRHS 2. In the academic year following the establishment of the aforementioned body (and in the subsequent academic years), all educational offerings across HSCs for an academic year can be found online and in printed brochures, with detailed descriptions stating the goals, objectives, etc.		Estimated budget Phase II	

HSCs Health Sciences Colleges, *T&L* teaching and learning, *VRHS* vice-rector for health specialties, *IT* information technology, *KPIs* key performance indicators

programs in HSCs in North America, lectures and case discussions were the most common teaching methods. They concluded in their study that programs can improve by basing content on a leadership competency model, incorporating multiple approaches to teaching, and implementing more rigorous program evaluation. Further details about this initiative are presented in Table 14.2.

14.5 Objective (Initiative) 6.3: To Develop and Conduct Surveys for Faculty Staff Concerning the Use of Up-to-Date Teaching Methods to Achieve Excellence

This initiative is presented in Table 14.3. Faculty opinions and needs are usually appreciated through qualitative research using surveys, interviews, reflections, feedback, etc. Designing proper and valid surveys requires experienced workers and

Table 14.3 Strategic plan for developing and conducting surveys for faculty concerning the use of up-to-date teaching methods

Goal 6: Promoting leadership and management qualities among healthcare faculty to cope with the rapidly changing global educational environment			
Objective (6.3): To develop and conduct surveys for faculty staff concerning the use of up-to-date teaching methods to achieve excellence			
Initiative (6.3) Develop and conduct surveys of faculty concerning the use of up-to-date teaching methods	Responsible T&L steering committee and T&L units (medical education departments) in HSCs	Accountable VRHS, leadership committee, and deans of HSCs	Partners Deanship of skills development and CELT
Initiative description Developing annual online surveys to be conducted on a randomly selected, predetermined, sample of actively teaching faculty for that year to determine and improve how faculty are coping with the changing global environment			
Requirements and interdependencies 1. Professional survey development and analysts 2. T&L units in all HSCs 3. IT deanship and its subunits in HSCs			Stakeholders Faculty staff
Action plan 1. Designing surveys on the use of best educational practices 2. Selecting a small random sample of teaching faculty (perhaps 15%) from the database of teaching staff to survey 3. Using survey results to plan for improvements in leadership and management qualities and ensure that faculty are using up-to-date teaching skills 4. Establishing an annual reward system for the best innovative approaches to education among health sciences faculty. Establish the guidelines for issuing such awards 5. Conducting workshop on teaching style surveys			Estimated time Phase II
KPIs 1. More than 70% response of randomly sampled staff to survey 2. Concrete plans set in motion to use results of surveys to improve leadership and management qualities of faculty as well as improve the use of up-to-date teaching methods 3. More than 70% of randomly sampled staff agree on the choice of recipient of an award for a particular academic year 4. Surveys and responses to them are verified in the archives 5. More than 70% satisfaction of teaching style survey workshop participants			Estimated budget Phase II

T&L teaching and learning, *HSCs* Health Sciences Colleges, *VRHS* vice-rector for health specialties, *CELT* Center of Excellence in Learning and Teaching, *IT* information technology, *KPIs* key performance indicators

statisticians who can generate appropriate and relevant research questions, analyze data, and make valid conclusions and recommendations. It is necessary to generate additional initiatives, such as seminars, workshops, courses, etc., to conduct teaching style surveys. Our study on faculty perspective and readiness to participate in initiatives for teaching excellence involved a sample of academic faculty from all HSCs (medicine, dentistry, applied medical sciences, nursing, pharmacy, and Emergency Medical Services) [10]. Our recommendations included a stronger focus on enhancing graduate education, research and development, teaching, learning, and assessment. It is interesting to see that they had the least concern for academic writing, paper publications, simulation applications in health research, leadership and administration, and mentorship. These conclusions were a good example to base leadership faculty development programs on needs assessment, which might differ from one institute to another and may change from time to time. As teaching excellence was ranked first of all faculty concerns, we developed and conducted a 3-day program on “teaching how to teach,” involving more than thirty academic faculty leaders/educators representing all HSCs at KSU.

