

REFLECTION ON CLINICAL LEADERSHIP: DSAW7057

[REDACTED]

STUDENT NUMBER:

[REDACTED]

[REDACTED]

|

[REDACTED]

[REDACTED]

ASSESSMENT COMPONENT 1 WORD COUNT: 1597/1500

ASSESSMENT COMPONENT 2 WORD COUNT:

ASSESSMENT COMPONENT 1

LEARNING LOG

Date	Activity	Organisation
31 st July	Meeting to take handover from current [REDACTED]	[REDACTED]
2 nd August	Meeting with Project Supervisor	[REDACTED]
3 rd August	Meeting to take handover from current [REDACTED]	[REDACTED]
4 th August	Meeting with current [REDACTED] [REDACTED]	1000 Lives Improvement
9 th August	Meeting with [REDACTED] regarding [REDACTED] [REDACTED]	[REDACTED]
10 th - 11 th August	Project Management Training	[REDACTED]
14 th August	Co-ordinated [REDACTED] Training	[REDACTED], ABMU, [REDACTED] [REDACTED]
15 th August	Meeting with Data Analyst	1000 Lives Improvement
16 th August	Meeting with [REDACTED] regarding [REDACTED] [REDACTED] Project Evaluation	[REDACTED]
17 th August	Co-ordinated [REDACTED] Training	[REDACTED] UHB, [REDACTED] [REDACTED]
30 th August	Education Session to [REDACTED]	ABMU, [REDACTED]
6 th – 8 th September	[REDACTED] Induction	Wales [REDACTED]
11 th -13 th September	[REDACTED] Leadership and Management Meeting	Faculty of [REDACTED] [REDACTED]
14 th September	[REDACTED] Conference	[REDACTED] [REDACTED]
15 th September	Singleton Hospital [REDACTED] MDT Visit	[REDACTED], ABMU
19 th September	[REDACTED] MDT Visit	[REDACTED] UHB
21 st September	Health and Care Leadership Conference	[REDACTED] Wales/ Welsh Government
25 th September	Meeting with Medical Director	[REDACTED] UHB
26 th September	[REDACTED] Project and Board Meeting	[REDACTED] 1000 Lives Improvement
27 th September	Meeting with Data Analyst	1000 Lives Improvement
3 rd October	Meeting with Data Analyst	1000 Lives Improvement
4 th October	[REDACTED] Exemplar Day One	[REDACTED]
10 th October	Meeting with [REDACTED] Clinical Engagement and Quality Improvement	[REDACTED] UHB
11 th October	[REDACTED] MDT Visit	[REDACTED] UHB
13 th October	Oral Presentation – Improving the Quality of [REDACTED]	[REDACTED] [REDACTED] London
18-19 th October	[REDACTED] Wales Introductory Workshop	[REDACTED] Wales

EVALUATION AND CRITICAL REFLECTION ON MY PERSONAL LEADERSHIP STYLE

I was motivated to carry out the role of [REDACTED] with [REDACTED] because I welcomed the opportunity to lead and manage a National Quality Improvement Project in [REDACTED] [REDACTED], an area of clinical medicine that I was particularly interested in. I also wanted to gain the additional skills and knowledge in leadership and management to complement my [REDACTED] training and assist me to lead the delivery of patient centered, prudent care more effectively throughout my career.

Prior to my clinical leadership year, I had a very different perspective on clinical leadership and management and what the year would entail. I, maybe quite naively, thought that I would spend the year being didactically taught how to “lead” and be given hints on tips on the correct way to lead effectively that I could apply to my clinical practice. I believe this was as a result of the fact that I had worked in the NHS for the last 13 years as both a medical student and then clinical doctor. The NHS and [REDACTED] as a specialty are predominantly hierarchical leadership systems, (NHS Improving Quality, 2013). [REDACTED] is a specialist branch of acute medicine which is very task based and frequently requires quick decisions to be made. Protocols are often used to enable safe performance which leaves few opportunities for distributive leadership. In addition, permission is often required from seniors or other specialities with regards to clinical work, and even senior members of the team are not empowered to lead in a distributive manner. As a senior [REDACTED], I had not yet been fully empowered by the system to lead in a distributive way in my day-to-day work. I still very much relied on gaining permission and reassurance from my seniors prior to important tasks.

