How should medical schools prepare medical students for leading the NHS?

ABSTRACT

The NHS is an evolving landscape. While the level of clinical knowledge conferred to medical students remains constant, their competence in other skills, such as leadership, needs to be enhanced in order for them to successfully work within the health-care system. The importance of leadership is considered at the start and end of a medical degree – when applying to medical school with various examples of leading a team, and upon balancing scenarios of leadership when sitting the situational judgement test in final year. In the interim, however, more teaching needs to be delivered to ensure that medical students are prepared for leading the NHS. Through enabling students to engage, identify and align with being a leader, they become increasingly aware of their future role and will improve service delivery.

'Can you give me an example of when you have taken a leadership role?'

As the authors prepared for their medical school interviews this question, among a few others, lay at the forefront of their minds. They would think back to working in a team, allocating resources and developing interpersonal skills. Yet, at some non-discernable point, medical students stopped being taught that these values are indispensable to the doctor.

The result of the didactic teaching at medical schools is that students become embroiled in thinking about the doctor as a clinical decision-maker. If the posts can be repositioned to consider the clinical knowledge as one of many resources and skills that are essential to the fabric of the profession, then the doctor becomes the decision-making leader.

Viewing the question through the lens of Wenger's (1998) 'identity formation', a tripartite approach can be taken:

1. Engagement
2. Identification
3. Alignment.

Medical students need to engage with the idea of becoming a leader in the NHS, to identify with the leadership role, and be placed in situations where they can practice these skills.

The mentality (engagement)

The recent junior doctor strike saw medical students march in hundreds alongside medical professionals to provoke change (Langridge et al, 2016). This holistic mindset, considering health-care provision as a service as well as a series of patients, needs to penetrate into the core of the health thinking at medical schools.

Medical students perhaps see this more in the pre-clinical phases of teaching, when non-clinical staff give lectures on pre-clinical medicine. They do not fail to point out with enthusiasm when it is their institution that has contributed to the topic. They engage the audience and encourage students to join in and look beyond the curriculum. Many clinical lectures, in comparison, appear to focus on the teaching of pathways and guidelines that exist to be learned. Trying to teach beyond what is necessary to pass the exam can cause students to become uninterested. Therefore, to lead the NHS, medical students need to be taught to use their initiative and abide by, but challenge, these guidelines for best practice.

Multiple studies have found that students, contrary to the instinct of some, are interested in engaging with teaching about medical leadership and management (Abbas et al, 2011; Quince et al, 2014). These topics ought to be integrated into a curriculum in a similar manner to teaching on ethics, law, and public health, and accordingly be accounted for in exams. It is perhaps of greater importance for teaching to be delivered before the situational judgement test that all medical students sit in their final year, as leadership is one of the components assessed in this exam.

The key to this phase is to increase learning about what it means to be a leader in the NHS; teaching that is already considered to be notably lacking by medical schools with little agreement on future direction (Jefferies et al, 2016). The way to progress beyond this is to trial a teaching programme. This should not focus on general skills of leadership, something many people can already explain, but provide workable examples of leadership in the context of the NHS. Delivered in a small group session, this can promote discussion between peers as to how they would deal with the situations. By offering examples in various career pathways, this will engage people who have more legislative interests as well as those who wish to learn how to be competent doctors. It would be essential to provide further opportunities for those who are interested, directing them to resources such as the Faculty of Medical Leadership and Management.

The instruction (identification)

Wenger (1998) states that for this model of teaching to function correctly, the students need to be able to imagine themselves in the position that they are learning about. Work in advancing medical education curricula suggests that this can be achieved by constructing an 'image of the community through role models and stories to help learners interpret their participation and understand how or whether they belong' (Chen et al, 2017). This is compounded by anecdotal experience and qualitative work

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> **Collaborating with third party organizations will provide new and exciting opportunities for medical students, allowing them to explore novel ethical, medical and political problems outside the context of didactic and patient teaching.**

which explains that students value direct teaching on career development (Cadieux et al, 2017) – something that can be difficult to find. Additionally, they value the insight from guest speakers working (often at the extreme ends of spectra) in the field which they are being taught about.

Lectures with direct titles such as 'how can I be a leader in the NHS?' will encourage students to consider their career progression and also the role that they wish to take. Again, much like the group tasks, this talk would have to explore how students aspiring to be clinicians, or even policy-makers and politicians (BBC News, 2017), can develop their leadership skills to optimize themselves for these positions; students are very aware of the MRCS and MRCP exams because they realize that these are essential to career progression. These lectures should also include the routes that professionals took to get to their current roles. This is because, in addition to the theoretical information, students need to feel as though they also learnt something useful or practical – potentially a new career path to pursue or avoid.

For success, the teaching of leadership should be carried forward by seniors on the ward as part of medicine's 'hidden curriculum', under the focus of the less discoursed aspects of 'good doctoring' (Wright et al, 1998; Lempp and Seale, 2004). This is because students cannot change the hidden curriculum, it permeates through actions and conversation between students and their professional mentors (Levine, 2015). Already this is delivered successfully in primary care, where students assimilate information about the management of a GP practice in modern medicine through discussion with GPs and trainees.

