

Authenticity and the Role of the Leader

BMPF7302D

Kristy Gordon

2431950

Word count:

Component 1: 3299

Component 2: 4842

Contents

Contents.....	2
Glossary.....	3
Artificial Intelligence Statement	4
Component 1.....	5
Component 2.....	14
Conclusion	27
References.....	28
Appendix 1- Leadership style Survey.....	38
Appendix 2 - SWOT Analysis	42
Appendix 3 - PEST Analysis.....	43
Appendix 4 - Personal Development Plan.....	44
Appendix 5 - Insights Report.....	57

Glossary

AACE – Association of ambulance chief executives

BVM – Bag valve mask

CPD – Continued professional development

CHARU – Cymru high acuity response unit

CMT – Clinical model transformation

COP – College of paramedics

EAP – Emergency ambulance practitioner

EMT – Emergency medical technician

EMRTS – Emergency medical retrieval and transfer service

EPALS – European paediatric advanced life support

FRS – Fire and rescue service

HBCL – Health board clinical lead

IMTP – Integrated medium term plan

JRCALC – Joint Royal Colleges Ambulance Liaison Committee

L&D – Learning and development

NHS – National health service

NPA – Nasopharyngeal airway

NQP – Newly qualified paramedic

SLT – Situational leadership theory

SP – Senior paramedic

TL – Transformational leadership

WAST – Welsh ambulance services university NHS trust

Artificial Intelligence Statement

I acknowledge the use of Microsoft Copilot (<https://m365.cloud.microsoft/>) on multiple dates between 19/03/25 to 15/08/25 to support my assignment in research, searching for bibliography and for summarising, comparing and interrogating materials.

Component 1

It has been suggested that whilst leadership sits within wider management, the two are distinctly different, but arguably complimentary (Ayeleke et al., 2018; Benmira and Agboola, 2021). Leadership utilises vision, inspiration, influencing and empowerment to achieve goals and objectives (Benmira and Agboola, 2021; Northouse, 2021). Leadership refers to a person's role and behaviours, their influence on groups, and is seen as a process (Western, 2007). A multitude of leadership concepts have been postulated throughout history, with considerable overlap and regurgitation of paradigms (Western, 2007). The requirements of leaders and what constitutes effective leadership within complex healthcare systems has been fiercely debated and with an ever-ageing population and increased service demands (Powell et al., 2024), the pressure upon leaders within healthcare has never been greater. Expectations to navigate these complexities and inspire and support staff to provide excellent patient centred care is of critical importance (Rolewicz et al., 2024), no more so than within the Welsh ambulance services university NHS trust (WAST), where "delivering excellence" and high-quality patient centred care is at the forefront of the trusts integrated medium term plan (IMTP) (WAST, 2023).

This assignment seeks to explore and critically evaluate key leadership concepts relevant to paramedic practice. The assignment will utilise personal reflection and anecdotal evidence, along with critical review of resources, to analyse each concept, with its relevance to WAST.

I currently hold the role of senior paramedic (SP) within WAST, a role I have held since October 2024. The SP role is a leadership role within the wider management team, a role that requires me to empower and support staff in their roles as paramedics, emergency medical technicians (EMTs) and emergency ambulance practitioners (EAPs), to enhance learning, improve clinical excellence and improve staff's knowledge. I lead staff in unscheduled and emergency conditions, frequently in teams I haven't worked with previously and may not have met. I support staff in the maintenance of high clinical standards and ensure they always adhere to clinical policies and procedures. I do this by performing regular clinical ride outs with staff on an ambulance and perform clinical governance days to facilitate the monitoring and

assessment of staff and I undertake clinical investigations when there have been adverse incidents.

As an SP I am required to adapt to different situations and teams on a daily basis. Consequently, the situational leadership theory (SLT), which focuses on the adaptation of the leader to different situations, according to the needs of the followers (Johnson, 2018; Thomson and Vecchio, 2009), may be well suited to my current role. By assessing follower commitment and competency, leaders can provide both supportive and directive components, according to the “situational leadership model” proposed by Hershey and Blanchard (1969). SLT is deemed a credible, sensible and easy to understand model, one that is prescriptive, offering guidelines for interpersonal dealings (Thomson and Vecchio, 2009), therefore allowing for easier adoption by leaders (Northouse, 2021). Leader flexibility is required for the SP role, due to the wide experience levels of newly qualified paramedics (NQPs), paramedics, trainees, EMTs and EAPs whom we work with.

