

Editorial:

Leadership Development and Emotional Competence in Undergraduate Medical Education

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Introduction

Medicine is a profession that requires high standards of behaviour and leadership skills in addition to a large body of knowledge and clinical skills^{1,2}. Leadership is increasingly recognized as an important contributor in modern health care system in delivering the high-quality patient care and performance in the organization³. Leadership is defined by the Oxford dictionary as ‘the action of leading a group of people or an organization’. A good leader is able to influence and guide the followers or members of an organization⁴. The educational environment of ‘teaching and evaluation by intimidation’ needs to end if educators expect students to form their own identities, and form ethical and leadership development^{1,5}. Good leadership depends on the interaction of the leaders with other members of the team. To develop a good leadership behavior, the factors such as intentions, motivations and emotional intelligence (EI) are considered important⁶. Emotional intelligence is the characteristic of an individual that reveals the ‘ability to monitor ones’ own and others’ emotions, to discriminate among them, and to

use this information to guide ones’ thinking and actions⁷. It involves the perception, processing, regulation and management of own emotion and other peoples’ emotions as well⁸.

Emotional competence

Goleman et al. (2002) describes four dimensions of a leaders’ emotional competencies that impacts on individuals’ leadership skill and on an organization bottom line. The four dimensions are: (a) self-awareness, (b) self-management, (c) social awareness, and (d) relationship management. These four domains were further divided into 18 different personal and social competences. For example, (a) self-awareness domain includes (i) emotional self-awareness, (ii) accurate self-assessment and (iii) self-confidence; (b) self-management domain includes the competencies of (i) self-control, (ii) transparency, (iii) adaptability, (iv) achievement, (v) initiative and (vi) optimism; (c) social awareness includes the competencies of (i) empathy, (ii) organizational awareness and service; (d) relationship management includes the competencies of (i) inspiration, (ii) influence, (iii) developing others, (iv) change catalyst, (v)

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conflict management, (vi) team work and (vii) collaboration⁹.

Physicians' role only as a clinical expert is no longer acceptable in current health care system, it demands the physicians having high quality leadership skills³. The changing health care system with more complexity and increased cost demands a change in the clinical leadership. In addition to the excellent clinical skills in managing the patient, the new clinical leader is expected to transform the health care system by giving priority to the needs of the patient from the patients' point of view as well as the clinicians¹⁰. Physicians play a leading role in delivering high quality care to the patient and responsible for patient outcome¹¹. They need to pay first priority to the patient care to achieve the good consequences for all patients as efficiently as possible and also to avoid duplication, reduce error, and ensure coordinated services according to the patients' needs¹⁰. Thus, physicians play a role in addition to their clinical skills, for the team work, mentoring, patients' safety, clear communication, reduction in waste and inefficiency making a better financial outcome¹². Emotional intelligence is thought to be related to the modern medical core competencies required for graduate medical education which are patient care; professionalism; systems-based practice; interpersonal and communication skills; medical knowledge, and practice-based learning and improvement⁸. Emotional intelligence can be nurtured and refined through proper training; therefore, it is useful to include it in leadership development initiatives within the medical education system of medical school⁶.

Important tasks for the clinical leaders

Oates (2012) has described seven task important for the clinical leaders. These are: i. Lead reform in putting the patient first, ii. Create a culture of safety, iii. Motivator, mentor and facilitator, iv. Communicator, v. Team leader and team player, vi. Demonstrate high level clinical skills and research, vii. Manage finances. In addition to these seven tasks, the mentioned personal qualities such as ability to think critically; to monitor his or her own performance; to behave in an honest, open and ethical manner; to display integrity; to see the big picture; to be able to learn from experience; and most importantly to put the patient, rather than himself or herself at centre stage¹⁰.

It is necessary to develop the skills of leadership

and management by all qualified doctors as in their future careers they will need to lead in the interdisciplinary medical team¹³. The involvement of clinicians in leadership and management has a beneficial effect on healthcare services, along with the quality of patient care. Undergraduate and post-graduate medical education are the platform to lay the foundation for these leadership competencies. The Institute of Medicine (IOM) recommends that academic health centers "develop leaders at all levels who can manage the organizational and system changes necessary to improve health through innovation in health professional education, patient care, and research". The General Medical Council (GMC) recommends "leadership and team working" as a core competency for all newly qualified doctors so that they can contribute to the management and leadership of the health service¹⁴. The Association of American Medical Colleges (AAMC) has included leadership as an essential competency for medical students¹⁵. Leadership model known as Medical Leadership Competency Framework (MLCF) developed by the National Health Service, consists of five domains with four sub-competencies in each domain which are (1) Demonstrating personal qualities, (2) working with others, (3) managing services, (4) improving services, and (5) setting direction^{11,15}. Qualities for emotional intelligence⁹ including self-awareness, empathy, cultural sensitivity, professionalism, drive, inspirational, commitment, confidence, and creativity are the key qualities critical for leader¹⁶. Although there is no doubt about the necessity of the leadership training in medical education, but there is lack of consensus about the curricular content, and teaching and evaluation modalities¹³. A well-planned leadership curriculum is essential to engage tomorrow's doctors in the leadership in an interdisciplinary medical team including management in the organization.