My mindset required to be altered significantly for this year if I was to lead a National Quality Improvement Project and my multidisciplinary teams successfully. I had my clinical supervisor for support who gave me the professional space and coaching to discover my own leadership style, for which I am grateful. In addition I learned the leadership skills from [REDACTED] Wales and I found the action learning sets particularly useful as an interim approach to seeking self-confidence to lead compassionately, within a distributed structure.

I used action learning very early in the programme to address my low self-confidence when making decisions and leading a team who were more senior than me, if we refer to the traditional hierarchical leadership structure. Action learning helped me to recognise the importance of a distributive leadership structure, my positive attributes of a leader, particularly with regards to having a very balanced outlook and a strong moral compass. In addition I was able to explore the literature behind my compassionate leadership style and the importance of trust as a core

value that is not only recognised in ethical leadership (Marques 2018) and by the Kings Fund, (Powell 2016) but also is the value that I regard most important in clinical leadership.

Throughout the year I developed my confidence in the theories behind a compassionate, affiliative leadership style, was able to think of the NHS in a more distributive way and began to feel empowered to lead in a distributive, compassionate way myself. I used these principles when leading my teams, some of who were far more experienced than myself. I found trust very effective, and in addition, when trust was broken, I used this as an effective tool to lead the team in a compassionate way back to task. Challenging a more experienced member of the team is something that I was required to do this year on grounds of accountability. This is something that I would not have had the confidence, or means to do, prior to this leadership year.

My progress in establishing a compassionate, distributed leadership style was also echoed by my Healthcare Leadership Model 360⁰ Individual Report feedback (NHS Leadership Academy, 2016). Comments from my raters included that I have a “very strong moral compass.....that creates a very fair leader” and my leadership style can be described as “friendly and respectful” “inclusive and supportive, but also able to “negotiate and navigate difficult challenges”. These comments complement the fact that whilst a compassionate, distributive approach is my preferred method of leadership, I am able to have a dynamic approach to leadership style where necessary and cycle between Daniel Goleman’s Six Leadership Styles when required (Goleman 2000).



Six Leadership Styles. Goleman, 2000, Inter Academy Partnership (IAP), 2018

It is estimated that poor communication costs the NHS up to £1bn per year (Ali 2017). The importance of effective communication in clinical leadership must not be overlooked, with many sources suggesting that effective communication is the foundation for effective leadership (Luthra 2015).

My role as [REDACTED] with [REDACTED] involved me leading change and communicating with many multidisciplinary teams, both inside and outside of the healthcare setting. This gave me the opportunity to practice and develop my communication skills further.

On the larger scale of communication, I developed my visionary leadership style over the year, particularly with regards to oral presentations to communicate messages and my vision to a large audience. My confidence and the effectiveness of the messages I communicated in the many local, regional and national presentations over the year improved which was reflected in formal feedback that I received. In addition, I developed my verbal and non-verbal communication skills, through formal teaching at the Faculty of Medical Leadership and Management: [REDACTED] [REDACTED] I also particularly worked on the development of formal email communication, which is a prerequisite for effective clinical leadership in the NHS.

I recognise the importance of being able to communicate in a variety of ways, but most importantly, to communicate in the way that my followers wish to communicate in as this improves team performance (Alexander 2015). I also appreciate the importance of listening as being the first step to communication. Recent feedback on my performance from my healthcare Leadership Model 360^o Individual Report (NHS Leadership Academy, 2016) included “ [REDACTED] has a brilliant air of quiet influence that.....makes her a strong leader. She considers carefully different viewpoints and opinions and listens to everyone equally.” “ [REDACTED] is an excellent listener who assesses a situation and the context in order to understand the situation.”