Improved, open communication is a benefit of SLT as the leader adapts their communication style to the follower and the situation (Clompus and Albarran, 2016). Team conflict is reduced and job satisfaction, personal growth and development are increased (Gaille, 2018; Wang et al., 2024). This is due to the recognition of differences in follower maturity and readiness and adaptation to find learning opportunities and the correct level of support and direction (Johnson, 2018; Northouse, 2021). SLT can benefit leaders themselves as there is more than one optimum leadership style suited to every circumstance, therefore leaders must choose which style not only aligns best with the follower, but also that which the leader themselves is adept in (Hou et al., 2013; Thomson and Vecchio, 2009; Wang et al. 2024). However as there is no one leadership style prescribed by SLT, the model is open to manipulation by those leaders who default to their preferred leadership style and therefore bend and manipulate followers to fit that style, rather than adapting to followers (Graeff, 1983). This was supported by Mahapatra and Jain (2023), who highlighted the risk of inconsistent application of SLT and the overemphasis of organisational structure to justify the choice of leadership styles used.

Phillips (2024) discussed the benefits of adapting leadership styles to individual situations, but ignored the concept of adapting the leadership style to the individual follower also. This is reflective of leadership within WAST by those leaders who cannot lead in any other way other than directing and ignore the benefits of assessing individuals and adapting accordingly. Whilst the theory behind adapting styles to both the follower AND the situation appears logical, the practical applications are more difficult. It is common for teams to have never met previously, therefore requiring rapid introductions, maturity and readiness assessment, plus scene management and prioritising patient care by the leader. This puts immense pressure on leaders and may affect patient outcomes and cause leader burnout (Givati, Markham & Street, 2018; Hou et al., 2013).

Continually adapting leadership styles can cause feelings of confusion and inconsistency for followers, which can decrease job satisfaction and motivation (Chamberlin, 2013). Followers must have a level of self-awareness of their readiness and maturity to be assessed, and it is suggested that there should be some agreement of follower readiness between the leader and follower prior to application, which is not always possible (Thompson and Glaso, 2018). Furthermore, the key concepts of interpreting follower maturity and readiness are ambiguous, with no global acceptance of what these terms mean (Thompson and Vecchio, 2009). Followers also need to be amenable to support and direction (Aslam, 2022) and from personal experience, whether the follower be an NQP or a seasoned EMT, some followers do not wish to be supported or directed, particularly by a female (Northouse, 2021). Finally, leaders are expected to be competent in delegating, supporting, coaching, mentoring (Blanchard et al., 1985), whilst also having knowledge of multiple styles of leadership, be willing to change their leadership style and have adequate time to know each follower and their requirements (Chamberlin, 2013).

Whilst SLT offers the ability to adapt to situations and teams, it may neglect the fundamental needs and wellbeing of the follower (Michel, 2024). Servant leadership (SL) proposes that to be an effective, ethical leader, to maintain engaged, satisfied followers, one must be a servant of the people and put the needs of others first (Barbuto and Wheeler 2006). WAST staff are no different, as they wish for a leader

who has worked on the frontline in an ambulance and who is aware of the unique challenges faced.

Benefits of SL include increased follower engagement, motivation and performance (Sawan et al. 2020; Zada et al., 2022), with followers feeling supported and considered (Kim et al., 2014). It is a model that promotes ethical, moral and patient centred care, which aligns with WAST's principles (WAST, 2024) and WAST's clinical model transformation (CMT) plan (Marsh, 2025). SL can have a significant impact on the attitudes and behaviours of followers and whilst this can be a positive if the leader is credible, wise, altruistic and emotionally intelligent (Sawan, 2020; Gaitho, 2022), it can also be seen negatively, if the leader does not have these abilities, or the ability to consistently exhibit them (Zada et al., 2022). If the leader doesn't have integrity and a deep yearning to serve others, or they have their own or the organisation's agenda in mind, there is the opportunity for manipulation of the followers, due to follower's deep trust and loyalty to the leader (Sawan, 2020; Yukl, 2013; Sendjaya, 2015).