Career fairs act as an opportunity to be exposed to new experiences. Medical schools should incorporate non-medical and non-surgical careers into these events. The high popularity of global health students groups (e.g. Polygeia and The Wilberforce Society) demonstrates that medical students do look beyond the 'traditional' clinical roles. These societies and social enterprises are popular because they offer the opportunity for (medical) students to get involved with projects and themes that are not distinctively discussed in the course. They allow students to collaborate with MPs, non-government organizations and charities in their role as non-clinical medical leaders attempting to improve work in specific sectors and populations (Polygeia, 2017).

The premise of identifying good leaders is inextricable from followership – 'the forgotten part of doctors' leadership' (Gibbons and Bryant, 2012). This is an active process where students should be challenged to engage constructively in critical thinking by their identified senior. Therefore, the aim of a good follower is to become an independent thinker and not a passive respondent, the responsibility for which is on the leader to involve and support the student in collaborative tasks. As 'good followers', it is believed that students will obtain courage to express concerns, and with it the subtle understanding of how to reason with their seniors without undermining them (Gibbons and Bryant, 2012).

The challenges (alignment)

Alignment involves taking all of the taught material and practical experiences and placing them within the context of the environment and community to which they will be applied.

Students cannot participate and interact in any new medical school teaching if they do not know when they will apply it. It is obvious when learning clinical knowledge that you will use it when faced with a patient, but explaining when students will need to call upon the skills and experience is more difficult. It is easy and true, but unexciting, to state that they are essential every day in practice.

This is where the exposure to extra-departmental speakers and organizations becomes needed. It provides a non-assessed opportunity for students to practice and promote these skills that they can then translate into their clinical work. Moreover, this would benefit the medical schools which state that their curricula are already over-filled (Jefferies et al, 2016).

KEY POINTS

- It is important to engage medical students with leadership opportunities early in their education.
- Medical curricula and courses are already stretched with regard to content and delivery, therefore collaborations with external organizations ought to be promoted.
- Students need to first engage with the concept of leadership, then identify themselves as a potential leader, before finally aligning with the available roles.
- The fundamental dilemma is creating autonomy for the students in a didactic teaching environment that focuses on creating good doctors that operate within a hierarchical team.

Conclusions

Ideally, leadership would become engrained as a core teaching principle within the courses throughout the country. However, this would require a seismic change in terms of course delivery and additional resources. If medical teachers focus on small steps, first changing the mentality within medical schools and incorporating single special lectures and guest speakers, then the attitude towards the understanding of 'what it means to be a leader in the NHS' can change first. From here, collaborating with third party organizations will provide new and exciting opportunities for medical students, allowing them to explore novel ethical, medical and political problems outside the context of didactic and patient teaching.

One fundamental barrier is that at clinical school the course focuses on following, taking commands, and learning information to pass exams. This is essential to becoming a doctor. However, inspiring student doctors to look beyond their curriculum and participate in new and interesting activities, much like they had to in order to get into medical school, may produce a series of new discerning leaders in the NHS. **BJHM**

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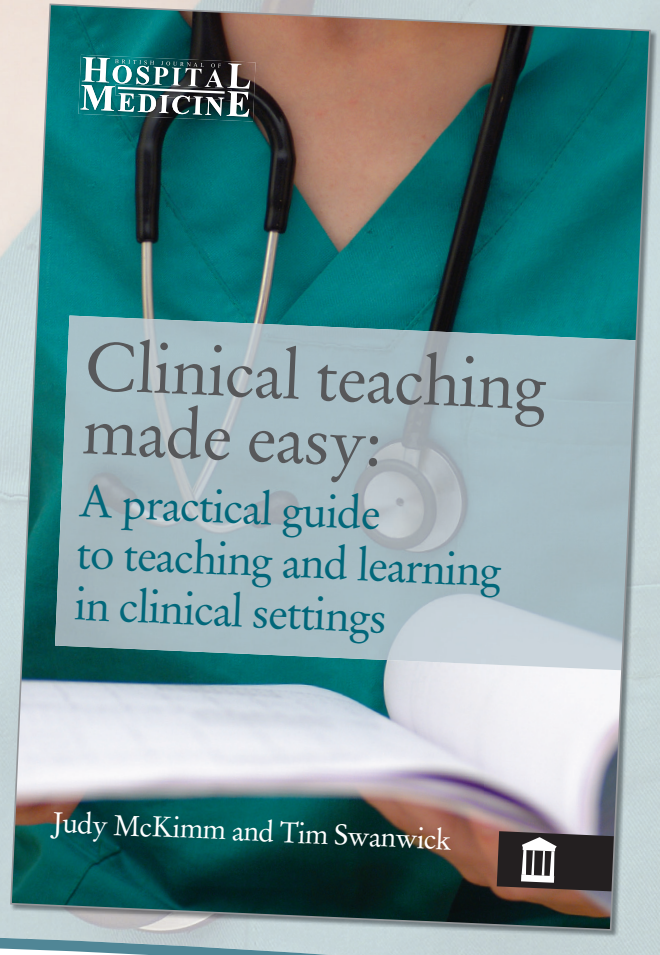

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