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Review Article

Academic leadership in Health Sciences Education in India

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Article Info

Abstract

Key words

Leadership
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Communication

Research on Leadership and educational is essential & it emphasizes on the importance of having institutional leaders in medical field as many organisations are heavily involved with advanced instructional programmes. Best practices for developing educational leadership in higher education, health care and medical faculties have to be better understood. Many findings show that educational leadership involves processes on the levels of students, residents, teachers as community at the organizational level. The individuals created a place for backstage conversations, where they got opportunity to develop their own thinking and inspiration to break new ideas into their educational communities. In addition, a systemic approach is essential for the effective implementation of educational leadership to reach all levels via interaction and communication across an organization. Current issue deals with analysis of possible ways to develop leadership in medical students, residents and teachers. Taking into consideration the reforming educative system and contemporary tendencies of world integration, the development of skilful personality is the prioritize task. The aim of study is to emphasize on the important ways for a development of leader's creative thinking in medical education.

1. Introduction

A great leader has certain attributes and

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behaviours, however, when it comes to characteristics of all leaders, there are only a few key points, to identify an appropriate and effective approach that suits the needs of your team and organisation the rest is situational and it is up to you as a leader.¹⁻²

2. LEADERSHIP AND EDUCATION

Characteristics of successful leaders and the traits will differ enormously, it is important for one to realise that there is no universal archetype of a leader. Also, they have been given the opportunity to become leader in their organisation because of their specific personality and capabilities which one needs to recognise. What makes someone a great leader; if one can identify an important trait in any organisation and develop it which will allow them to become a bigger and better version among others with a stronger personality and a strong sense of authenticity will encourage not only highlighting these skills but also the leadership.³⁻⁵ Medical students should be introduced to leadership and its relevance to medical education on their first day of medical school. Leadership is defined as influence on individuals and groups by enhancing behaviours (actions), cognitions (perceptions, thoughts, and beliefs), and motivations (why people act and think as they do) to achieve the goals that benefits the individuals and groups.⁴⁻⁶ Leader sets the vision and inspire followers. The medical University should use these definitions and delivers a four-year, comprehensive program as a part of the undergraduate medical education of all medical students.

A leader's characteristic should dependent on the leader's vision, situation, team and organisation. The following are characteristics that have been successful traditionally, but all may not be necessarily appropriate for you to adopt. As leader, it is up to you to identify what qualities will help your team to prosper. Good leadership needs emotional strengths and great behavioural characteristics which can draw deeply on a leader's mental and spiritual reserves. Qualities

needed for prosperous relationships between leaders and staff members include integrity, honesty, confidence and compassion. Important Qualities for a good leadership are Adaptability, Delegation, communication, Confidence, Determination, and Intuition.⁷⁻¹²

Developing educational leadership in higher education medical faculties and health care is the best practices for better understanding.¹³ The framework of practitioner's, a research, and seminar series, had to be involved in a dialogical process of inquiry, and coupled with an oriented approach, explicit activity-emphasizing empowerment among educational leaders⁸. This leadership program uses a variety of pedagogical techniques with emphasis on experiential learning. The program strives to develop adaptive leaders who are prepared to perform in volatile, uncertain, complex, and ambiguous environments.¹⁴⁻¹⁸ The importance of having institutional leaders heavily involved with advanced instructional programming have been emphasized on research on educational leadership.¹⁶ It is essential for leader and leadership education programs to define leadership; identify the students, which may become leaders. He should base the program on a conceptual framework. He should develop a curriculum consistent with the goals and conceptual framework and ensure that the program has a sound scholarly basis and include appropriate assessments.¹⁹⁻²⁰

All concepts of leadership, management, and followership taught to the students are based on principles, theories, approaches, and techniques that have been developed by scholars and practitioners of leadership.^{6,21,22} The faculty may conduct research and scholarship including evaluation of program effectiveness. Medical and graduate students have the option to participate in Leadership programme. Current projects should include gender and leadership; intergenerational leadership; development of leadership

assessment tools in innovative teaching strategies.²³⁻²⁶

The program includes assessment of student's knowledge and performance, faculty knowledge and performance, and program effectiveness. Assessments of leadership are based on quizzes; self-reflection; formative and summative feedback in applied settings; and faculty, peer, self-assessments. Quizzes and self-reflection questions are given after each session, and students provide programmatic feedback. Results from the quizzes, self-reflection responses and feedback are used to improve sessions.²⁵ The program has developed a self-assessment and peer support tool that is available as a smart phone app to help teach and promote self-awareness. Students were provided their own formative ratings in each of the leadership elements. Also, the ratings based on input from several peers were provided. This information helps students to compare the different ratings. Additionally, all students participate in several medical field exercises over the four years where faculty evaluates them in applied settings.²⁷⁻³¹

All medical students in the medical program become physicians in health Service after at least five years after graduation. Therefore, the program may assess performance as medical health care leaders for many years after completion of the medical institution's leadership program. This information is gathered and evaluated as part of the university's Long-Term Career Study.^{32,33-38} Leadership elements in the database should include student demo-graphic information as well as performance during internship, phases of education, and beyond. The merging of these data sets allows for evaluation of leadership performance in relationship to individual differences and medical professional performance.³⁷

The increasing complexity of medical practices & education, the preparation of healthcare professionals for responsibilities & leadership roles has become increasingly important in today's

world.³⁸ Indian Medical Education System is not yet reviewed in a systematic fashion for the literature on faculty development designed to promote leadership in medical education. In the western system the leadership in Medical Education is a growing interest topic in medical school education & medicine.²¹ The Association of American Medical Colleges now identifies leadership as "the most critical component for success."²² Some medical schools in the United States are introducing curricula on leadership, but there is a large gap that still needs to be filled.²³ The University of the Health Sciences educates and trains health professional leaders for the United States, and Public Health Service. Leadership education has long been a part of university's mission. Recently, the university has expanded its Leader and Leadership Education and Development program that is provided to all University medical students at the F. Edward Hébert School of Medicine.²⁴⁻²⁶