SL requires leaders to be heavily committed to altruism and empathy to be successful (Barbuto and Wheeler 2006), which is challenging within high pressure environments and in organisations with strict hierarchies such as WAST. SL takes time to build trust and relationships and to truly know the followers (Kiker, 2019), which is often not possible within WAST, as it is common to work with people you've never met, but be expected to work effectively in a high-pressure situation. Furthermore, when immediate top-down decisions are required in crisis situations, SL is unable to react quickly whilst also caring for the needs of the followers (Kim et al., 2014).

Due to the propensity of servant leaders to neglect their own well-being, prioritise the needs of others before their own and have issues boundary setting, servant leaders are more likely to experience burnout (Mahon, 2024). I have personally found issues with boundary setting and emotional fatigue, due to the potentially emotional incidents we attend plus the compulsion to put others emotional needs first. Many scholars have argued that SL is poorly defined and consequently difficult to measure its effectiveness and provide a theoretical framework for teaching the concept (Kiker

et al., 2019; Kim et al, 2014). Even Greenleaf, the proposer of SL himself, stated that servant leadership is too naïve to apply to reality (Kim et al., 2014).

Transformational leadership (TL) is also a values driven theory like SL (Michel, 2024) and seeks to inspire and motivate, to stimulate followers to achieve common goals and to inspire leadership development and morality (Bass and Riggio, 2006; Ahmed and Simha, 2022). TL seeks to align the goals and objectives of the leader, follower and the organisation and to empower followers (Phillips, 2024). TL aligns closely with WAST, where staff are required to be critical thinkers, exhibit clinical expertise, make rapid decisions and be adaptable in challenging and varying environments and leaders are required to empower their staff to achieve these skills (Hou, 2013; Phillips, 2024).

Deng et al. (2023) compared TL to SL and authentic leadership, finding follower motivation and morale were improved by TL (Deng et al, 2023) and this was supported by the findings of Wankhade and Mackway-Jones (2015), who found transformational leaders who displayed clear communication of organisational visions and provided support and encouragement to their followers, improved follower motivation and drive. Follower commitment was increased in followers of TL (Hoch et al., 2018) and creativity, the innovation and exploration of new ideas was greatly enhanced (Lee et al., 2019). TL can improve follower uptake of new technologies and protocols, which in turn can improve patient outcomes and experiences (Clompus and Albarran, 2016; Wankhade and Mackway-Jones, 2015). Overall TL can improve follower well-being, positivity and psychological adaptability, stress, health complaints, mental health disorders and burnout (Montano et al., 2017).

In contrast, concerns have been raised that benefits of TL such as increased creativity and job satisfaction are reliant upon the cultural environment of the organisation (Koh et al., 2019). In an organisation such as WAST, there is limited room for creativity due to the hierarchical nature of healthcare and the need for strict adherence to policies and procedures (Health and Care Professions Council, 2023), which therefore impacts job satisfaction and morale as the follower feels creatively restrained. TL places considerable emphasis upon the leader's personal charisma and charm, the leader as a role model, their high emotional intelligence and

credibility to be an effective leader (Johnson, 2013; Koh et al., 2019). Whilst leadership theories have diverged from the “Great Man” theory that leaders are born and not created (Benmira and Agboola, 2021), such traits as charisma may be difficult to learn or imitate. From personal experience, not every leader is a role model and consequently may exhibit poor behaviours and lack emotional intelligence. Whilst the overemphasis on charisma leads to difficulties if the leader lacks this trait, the over-charismatic leader may utilise this trait in a cult-like, narcissistic fashion, risking manipulation of the follower (Effelsburg et al., 2014). TL may also cause over reliance on the leader due to TL’s heavy directing nature (Bass and Riggio, 2006). I have witnessed arrogant leaders with significant amounts of charisma, lose follower’s confidence and trust when faced with challenging circumstances that they are unable to cope with, or by treating followers in a negative and demeaning manor. Additionally, TL relies heavily on the leader’s ability to communicate their vision and that of the organisation (Wankhade and Mackway-Jones, 2015), but if a leader lacks communication skills it can foster feelings of misalignment, confusion and distrust (Deng et al., 2023), another frequently witnessed failure of some SPs, who may have the clinical skills but lack the ability to communicate effectively.