This program included best practices in microteaching (interactive lecturing), small-group tutoring, clinical skills and simulation, and assessment. Faculty feedback was excellent that this course should be repeated twice a year at the beginning of each academic, especially new staff. Nonetheless, the Deanship of Faculty Development at KSU adopted a similar program done once a year for all new joining academic faculty in all departments as a requirement for the assistant professor title. Another strategy for achieving teaching excellence is the rewards for best teachers in each department. The Quality Department in HSCs conducts and analyzes results of surveys of students’ evaluation for each individual faculty at the end of each academic year. The percentage of each individual faculty ranking in each HSC will be confidentially sent to the faculty staff for their information only, without any tenure actions taken accordingly.

Unfortunately, no rewards for teaching excellence are yet in action at KSU, when compared to research excellence. However, there are grants to faculty for innovative projects in educational development, and currently the center for educational development at KSU is planning to make awards for teaching excellence, similar to the awards currently awarded to best research projects at KSU. These awards play major roles to encourage faculty to do more in developing own educational skills and KSU reputation [10]. Lee et al. [11] raised the concerns that the dependence of faculty on research and research grants for their promotion and tenure decisions and salary increments may negatively and indirectly affect teaching excellence. They indicate that while research and its resulting publications are vital to universities, teaching excellence must be, too. Guidelines for teaching excellence awards must be developed; otherwise, universities will be accused for bias and payback favors, especially when companies are sharing in this endeavor. Developing such guidelines by expert educators is crucial for universities to help faculty on achieving their goals on best educational practices [12]. An example for such guidelines can be extrapolated from the ASPH/Pfizer Award for Teaching Excellence [13].

14.6 Objective (Initiative) 6.4: To Provide Support as Well as Training and Modeling the Use of Online Courses

This initiative describes the importance of online leadership faculty development (FD) programs. Onsite participation is considered the norm for most FD programs in most universities [9]; however, some FD programs are increasingly adopting online-FD courses and programs. The majority of faculty could attribute this to many factors including its proven efficacy [14], faculty preference to do such online programs during their non-working hours’ free time, busy daily schedules, and the increasing dependence on computers and laptops for work. Such online courses, however, require IT and educationists’ expertise and collaboration to develop such courses based on scientific means and robust evaluation methods. Chan et al. [15] published a very good model to create, assist, and share in online faculty development resources.

Their approach is to recruit expert faculty to write a monthly complex and realistic case scenario featuring a nonclinical medical education dilemma and to publish online with accompanying discussion questions answered by clinical faculty. College of Medicine at KSU with the collaboration of its Medical Education and IT departments is establishing an online-FD programs. This can be extrapolated to a leadership IPE-FD programs, involving all HSCs faculty in the near future. Also, collaborating with international universities in this and other FD development programs would seem to be prudent, especially during the early experience of training and developing such programs. The strategic aspects to achieve this objective are highlighted in Table 14.4.

Table 14.4 Strategic plan for providing support/training and model the use of online courses

Goal 6: Promoting leadership and management qualities among healthcare faculty to cope with the rapidly changing global educational environment			
Objective (6.4): To provide support and training and to model the use of online courses			
Initiative (6.4) Provide support and training and model the use of online courses	Responsible T&L steering committee and T&L units (medical education departments) in HSCs	Accountable VRHS, leadership committee, and deans of HSCs	Partners Deanship of skills development and deanship of e-learning and distance learning
Initiative description Engaging local and/or international experts to train and support faculty in the use of online courses, to help them cope with the rapidly changing educational environment			
Requirements and interdependencies 1. Professional developers and trainers on the use of online courses 2. Resources for workshops/forums on online course design			Stakeholders Faculty staff
Action plan 1. Designing an interprofessional course on “how to design online courses” and make HSCs adopt it as a regular course 2. Evaluating the success of this course with the ultimate aim of getting other HSCs to adopt it as a regular course 3. Exploring local and international expertise in online course design			Estimated time Ongoing

Table 14.4 (continued)

