

# FMLM undergraduate curriculum supplementary guidance #1

## Student selected components in medical leadership

### Background

Student selected components (SSCs) are optional modules offered throughout the undergraduate medical curriculum; their aim is to provide students with the opportunity to extend their learning beyond the core curriculum in areas of particular interest, allowing students to develop subject-specific skills and learning, and also generic skills such as team-working, project work or reviews of the literature. These may also be termed student selected units, selected study components, special study units or special and selective study modules.

There is no guidance on the format, timing or content of SSCs and therefore there is variation between medical schools. SSCs may take the form of a block of time, usually four to six weeks, or may be timetabled into a half-day session for a number of weeks. SSCs may be offered through all years of the course.

This paper presents a short guide to developing an SSC in medical leadership. Information was obtained through a national survey of undergraduate medical schools to determine which were offering SSCs in medical leadership. Eleven UK medical schools run or have run an SSC in medical leadership; information on these was obtained and reviewed to derive key principles. Content was linked to the [FMLM medical leadership and management indicative curriculum](#). Case studies and suggested resources are included to provide more detailed information to support development of SSCs in other medical schools.

## Designing a student selected component

### Format

Different medical schools will have different formats for SSCs in general and a medical leadership SSC will conform to the local format. This could involve a block of several weeks or weekly day, or half-day, sessions. Therefore in this guidance we stress the importance of a flexible approach to SSC design. Local facilities, academic and other linkages and available faculty will also influence the precise format of the SSC. There is no evidence-based recommendation regarding optimal contact time: indeed, one recent systematic review found that all durations of SSC were beneficial to students (Lyons et al, 2018).

One key consideration is the year group(s) to which the SSC is offered. Current SSCs in medical leadership in UK medical schools are offered in all year groups and there are benefits at all levels, although the choice of year group may be determined by practical considerations, predominantly opportunities for SSCs within the overall curriculum.

The format of the SSC will determine numbers of students accepted onto the programme. The SSC may be offered as a one-to-one opportunity or for groups of students. As outlined below, the teaching methods employed will vary depending on student numbers.

Many SSCs offer students the opportunity to undertake a short project to allow some practical, hands-on involvement, for example a quality improvement (QI) project. It is recommended that students are involved in the selection of projects to allow them to choose an area which relates to their interest, but which also aligns to organisational priorities and objectives; this will allow students to contribute actively to real time service development and evaluation.

Finally, SSC co-ordinators should consider the option of inter-professional learning, that is, offering the SSC to medical students as well as other healthcare undergraduates, for example student nurses.

## Teaching methods

Once the format of the SSC is decided, there needs to be consideration of what educational opportunities and teaching methods will be included. For small student numbers shadowing offers students the opportunity to observe leadership behaviours and team working, as well as learning about NHS structure, finance and operational management. However, it is important to give students the opportunity to put their observations into context through prior theoretical sessions and post, hoc one-to-one or small group discussions with a member of faculty. For SSCs that include shadowing, there is a need for flexibility as leaders offering shadowing may change their schedules at short notice. It is useful for students to have alternative activities to fall back on, for example, online modules, self-assessment exercises, reading material, etc, if meetings or one-to-one sessions with senior leaders do not happen.

SSCs for larger numbers of students are likely to be predominantly based around group sessions including theoretical learning and discussion; some existing SSCs use simulation or scenarios in this context, for example, adverse event analysis. One current SSC has incorporated the use of action learning sets to support students.

Faculty members for the SSC need to be identified and invited to contribute. Generally they will be senior NHS leaders, both medical and non-medical: there should be consideration of the balance between these two groups. Faculty members need to be clear about the objectives of the SSC and about expectations regarding their involvement. Patients may also contribute to the SSC, for example, through working with students on QI projects.

Senior NHS leaders will generally have their own experience of personal leadership development but consideration needs to be given to how to support faculty members in their training role with students. This could be through a mentoring scheme or through training sessions, resources and webinars.

## Content

In terms of content, the first step is to define the aims and objectives of the SSC. SSC co-ordinators may choose to cover all domains of the undergraduate leadership curriculum, or to focus on one domain, for example, managing personal qualities, QI, team-working, etc. (see case studies below). The SSC in medical leadership needs to be developed within the context of other leadership development opportunities within the curriculum (Lamont & Chapman, 2018).

The tables below give some examples of SSC content relating to the domains of the [FMLM undergraduate indicative curriculum](#), with respect to taught or facilitated sessions, or practical sessions.

Taught or facilitated sessions	
1. Demonstrating personal qualities	Leadership theory, models and styles Emotional intelligence and personality type Reflective practice
2. Working with others	Social networking theory Effective teams Belbin team roles
3. Managing services	NHS structure NHS finance Leadership within a governance framework
4. Improving services	QI and patient safety QI tools Managing change
5. Setting direction	NHS policy Innovation and entrepreneurship

<b>Practical sessions</b>	
1. Demonstrating personal qualities	Use of reflective framework to produce reflective pieces Leadership styles questionnaire Reflection on observed leadership styles
2. Working with others	Exercise using Belbin team roles Reflective framework for assessment of team effectiveness in meetings
3. Managing services	Shadowing in operational meetings Paired learning session with NHS management graduate trainee Session with finance director Session with HRG coders
4. Improving services	QI project Shadowing in clinical governance meetings
5. Setting direction	Shadowing commissioning/STP meetings Session with Chief Executive/Medical Director

### **Assessment**

SSCs usually have some form of assessment and medical schools will vary as regards how this is done. There may be a supervisor's report. Alternatively, or in addition, students may submit a written report, which could be a reflective piece or a report of a project undertaken as part of the SSC. Students may also be required to give an oral presentation, either individually or as part of a group.

