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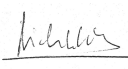
Assignment Title: _____ Reflection on Clinical Leadership _____

Module Code: _____ DSAW7057 _____

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University of Wales Trinity Saint Davids

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DSAW7057: Assignment One

“A critical analysis of personal leadership style and a personal leadership development plan based on a Learning Log recording a wide range of learning experiences. (1,500 words or equivalent, 20%)”

I have never considered myself to be a ‘natural born leader’ however, this year has taught me leaders come in all forms and given the situation there is a leader in anyone. This year has taught me I am a negotiator, a diplomat, seeking the best in people around me. I’m an amiable worker who likes harmony in a team to achieve results. Although an introvert I have strong extrovert quality with communication, especially first encounters seeking to build good relationships early. I demonstrate empathy by active listening and exploring peoples issues and concerns, making time to ensure all points are heard to achieve a teams goals. I am a leader able to make connections between different people and groups and do my upmost to make new relations work. Although I dislike confrontation I relish constructive criticism to improve personal and team aptitudes. My style carries a risk of being manipulated and risks high quality results for sake of team morale. I use my strong relationships with others to deliberately cover my potential weaknesses. Finally, I stick to my strong moral compass and hold the work life balance in the highest of regards. The following paragraphs critically analyse my style in further detail.

I under-rate myself compared to my peers, line managers and direct reporters in all leadership dimensions of my 360 review. This didn’t come as a surprise to me as I always try to maintain a decorum of modesty and shy from praise. I discussed the findings with my supervisor and spouse who both stated I underestimate my own capabilities. I’ve taken this in a positive stance as it means there is always room for me to grow as a leader yet my core beliefs tend me not to work way beyond my own capabilities. The natural concern of modesty is to undersell myself yet evidence suggests that modest leaders have higher quality performing teams and better results (Campbell, 2018).

The dimensions I rate myself similar to reporters include ‘engaging with the team’, ‘connecting with our service’, ‘leading with care’ and ‘inspiring a shared purpose’. Curiously these dimensions are my highest rated, some reaching ‘exemplary’. I could relate to this as I do my upmost to engage with others and make a deliberate effort to actively listen to all people I encounter. I believe creating a sense of inclusivity for all can bring about the best in a team. This deliberate action stems back to a poem I first read as a teenager and hold in high regard to the present:

“...As far as possible without surrender be on good terms with all persons. Speak your truth quietly and clearly; listen to others, even the dull and the ignorant, they too have their story” -
(Desiderata, author debated)

I was happy to see similar quotes in my own 360 review:

“Rick is all about the Team and ensuring everyone is happy, offering an ear, acting as a sounding board, treating everyone as an equal... A happy team returns good results.”

(360 Review, author unknown)

Not surprisingly, a self assessment of my working style revealed I have an amiable working style (Merrill and Reid, 1999). Whilst this style carries an advantage of ensuring good team morale it can lack a focus on accountability, performance and quality of results. This is reflected in my low self rating of these domains in my 360 review. Interestingly, my raters rated these domains significantly higher than I did. I learnt that I lean on my affiliate style and diplomatic approach to create good relationships to cover my self-perceived weaknesses.

For example, when chairing a meeting I ensured people stayed on topic and kept to time. In having strong colleague relationships I was able to keep the team on topic using gentle and at times humorous persuasion. It was one of our most productive meetings receiving very positive feedback from all. However, how would I manage a meeting without such relationships?

During the Eden Valley experience I learnt exactly how I deal with such situations. During a task members of the team (whom I did not know well) talked over each other about how to complete a task. It was clear to me there were many good ideas but no coordination and no progress. I called the team to silence and requested each member to take turns enabling all to listen to each idea. It became clear to all members which idea would produce the best result. This idea was developed, put into action and resulted in us completing the task with time to spare. This is a good example of my Team Role preferences of being a Monitor Evaluator and Teamworker as described by Belbin (2011). I ensured goal clarification, delegated time and averted friction through diplomacy and cooperation. I subsequently have learnt some leadership qualities can cover the weakness of another. For example, a Monitor Evaluator can come across as manipulative but this is covered by a Teamworker being perceptive, diplomatic and cooperative.

My Belbin report and amiable working style reveal a possible weaknesses of feeling uncomfortable with conflict and a reluctance to challenge others. Previous experience confirms I dislike conflict. I deal with this in two ways. First, as an empathetic active listener, I encourage any constructive criticism as this is useful information when addressing an issue. Naturally, opening dialogue can increase possibilities for resolution. I use my skills as a diplomat to explore and if possible resolve an issue. Second, I have learnt from other leaders' experiences that conflict is inevitable in a leadership role especially in situations involving change. The advice I have drawn from them is should a matter be unresolvable it is important to hold true to my own core values and be content with the decision made rather than its outcome. It is not possible to be liked by all

as a leader and it is vital I understand that to protect myself from harm and this is why my work life balance so important to me.

“...has the important things in life in the right perspective”

(360 Review, author unknown)

Although I like harmony in a team, I believe to achieve that as a leader it is best to work with the team rather than instruct or command. I enjoy seeing others flourish within a team and am content for others to take the lead given the situation. However, this is susceptible to manipulation so I take a degree of caution encountering new people as well as goal clarification prior to delegation.

I am an introvert according to Myers Briggs report but with a strong out of preference for ‘Initiating’. This means I am content to be the social initiator. This can come across as being an extrovert. However, once I get to know a person I become comfortable and revert to my introvert preference. This is a particularly useful skill I have learnt to master as I can quickly build good working relationships, discover agendas and concerns. However, to some it can come across as being over-friendly, so I do try to use a degree of caution in meeting new people as well as make deliberate actions to pick up on verbal and non-verbal cues.

Toward the end of the year I realised I was in a very privileged position of not holding an official position e.g. Clinical Director. Initially this could seem a disadvantage but, I realised I was not constrained by the framework and line management of such a designation. My project spanned directorates and disciplines requiring I interact with a variety of different people with differing backgrounds and agendas. To achieve my projects goals I naturally took to being a systems leader as described by the Kings Fund (Timmins, 2015). This position helps prevents the disconnect between workforce and leadership as described by Sr Bruce Keogh (2013), a vital attribute to ensure the prosperity of the future NHS.

My personal leadership development plan has evolved over time due to experiences, reading and self reflection. It's important to realise its an organic process but the main points are covered in my professional development plan (Appendix A) supported by my learning log (Appendix B).

Word Count: 1,366

References for Assignment One

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Timmins, N. (2015). *The practice of system leadership*. Kingsfund. [online] Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/System-leadership-Kings-Fund-May-2015.pdf [Accessed 18 Nov. 2018].

DSAW7057: Assignment Two

“A range of a minimum of five reflective accounts focusing on the application of all scheduled and independent aspects of learning. (6,000 words or equivalent, 80%)”

My Reflective Style

I chose the Gibbs Cycle as my model of reflective practice because I can relate with it the most. I work logically given my scientific and clinical background. Adopting this model leaves little chance of missing crucial information.

Rejection: The Importance of Influencing Skills, Communication and Constructive Feedback

I led a small group session on the IHI ‘areoplane game’ to teach quality improvement (QI) theory to a local anaesthetic department. This was a department with which I am very familiar having worked with them for at least one year in a clinical position. The session was very well received and the feedback was overwhelmingly positive. I chose the areoplane game to inspire the department to look at QI in a new light and to apply the new learning to either current or new projects. I would then act in a supporting role for projects with the final aim to generate QI capability within the department.

