

## Original Research Article

# PERCEPTION TOWARDS LEADERSHIP CURRICULUM AMONG UNDERGRADUATE MEDICAL STUDENTS IN A TERTIARY CARE TEACHING HOSPITAL- A QUESTIONNAIRE BASED COMPARATIVE STUDY

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**ABSTRACT**

**Background:** The concept of Leadership in Medical Curriculum was recognized in the Graduate Medical Education regulations (GMER) with the vision of a globally relevant Indian Medical Graduate (IMG). According to GMER, Leadership role is to function as a leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately. Among the five different roles of IMG, the skills required for attaining competence in Leadership role is more challenging to teach, acquire as well as assess. Acquiring leadership skills requires awareness regarding its significance and readiness to learn. Considering the arising need of a robust framework for inculcating leadership skills in the field of medicine in a developing country like ours, it is the need of the hour to analyse the perception of MBBS students towards Leadership and its curriculum framework. Therefore this study was undertaken to compare the perception of MBBS phase I (First year) and Phase III part 2 (Final year) students regarding leadership curriculum.

**Materials and Methods:** The study was done after clearance from the Institutional Ethical committee. 21-point Questionnaire was formulated and shared via Google forms to the first and final year students. The questionnaire was peer reviewed and validated by a pilot survey. The responses were analysed and compared using two tailed Mann Whitney U test. p value of <0.05 is considered significant.

**Results:** 85 Phase I students and 88 Phase III part 2 students participated in the study. Phase I students were less aware about the leadership curriculum compared to Phase IV. The comparative analysis between the two groups of students shows no significant difference in their opinion on leadership curriculum (p > 0.005). 50% of the Phase III part II students Vs 12.5 % of Phase I students show readiness towards Leadership curriculum.

**Conclusion:** This study proves that the final year students show more readiness to learn for the leadership curriculum. The transition in perception as well as the improvement in awareness towards leadership curriculum substantiates the result.

**Keywords:** IMG, Leadership Curriculum, Medical education

**INTRODUCTION**

Leadership is one the five roles to be played by the Indian Medical Graduate according to GMER, which portrays the goals and competencies pertaining to Medical Leadership. The prime competency of a leader as per GMER is to work

effectively and appropriately with colleagues in an inter-professional health care team, respecting diversity of roles, responsibilities and competencies of other professionals. Various countries have adopted frameworks for implementing Leadership development programmes viz NHS Medical Leadership Curriculum (MLC) Framework, the

CanMEDS Physician Competency framework, etc.,<sup>[1]</sup> Even though introduction of CBME curriculum since 2019 has witnessed major reforms in Medical education of India, 'Leadership curriculum' is a path yet to be explored completely by majority of the undergraduate medical students. In spite of studies being done to understand the needs assessment and gap analysis in leadership competencies among physicians and faculties,<sup>[2,3]</sup> only few studies have been undertaken to analyse the perception of Students in this perspective. Therefore, this study aims to analyse the Undergraduate medical students regarding their perception towards leadership curriculum in Medical Education.

Phase I (First year) MBBS undergraduates are generally expected to be naïve towards the leadership curriculum and the ways of acquiring skills related to it. Whereas, the Phase III part 2 (Final year) students are presumed to appreciate the significance of acquiring leadership qualities through experiential learning. On comparing the perception of these two groups of students, we can understand the awareness and readiness of Undergraduates towards leadership curriculum. This understanding may guide us, towards formulating a standard framework for inculcating the leadership skills.