## Resources

[FMLM indicative undergraduate leadership curriculum](#)

[Maximising Leadership Learning in the Pre-Registration Healthcare Curricula](#)

[FMLM resources for faculty development](#)

Including regular bulletins to a network of undergraduate leadership leads, face-to-face workshops, webinars, resources for undergraduate faculty, a kite-marking scheme for undergraduate programmes.

## References

Lyons O, Su'a B, Locke M, Hill A. A Systematic Review of Leadership Training for Medical Students. *N Z Med J* 2018; 131: 75–84.

Lamont RI, Chapman ALN. Incorporating medical leadership into undergraduate curricula: a proposal for a spiral curriculum. *Leadership in Health Services* 2018. [doi.org/10.1108/LHS-12-2017-0075](https://doi.org/10.1108/LHS-12-2017-0075)

Quince T, Abbas M, Murugesu S, *et al.* Leadership and management in the undergraduate medical curriculum: a qualitative study of students' attitudes and opinions at one UK medical school. *BMJ Open* 2014. [dx.doi.org/10.1136/bmjopen-2014-005353](https://dx.doi.org/10.1136/bmjopen-2014-005353)

## Appendix: Case studies

### 1. Medical Leadership: an introduction

Hospital/Organisation:	University of Glasgow/NHS Lanarkshire
Specialty:	Generic
Available in:	Year 3 / 4
Number of students:	1-2

#### Overall aim

To develop awareness and experience of medical leadership and management through observation, self-assessment and reflection, using the five domains of the Undergraduate Medical Leadership Competency Framework.

#### Objectives/outcomes

- Personal qualities: to undertake assessment of leadership and decision-making styles, to develop as a reflective practitioner using structured reflective tasks
- Working with others: to explore your role and skills in relation to team working through a self-assessment tool; to attend multidisciplinary team meetings and reflect on the roles and contributions of team members
- Managing services: to attend operational management meetings; to understand the basics of NHS finance
- Improving services: to learn about quality in health services and undertake a quality improvement project
- Setting direction: to explore the context for change and strategic leadership through attending meetings and discussions with senior leaders

### **Module description/outline**

Students will be introduced to the concept of medical leadership through the undergraduate Medical Leadership Competency Framework. Over the five-week block, students will develop knowledge, skills and attitudes/behaviours relating to the five domains of the framework (listed above) using several approaches, including use of self-assessment tools; structured reflection; attending management meetings; and one-to-one sessions with senior leaders. A resource pack will be provided to give the student background information, structured reflection templates and tasks for each domain, with links to additional online resources. The student will complete a quality improvement project during the SSC and will have the opportunity to present this work to the team. The SSC will be assessed predominantly through a written report which may focus on the quality improvement project or take the form of a reflective report on the SSC as a whole.

### **Timetable of events**

A timetable of activities taking place throughout the SSC will be provided. Each week will start with a meeting with the supervisor and discussion of the previous week's, and forthcoming week's, activities.

### **Resources**

Resource pack; online resources, self-assessment tools, management meetings, access to multi-professional NHS leaders at all levels within the organisation.

### **Assessment**

Supervisor's assessment 20%

Individual Report (2500 words) 80%

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## 1. Medicine, Professionalism and Law

Hospital/Organisation:	University of Manchester
Specialty:	Generic
Available in:	Year 4 / 5
Number of students:	10

### Overall aim

To develop awareness of good medical practice and an insight into organisations involved in the wider regulatory delivery of healthcare.

### Objectives/outcomes

- Personal qualities: to reflect on important areas of professional development including the relevance of medical law, leadership roles within medicine, and importance of organisational awareness as a newly qualified foundation doctor
- Working with others: to undertake small group sessions discussing medico-legal cases and professional dilemmas arising from shadowing opportunities. to work with interdisciplinary professionals (eg medical lawyers)
- Improving services: to undertake a project during the duration of the module that will either result in the production of a lay document (eg patient information leaflet) or quality improvement project
- Setting direction: to reflect on how healthcare regulation in the UK is set and awareness of important developments.

### **Module description/outline**

Over the four-week placement, students will have the opportunity to gain insight into decision making processes within important medical regulatory organisations. At present, students have opportunities to reflect on the roles of the General Medical Council (GMC), Medical Practitioner's and Tribunal Service (MPTS), Medical Defence Organisations (MDOs) and the regional Coroner's Court. Parallel to this, hub sessions are delivered by the module organiser where students discuss key medico-legal and medico-political topics. Guest presenters (eg senior medico-legal professionals) are regularly invited as subject matter experts to facilitate in-depth discussion around key areas within medical professionalism. Overall, the module facilitates many opportunities for students to gain an understanding of personal and organisational leadership qualities, important for newly qualified doctors.

### **Timetable of events**

A timetable of activities taking place throughout the SSC is provided well in advance of the module. Each week features meetings with the module organiser (as a group, and as individual students) alongside pre-arranged seminar and shadowing days. Students are also given individual study time to undertake additional special interest sessions, e-learning, and to work on their individual projects.

### **Resources**

Resource pack; online resources; self-assessment tools; access to senior professionals involved in leadership within medical professionalism/law; optional special interest sessions.

### **Assessment**

Supervisor's assessment 20%

Individual report (4,200 words if quality improvement project, 3,000 if lay document) 80%.

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