Physicians in their communities are often perceived in becoming effective community leaders and are expected to participate in volunteer activities, business, and politics on other hand medical students receive very little guidance.^{27,31} Current issue in today's world is about how to deal with analysis of possible ways to develop leadership in medical students.^{28,32} Taking into consideration the reforming in National Medical Commission (NMC) system and contemporary tendencies of world integration, the development of skillful personality is the prioritize task.^{30,33} Therefore all Universities and Medical colleges should include this in their Curriculum aspects either as a workshop, CMS, Conference or at least as a Certificate Course. Leaders in medicine had addressed the systems that challenges and improve the healthy life of the public and had called for transformative changes in healthcare.^{29,34}

In order to achieve some high Leadership qualities, one has to have High satisfaction with faculty development programs, A change in attitudes toward organizational contexts and

leadership roles, Gains in knowledge and skills, Changes in leadership behaviour. Limited changes in organizational practice, Key features of faculty development, Avenues for future development.³⁵

The aim of this review is to emphasize on the best ways for a development of leader creative thinking at the first basic level of medical education. Therefore, the main objective purpose of this study was to elicit to describe the comprehensive program and its conceptual framework that may be useful for other academic medical leader and leadership education and development programs around the globe & the perspectives of students, faculty physicians and administrators regarding the knowledge and competencies necessary in an undergraduate leadership curriculum. & the objective of this review is to synthesize the existing evidence.³⁴⁻³⁷

Participants like students, residents, teachers from medical college consistently valued the practical relevance and applicability of the instructional methods used and found such leadership programs to be useful and of both personal and professional benefit. They also reported some positive changes in their leadership capabilities and in their attitudes toward their own organizations as well. Some authors reported an increased awareness to their institution's vision, challenges and commitment, whereas others reported greater increased motivation, self-awareness of personal limitations & strengths and confidence in their leadership roles. A greater sense of appreciation of the benefits & community of networking were also identified. Some authors also reported increased knowledge of leadership concepts, principles, and strategies e.g., strategic planning, leadership skills, effectiveness and resolution, and increased awareness of leadership roles in academic settings.³⁶ The application of new skills at the workplace e.g., departmental reorganization and team building, should be adopted for new leadership roles and responsibilities, and the creation of new collaborations and networks.³⁷ Self-perceived changes in leadership behavior should be

consistently reported and included in a change in leadership styles, observed changes primarily suggested new leadership positions.³⁸ Although not frequently examined, changes in organizational practice included the implementation of specific educational innovations, an increased emphasis on educational scholarship, and the establishment of collegial networks.³⁹ Moving forward, faculty development programs should do a ground work in a theoretical framework. There is need to articulate definition of leadership considering the role of context. The extended programmes and follow-up sessions should be explored for its value to promote the use of alternative practices such as narrative approaches, peer coaching, and team development. Various features contributing to positive outcomes are the use of multiple instructional methods within single interventions, individual and group projects, reflective practice, experiential learning, support of peers and the development of communities of practice; mentorship; and institutional support.⁴⁰⁻⁴²

Improving leadership qualities in targeting basic science (Pre, Para) and clinical faculty members in relation to medical sciences is at most necessary, Articles with a focus on faculty development should also be reviewed. All study designs that included outcome data beyond participant satisfaction should be examined in terms of (1) Leadership as the primary focus of the intervention; (2) Leadership as a component of a broader focus on educational development; and (3) Leadership as a component of a broader focus on academic career development.³⁵⁻⁴²

The importance of having institutional leaders on educational leadership emphasizes heavily research involved with advanced instructional programming. We have to understand the importance of best practices for developing educational leadership in higher education health care and medical faculties. The researchers and practitioners should be involved in a dialogical process of inquiry, coupled with an explicit

practice-oriented approaches emphasizing empowerment among educational leaders.

The seminar series should be elaborated on the basics of development process and the factors which have added value to the development of professional leadership expertise. Wenger's theory of communities of practice tell about the qualitative content analysis and was conducted resulting in thirteen categories. The findings show that teachers as community and at the organizational level and educational leadership involved processes on the levels of students. To break new ideas into their own educational communities individuals created a place for backstage conversations at which they got opportunity to develop their thinking and inspiration. In addition, there is need of a systemic approach for the effective implementation of educational leadership. It facilitates the interaction and communication across an organization.

The curriculum should be focussed on the formation of professional identity, learning through experience with acquisition of relevant knowledge and skills throughout all four years of undergraduate teaching. Various topics of study pertaining to leadership are effective communication, crisis management, emotional intelligence, team performance under stress, self-assessment, personality, peer support and team building. Various modalities of teaching-learning methods such as small group discussions, interactive plenary sessions, group discussions, flipped classrooms, applied clinical and field settings may used to impart the curriculum. Small group learning about recent updates on leadership in healthcare settings may conducted by the "Near Peers" (more senior medical students) and core faculty.

3. Conclusion

Leader and leadership education and development are essential aspects of medical

education and are gaining attention in all over the world. Medical schools need to determine whether, when, what, who, and how the leadership can be taught. The Medical Universities around the globe should provides a comprehensive, four-year leader and leadership education and development program along with medical curriculum for a medical student that may be valuable for their life time. To meet the new leadership requirements in health sciences & higher education. "HEALTH SCIENCES EDUCATION LEADERSHIP PROGRAMME SHOULD BE ORGANISED in every Medical College's curriculum.

Conflict of Interest: None.

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