### Objectives

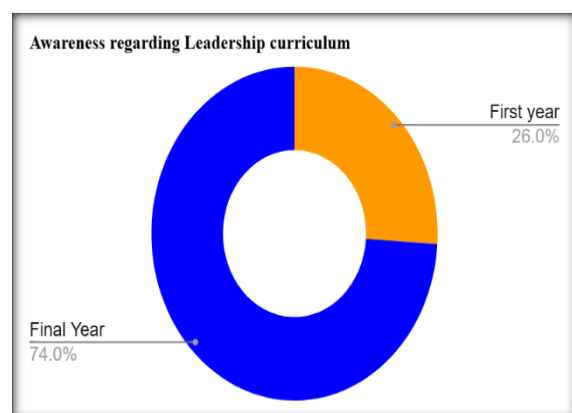
Primary Objective: is to Compare and analyse the Perception of Undergraduate medical students regarding leadership curriculum in Medical Education. Secondary Objectives are analyzing the awareness and readiness to learn the leadership curriculum.

## MATERIALS AND METHODS

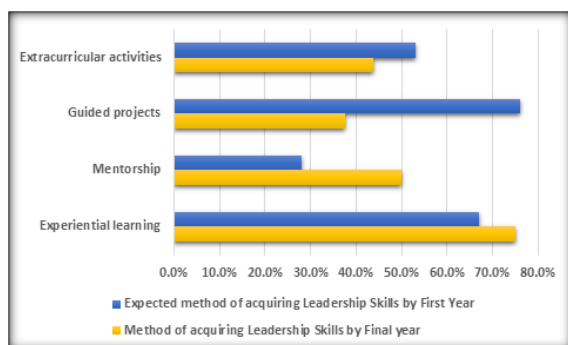
The study was done after obtaining permission from the Institutional Ethical committee. Based on MLC Framework<sup>[4]</sup> a 21 point Questionnaire was formulated. The questionnaire was peer reviewed and validated by a pilot survey. The same was shared via Google forms to the first and final year students. 16/21 questions were intended to analyse the perception of the students using a Likert scale by grading the importance of leadership qualities mentioned in the curriculum (SCORING-1: Not required, 2: No idea, 3: May be required, 4: Required, 5: Mandatory). 3/21 questions were related to the expectations Vs experiences of the students regarding leadership training. 2/21 questions were used to assess the awareness of the students towards Leadership curriculum in Undergraduate Medical Education. The students were informed regarding the purpose of the questionnaire and those who were willing were allowed to submit their responses. The responses were analysed and compared using two tailed Mann Whitney U test. p value of < 0.05 is considered significant.

## RESULTS

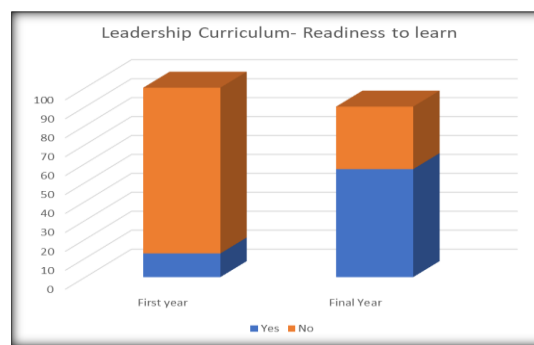
85 first year students and 88 final year students participated in the study. Only those who were willing to submit their responses were enrolled in the study. Their responses were analysed statistically as shown in Table: 1. Opinions of the students participating in the study on the perception towards leadership curriculum do not differ significantly according to their phase in medical education. Highest mean score among Final year MBBS students were for the following Leadership qualities- Practicing 'Self Awareness', Practice 'Professionalism' followed by Being 'Empathetic'. Whereas the first year students prefer the below mentioned qualities- Practice professionalism and Time Management skills topping the list followed by Being 'Empathetic' and Capability of 'motivating your peers and people in your workplace'. Overall least score for the leadership qualities among both the group of students are -Resource management skills, Conflict resolution skills, Risk management skills, Decision making, Being sensitive to the cultural beliefs and Delegation skills. 26 % of the Phase I students were aware about the leadership curriculum compared to 74 % of Phase IV as shown in Fig : 1. The need for focused training in leadership curriculum as depicted in Fig : 2 were better appreciated by the students in the final phase of the MBBS curriculum. The first best method to acquire leadership skill was mentioned as experiential learning by the Final year students followed by Mentorship, whereas the expected method is found to be Guided projects followed by experiential learning in the view of the freshers as seen in Fig:3. On comparing the readiness towards Leadership curriculum (Fig: 4) in Undergraduate Medical Education there was a significant difference in the opinion of the students (p= 0.015). Majority (57%) of the Phase IV students Vs 12.5 % of Phase I students show their readiness towards Leadership curriculum.



