

Incorporation of management teaching into medical school curricula: a medical student's perspective

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Dear editor,

We read with interest the article by Rouhani et al¹ regarding UK medical students' perceptions of medical leadership and clinical managers. As fourth year medical students, it comes as no surprise to us that a majority of medical students feel that there is a clear dearth of leadership training in the UK medical curriculum. A systematic review by Abbas et al² on the attitudes of students toward medical leadership corroborates the findings by Rouhani et al, further emphasizing the lack of medical management teaching. As such, we hope to share our own views on how such teaching should be integrated into current medical curricula.

While the unanimity of Rouhani et al's¹ research conclusion is hard to question, there is a clear appreciation of the barriers to incorporating medical management teaching into the medical curriculum. We particularly agree with a lack of curriculum time being a key barrier to the incorporation of medical management teaching. At present, our timetables allow for very little teaching time in addition to the current curricular aims. However, an area where we believe medical management teaching could be incorporated is the student-selected components (SSCs). SSCs allow students to pursue interests which often do not fall under the standard syllabus. The provision of medical management SSCs would allow students to gain an insight into the management field.

The authors suggest that implementing formative assessments would be helpful in developing leadership skills in medical students. We believe that due to the time constraints present within the medical curriculum, such an approach would not be favorable. Furthermore, in our experience, formative assessments tend to be seen as superfluous by many students whose primary concern is clinical learning that is relevant to their final exams.

A report by the GMC³ has highlighted that management and leadership competencies were key skills that newly qualified doctors felt concerned about in their own clinical practice. We would echo this sentiment and believe this to be partly because our teaching is largely based on guidelines. In other words, we are taught to make guideline-based decisions and hence would feel uncomfortable in medical management situations that tend to fall outside of linear guidelines. From our own experience, teaching methods that afford medical students limited responsibilities in clinical decision making, which are then vetted by senior clinicians, greatly improve confidence. An example of this would be in the general practitioner setting, where medical students are encouraged to see their

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own patients, make a diagnosis, and complete a management plan pending approval from a senior general practitioner. This approach could be translated to medical management, wherein students are given limited responsibility for decision making under tutelage from those within the field.

In conclusion, we wholeheartedly agree with the authors' conclusion regarding the need for medical management education in the medical curricula. In order to achieve this, we recommend the implementation and encouragement of medical management-based SSCs. In addition, we suggest allowing medical students to make limited medical management decisions in order to foster confidence in leadership competencies.

Disclosure

The authors report no conflicts of interest in this communication.

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