At a later date I decided to write a one-page newsletter on QI work within the department as a further means to inspire others to undertake a project. I decided to do a small piece in the newsletter on a participants experience of the ‘areoplane game’. I sent one of the senior candidates an email to ask if they’d be interested in writing a short piece for a newsletter. The candidate responded quickly declining the offer and simply stated they didn’t see the learning value in the session at all.

On receiving the response I had felt rejected, slightly disheartened and verging on angry. Why would someone pay compliment then reject me at a later date? My mind went over the whole day. I started doubting all I had done. I wondered if all the work and time I put into that session was a complete waste. Had I wasted the departments time? Now the session was complete, what did people think of me? What has happened to my reputation in the department? I felt like fool.

To reassure myself I reviewed all the paper feedback forms from the day which was marked overwhelmingly positively and had positive written comments. I met with some other colleagues present that day and asked for their honest opinion. All complimented me and stated they had learnt a great deal and enjoyed the session.

Another part of me thought about this situation very differently, which was empathy. I thought why had this candidate rejected me? Maybe they had other stressors going on I didn’t know about.

Maybe they truly didn't learn from the session academically but just enjoyed it as 'a bit of fun'. I actually respected their outright honesty and looked for the positive I could take from the response.

On evaluation there were positive and negative effects as a result of this experience. The main negative effect was a personal blow to my self esteem but I managed to rally this through my own actions, consulting others and reviewing feedback forms.

The positive effects were at a project level. As a result of the response I decided to no longer write a newsletter. Instead, I simply sent a global email to the entire department stating I would be in the department on specified dates if anyone wished to discuss project work. The response was so positive I had to create a makeshift booking system on the first day I was in the department! Admittedly this 'group email' action was very reactionary to being rejected by the senior candidate. Despite this though it resulted in an positive outcome. For a very small period of time between the email and the set date I did wonder what I would have done if no one approached me. Fortunately this was far from the case.

Reflecting on the situation I applied the Kubler-Ross reaction to change curve (Figure 1) to my experience (Kubler-Ross and Kessler, 2014). Although used to describe the mourning process it is a useful model to understand the human reaction to change. Initially, I was excited about the newsletter but quickly went into a state of denial and frustration on receiving the rejection email. However, this period came with empathy demonstrating my emotional intelligence, being able to separate myself from the situation and think externally for the greater good. This aspect of psychology is well described by Professor Steve Peters (2013) in his book *The Chimp Paradox* and is pivotal to be an excellent clinical leader. Evidence also supports high performing managers have significantly higher 'emotional competence' (Cavallo and Brienza, 2001). After some reassurance my reaction (the group email) was swift and decisive yet admittedly short sighted at the time. My time of 'depression' was incredible short due to the short time period (matter of days). In hindsight, this short time period was beneficial as I could have changed my mind about my actions. Fortunately, the 'experimentation' worked and the meetings became a regular occurrence. On the back of this action several excellent QI projects came to fruition, some of which won prizes and others were presented at national and international conferences.

Figure 1: Kubler-Ross reaction to change curve



This situation also gave me an insight into how my amiable working style reacts to rejection or conflict. I generally avoid conflict, conforming with my amiable working style yet its of vital importance I develop strategies to deal with conflict in the future as the very nature of leadership (especially linked to change) will inevitably come with periods of conflict. Conflict resolution generally comes down to influence for which I have a strong 'pull' tendency (65/72), compared to 'push' (41/72). The pull tendency uses collaborative and visionary styles of influencing (Dent and Brent 2006). This confers with my Belbin Team Roles (Monitor Evaluator and Teamplayer) and although pull is inclusive, it can come across as 'soft' or poorly directed. The only instance I'd use the push style would be either a time critical situation or the implications come with severe detriment (i.e. patient safety). In this situation I worked collaboratively in the current departmental environment.

Although my actions paid off I could have taken numerous other courses of action. I could have confronted the candidate but this is not the way I think or work and I feel lacks emotional intelligence. It's likely confrontation in this instance would have done more harm than good. I could have approached the candidate to enquire further as to why they rejected my offer but they had stated very plainly they did not see the benefit in the session. Given the abrupt, rapid response I felt there was more behind the response than what was written. In hindsight I glad I never enquired. The candidate was being investigated for cancer. Unfortunately, the tests came back positive and it is now common knowledge amongst the department. I never did email the candidate back regarding the newsletter but have met with them in person since. Our relationship is totally unaffected and we still get on very well. I could of approached another candidate for the newsletter but did not pursue this option because I was so shocked by the rejection and maybe because I didn't want a second rejection. This is why I first sought reassurance before taking my next step. It is vital to first look after yourself before trying to look after others. I could of abandoned the project entirely but once again this is something that is not in my nature; if I plan to do something I will do it to my best ability exploring all avenues possible before stopping.

Should a similar situation arise again in the future I don't think I would act any differently but I would certainly attend to my negative thought processes differently. Although I disliked the fact I was rejected I feel I have learnt a great deal about my personal reactions to such events. In similar future events I will not take a rejection so personally and be more empathetic as to why such events occur. I should shift from a fixed mindset to a growth mindset (Figure 2) as described by Carol Dweck (2017) who, I was fortunate enough to see provide a keynote lecture in the International Healthcare Improvement annual Symposium in Amsterdam. Adopting such new skills will ensure I get the best out of the situation and am emotionally and mentally prepared.

Figure 2: Descriptives of a 'Fixed Mindset' and 'Growth Mindset'



Discomfort; from Self-discovery to Leadership

At the beginning of the year I was in a privileged position of being able to choose my project. Initially, I was excited about this prospect but as the weeks and months rolled by I realised I was in a position of having no project. I came up with numerous ideas but for a variety of reasons the project would not be suitable, typically being 'out of scope'. I moved around several departments within the healthboard and outside the healthboard seeking potential ideas for projects. Meanwhile I witnessed my colleagues making progress with their own projects.

