

INTEGRATION OF LEADERSHIP TRAINING IN THE MEDICAL AND HEALTH PROFESSION EDUCATION CURRICULA

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ABSTRACT

Background: Leadership is a crucial competency for health professions to collaborate and improve health services. Health profession schools should facilitate students in developing leadership competency to prepare them for their duties in the future.

Gaps: Indonesia has complex health problems, high-power distance, and collectivist culture. Leadership training in Indonesia has not been widely reported. The tight curriculum, lack of students' awareness about the importance of leadership competency, and students who focus on improving knowledge and skills about their profession are challenges in integrating leadership into formal education.

Recommendation: Health profession schools should identify the needs and domain of leadership competency in the respective profession. We should also identify opportunities to integrate leadership into the curricula. Integration of the leadership program should be conducted longitudinally, all along with the curricula. Preparation of learning methods, systematic assessment, and faculty development should be considered. Last, students must be involved and supported in every activity to make them engage with the program and learn best.

Keywords: health profession, leadership, collaboration, leadership integration

ABSTRAK

Latar belakang: Kepemimpinan merupakan kompetensi yang penting bagi profesi kesehatan agar dapat berkolaborasi dan meningkatkan pelayanan kesehatan. Sekolah profesi kesehatan perlu memfasilitasi mahasiswa dalam mengembangkan kompetensi kepemimpinan sehingga mereka siap menjalankan profesinya.

Gaps: Indonesia memiliki permasalahan kesehatan yang kompleks, high-power distance, dan budaya kolektivistis. Pelatihan kepemimpinan di Indonesia tidak banyak dipublikasikan. Beberapa tantangan dalam integrasi kepemimpinan dalam kurikulum yaitu kepadatan kurikulum, kurangnya kesadaran mahasiswa mengenai pentingnya kepemimpinan, dan mahasiswa yang fokus untuk meningkatkan aspek kognitif dan keterampilan yang berkaitan dengan profesinya.

Rekomendasi: Sekolah profesi kesehatan perlu mengidentifikasi kebutuhan dan domain kompetensi kepemimpinan pada profesi masing-masing. Peluang untuk mengintegrasikan kepemimpinan dalam kurikulum juga perlu diidentifikasi. Integrasi kepemimpinan sebaiknya dilaksanakan secara longitudinal sepanjang kurikulum. Persiapan berupa penentuan metode pembelajaran, penilaian yang sistematis, dan pelatihan

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dosen perlu dipertimbangkan dengan baik. Terakhir, mahasiswa harus diikutsertakan dan didukung dalam setiap aktivitas untuk meningkatkan keterlibatan mahasiswa dan dapat mempelajari yang terbaik.

Kata kunci: *profesi kesehatan, kepemimpinan, kolaborasi, integrasi kepemimpinan*

PRACTICE POINTS

Medical and health professions education schools should:

- Define the leadership set skills.
- Conduct a need assessment.
- Identify opportunities to integrate and implement leadership in the curriculum longitudinally.
- Design a systematic assessment for leadership competency.
- Faculty development to develop students' leadership competency.
- Involve students in developing, implementing, and evaluating the leadership program.

INTRODUCTION

Leadership competency should be developed by health professionals to improve healthcare quality. Leadership will help each individual to carry out tasks toward their career. Health professions are expected to be agents of change and solve problems in the community. Leadership is defined as the process of motivating others to work collaboratively to achieve personal and professional goals.¹ Leadership will affect how individuals perceive, think, and act, positively impacting their decision-making in health care. Health professionals are also expected to have the capability to inspire others to work collaboratively and show empathy for the health challenges they face.² Good leadership skills can improve the quality and safety of health services.

The current state of leadership in the health professions may influence staff motivation, professional practice, and health services.³ Research conducted on residents and faculty members at a medical institution showed that lack of support from superiors is the dominant stressor that causes job dissatisfaction.⁴ This finding reflects the urgency to develop leadership competency in individuals to increase team motivation and

achieve the goals of the team or organization. Leadership development should start early in undergraduate programs. This reinforces the integration of leadership programs in curricula, not only as an extracurricular program. Students need to practice collaborating well when carrying out their duty as professional health workers in the future. Leadership competency development cannot be developed sporadically and should be incorporated continuously in health services.³ This article aims to provide recommendations for health professions education institutions to integrate leadership competency in curricula.