Leadership-development methodologies

For leadership-development different methodologies can be approached ranging from one-to-one coaching, mentoring, action learning that consists six to eight people, setting common goals under experienced counsellors, networking with peer and senior leaders, experiential learning in real field and self-directed learning using books and audio recordings¹³. Awareness about self with clear understanding about strength and weakness enables the student to identify the areas for

improvement. In this regard, SWOT analysis and reflective writing can help to explore the strength and weakness and thus improve their self-confidence and emotional intelligence and resilience¹⁷. A team-work-skill is necessary to develop leadership. Student-lead-team-work includes arranged seminar or a competition, participating in inter-professional teams in hospitals or community settings, in comprehensive effective patient care in multi-disciplinary settings¹⁷. Study showed that in an undergraduate leadership curriculum, the key skills necessary are communication, time management, conflict resolution, negotiation, delegation, teamwork, and community service¹⁶. Skills in communication is an art¹⁸, and communication can be best presented for easy remembrance by connecting a nutritious drink TEA: the acronym of tell, explain and assess^{19,20}. Based on assessment result, after telling and even after explaining, if it is found that the message has not been transmitted accurately, then the need to re-transmit the message using simple language and assessing again to ensure that the message has been transmitted as required. The use of TEA is aimed at ensuring that the message of the team-leader has been transmitted to all team member correctly. For a sustainable organizational development faculty development activity should be an integral part of any educational institution^{21,22}.

A major challenge for educators is to become a role model while delivering high standards of professionalism during their clinical teachings^{23,24}. Students frequently receive contradictory messages between what they learn in the class room and what they see in real settings^{23,25}. Role model played by the faculty has an important impact on the development of leadership by the students. Therefore, the institution needs to arrange appropriate faculty development training as well as take necessary steps to develop a supportive conducive atmosphere for the students and for faculty through administrative and financial support with allocation of necessary resources, incentives and motivations for faculty¹⁷. Environment plays a great role in development, and the role of leaders cannot be ignored to ensure a productive environment aimed at sustainable organisational development¹. Educational environment involves all teaching-learning activities between teacher and students including corporal facilities providing by an organisation^{26,27}. It is mostly affected by the curriculum which is outlined as everything

that is happening in the class room, department/unit, faculty, medical school or the university as a whole^{26,28}. The role of faculty is multifaceted, the authoritarian or dictatorial manner of leaderships not conducive for a supportive environment²⁶. Lack of objective, selection of irrelevant and overloaded content, unsuitable methods of content delivery and inappropriate ways of assessment are common issues in medical education^{29,30}. The most difficult problem facing medical education is deciding how the course is adapted and customised³⁰. The faculty must know what to include in the course/curriculum, what to leave out; how to select and organise the contents of the course that relate with course-title and course-outcomes, how to deliver the course-content, how to assess; and how to orient new students and new lecturer when joined in a department/unit and how to engage them in class room with teaching excellence and research excellence. The planned curriculum, the taught curriculum and the learned curriculum should overlap each other. There is trustworthy correlation between the educational environment and the students' outcome achievements^{26,28,31,32}. Continuous changing is happening in teachers and students' compositions in medical schools globally³³. So, understanding of educational environment and meeting the needs of multicultural society is very important for an effective leadership and effective curriculum²⁶. Educators in a multicultural-environment must work to circumvent any monocultural instructional methodologies to lead and promote a sustainable organisational development²⁶. With the necessity of medical faculties to be socially accountable, there is increasing pressure for teaching-research excellence and professionalization of teaching practices^{34,35}. There will be no curriculum and leadership development without faculty development³⁶. Leaders in higher education should give due importance on regular faculty development program by well-trained trainer across all levels of faculty aimed at producing high-quality future leaders³⁶.

Conclusion

Leadership is defined as the action of leading a group of people or an organization. In medical professional scenario, doctors as clinicians play a leading role in delivering high quality care to the patient. The changing health care system with more complexity and increased cost, demands a change in the clinical-leadership. Medical

professionals' role, only as a clinical expert is no longer acceptable in current health care system, it demands the clinicians having high quality leadership skill. Self-awareness, self-management, social-awareness, and relationship-management are key dimensions of emotional competencies. Unprofessional language and educational environment of 'teaching and evaluation by intimidation' needs to be end to frame students' own professional identities and ethical-leadership development. Emotional self-awareness, accurate self-assessment, self-confidence; self-control, transparency, adaptability, achievement, initiative, optimism; empathy, organizational awareness and services; inspiration, influence, developing others, change catalyst, conflict management, teamwork and collaboration are the important dimensions of a leaders' emotional competencies to be related to modern core medical care competencies. It is necessary to develop the skills of leadership

management with emotional intelligence by all qualified doctors as in future in their careers they will need to lead in the interdisciplinary medical team. Emotional intelligence can be developed and refined through appropriate training. Medical schools should include leadership and emotional intelligence development initiatives within their medical curriculum in order to meet the needs of the society through ensuring the production of high quality future leaders.

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