I have always been complemented on my leadership capabilities and the way I lead on-call teams and the out of hours operating lists, however I had never given myself the opportunity to stop and critically reflect on my personal effectiveness and how I was going about these tasks, let alone how I was leading and managing people, until now. One of the most important things that I have learned this year is that in order to lead effectively and look after your patients, you need to look after yourself (Swart, 2018). Having spent a large proportion of the last 13 years of my own time studying for professional exams and working a one in eight busy on call rota, there has been little time to look after myself and optimise my own personal effectiveness. This year has given me time to adjust my work-life balance and optimise my outlook, diet, exercise and sleep to lead more effectively at work. Whilst I recognised the need to do this for myself, I also used the diagnostic tools and techniques from [REDACTED] Wales as well as those I learned when I attended the Applied Neuroscience Course: Getting the most out of you and your team run by Dr Tara Swart from MIT to optimise my personal effectiveness so that I am able to lead my team more effectively to look after our patients.

One of my personal goals is to establish my strengths and weaknesses and understand myself with regards to personal and career goals to enable me to become a successful leader (Goleman 2010) (Kouzes 2011). Personal diagnostic tools looking at personality type, happiness scoring systems and 360^o feedback from colleagues will be used to formally analysis as well as other resources from the [REDACTED] Leadership Programme. The leadership role that I am completing this year as a Welsh Clinical Leadership Training [REDACTED] with [REDACTED] will

give me the opportunity to learn and reflect on myself as a leader in the practical setting. The personal development as a result of this year will be a marker of this success.

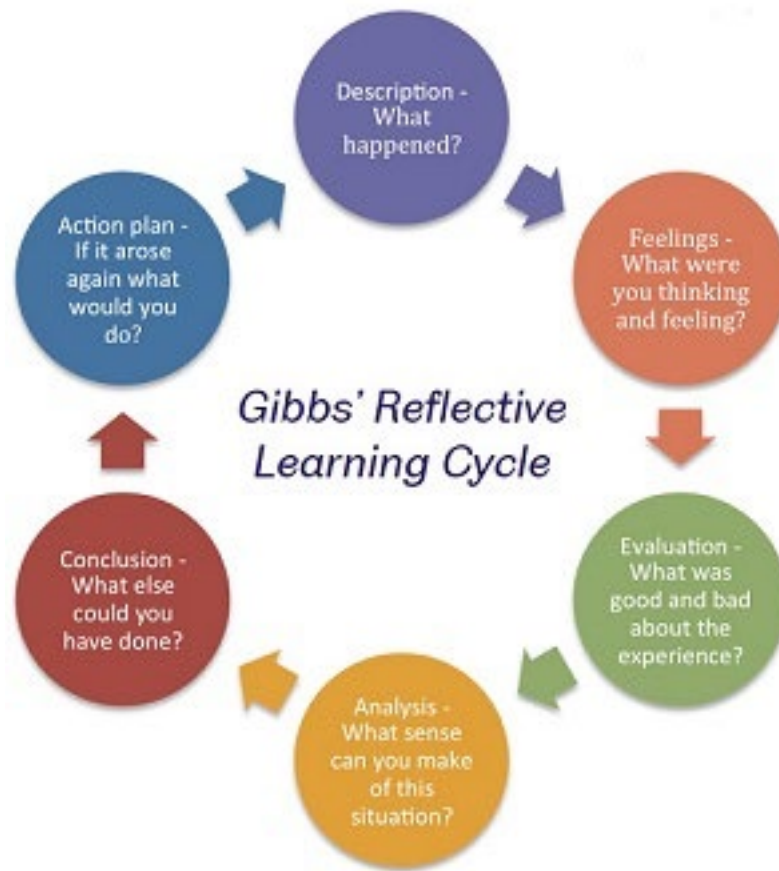
I intend to look after myself to enable effective leadership and patient care, to ensure I am optimised with regards to personal well-being. This will enable me to lead me to look after our patients more effectively. I will attend a course run by Dr Tara Swart from the Massachusetts Institute of Technology (MIT) in Boston on Applied Neuroscience: getting the most out of you and your team as well as practicing mindfulness and yoga in my spare time. A healthier mind leads to greater resilience, and outcomes for the team, and a contented leader often results in a contented team, which will be the markers of success here (Goleman 2010) (Kouzes 2011) (Swart 2018).

