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## Background

Building a skilled and sustainable workforce is inherently dependent on developing good leaders for said workforce – this is especially true within healthcare. Furthermore, the GMC outlines that leadership skills are a necessary part of preparing medical graduates for professional practice [1]. However, despite this identified educational requirement for medical students, UK universities rarely devote a significant amount of time to directly developing the skills required to effectively lead a clinical team. With this in mind, we developed novel leadership teaching for Dundee MBChB students to support their development while leading improvements to services as part of their Healthcare Improvement (HI) curriculum.

Using an iterative design process, we produced a 2-session teaching programme that incorporated traditional lecturing, informal talks from medical leaders and a novel ‘escape room’ designed to demonstrate leadership in action.

## Methods

Students completing HI Student Selected Components in the academic year 2023-2024 were scheduled to attend leadership teaching sessions alongside their training on more traditional HI methods. Students were given surveys to complete both before and after their leadership teaching.

## Results

Free text comments from participants in the pre-intervention survey (n=7) suggested that students identified leadership teaching as an important aspect of medical training that was not addressed in the current curriculum. While students in the post-intervention survey (n=16) were only very slightly more likely to agree with the statement “I am a leader within healthcare” (3.0 vs 3.125 on a 5-point Likert scale), participants commented that they felt more confident in their leadership ability than the pre-intervention group, participants rated the session as useful and stated that it helped to address otherwise unmet learning needs [Figure 1].



Figure 1: Student perceptions of escape room teaching (post-intervention, n=16)

## Discussion

Students recognise the importance and value of learning leadership skills as part of the medical curriculum. Despite this recognition, students are not confident in their role as current or future leaders in healthcare. Our teaching intervention was deemed helpful for addressing these needs by students - of particular note, students overwhelmingly agreed that the escape-room portion of the teaching was useful for developing their insight into leadership. It appears that our single intervention was not enough to make a statistically significant impact on student confidence in leadership ability. This implies that leadership teaching may need to be more broadly integrated into medical school curricula.