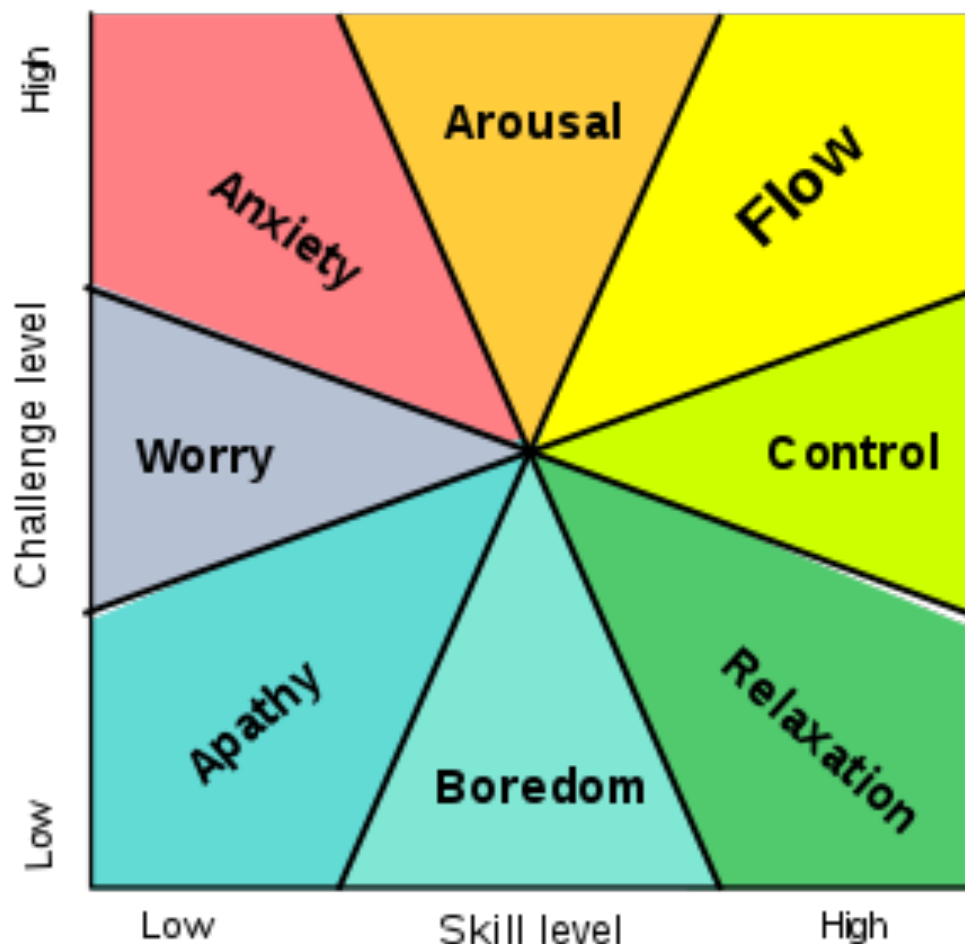
This period of time brought significant personal discomfort, concern, anxiety and self-doubt. I could feel time slipping through my fingers and with each passing moment my anxiety grew. As my concerns and anxieties mounted I felt I was becoming unproductive, half researching ideas and concepts to try and find a quick fix. All this did was to fuel the situation and worsen my feelings. It felt like I was in a downward spiral with the window of opportunity getting narrower by the day. I began to question myself and my approach to people. Was I asking the correct questions? Was I looking in the right areas? Was I researching the correct way? Was there something wrong with the way I worked? Despite going through this unpleasant process I discovered a great deal about myself and my working style. I was able to apply theoretical concepts to my real experiences expanding my own knowledge and skillset for future leadership positions. The only bad aspect of going through this experience was the experience itself and the sense of uncertainty, otherwise the experience has brought me significant benefits.

I developed new skills of understanding what makes a successful project. Berwick stated to have a successful improvement strategy requires ideas, will and execution, and its important to remember these principles apply to individuals, teams and all aspects involved with improvement (Buttaccio, 2018). I did have plenty of ideas but for a variety of reasons fell short on either the will or execution. When attending the Bristol Patient Safety Conference I realised an important part of 'will' includes influence and this certainly was a big reason for not pursuing numerous projects. Influence is something which can be developed through close personal relations as described by Covey (2004). I am still in the process of learning this complex skill but appreciate my diplomacy skills and strong relationships are a big asset in creating influence.

Next I learnt the importance of believing in what your doing, ensure others believe in it and present it correctly to get the best results. It was only later I realised this concept related to the fifth habit described by Covey (2004) 'first understand, then be understood'. Specifically this habit is broken down to three concepts: Ethos (personal credibility), Pathos (actively listen, empathise) and Logos (present logic to follow). Formalising these concepts by Covey and Berwick have provided me concrete skills I can take forward in my leadership role.

I also learnt how I work in different situations. I particularly liked to apply the theory of psychological flow by Csikszentmihályi (2002) (Figure 3) who developed a graph based on the skill set of an individual compared to the perceived challenge by that same individual. Applying this theory to my own situation I fell into the 'anxiety' and 'worry' areas of the graph. Not surprisingly my feelings correlated with Schaffers seven proposed conditions for flow (2013). I couldn't even fulfil the first condition; 'Knowing what to do'. I applied Csikszentmihályi theory to how I felt when working in clinical anaesthesia and not surprisingly I allocated myself to the zones of 'arousal', 'flow' and 'control'. This hit my self-esteem harder than I had thought. Had I made the right decision doing this year? As time progressed I learnt new project management skills, QI theory, mathematical modelling techniques and learnt about systems theory. These new skills and knowledge provided me great confidence and the ability to view ideas and problems from a different perspective. As these skills developed I moved to a site of 'arousal' and 'flow' and my project developed in parallel. Only when I was pursuing the project I realised the exciting implications this could have for many aspects of health and healthcare.

Figure 3: Csikszentmihályi Model of Psychological Flow



The solution to this problem wasn't a single light bulb moment but a more organic process. I developed new skills, changed the way I thought about problems, QI, teamwork, leadership and self-care. I consulted my colleagues and supervisor drawing on their experience and guidance. More profoundly however, I found comfort and courage through entering Ironman Wales. This endurance triathlon event involves a 2.4 mile sea swim, a 112 mile cycle and a marathon in one day. Training for this event, as well as being a parent, and undertaking the project made time incredibly short. I had to focus what time I had efficiently and effectively. Curiously though, I truly felt my mind was stimulated through the physical training for Ironman. I spent a lot of time reflecting and thinking about leadership issues in the swimming pool, on the bike and out running. As well as thinking whilst training I found my mind was sharper at work. I slept better, had less anxiety, felt more productive and a 'brain fog' which I never knew was there had lifted. It's only in retrospect I discover there is very good evidence to support my feelings, thoughts and results (Godman, 2014).

Not only did I develop an ability to cope in a discomfort period but found a way to thrive and push myself beyond what I thought was capable. I now appreciate the answer to a single problem could be a combination of answers from a variety of sources and can take time to evolve. In a position of leadership it is vitally important I be content with discomfort because, during this period progress can be made and I can push my own leadership capabilities. However, simultaneously it is vitally important to strike a balance and avoid burnout. I have learnt stress release mechanisms, found a mentor to consult and actively look after my mind and body. I realise, as a leader my demeanour (and that of any individual) can carry significant ramifications and implications to the rest of the team and its results. This in turn could result in detriment to care provided for patients. The work/life balance is crucial to me personally to be an level headed leader in healthcare but also amongst those I work with to ensure wellbeing in the working environment and thereby generate great results.

Be Yourself: The Innovative Side of Leadership and Change

This year was truly unique for me as I was removed from my comfort zone of clinical anaesthesia to working with a healthcare improvement team. The team has a very positive reputation throughout the UK and many other health boards aspire toward their model. This team consists of people with a vast skill mix and varied backgrounds including; QI Experts, PhD Mathematicians, Six Sigma Lean Thinking Experts, Clinical Psychologists and Communications Experts all led by an Institute for Healthcare Improvement graduate. The innovative thinking coming from the department on a daily basis was staggering. I only realised how advance this team really were after encountering similar teams in other health boards.

