Course Description

Practical leadership is a selective for second year medical students given in two hour sessions over a five week period. Faculty facilitators adapted the curriculum from a published research article about a neurosurgery resident leadership program (Pettit, Dahdaleh, Albert, & Greenlee, 2011). Tools and readings were changed to ensure the content was learner-level appropriate, but the overall concept was similar to that of Pettit et al.

This 5 week selective highlighted practical information and skills for application as a future leader. Students were given readings, instruction, and inventories to serve as a way to reflect on leadership qualities and tactics to be used in their future careers and current training.

Course Content

Week 1 – Leadership Styles
Week 2 – Communication and Feedback*
Week 3 – Team Management
Week 4 – Motivation *
Week 5 – Resonant Leadership * Most popular sessions

Inventories/Assessments

Week 1 – Leadership Self-Assessment Activity/Leadership Self Assessment Questionnaire (Blake & Mouton Managerial Grid)
Week 2 – MBTI
Week 3 – Team-Player Survey
Week 4 – Personal Motivation Inventory
Week 5 – Philosophical Orientation Questionnaire

Educational Methods

2 Hour Session Outline:
Pulse Check – Session began with a review from the previous week and a check for understanding of the content to be covered.
Inventory – Students took inventories to provoke self-reflection (leadership style, personality, team, motivation)
Didactic – Following the inventory, a short didactic was provided to define terms and give a baseline of knowledge
Article – A clinical article was chosen to coincide with each topic and discussion questions were written for an opportunity to apply the knowledge
Discussion – Students were given an opportunity to debrief at the end of class both verbally and through writing identifying takeaways and future application

Readings & Resources

Selected:
Week 4 – O’Malley, P. G. (2012). On motivating patients: a picture, even if worth a thousand words, is not enough. Archives of Internal Medicine, 172(4), 399-310.
http://doi.org/10.1111/j.1365-2923.2011.03985.x

Positives
Self-Assessments
Improvements
More Application
Group Discussion
Address Weaknesses
More Leadership Basics
Personal Stories/Learning
Role Plays

Student Reflections

“Through this class, I was able to appreciate that every person is unique, therefore, they have a unique way of interacting with others and especially a unique way of leading others”

“I absolutely feel more aware and capable in approaching my future interactions with others”

References

http://doi.org/10.1097/ACM.0b013e31823e4e47

Summary

All students (15) were pleased with the curricular offering and some stated that they believed the content should be mandatory (?). All students had insightful reflections reminiscent in this quote, “So, in leadership, one must understand what their teammates ultimately want… in patient care, one must understand how the patient thinks and acts to optimize care… all of these aspects requires a keen ability of perception that is unfortunately not yet emphasized in health care.”

Students appreciated the opportunity to be insightful and open with colleagues, and the only editorial feedback received was wanting more opportunities to practice these new skills. Positive receptivity of a classroom leadership curriculum with the yearning for real life application parallels what other researchers found (Webb et al., 2014).

One of the primary positive findings was about the design as much as it was about the content. More than 10 participants cited self-assessment and self-reflection as a top theme of the course represented by this quote, “This was a terrific exercise in expertly guided reflection on what a leader is, where I am in relationship to that ideal and where I wish to develop.”

Finally, it seems we may have overestimated our students’ baseline knowledge in that they needed more background about general leadership than expected. This course will be repeated later this year, and the feedback will be incorporated. Additionally, a better metric will be utilized to truly ascertain the pre and post knowledgebase.

Conclusions

Several students stated that they were already using the selective content in their lives, however, this curriculum may be more meaningful at a higher level of training for application purposes. In its current placement, interactive exercises and role play are needed for students who have minimal background in leadership and business.

However, rather than finding the perfect placement of this content, planned redundancy of longitudinal leadership curriculum would be ideal (Webb et al., 2014). If planned redundancy were incorporated, improvements could be properly addressed without the hindrance of time.