

Appendix 1: Leadership and Management Codes.

1. Awareness

Recognition of the need for medical students to have an understanding of leadership and management in general, of the relevance to their future work and of the levels at which this applies.

a] Awareness of and interest in leadership and management in relation to each of the 5 dimensions:

Working with others

Personal qualities

Managing services

Improving services

Setting direction

b] In the context of the dr/patient relationship

c] In the context of changing NHS

d] In relation to different levels of training

e] Conceptions of leadership and management

2. Timing and structure

At what point in the undergraduate medical curriculum should teaching about leadership and management start and how should or could that be structured?

a] When? At what point in the curriculum should teaching start?

b] Structure? The structure of the timing eg strands, components etc

c] Integration The extent to which L&M could be integrated into the existing course

3. Methods of Delivery

How should leadership and management teaching be delivered and the advantages and disadvantages of different methods.

a] Didactic methods (lectures)

b] Experiential learning

In the clinical context: audits, coding exercises, care pathways, observing and critiquing behaviour

Team building exercises.

c] Analysis of and reflection on real events (mistakes etc)

d] Mentorship

4. Assessment

How should the leadership and management learning be assessed and the advantages and disadvantages of different methods of assessment.

a] Assessment of the group:

Assessment of output of groups (posters, presentations)

Assessment of group in team exercise

b] Assessment of the individual

Written

Demonstration (OSCEs)/Oral

Feedback from others (patients, doctors, peers)

c] Criteria (minimum standards)

d] By whom? Peers or faculty

5. What should be taught? Topics

What topics should be covered in leadership and management teaching in the undergraduate curriculum?

- a] Economic, political and organisational structure of the NHS
 - Changes in that
 - Other health care systems
- b] Conflict
 - Conflicting demands faced by doctors, managers, members of teams
 - Arising out of changing context in NHS
 - Conflict resolution
- c] Decision making
- d] Patient safety issues
 - Progressing problems, whistle blowing
 - Root cause analysis
- e] How to give feedback
- f] How to reflect

6. Barriers to leadership and management education

The factors which may inhibit undergraduate medical students' interest in and learning about leadership and management.

- a] Relevance: the importance of
- b] Time: problems of an overloaded curriculum
- c] Attitudes; of medical students themselves, seniors and faculty
 - Importance of enthusiastic role models
 - Risk of disillusioning medical students
- d] Challenge not hoops