Authentic leadership (AL) proposes that effective leadership is created by leaders who are genuine and transparent, with strong ethical reasoning, openness and honesty (Luthans and Avolio, 2003). Because of this, AL aligns with healthcare as it encourages candour and compassionate care which can improve patient outcomes (Walumbwa, 2007; Yeşilaydın & Hancioğlu, 2021), further aligning with WAST principles (WAST, 2024) and the NHS’s Duty of Candour regulations (Welsh Government, 2023). Authentic leaders are self-aware and honest about their capabilities, they practice self-regulation and are credible (Northouse, 2021; Walumbwa, 2007). Because of this, followers report higher levels of job satisfaction and job retention, reduced burnout and increased work engagement (Yeşilaydın & Hancioğlu, 2021).

As AL relies on leaders past life experience and their internal moral values to guide decision making, this may impact effective leadership negatively if the leader lacks experience or has poor morality (Northouse, 2021), but it can make for consistent decision making as it comes from internal authenticity and integrity (Demont-Biaggi,

2019). Authentic leaders are frank regarding their strengths and weaknesses and are clear communicators (Walumbwa et al., 2007). I strive to be an authentic leader in my work and am open and honest regarding my skills and knowledge and I draw on my previous experience as an Osteopath to inform my decision making. This shows integrity and approachability and fosters respect. However, it is not always easy to maintain a balance that promotes honesty, but does not undermine confidence in my skills, particularly when attending complex, time critical and traumatic incidents.

Whilst followers may display lower levels of burnout and improved psychological safety (Yeşilaydın & Hancıoğlu, 2021), due to the increased emotional labour from unrelenting self-reflection, leaders may experience higher levels of stress and burnout. Leaders battle with a balance of over-sharing which may undermine their authority and being closed off which may elicit distrust (Zhang et al., 2022). A strict definition of AL is difficult to compile and Yukl (2013) and Northouse (2021) argue that AL may be collection of attributes that a leader should seek to possess, rather than a paradigm to follow, furthermore making the concept difficult to teach and learn. AL requires high levels of emotional intelligence and fixed, core morality, which are both complex concepts that are situationally dependant and it is unrealistic for the leader to sustain such pressures without experiencing significant psychological fatigue (Ford & Harding, 2011). Within WAST, whilst AL can improve team cohesion in some situations, unregulated honesty and openness in time critical situations may impact follower's confidence and direction, whilst strict organisational protocols may conflict with personal beliefs (Gardner et al., 2024).

My strong sense of duty and reluctance to challenge the rules, can make following an AL style difficult, when my personal and the organisational beliefs contradict. AL within an organisation, can be a contradicting concept, when organisations, such as WAST, expect strict adherence to protocols and policies, individuality and true "authenticity" may be suppressed for the good of the organisation (Ford and Harding, 2011; Gardner et al., 2024). Einola and Alvesson (2021) suggest we should be studying authenticity and leadership as separate entities, rather than a one-dimensional concept, with authenticity looking inwards towards self-reflection and leadership looking outwards towards the organisational needs.

Emotional intelligence, (EI) is not a stand-alone theory, but a psychological concept, of understanding emotions and applying this understanding to tasks (Northouse, 2021) and one that is incorporated into several of the leadership theories discussed. EI is of great importance to the modern leader, due to its capacity to improve interpersonal relations and ensure effective conflict resolution (Cavaness, Picchioni & Fleshman, 2020). Leaders with EI are adaptable, self-aware and have high levels of empathy and social skill, which improves communication and team dynamics (Cavaness, Picchioni & Fleshman, 2020; Filice & Weese, 2024). Followers working under leaders with EI report reduced stress, improved collaboration and leaders with EI are better at decision making and problem solving (Ardillo, 2022; Cavaness, Picchioni & Fleshman, 2022). Furthermore, individuals with higher EI are more resilient to stressors, which is of the utmost importance within WAST (Schneider, Lyons and Khazon, 2013). Followers feel better understood and report improved motivation and consequently exhibit improved job performance (Fadli et al., 2023; Cavaness, Picchioni & Fleshman, 2020). EI is a trait that can be taught to leaders and leaders can then adapt their communication and leadership styles to suit the follower (Filice & Weese, 2024).