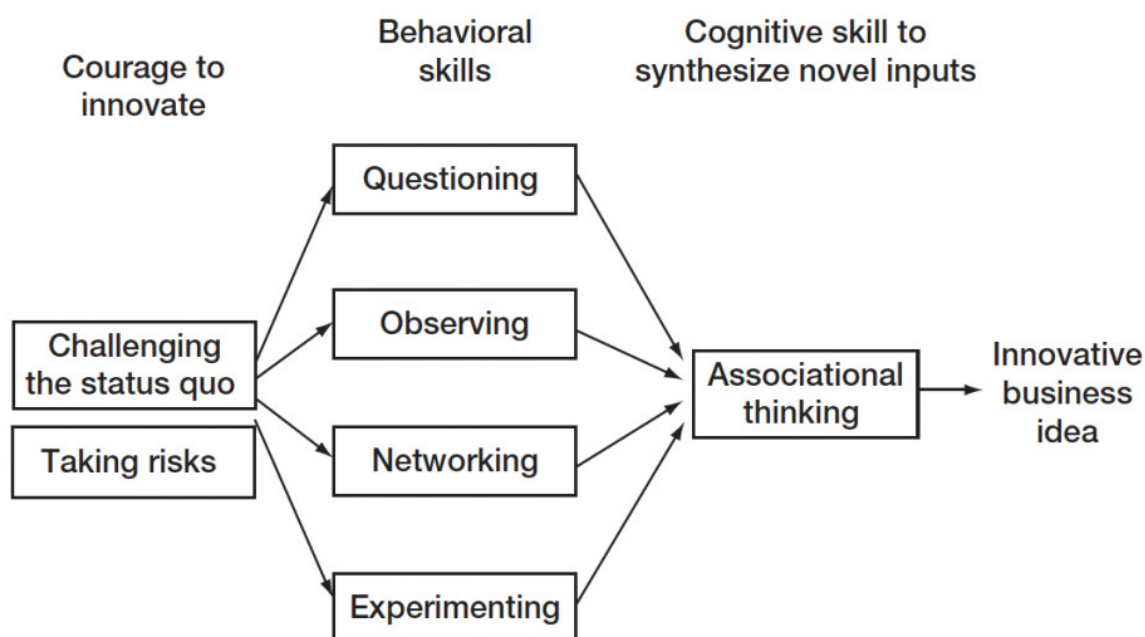
I tried to be 'innovative' to blend with team, classic herd behaviour. However, as time continued I became unhappy working in the environment. I felt like a fish out of water and isolated. These feelings made me retreat into myself; normally outspoken and keen to make conversation I started to become quiet and withdrawn from the team. This isolation felt lonely and I wondered if I was getting the best out of my time with the team. It took me a long time to realise the cause and solution behind this evolving situation. Sometimes, the solution happened right in front of me but at the time I had no insight.

The first sign I had was on a ward with one of the other team members talking with nurses. We were seeking information to start a pressure ulcer collaborative improvement framework in the health board. On this instance I decided to act naturally probably because I was in a familiar clinical environment. We interviewed staff members informally together seeking barriers and enablers to change. Toward the end of the day I was stunned when my colleague stated "I would have never asked half the questions you did and I found that so fascinating. We got so much more information and different information than if I had approached that interview alone". This surprised me because I would have thought to be an innovator takes a curious mind and one to ask questions. It's only later when visiting Boston I realised this is only a small part to being innovative and that innovation is about asking the appropriate questions at the appropriate time with the appropriate people.

Later that year I attended a course called 'Disruptive Innovation: The Innovators DNA' led by Hal Gregerson at Massachusetts Institute for Technology, Boston, USA. Hal and his colleagues have done significant work into what makes a 'disruptive innovator'. A disruptive innovator is one that changes the market in which they operate due to innovation; the term carries neither positive or negative connotation. Amazon, Apple and Google are good examples of 'disruptive innovators'. I undertook a self assessment which concluded I had good delivery and execution skills and average discovery and innovative skills. The emphasis of the course was that anyone can be innovative, depending on the skills and people available in the given situation and environment.

Hal and Phil explained innovation is down to four core skills brought together with associational thinking (Dyer, Gregerson and Christensen, 2011). The four include Networking, Observing, Questioning and Experimenting. The four are then brought together by 'Associational Thinking' to create an innovative idea (Figure 4). Now to create such circumstance requires a team of individuals who can cover all four skills. My strengths certainly lie in observation, questioning and to a lesser degree in networking. However, as a clinician I am risk adverse and therefore don't deal well with experimentation. Finally, associational thinking takes elements from each skill to finally create the innovation. Ironically this is what happened on the ward with the other team member. I carried most of the questioning and observing skills whilst my colleague had the experimenting skills and thereby we attained more information than we would have done individually. Since inception the pressure ulcer collaborative has been very successful and part of that is down to the pre-work we did that day.

Figure 4: Innovators DNA Model: The five skills of Disruptive Innovation



The year continued and due to my lack of insight I felt myself become more distant from the team presumably as a form of self-preservation. I approached a colleague with a clinical background who started working with the team at the same time as me. I asked them how they found being part of the team. It transpired they enjoyed working with the team more than their clinical work. Where I thought I'd find a kindred spirit I found none. Needless to say at the time I found this moment difficult but it was only later at the Elan Valley experience I realised why we differed in our opinions.

As the year progressed I learnt more and more about myself for example my Myers Briggs report and Belbin Team Roles report (Belbin, 2010). The Belbin report and Elan Valley experience was the lightbulb moment for me. During a challenging exercise I observed a colleague and close friend climb a rope to a suspended platform 30 feet above the ground. Prior to commencing the task they looked content to do the task and made rapid progress up the rope. Only when they reached the top of the rope they stopped and broke into tears. I was not expecting this to occur but it soon dawned on me they had a fear of heights and was undertaking the challenge to fit in; herd behaviour! Needless to say the team and I reassured the candidate, talked them down and consoled them once back on the ground. It later dawned that I was up my 'innovators rope', felt uncomfortable and needed to get down. Suddenly my Belbin Team Roles made so much more sense. I had tried to be a Plant (Innovator) all year yet I am a Monitor Evaluator and Teamworker. It became so clear in my head that I'm not a 'classic innovator'. I am the diplomat, the communicator, the networker, the observer and I bring teams together.

It was difficult to identify the benefits of being in the situation at the time however, looking back it has been beneficial both to myself and others around me. I realised the importance of being content in my own skin, trying not to be something I'm not and embrace that which makes me happy. When I embrace my personal strengths I become my most useful and productive as a leader and as an individual. I blogged about my experiences. To my surprise someone who read the blog had similar experiences and they thanked me for the indirect advice.

I returned to the team a totally different person, one I could relate with; put simply I was just being myself (not the person trying to be something I'm not). This is not to say my thinking is rigid and I can't be changed; just like any organic system I have resilience and plasticity. People at work noticed a difference in my attitude and some approached and asked specifically if anything had happened. I pointed these people to my blog and after reading it they rallied behind me.

In retrospect my personal evolution through this situation makes sense to me at a very personal level. It was a very personal journey and I think the time and course it took was necessary. I do wonder if I could have done anything differently. I could have sought help from colleagues, friends or a mentor sooner but it's difficult for me to conclude whether such action would have changed the course of my journey. It did take significant time to come to fruition but I feel in hindsight this was necessary. The added complexity was the fact I lacked insight, making it difficult for an individual to approach me directly about my ongoing issues. I learnt such a great deal about new ways of thinking and myself as a leader.

If something similar were to happen to me again I would be very open and honest about my feelings to deal with my emotions rather than trying to be something I'm not. More importantly though I wonder what I would do when seeing someone else go through a similar journey. To me, an important aspect of this journey was gaining personal insight which is something that can only

be self-discovered. In hindsight there maybe ways to catalyse insight yet it still needs to be a self-discovery rather than someone else 'telling'. This is one of my future personal development plans. How can I as a leader help others acquire insight into their problems? Currently, I would inform the person concerned I was available for discussion, use my empathy skills and ensure no harm comes to them. I would offer guidance and take a more coaching style of leadership than try and 'fix the problem' for them. This is still an avenue of interest I will pursue in the literature and discuss with colleagues in the future.

ISTJ & Situational Leadership: Analysing My Leadership Style

The first time I have encountered Myers Briggs Type Analysis was at the Faculty of Medical Leadership and Management (FMLM) Induction Course. In a large room we allocated ourselves to opposite sides of the room depending on whether we thought ourselves as extroverts or introverts. I quickly walked toward the introvert side of the room much to the astonishment of my recently made colleagues at the Welsh Deanery. They all thought I was an outright extrovert.

It was only after completing my full Myers Briggs Step II Analysis I discovered why this was the case. My Myers Briggs Type is ISTJ. This means I gain energy (sense of comfort) through Introverted means, I gather information by Sensing, make decisions through Thinking and deal with the world around me through Judging. However, I found it of more interest that each of my preferences were only 'slight' or 'moderate' in clarity. This means at times, given the situation I can express qualities of the opposite preferences of Expressive, Sensing, Feeling and Perceiving. What I experienced at the Induction day is a perfect example.