I intend to appreciate the role of team dynamics as this will allow me to understand the fine workings of a team and how to optimise not only working within teams, but also the leadership of teams. I will use the [REDACTED] Residential Training which focuses on the Belbin team roles for background knowledge here, and my different roles within the teams of [REDACTED] as a way of consolidating the practice.

I plan to focus on developing my style of visionary leadership, concentrating on my leadership style that I perceive to be the weakest. I aim to develop my visionary leadership style through local, oral and national presentations. I will use individual feedback from my team to improve the individual content of the presentations prior to communicating the message and then through formal feedback after the presentations to evaluate my performance. My non-verbal communication skills will be enhanced through the experiences of the year, through shadowing leaders with good visionary leadership skills, as well as attended formal teaching sessions.

ASSESSMENT COMPONENT 2

I will be using Gibbs Reflective Learning Cycle as a tool to structure my reflective accounts in the following report.



Gibbs Reflective Learning Cycle, Gibbs 1988. Sheffield University 2018

DEVELOPING MY VISIONARY LEADERSHIP STYLE

DESCRIPTION

An abstract on the [REDACTED] work was accepted for an oral presentation at the Royal College of [REDACTED] "Improving the Quality of [REDACTED]" in London. I had worked with the [REDACTED] team for a couple of months when I was asked to deliver the oral presentation on behalf of the team and Dr [REDACTED], the other [REDACTED] with [REDACTED] was asked to deliver a poster presentation about the set up of the project. Our supervisors were unable to attend the conference due to conflicting work commitments so [REDACTED] and myself were required to attend the conference held by a difference speciality, without any senior support. This was also the first time that this work had been presented to the [REDACTED] in a national arena.

I prepared for the oral presentation thoroughly, taking advice and feedback from the whole of the [REDACTED] multidisciplinary team, especially the most senior member of our team who had presented numerous times on a

national stage. I also practiced delivering the presentation to a friend of mine who was not from the medical profession to ensure that he understood the content of the presentation.

The oral presentation was received very well from the audience. I also had written feedback from a Professor in [REDACTED] who said that my presentation was rated highest of the invited oral presentations.

FEELINGS

I was, on the whole, very much looking forward to opportunity to present an oral presentation at a national conference, however I wanted to make sure that I did the presentation justice for the rest of the [REDACTED] team, as well as myself. I was excited to have the opportunity to present to this national audience and develop my visionary leadership style (Goleman 2000) so early on in my year as a [REDACTED]. Furthermore, travelling to London and attending the conference with [REDACTED] would also give us an opportunity to get to know each other as peers which would further our working relationship. I was also looking forward to this.

Despite my positivity towards the presentation, I was very aware of the fact that this was the first time that this work had been presented to the Royal College [REDACTED], and by an [REDACTED]. I was therefore quite apprehensive about how the presentation would be received. In addition to my apprehension, I also felt nervous about presenting the work without having a senior member of the team present for their support in case the presentation and work was viewed as controversial.

EVALUATION

I found the experience a very positive one, despite my initial apprehension. I welcomed the opportunity to practice my visionary style of leadership at this national presentation to the group of [REDACTED]. This was highly significant for the project because the [REDACTED] were the key group of the [REDACTED] multidisciplinary team that we needed the project promoted to.