Whilst academics have put great emphasis on the importance of EI (Cherniss & Goleman, 2003), others have questioned its ability to address the many challenges it is purported to achieve (Northouse, 2021). Whilst it is claimed it is possible to teach and develop EI (Cavaness, Picchioni & Fleshman, 2020), its measurement is more difficult and with the reliance on self-assessment, many have recognised the risk for over-estimating one's own EI, potentially to a point of obliviousness (Ackley, 2016). High levels of emotional self-awareness do not necessarily correlate to the ability to self-regulate, which in turn may lead to anxiety and stress as individuals may lack coping strategies (Davis & Nichols, 2016; Schneider, Lyons and Khazon, 2013). In addition, leaders may also experience burnout and "resource depletion", particularly in high stress environments, such as those regularly experienced by SPs (Jianqun, Xiaoming & Rui, 2019).

Leaders can use their EI skills to manipulate for personal gain and deception of followers (Jianqun, Xiaoming & Rui, 2019). EI can be used negatively, to achieve leader or organisational goals, by faking emotions, emotionally influencing followers and moulding follower's emotions for decision making (Kilduff, Chiaburu & Menges,

2010). Personally, I have been the recipient of manipulative leadership, via guilt and manipulation of my own emotions and have recognised faked emotions within a leader, which has consequently left me with feelings of distrust and reluctance to work with that leader in the future.

This component of the assignment has analysed five leadership concepts and their relationship to leadership within WAST. Whilst there are differences between theories, they overlap, and newer theories are not distinct from older theories such as TL (Deng et al., 2023). Consequently, an overall awareness of differing leadership styles can allow for selection of the most appropriate style at the time. This is supported by Michel (2024) who recognised that there is not one universally superior leadership model. Whilst this may be reminiscent of SLT, leaders must be aware of the risks of SLT, such as the overburden on leaders to assess and adapt to followers they may not know, situations that require significant mental bandwidth, and overreliance on the one leadership style the leader is comfortable with. I believe it is of the utmost importance for leaders to have skills in AL, to be aware and honest about their own skills and limitations to foster trust and use experience to inform decision making. By also including EI, leaders can develop self-awareness and monitor for their own burnout, whilst also being aware of follower emotions and their impact on the organisational goals. Leaders must aim to be charismatic and want to effect change within their organisation, but must be altruistic to best serve their followers, without risking manipulation. This component has highlighted the significant challenges faced by SPs within WAST, we are required to lead with the organisation, patients, followers and ourselves in mind and must act for the benefit of all. It is a position of great contradiction and one with significant challenges, that can be lessened by an awareness of the theories of effective leadership.

Component 2

Utilising the knowledge I have obtained of leadership theories studied in the first component, teamed with psychometric assessments, feedback and reflection, I will explore my own leadership styles, interpersonal skills and leadership behaviours. I will seek to critically analyse, understand and reflect upon how my leadership may impact patients, my relationships and the wider WAST workforce. I will do this by reflecting upon case studies from my career in leadership using the reflective model proposed by Gibbs (1988). I will use the information gathered to highlight my strengths and areas for improvement and produce a personal development plan to highlight areas for development.

In January 2025 I completed the Insights Discovery psychometric evaluation, based upon Carl Jung's (1923) "Psychological Types" work. Jung (1923) identified individual preferences for how people perceive the world and consequently make decisions. This report highlighted differences in my conscious and less conscious persona and identified that consciously I act within the cool blue, earth green and sunshine yellow categories and less consciously I am predominantly earth green. The full Insights report can be found in appendix 5. Figure 1 highlights the traits exhibited by each colour theory. Whilst my persona is predominantly earth green and therefore my preferences sit within the introverted feeling category, my full report highlights traits that feature heavily in the cool blue and sunshine yellow areas also.