Analysing my Step II results I have strong out of preference to be more extrovert when it comes to initiation (starting conversations and relationships). This means I can build relationships quickly with new people. However, I am aware to approach people with some caution as I could come across as either 'over friendly' or confrontational. On establishing a good relationship I revert to my introvert qualities being Contained (more private and controlled), Intimate (seek one-to-one intimacy) and Quiet (calm and solitary). This explains why my colleagues perceived me as an extrovert whilst I perceive the opposite.

The rest of the report came as no surprise. I have a strong preference to use sensing as a means to acquire information meaning I use all the five senses, stick to facts and what is known rather than draw on theories, abstracts or imaginative information. Having said this I have found it fascinating working with people who gather information through intuition. It brings a totally different perspective to situations and can open more beneficial avenues. Though initially sceptical of 'intuitionists' I have come to learn the importance of active listening to all perspectives prior to making decisions.

When making decisions although my Step I results reveal I do so by thinking, my Type II results paint a far more complex picture. I am very borderline between thinking and feeling. Thinking uses logic, rules, objectivity and fact whilst feeling uses societal and personal values focusing on harmony. This came as no surprise to me as it supports my affiliative working style and Belbin Team Roles of being a Monitor Evaluator and Teamworker. This carries the advantage of increased flexibility, making holistic decisions and ensure all aspects of a decision is considered (hard facts as well as moral implications). However, this can also result in indecision and slow decisions which certainly have plagued me throughout the year. I have since learnt the value 'just making a

decision'. Sometimes, making a decision is better than no decision. The important aspect is to have no regrets and manage what implications there are to the best of my ability. Whatever the decision there will always be unintended consequence and unknown unknowns (Rumsfeld, 2002). Knowing this fact makes it easier to make those difficult decisions.

Again, I was not surprised with my Type II results on how I deal with the world around me; borderline between Judging and Perceiving with the slightest of preferences for Judging. Perceiving individuals prefer flexibility and spontaneity whilst Judging individuals prefer decisiveness, rules and closure. Generally speaking I use Judging in new situations and Perceiving in familiar situations. This dynamic working style brings flexibility and adaptability however, can be difficult for others to follow so I need to communicate my thought processes clearly when undertaking different aspects of work.

I find many of the ISTJ strengths and weaknesses very familiar. I know I am duty bound, have a calm approach, am a 'jack-of-all-trades' and hold honesty and responsibility in the highest regard. I know I am stubborn, generally like to 'do things by the book' and blame myself for failures. I overcome my stubbornness by asking well-known colleagues to give me warning when my behaviour verges toward this behaviour. I use my diplomacy skills and networking to help cover my other weaknesses. My affiliative approach means I am probably more emotionally aware than an average ISTJ. This has been evidenced throughout my 360 review. Finally I by no means stick to judging in decision making and as mentioned stick to the holistic picture.

My leadership style lends itself to significant flexibility and accountability. I have led numerous projects throughout the year and yet I know I have adopted very different styles in accordance to the Situational Leadership Model (Hersey, Blanchard and Johnson, 2001). Figure 5 represents some projects I have worked on and the leadership styles adopted. The style I adopted depended on the multiple facets which make up QI work namely, knowledge, psychology, variation and knowing the system as described by Deming in the Theory of Profound Knowledge (Deming, 1994). This is a model I have used throughout my leadership career and find particularly robust (Figure 6). The style I was least comfortable with was the more directive style of leadership though as I appreciate its strengths and weaknesses I accepted this discomfort to meet the ends of this project.

Figure 5: Application of Situational Leadership Model to Projects I have worked on throughout the year

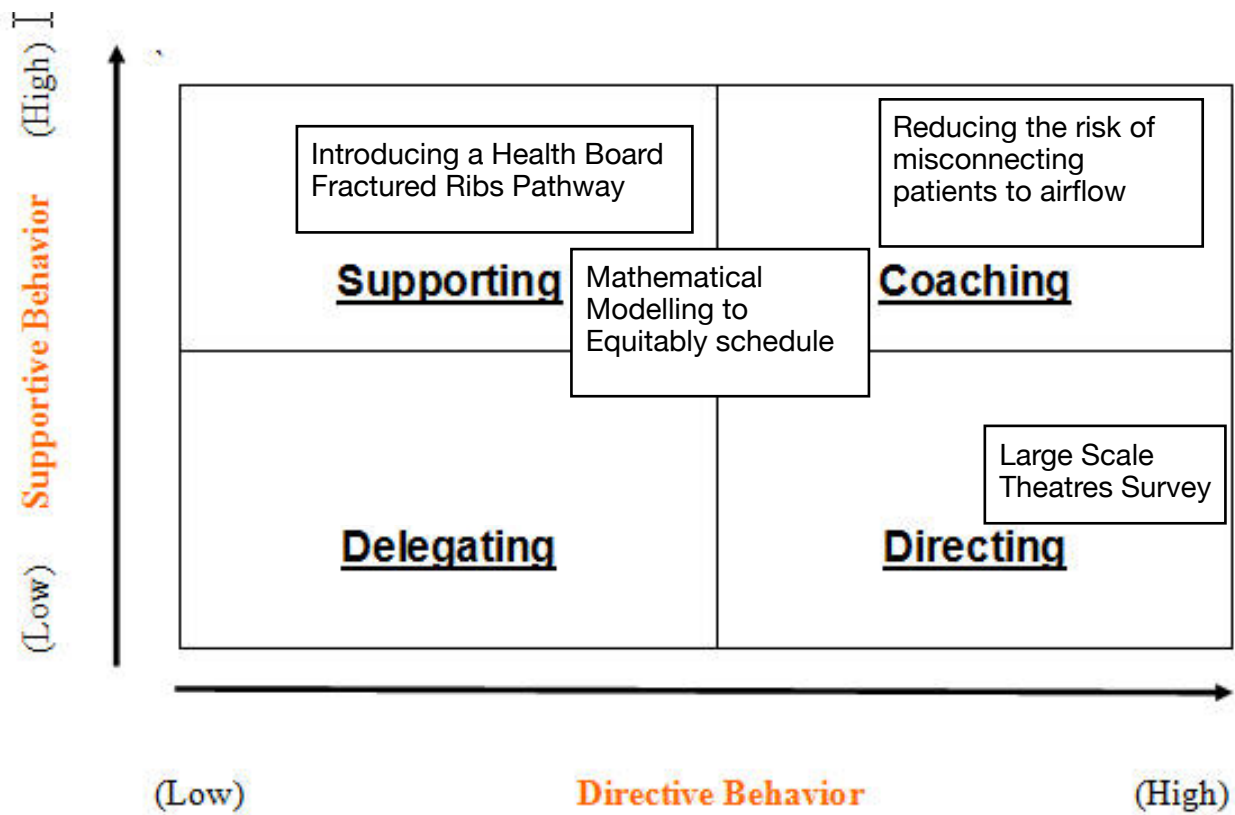
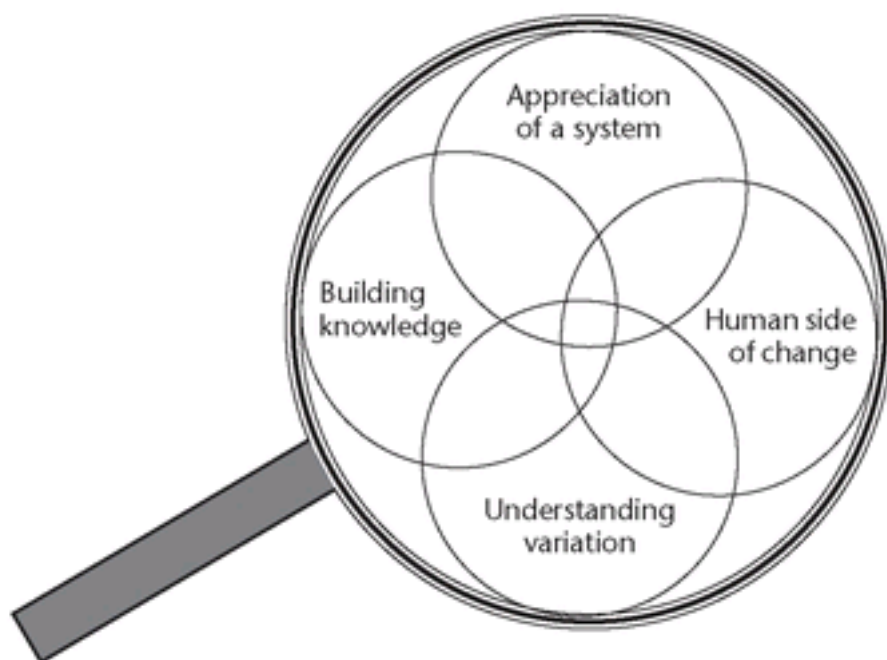