GAPS BETWEEN GUIDES AND PRACTICES IN THE INDONESIAN CONTEXT

Several institutions have integrated leadership competency into the curriculum, such as medical schools in the United Kingdom, the United States of America, Canada, Switzerland, Sweden, and Israel. There is a wide variation in leadership set skills with different teaching methods.⁵ Challenges in leadership development in students include a lack of a conceptual framework, program evaluation, and training that focused on cognitive improvement.⁶

Indonesia is now experiencing complex health problems ranging from non-communicable diseases, communicable diseases, maternal, neonatal, and nutrition-related health problems.⁷ The health condition in Indonesia urges all health professionals to work collaboratively and improve community health. Hofstede's cultural hierarchy scale showed Indonesia has a high-power distance tendency (Hofstede insight). The high-power distance could cause a distance between seniors and juniors that inhibit them from collaborating well. The literature on leadership learning in health professional schools in Indonesia has not been found specifically and is more integrated into interprofessional education as was done at the University of Indonesia and Gadjah Mada University.^{8,9} However, many institutions have not implemented interprofessional education yet. A tight curriculum with the majority in cognitive and psychomotor aspects makes leadership skills learning is rather neglected. Leadership skills development is mostly done as extracurricular activities in student organizations.

If we view from the student's perspective, students can develop their leadership competency by participating in various student activities. The purpose of students in joining student organizations is for self-actualization, seeking new experiences, and expanding and maintaining relationships with other people. However, there are several gaps experienced by students, such as the lack of perspective and awareness of why leadership is important for them and they more focus on improving their professional cognitive skills and pursuing practice licenses.¹⁰

Although leadership learning has been widely conducted in extracurricular activities, student awareness about the importance of leadership and suitable leadership domain or framework needs to be clarified first. It will help in clarifying the direction of student learning and the expected outcomes. The faculty should design a leadership program that integrates into the curricula. Longitudinal leadership curricula could improve the quality of student learning.¹¹ A leadership program with many learning approaches can increase the program's effectiveness.¹² On the other hand, the hidden

curriculum through near peer learning should be considered as a powerful supplementary teaching mechanism for leadership development and should synergize with each other.¹³

I AM HPE RECOMMENDATION

Health professions schools are responsible for producing graduates to have good leadership competency. We should facilitate students in developing their leadership competency. There are several recommendations for leadership integration in curricula, such as:

1. Define the leadership set skills

Each health profession should include leadership competency in the minimum competency standards. The lack of a leadership framework in designing a leadership program is challenging.^{5,6} Indonesia needs to develop a leadership framework appropriate for our culture, health care conditions, and the health profession itself. The framework should accommodate leadership at every level, such as individuals, groups, and systems.

The existence of a leadership framework will help health professions schools to design leadership courses/curricula creatively. Several leadership frameworks have been published for comparison and benchmarking, such as the Medical Leadership Competency Framework (MLCF) from the United Kingdom, Health LEADS Australia, and the LEADS in a Caring Environment framework from Canada. The three frameworks have the same domain pattern that focused on leadership development starting from the individual, group, and system levels. The distinguishing factor is in the target participants and implementation. The target participant for the MLCF framework is health professionals from various levels, such as undergraduate, postgraduate, and continuing medical education.¹⁴ This framework can also be a reference in developing a leadership framework starting from developing personal qualities to leading a health system. Other frameworks do not specifically mention the competencies that health professions students need to achieve.

2. Conduct a need assessment

Health professions education schools should conduct a needs assessment to determine how leadership skills have been instilled in the curricula and learning process. This needs assessment provide information on the gaps being experienced by the institutions.¹³ Feedback can be obtained from various stakeholders such as teachers, students, graduates, and employers. We also can conduct a literature study to determine the skill set of leadership competencies that need to be developed in health professions education. The need assessment and literature study results will provide an overview of how to design a leadership program and integrate it into the curricula that fit both institutional and national context.

3. Identify opportunities to integrate leadership in the longitudinal curriculum

The next recommendation is to identify opportunities to integrate leadership into the curriculum. Integration should be conducted longitudinally considering that leadership skill development takes time and need to develop continuously. Leadership competency can be integrated into the current curriculum through problem-based learning, community-based learning, or project-based learning.^{5,15} Teacher creativity is needed in designing an attractive leadership program. Students should have opportunities to demonstrate and develop their leadership skill.

We should determine the learning objectives for students at each stage of learning. We also should choose appropriate learning methods to achieve the learning objective. Several learning methods that can be used are large classes, group discussions, project-based learning, workplace-based learning, reflection, and others.¹⁵⁻¹⁷ The learning methods must be able to increase engagement and interaction between students. Learning method should help students to explore and know themselves. Students are allowed to reflect and learn from experience. This process will provide an understanding of their strengths and limitations and identify areas that need to improve.¹³

Interprofessional education is a method to improve collaborative skill between health professionals.