It was good that I prepared the presentation thoroughly, taking advice from the more senior and experienced members of the team as I was able to answer all questions posed by the audience and panel. In addition, practicing the presentation to my lay friend was a very good step in the preparation process because he was not only very interested in the presentation but he grasped the concepts in detail and asked relevant questions which demonstrated that he fully understood the importance of the work and the presentation. This meant that my delivery must have been to an appropriate standard. This improved my confidence for the presentation which was due to be delivered the following day.

At the time, I did not find the fact that a senior member of the team was not able to accompany us to the conference as I would have appreciated the additional support. However, because the presentation was received so well and I was able to answer all of the questions posed by the audience, the lack of physical senior support was not a problem and I was actually quite pleased that [REDACTED] and myself rose to the challenge on our own.

ANALYSIS

The phenomenon of Imposter Syndrome, or Fraud Syndrome (Swart, 2015) was introduced to me at a conference that I attended this year. It is the fear of being found out for being a fraud or not being sufficiently confident or expert enough to be in a certain position. Imposter Syndrome can be used to explain my feelings of apprehension and desire for senior accompaniment at the conference. Whilst my seniors and the rest of my team were confident in my abilities of visionary leadership to deliver the oral presentation to a good standard, I had my doubts. It is a widespread feeling experienced by Junior Doctors in the NHS and finding out about it allowed me to acknowledge its presence on not only this situation, but in other situations since. As I am now able to recognise this feeling when in new situations or if I feel out of my depth, I remember the importance of self-belief as a first step towards making others trust me, and that this is really the fundamental requirement for visionary leadership.

CONCLUSIONS

In addition to how I conducted my preparation for the presentation and the advice that I sought about the delivery, I could have spoken to my supervisors specifically about the fact that I was feeling apprehensive about the presentation and that I ideally wanted one of them to accompany us to the conference for support. I realise that because I did not explicitly express my concerns with my supervisors, they had no way of knowing about my apprehension relating to the presentation. Because they were confident in my abilities, there was no reason for them to think that I thought differently. Being honest about the way that I was feeling could have alleviated my apprehension and led to some reassurance from my supervisors prior to the conference. They may have also been able to move work commitments around to attend the conference and accompany us if they realised how concerned I was.

I did speak to [REDACTED] about the situation and he was very supportive and reassuring so this did reduce some of the apprehension, but the Imposter Syndrome was still present. I could have asked [REDACTED] to present the oral presentation, and me to present the poster as I had more experience of these types of presentations and they are always to a much smaller audience, but a part of me welcomed the challenge to present at a national conference and I was keen to develop my visionary leadership style.

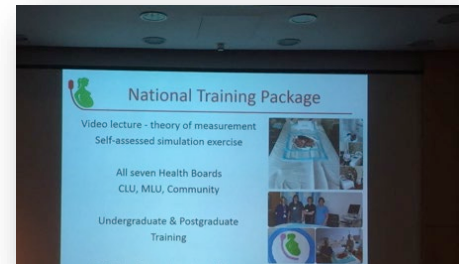
ACTION PLAN

If a similar situation arose again, I would be more honest with my supervisors about my concerns and feelings regarding the imposter syndrome as this could have alleviated my apprehension. This situation also highlighted to me the importance of leading to suit your follower's requirements with regards to senior support. If I ever ask a colleague to perform a leadership role for the first time, in a setting that is not familiar, or potentially could be contentious, I will ensure that there is a physical supportive presence in the form of a senior if this would be helpful to the individual.

Since this situation, I have had many other opportunities to present oral presentations at national conferences, with and without senior support. Most recently I presented at the [REDACTED]

Society to [REDACTED] and [REDACTED] practitioners and

managers. This was received very well with very positive written feedback. My confidence and my visionary leadership style has developed and I now enjoy oral presentations as an opportunity to celebrate the work of [REDACTED]. In addition I have translated what I know about Imposter Syndrome to other new situations and approach them with greater self-belief.



Visionary Leadership– National Presentation at the RCOG Improving the Quality of Women's Health.

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