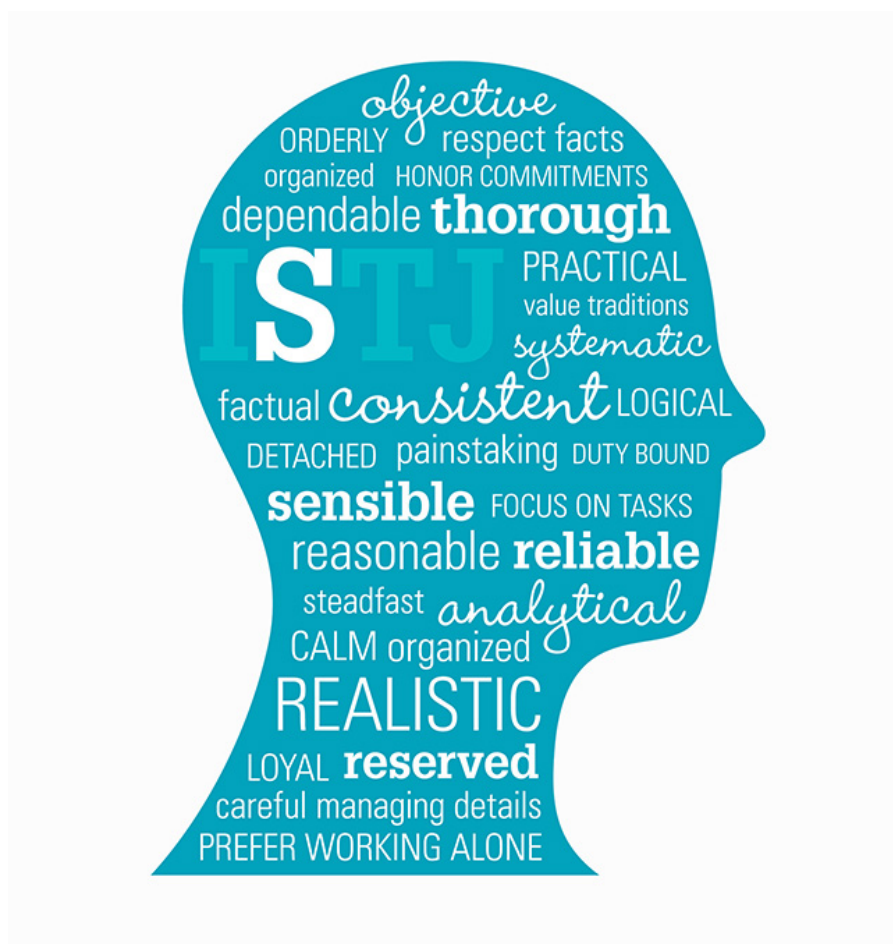
Figure 6: Theory of Profound Knowledge (Deming, 1994)



Finally as an ISTJ I believe in strong personal integrity in leadership (Figure 7). I believe a large part of integrity includes the duty of candour and inclusivity. These are qualities described in several high profile publications with implications to the wider healthcare sector. In Section II of A Promise to Learn, Berwick (2013) emphasis the need for candour and transparency. The Frances Enquiry explains the need for leaders to be flexible in their style, being directive when necessary, but also engaging others in decision-making (Frances, Berwick, and Keough., 2014). A Kings Fund report expands on the concept of engagement with stakeholders of the NHS as a means of improvement (Kings Fund, 2014). More recently Systems Leadership explains the need for leaders to lead beyond their constrained 'designated positions and teams' to lead holistically across team boundaries with a need for inclusivity to bring about improvement (Fillingham and Weir, 2014).

The NHS is an immensely complex system. NHS Wales is undergoing significant changes, is under significant political and financial pressure. It is also trying to deliver high quality care using Prudent Health Care Principles (Welsh Government, 2018) and more recently has a responsibility toward the Future Generations Act (The Future Generations Commissioner for Wales, 2015). To lead such a complex multifaceted system will take a group a integral systems leaders with a holistic and dutiful attitude. With my new knowledge, skills and further professional development I believe I can be one of those leaders.

Figure 7: ISTJ Personality Type Qualities



360 Review & Systems Leadership: Effective Teamworking

There are means and methods through which to assess my teamworking skills including project results, self perception, self-assessments as well as informal means such as compliments and comments. However, as an ISTJ I have a preference to seek the facts. My 360 review is incredibly important to me as it is probably the most large scale 'objective measure' of my teamworking skills and a means by which to develop my teamworking skills as a professional leader.

My 360 revealed to me the difference between self-rating and reporter rating as well as some personal strengths to celebrate and some weaknesses to build on. All my raters rated me higher than my self-perception in all dimensions of my 360 review. This is probably because I have a modest approach to life and quietly celebrate personal success. I don't like to be the centre of attention. Despite this as a clinical leader I will have to take times of being the centre of attention. The first time this occurred was at the FMLM Induction in London. In small groups, using what we had learnt that day we each had to give a two minute presentation to answer the question of "how would you solve the problem in the NHS of delivering high quality care in the cost saving environment". After presenting within the small group it was expected one person from each group to present back to the entire audience of approximately 150 people. To my regret the rest of the team quickly elected me to present. Initially concerned for the desires for others to present (as well as my own embarrassment and fear) I offered the opportunity back to the group. Despite this all members complimented me on my short use of words and unanimously insisted I take the stand. As a team player I decided to accept the challenge. Despite my calm exterior there were significant inner anxieties. I was the last to present to the large audience. I received a large round of applause. The facilitator Mr Peter Lees, (FMLM Chief Executive and Medical Director) subsequently took the stage to conclude the day. He gestured toward me and said that my words delivered more than his own. I was blown away. Turns out I can present well, to a very high standard and since that moment have looked forward to speaking on public occasions. I've also learnt the importance of putting myself forward for challenges and see them as opportunities to thrive rather than challenges to fail.

The 360 revealed my dimensions of strength included 'Leading with Care' and 'Engaging with the Team', both of which received an 'Exemplary' mark. The reporters who rated this the highest were the direct reporters, which provides me a degree of validity to the result. I have always believed a happy and safe team can produce high quality results. I do go out my way to ensure everyone is heard and valued as well as ensure the genuine wellbeing of individuals. A quote from a reporter supports this:

"Very diplomatic leader who ensures that the wellbeing of all team members is considered when making decisions. Makes morally correct decisions and is very reliable. Rick promotes a culture of

happiness within the teams that he leads which is a fantastic attribute. Very selfless and always considers and portrays what he has learned to help others. A natural leader.”