KPIs	Estimated budget
1. Up to 80% limited-seat capacity filled per course run in the pilot at HSCs 2. Up to 70% satisfaction of faculty attending each course 3. Up to 70% satisfaction of faculty with the support services (following the course) offered by professional trainers/experts over the course of the academic year	Phase II

T&L teaching and learning, *HSCs* Health Sciences Colleges, *VRHS* vice-rector for health specialties, *KPIs* key performance indicators

14.7 Objective (Initiative) 6.5: To Promote Leadership and Management Qualities Among Healthcare Faculty

Healthcare professions' faculty need to improve their leadership and managerial skills to cope with the rapidly changing environment in healthcare and health sciences education (HSE). Programs that integrate non-physician and physician professionals are lacking, more interactive learning and feedback are rarely used to help people become more self-aware, and there is an excessively narrow focus on individual-level outcomes rather than system-level outcomes, according to a systematic review of published literature on leadership development programs for doctors [16]. The Lancet Commission Report [7] emphasizes the need to generate healthcare professionals who can lead the integration of health professions' education with the changing healthcare systems to cope with the twenty-first century healthcare needs. Leadership and managerial qualities among health professions faculty not only make changes in healthcare systems but can influence policy and decision makers to prioritize healthcare problems and issues according to their importance and public needs. For example, Road Traffic Accidents (RTAs) are considered the highest among other causes of mortalities and morbidities in Saudi Arabia [17]. As a national priority, leaders in healthcare professions were able to convince the Minister of Health and his administration to adopt a new system to deal with trauma in Saudi Arabia [18]. Consultants and experts in this field can be recruited locally or from abroad, and resources are mobilized to promote this initiative.

Currently, the Deanship for Skills Development at KSU are running a regular leadership and management program for all faculty throughout the academic year, which has excellent short courses on management and leadership. However, participants are usually those who are leaders and managers interested to promote and improve their own leadership and managerial skills. We need to widen this individualized-level to system-level outcomes where all concerned FD departments in KSU work together to integrate such efforts under one umbrella (e.g., Deanship of Skills Development) to run courses in leadership and management at all levels. To produce such healthcare professional leaders and managers in the community, universities should take the lead and responsibility to train and certify some faculty educators to prepare and conduct interprofessional leadership and management

courses at the university, college, department, graduate, and undergraduate levels. College of Medicine at KSU took this initiative and adopted interactive lectures in leadership and management under the professionalism course for undergraduate students. Leadership and management programs should not be limited to courses only. They can be done as annual or bi-annual forum where all consultants and experts in this field convene and discuss updated research and methods on how to teach and train faculty and students in leadership and managerial skills. Best evidence practices have shown that these skills are best taught as small-group sessions, where a limited number of participants' exchange ideas and have more interactive learning and feedback to develop greater self-awareness [16]. Details on how to achieve this strategic objective are presented in Table 14.5.

Table 14.5 Strategic plan of promoting leadership and management qualities among health faculty

Goal 6: Promoting leadership and management qualities among healthcare faculty to cope with the rapidly changing global educational environment

Objective (6.5): To promote leadership and management qualities among healthcare faculty

<p>Initiative (6.5) Promote leadership and management qualities among healthcare faculty</p>	<p>Responsible T&L steering committee and T&L units (medical education departments) in HSCs</p>	<p>Accountable VRHS, leadership committee, and deans of HSCs</p>	<p>Partners CELT, deanship for skills development, and HSCs</p>
<p>Initiative description</p>			
<p>Familiarizing health sciences faculty with (and encouraging the application of) best practice principles and skills in leadership and management so that they can better cope with the rapidly changing environment in healthcare and HSE</p>			
<p>Requirements and interdependencies</p> <ol style="list-style-type: none"> 1. Internal/external consultants to run courses 2. Resources to develop and run leadership and managerial skills courses 3. Collaboration with the deanship for skills development 			<p>Stakeholders Faculty staff</p>
<p>Action plan</p> <ol style="list-style-type: none"> 1. Running overlapping, limited-seat courses for health sciences faculty on essential skills of good leadership and management 2. Running regular, small-group discussions (within and between HSCs faculty) to allow for the exchange of ideas on leadership and management skills 3. Running forums for HSCs faculty to discuss successful applications of leadership/management principles (skills) to their jobs as lecturers, clinicians, surgeons, researchers, mentors, etc. 			<p>Estimated time Ongoing</p>
<p>KPIs</p> <ol style="list-style-type: none"> 1. More than 70% attendance of each limited-seat course 2. More than 70% satisfaction of course participants 3. At least 30% of randomly sampled health science faculty have participated in at least one leadership or management course during the course of one academic year 			<p>Estimated budget Phase II</p>