Jungian Preferences and the Colour Energies

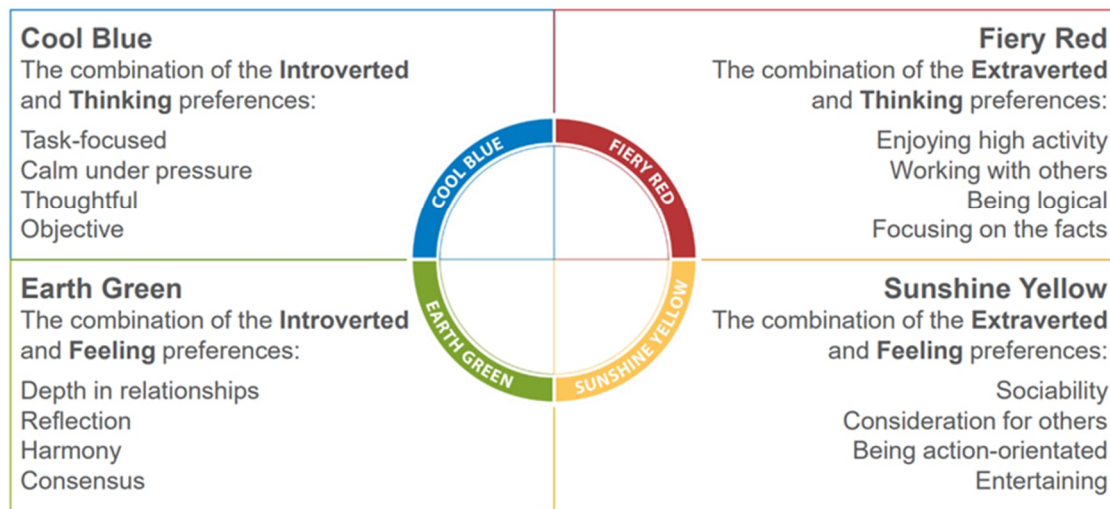


Figure 1 - Jung's preferences and the colour energies (from Insights Group Ltd (2014))

The report identified that I am a warm, considerate, patient person, who is sensitive to the feelings of others and respectful of other's needs. I believe I am perceptive to other's emotions which allows me to be an adaptable and flexible leader, this has been confirmed by colleagues who reported that I am responsive to their individual needs. Whilst this can be effective for leadership and the followers, it increases the emotional and cognitive burden I experience and therefore decreases the bandwidth I have available on scene. I constantly feel I am assessing others' emotions and readiness, whilst also thinking about the task and what needs to be achieved for the patient's best interests. This can also leave me feeling exhausted following particularly taxing and high-pressure situations and can contribute to overthinking and negatively feed into my feelings of worth, which relies on how others perceive me.

The report also identified my structured, orderly and organised nature which I am renown for. I take great pride in my organisational abilities, and I exploit this via a bullet journal which I utilise for work and private life. This affords me a creative outlet, one that can be incorporated into the SP role, which itself doesn't allow for much personal creativity due to the adherence to strict policies and procedures, as mentioned previously.

The report highlights my preference for detailed, specific instructions, for working within established guidelines and wanting predictability with an over-dependence on rules and procedures. Initially, I was insulted by these comments as I enjoy creative hobbies such as sewing, cooking and gardening and I believe I am a creative person with the ability to create beautiful things. My initial reaction was that the report was suggesting I lacked creativity. On reflection, I do prefer to follow cookbooks, sewing patterns and read gardening books and I do prefer to follow instructions rather than “freestyling”. It is these rules that provide boundaries and help decrease feelings of anxiety. I see this as “ordered creativity”, whilst my preference is for following rules and guidelines, I believe I possess skills and knowledge to allow me to be creative in an ordered manner. I utilise my style of creativity in leadership when I am required to think outside the box logistically, such as for the extrication of patients, the best use of staff’s skills and adaptation of techniques to best suit the environment. I can be creative when having clinical discussions, resolving conflict and am facilitating learning. The creativity required as an SP requires significant cognitive power and bandwidth, whereas sewing and gardening demand less mental capacity, where my brain can relax.