**Figure 1: Awareness on leadership curriculum in undergraduate medical education**



**Figure 2: Experiences Vs Expectations**



**Figure 3: Readiness towards Leadership Curriculum**

**Table 1: Perception towards Leadership curriculum among First yr Vs Final yr MBBS students using Likert scale**

Leadership parameters	First year Mean Score	Final year Mean Score	p value
Practicing 'Self Awareness'	3.28	4	0.056
Being 'Empathetic'	3.87	3.85	0.663
Being sensitive to the cultural beliefs of your patients and colleagues	3.5	3.14	0.034
Practice professionalism	3.88	3.86	0.834
Creativity at workplace and in resolving issues	3.4	3.43	0.67
Capability of motivating your peers and people in your workplace	3.86	3.43	0.054
Ability to inspire commitment among your peers and people in your workplace	3.37	3.28	0.829
Conflict resolution skills	3.13	3.29	0.517
Time Management skills	3.88	3.86	0.831
Resource management skills	3.12	3.29	0.517
Negotiation skills	3.38	3.43	0.998
Risk management skills	3.13	3.28	0.517
Delegation skills	3.25	3.14	0.506
Teamwork skills	3.75	3.42	0.138
Service to the community with your leadership skills	3.61	3.57	0.667
Decision making	3.13	3.28	0.518
Total Mean score	55.54	55.55	

## DISCUSSION

This study proves that there is no statistically significant change in perception among final year MBBS students compared to first year students towards Leadership curriculum. This implies that, the phase in which the student exists do not have a determinant role on the student's perception on leadership behaviour. Impact of experiential learning in Final year students is reflected in their scores for perception towards leadership qualities like 'self-awareness', 'Professionalism' and 'empathy'. Preexisting knowledge on leadership is prevalent among the First-year students too. More students from phase I preferring qualities like Professionalism, Time management, Empathy and Capability to motivate others are evident examples. Least scoring qualities do not infer less importance, rather, it is the lack of explicit framework including all the crucial qualities for leadership. The percentage of students aware of Leadership curriculum are more among the final year. Sessions on leadership qualities are part of Foundation program. Further steps have to be initiated to create awareness among Phase I students on leadership curriculum. Experiential learning is the gold standard mode of acquiring leadership qualities. This study also implies the influence of mentorship and role modelling through guided projects in fulfilling the expectations of a medical graduate in

acquiring leadership skills. The role of mentorship has differing opinion among the first year and final year students. Longitudinal mentorship program across various phases and including the senior students for mentoring the juniors may close the gaps.

Perception, awareness and readiness to learn are interrelated. Readiness to learn increases with enhanced awareness and improvement in perception. It lies within the roles and responsibilities of the institute to ensure incorporation of leadership curriculum in the academic planning and implementation.

## CONCLUSION

Orientation to Leadership curriculum since the inception of the Medical education is necessary for a student to develop their own leadership styles and to become competent leaders in healthcare field. Even though topics related to Leadership qualities are already incorporated within CBME curriculum to varying degrees in each speciality, a National Leadership curriculum model or framework is essential to clarify and set standards for the leadership requirement of all doctors, across all specialities. Developing countries like ours need robust multi-directional initiatives in creating Medical Leadership Models and competency frameworks for transitioning a Clinical Professional

to a Healthcare Leader. Limitations of this study include the demographic, intellectual and psychosocial variations among two groups of students. Further studies can be done to analyse the T-L methods and Assessment tools related to Leadership curriculum.

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