T&L teaching and learning, *HSCs* Health Sciences Colleges, *VRHS* vice-rector for health specialties, *CELT* Center of Excellence in Learning and Teaching, *HSE* Health Science Education, *KPIs* key performance indicators

14.8 Discussion

Most of the current leadership and management development programs target individuals' skills, but lack a more comprehensive system-outcome, which should encompass individuals, teams, organizations, and national level leadership. Although the development of leadership and management abilities at the individual level is vital, research suggests that the development of groups' and organizations' capacities for leadership as a shared and communal process is much more valuable [19]. The majority of the data, however, emphasizes the value of group leadership and calls for striking a balance between the development of personal abilities and that of organizations. Also, there is an obvious, compelling, and urgent need for cross-organizational leadership cooperation (another essential component of collective leadership). More and more, a network of institutions that are dependent on one another must provide healthcare. Leadership at the national level is also very important in influencing people, groups, and organizations.

Many publications have urged the national leadership organizations to create a single integrated system approach that is characterized by uniformity in its demands, processes, and demands. When a national leadership body takes a supportive, developmental, appreciative, and sustainable approach, when health service organizations are viewed as partners in the development of health services, and when health service organizations are supported and given the tools they need to provide continuously improving, high-quality patient care, these characteristics are most likely to be present. This calls for executives to collaborate across organizational boundaries both within and between organizations, putting the success of overall patient care ahead of the performance of their individual component. To achieve collective leadership at the system level, leaders must collaborate and create an integrative, cooperative culture. The responsibility of leadership is to guarantee that teams and organizations have direction, alignment, and commitment [20]. Direction ensures that everyone is on board with the organization's goals and is proud of them, in line with its vision, values, and strategy. Effective coordination and integration of the work are referred to as alignment. Everyone in the organization must accept responsibility for the organization's success and make it a personal priority. This is how commitment is shown.

Conversely, providing services to the community in a way that is appropriate, effective, equitable, and sustainable is the goal of good management. Only by carefully bringing together and synchronizing the essential resources for service provision, such as personnel, funds, hardware, and process elements of care delivery, can this be accomplished [21]. Management and leadership are crucial for the provision of high-quality healthcare services. Although there are some similarities between the two, there may also be differences in terms of mindset, abilities, and actions. Effective managers must have management abilities because good managers should aspire to be good leaders. Leaders will develop methods for achieving the vision after developing a vision of what can be accomplished. They inspire others and have the negotiating skills to secure funds and other forms of assistance to further their objectives. Managers make sure that the resources are used efficiently and

effectively to get the best results. To obtain the best outcomes in the resource-constrained and challenging conditions seen in many low-to-middle income countries, a manager must also be a leader. In conclusion, many challenges will face health-care leaders, managers, organizations, and community as a whole to nurture and sustain high-quality, safe, and compassionate care. In order to cope with the changing healthcare systems in the twenty-first century, universities should strive for robust leadership and management programs based on the evidence of what, why, where, and how it works.

14.9 Summary

The health care and educational systems of the twenty-first century will increasingly need to promote leadership and management skills in health professional education and collaborative practice. This objective will be accomplished through five efforts. Initially, to offer discussion forums for new educational innovations. To organize faculty education opportunities across HSCs, second. Finally, to create and administer surveys to faculty members about the usage of cutting-edge teaching techniques to attain greatness. Fourth, to assist, train, and set an example for how to use online courses. Finally, to encourage healthcare professors to possess leadership and management skills. Each initiative's strategic specifics were laid out. Each initiative's budgetary information and anticipated completion time are determined by studies, meetings, and discussions held by key participants in the implementation process.

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