Students should be trained from the undergraduate level by implementing interprofessional education. This concept is widely implemented in many health professions schools. Interprofessional education will make students learn about shared or distributed leadership, a new paradigm in leadership.² Shared leadership does not view individuals as senior or junior. This paradigm focuses on the role or contribution of each individual in a team or group to achieve the goals that have been set. Everyone should be responsible for their respective roles. The high-power distance or hierarchy in health services will be a challenge in implementing shared leadership. However, if all professions have the same perspective on leadership and understand their role, the team could work together to intertwine leadership and active followership concept.²

4. Design a systematic assessment

Many teachers are not aware leadership concept. The students only have a few opportunities to demonstrate their leadership. These factors cause a mismatch between the program implementation and the assessment. There are several studies on leadership training, but most of them did not capture the behavior changes of students and the impact of training on health services.^{5,6} A systematic assessment needs to be designed to give us good pictures of students' development or growth from the beginning to the end of educational processes. We should evaluate the achievement of the planned learning objectives.

Several assessment methods are available to assess our students, such as peer feedback, 360-degree assessments, project presentations, portfolios, or reflections.^{13,17} All types of assessment should be followed by effective feedback to improve their competency. We have to make sure that the whole assessment process is expected to stimulate student reflection and motivate them to develop themselves.

5. Faculty development

Health professions schools' support is the crucial part of the development of leadership programs. The important step is to create institutional culture that

empowers students' engagement into the learning activity.¹⁸ Faculty members and stakeholders should involve to be a role model for students. However, the lack of understanding regarding leadership in faculty members, lack of experience in leading, and lack of motivation are challenges in facilitating leadership programs for undergraduates. The institutions should conduct several faculty developments such as seminars, workshops, and conducting institutional projects that can develop faculty member leadership competency. Teachers are also expected to be role models who provide a positive learning environment and not discriminate against students based on health professions, especially if it is done in interprofessional education.⁹ Teachers need to understand the importance of leadership for the health profession, leadership skill sets, and how to facilitate and assess students' development. Teachers also need to provide effective feedback and facilitate student reflection. The institution should have a plan to evaluate the quality of the faculty member to maintain and improve the leadership program.

6. Involve students in the program

We should support and give opportunities to students to develop their leadership skills. The involvement of students in a leadership program could start from designing the program. Student representatives can actively participate in the decision-making processes. They could join several meetings in planning, implementing, assessing, and evaluating the leadership program. This strategy has a positive impact on students. They can stimulate a new insight into teamwork, leadership, critical thinking, and network expansion.¹⁸

Students' awareness of the importance of leadership needs to be improved. The institution should introduce leadership to the student at the beginning of their undergraduate program. Students need to participate in various leadership triad activities, such as leadership, management, and followership activities. Leadership activities means making changes, setting direction, and inspiring others. Management activities include maintaining stability. In followership activities, students should understand their duties and be responsible for

achieving team goals.¹⁹ The triad activities are expected to motivate them to develop their ability at the individual, organization, and societal levels.¹⁷

We also should explore new areas to implement leadership program.¹⁸ Current pandemic COVID-19 situation also can be a media to develop students' leadership. Contribution of medical students as a volunteer during pandemic may improve their personal and professional abilities, including leadership. Students can collaborate with other professions to solve the problem in community.²⁰

Integration of leadership in health professions education is not an option but has become an essential requirement. These recommendations are expected to help health professions education schools in integrating leadership into curricula. The schools should also collaborate and support all leadership activities to ensure student's leadership development. We should involve students in the learning process to get good suggestions and feedback on making learning activities more meaningful and help the students to develop their leadership competency.

COMPETING INTEREST

The authors declare that there are no competing interests related to the study The authors declare that there are no competing interests related to the study.

LIST OF ABBREVIATIONS

MLCF : Medical Leadership Competencies Framework

AUTHORS' CONTRIBUTION

Ni Wayan Diana Ekayani – writing the initial draft of the manuscript and revising the draft from the feedback

Ardi Findyartini – writing the main point of recommendation and initial draft of the manuscript

Eghar Anugrapaksi – writing the main point of recommendation and initial draft of the manuscript

Vishna Devi V. Nadarajah – writing the main point of recommendation and initial draft of the manuscript

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