(360 Review, author unknown)

I also recall putting my own work aside and talking with a team member for a whole morning who was obviously upset and struggling at work. The individual subsequently took a break from work and returned at a later date in a significantly better state of mind. Toward the end of my time with the team the individual wrote me a personal card of thanks and focused on that morning we spent together. I really think the time spent with this colleague was put to much better use than with the daily ‘routine’ work. Working in health and healthcare I feel psychological safety is paramount (and sometimes overlooked). This is supported by the Institute of Healthcare Improvement stating psychological safety improves organisational and individual learning, risk management, innovation and job satisfaction (Edmondson A, 2002).

My lowest scoring dimensions included ‘Developing Capability’ and ‘Sharing a Vision’. Direct reporters rated me as ‘Proficient’ in ‘Developing Capability’ (the same as my self-rating). The two learning points I have taken from this is the importance of delegation and learning the art of saying either ‘yes, if...’ or ‘no’. I have always said ‘yes’ to opportunities and proposals but should this continue I put myself at risk of burnout due to limited bandwidth. In future events I now appreciate the importance of saying ‘yes, if...’ and ‘no’. This is the first step of delegation. In the future I will review my working portfolio prioritising tasks, know the time requirements for each task and delegate according to the teams skill mix. It’s vital I either ensure the team has the skills to do the work or be content to take work outside the team. Sostrin (2017) wrote to be a great leader you have to be a great delegator. A large part of delegating well is to be able to develop capability. In the context of QI, the Breakthrough Series for Collaborative Improvement Programs work on building capability hence it is a vital I master this skill and include it in a future professional development plan (ihi.org, 2013).

In ‘Sharing the Vision’ I rated myself ‘Proficient’ whilst direct reporters rated me as ‘Strong’. Although rated quite highly it is still my second lowest score and this is supported by written evidence from reporters such as:

“Occasionally can be difficult to know what he is thinking”

(360 Review, author unknown)

“Need to establish greater ‘presence’ which comes with experience and appointment”

(360 Review, author unknown)

This weakness rings truth with me. I take a holistic perspective to achieve results and sometimes this can distract from what the final goal of a project maybe. This can be interpreted as not

providing a 'Shared Vision' to pursue. I like to ensure all voices are included in conversations and debates in a safe environment. However, I must realise when discussions conclude then echo the final words for team direction. Clear, direct communication is paramount to achieve this end. In future I will take deliberate steps to ensure this occurs. One motion could be to entrust this task to another member of the team taking on a facilitative role similar to that adapted in effective meeting skills.

Out of all reviewers direct reporters rated me closest to my own score. This reassures me I have good working relationship with the direct reporters who know my attributes. Next, peers seem to rate me higher than direct reporters which may indicate I can portray many of my skills through the work and action I take. Last, my line managers seem to rate me the highest compared to all. I find this difficult to interpret. It could be a reflection on how they view me compared to other leaders. It could also reflect results I have provided my line managers. The only two dimensions that did not fit this trend were 'Leading with Care' and 'Engaging with the Team' which I've already discussed.

My 360 demonstrates I am a natural team player and work effectively in teams. The most pertinent point for me is to become aware of the wider picture, how I fit in as a clinical leader and its implications to my team, the work we do as well as its impact on the health of the population we serve. It well known high quality leadership results in better outcomes, yet to be an accomplished clinical leader takes a holistic approach and cannot be attributed to a single attribute. As clinical leader it is vital to appreciate the symbiotic relationship that exists between leaders, individuals, the team, its results and the subsequent impact on the patient population. In using this concept coupled with systems thinking it is possible to bring the best out of NHS Wales.

Word Count: 6,632

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Appendix A: Personal Development Plan

Development Objective Describe the specific skill or competence that you intend to improve or develop	Development Outcome Describe how you expect that achieving this objective will improve your performance	Planned CPD Actions Describe the specific activities you intend to undertake in order to meet this objective
Understand the impact of my own personal Leadership Style on the team and identify strategies for my leadership development.	Knowing how my leadership style impacts on teams will benefit myself, the team and its results as it will enable me to change my style in accordance to the ever changing working environment. Its important to get results but equally important to ensure psychological safety. This includes the concept of how I, as a leader can get teams to acquire insight into their own problems.	Read literature, learn from others, conferences, Personal Diagnostics (e.g. Myers Briggs and Belbin) and tutorials
Understand and develop my conflict resolution and influencing strategies.	I have always been reluctant to engage with conflict yet it is inevitable as a clinical leader. I need to develop my own conflict resolution skills and understand influencing strategies to get the best out my role as a clinical leader	Action Learning, read literature, learn from others, small group sessions e.g. media learning, personal Diagnostics - Push/Pull, learn from conferences
Learn new styles of leadership including, systems leadership and leadership in innovation.	My style will evolve with time but crucially I need to appreciate other styles of leadership and thinking. Systems thinking and innovation is taking a huge part in the future of the NHS so it vital I learn these newer disciplines.	Read literature, listen to talks/ video, tutorials, attend leadership conferences.
Understand my team player role including my strengths, weaknesses and how best to apply myself in a team.	I thoroughly enjoy being part of team but am I fulfilling my role to my best ability? I need to understand how I interact within teams to get the best performance out a team and myself.	Action Learning, 360 review, Belbin Team Roles, Elan Valley Experience
Understand my potential as a clinical leader in the future NHS Wales.	The NHS in incredibly complex and it is vital what cog I will play in this vast complex system. The better understanding I have of NHS Wales the better prepared I will be to face the future.	Literature, contact with senior officials (local healthboard and government).

Appendix B: Learning Log

Course/Event/ Opportunity	Organisation/ Notable Speakers	Topics Covered & Learning Points	Date
Clinical Futures Event	Judith Paget (Chief Executive Aneurin Bevan University Healthboard)	Developing the new working model for healthcare in Aneurin Bevan Health Board, engagement event with workshops element.	16/08/2017
Leading People	Dr Liz Waters	Mindfulness for Leadership. Fascinating day on topic of mindfulness. Particularly using audiovisual and tactile props for mindfulness. Reminds me of similar process people may go through for prayer. Very useful coping mechanism and to 'reset the brain'	05/09/2017
Wales Deanery Induction	Quentin Sandifer: Medical Director Public Health Wales	Interesting session on what it is like to be a medical director. More intense and unpredictable than initially thought.	06/09/2017
Wales Induction: Welsh Government	CMO and DCMO, Chief Pharmaceutical Officer, Director General Health and Social Services	Fantastic day walking around Welsh Government buildings and meeting heads of NHS Wales. Fascinating discussions with Frank Atherton and Chris Jones on Public Health issues within Wales and Healthcare inequality..	07/09/2017
National Induction London	Faculty of Medical Leadership and Management	A very interesting few days covering aspects of leadership within the NHS especially focused on personal branding, self presentation. Numerous short exercises on communications as well as personality styles. Created significant debate amongst some individuals.	11-13/9/2017
Bevan Commission Conference, Swansea	Sir Michael Marmot Vaughan Gething	Good lecture to understand the prudent healthcare principles and inequality of healthcare within Wales. Also sessions on Innovation within Healthcare and how it should be led in the future. Great session on happiness and its health implications.	14/09/2017
Academi Wales Health and Care Leadership Conference, Cardiff	Numerous	Creating thinking methods. Mindfulness session using breathing techniques. Lecture on Future Generations Act and its implications. Fascinating small talks by people 'let down' by the NHS and how they want us to improve services - a very touching day.	21/09/2017
Enhanced Leadership and Management (ELMP) - Day 1	Ann Lloyd, Chair ABUHB Alan Willson, ABCi Associate	Overview of course and basic introductions around the group.	26/09/2017
ABCi Modelling Fellow Showcase Event	Dr John Boulton, Director ABCi Prof. Paul Harper, Cardiff University	Presentations of modelling projects on healthcare issues. Fantastic sessions realising implications of modelling and its impact. Examples included community weight loss model, renal patient risk stratification and dialysis allocation	29/09/2017

Leading People	Adrian Neal, lead for employee wellbeing	Resilience, 'mental toughness' and psychological safety. Importance of focusing on the team and not the individual to improve resilience within the workplace.	10/11/2017
ELMP - Day 2	Prof Marcus Longley	Health policies and its development. Importance of getting simple things correct and considering patient needs and expectations. Need an understanding of the system in which you're operating and decide on measurement strategies to reflect improvement goals.	17/10/2017
Medical Leadership Programme Session (MLPS) 1	Academi Wales	Introduction to the course and academic study and action learning. Reviewed how to approach a project 'problem' and create an appropriate plan.	18-19/10/2017
Leaders in Healthcare Conference, Liverpool	Numerous	Great day. Attended numerous lectures. Particular sessions that stood out included 'Joy at Work' with Happy Henry and managing catastrophes.	31/10 - 01/11/2017
MLPS 2	Academi Wales Patricia Oakley	Healthcare and politics. Fascinating and at points scary session. Government involvement in healthcare at national and local level. How healthcare will evolve in the future. Included ramifications of Brexit and new technologies especially artificial intelligence, genomics and robotics.	09/11/2017
ELMP - Day 3	Dr John Boulton, Director ABCi Alan Willson, ABCi Associate	Understand quality planning, levels of participation, systems theory and co-production. Did the IHI areoplane game - great learning.	21/11/2017
MLPS 3	Academi Wales, 1000 Lives	Leading Improvement. Quality improvement techniques, human factors. Did short presentations on our own project plans.	5-6/12/2017
ELMP - Day 4	Alan Willson, ABCi Associate	Working styles, high reliability systems	12/12/2018
Junior Doctor's Forum	Nevill Hall Hospital	Spent time with junior doctors on their own QI projects and how to get the best out of them.	12/01/2018
Leading People	Benna Waites Daniel Madge	Psychological safety and safety culture. Great day talking about teamworking and collaboration.	15/01/2018
MLPS 4	Academi Wales	Myers-Briggs personality type analysis step 1 and 2 and action learning session. Great informative day.	16/01/2018
ABCI Silver Modelling: Geographical Modelling	Dr Doris Behrens	Introduction to mathematical modelling. We then did a geographical model on effects to a population when closing healthcare facilities.	17/01/2018
ABCI Silver Modelling: Forecasting	Dr Tracey England	Learning how to analyse healthcare data related to time and trends to make predictions and forecasts.	30/01/2018

MLPS 5	Academi Wales	Healthcare Inspectorate Wales session on accountability, risk management and healthcare legislation.	31/01/2018
Leading People	Benna Waites Ian McDonald	Discussed 'leadership journeys' and systems leadership. Understandings of values, expressed behaviour and thinking about how systems come about.	01-02/02/2018
ABCI Silver Modelling: Systems Thinking	Dr Doris Behrens	Recognition that processes in healthcare are dynamic hence the application of system dynamics and systems thinking. Great day!	07/02/2018
ELMP - Day 6	Alan Willson, ABCi Associate	Measurement, driver diagrams and quality plans.	13/02/2018
MLPS 6	Academi Wales Andrew Scocroft Nita Clarke	Different kinds of organisations and influencing them. Greek applications - Dionysian, Athena, Zeus and Apollo	15/02/2018
ABCI Silver Modelling: Queuing and Simulation	Dr John Boulton	Using Simul8 - simulation software to model healthcare systems queuing.	20/02/2018
ABCI Silver Modelling: Statistics	Dr Doris Behrens	Healthcare statistics and methods of data analysis	07/03/2018
ELMP - Day 7	ABCI Ian MacDonald	Systems thinking and Systems Leadership. Another great day by Ian.	13/03/2018
ABCI Silver Modelling: Rostering	Dr Daniel Gartner	Using mathematical modelling techniques to solve rostering and allocation problems. This session was pivotal for my own project.	16/03/2018
MLPS 6 Elan Valley Residential Experience	Academi Wales	Fantastic couple of days on Belbin team roles. A real lightbulb moment for me personally. Great understanding how I work within a team and how my behaviours affect the team and vice versa.	21-23/03/2018
ELMP - Day 8	Alan Willson, ABCi Associate Dr Pippa Anderson, Swansea University	Health economics, cost effectiveness, cost utility analysis. Discussions about patients thoughts on healthcare spending.	10/04/2018
ABCI Silver Modelling: Visual Basic for Applications	Dr Izabella Spernaes	Challenging session on using the computer language behind Excel - Visual Basic.	16/04/2018
QI Hubs Day, Swansea	1000 Lives	Met with individuals from healthcare improvement departments across Wales. Fascinating day as it demonstrated how lucky I was working with my department.	18/04/2018
Junior Doctor's Forum	Nevill Hall Hospital	Reviewing progress with QI projects, thinking about baseline data collection.	20/04/2018
IHI Forum, Amsterdam	Institute for Healthcare Improvement: poster presenter	Presented work on engagement of junior doctor in the workforce. Keynote sessions on growth mindset, joy at work and transgender issues in healthcare	03-04/05/2018

MLPS 9	Academi Wales	Leading to influence; push and pull approaches to leading. Considering 'mental toughness'.	10/05/2018
ELMP - Day 9	Alan Willson, ABCi Associate	PDSA cycles and how to get the best out of them. Reaffirmed measurement specifics.	15/05/2018
Bristol Patient Safety Conference, Bristol	Professor Tim Draycott Dr Kevin Stewart, Jo Pendray	healthcare error learning, learning about high reliability models into the workplace. Improving psychological safety at work. Human factors session. Presented a poster on safety around airflow meters	16/05/2018
MLPS 10	Academi Wales Worth Consulting	Sick for this session but briefly read the OSCAR booklet. Fascinating and definitely something for me to pursue in the future.	23/05/2018
Trainee Engagement Forum	Faculty leads for education from C&VUHB, ABUHB and Betsi Cadwallader	Discussion forum examining how to involve trainees in medical leadership and engage in decision making. How to improve culture of QI.	25/05/2018
MLPS 10	Academi Wales	Review of academic course requirements, action learning sets.	05/06/2018
ELMP - Day 10	Alan Willson	Reviewed of Bristol maternity services improvement project. Discussed importance of engagement and reviewed current state	19/06/2018
MLPS 11	Academi Wales	Leading and communicating with impact. Great day on social media and talking with journalists.	20/06/2018
Junior Doctor Forum Celebration Day	Yvette Cloite	Presentations from Junior Doctors reporting on the outcomes of their projects.	28/06/2018
MLPS 11	Academi Wales	Coaching for improvement: Great day in sunny Cardiff undertaking action learning in the open environment. Fascinating conversation with senior colleague about burn out. Good morning sessions on mindset.	05/07/2018
ELMP - Day 11	Alan Willson	Presentation on current work progress	17/07/2018
MLPS 12 - Presentation day	Academi Wales	Presentation of patient improvement project work.	18/07/2018