The talents I possess in organisation, planning and adhering to policies and procedures, enhance my leadership skills as I am comfortable implementing policy changes and disseminating information to staff. My organisational qualities allow me to plan my work and complete administration tasks when required and generally negates feelings of anxiety due to work piling up. I have received feedback that staff feel confident coming to me with issues as I respond to their concerns quickly. When responding to challenging incidents, I can be relied upon to follow the rules laid out by WAST and the NHS. This makes me a credible, reliable and trustworthy SP.

The report highlighted an outstanding trait of mine is economy of effort which can translate as laziness and a lack of prioritisation. As paramedics we are required to stay up to date and follow the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, which are regularly updated and inform our clinical practice. Whilst I am organised and enjoy following guidelines and procedures, I find myself regularly falling behind on updates, which causes feelings of anxiety and fear, particularly that I will be caught out by an incident. This is fed by my feeling of

imposter syndrome, a feeling of lacking in confidence and perceived skills required leading to unsuitability for a role (Mann, 2019), particularly as a leader.

I was only successful in my application for the SP role on the third occasion. Each application significantly impacted my confidence and I felt that my inability to achieve the role indicated I lacked the required skills. My confidence improves daily, but I do still question my abilities and I am self-critical, as highlighted in the Insights report. This negatively impacts my willingness to lead, as I will happily take a step back if someone else is more assertive, more experienced, or I deem them to be “better than me” despite their role. This was highlighted in my Insights reports, noting that I have difficulties asserting myself and that I do not take readily to upfront leadership. This can leave followers with feelings of insecurity, lacking trust and direction, akin to the Laissez-faire leadership style, which is criticised for its negative effects on productivity and employee satisfaction (Kamal et al., 2024). Whilst I have not received direct criticism for my lack of assertiveness and lack of experience, I have heard similar criticisms of other managers from members of staff, and I too have been guilty of holding such opinions. I have experienced incidents where my lack of assertiveness has caused issues and has highlighted elements of poor leadership. I will analyse and reflect on an incident in the following case study. I agree that such traits make for ineffective leaders and is therefore an area that I endeavour to improve upon and step outside of my comfort zone.

I was working on CHARU with a third-year paramedic student, when we were dispatched to an unresponsive male. On arrival, the patient was unresponsive, just breathing and had a locked jaw. We requested ambulance back up and emergency medical retrieval and transfer service (EMRTS). I asked the student if he was happy inserting a nasopharyngeal airway (NPA) into the patient’s nose, which he confirmed he was and proceeded to insert it. I advised the student start using the bag valve mask (BVM) to ventilate the patient. The second crew consisting of a CHARU paramedic and an EMT arrived and the paramedic immediately assumed position managing the airway and took over the scene. I stepped away to gain a history from the patient’s partner, standing at the foot end of the patient so that I could survey the whole scene. I noted from across the room that the patient’s jaw had relaxed, so I asked the paramedic to insert a different airway adjunct to improve ventilation whilst we had the opportunity. The paramedic was removing the NPA as there had been

some bleeding from the nose (a common side effect), whilst criticising the student for incorrect insertion and did not respond to my request. I repeated my request louder and used the paramedic's name. The paramedic still did not respond so I loudly and firmly shouted for them to do so, which they finally did. I asked the EMT to prepare an extrication plan and EMRTS crew arrived. I provided a handover to the EMRTS crew and whilst doing so, the paramedic was speaking over me, providing incorrect information to the EMRTS crew, which I calmly corrected.

We extricated the patient to the front garden and worked with the fire and rescue service (FRS) and EMRTS to maintain the patient's privacy and dignity and place the patient in an induced coma. The paramedic spoke to the patient's family, but again provided incorrect information, causing confusion and proceeded to aggressively direct the student, EMT and FRS. The paramedic was delaying leaving scene by talking to FRS and I quietly and sensitively asked them to join the EMRTS crew on the ambulance, to which they raised a dismissive hand, finished their conversation and then got on the ambulance and departed scene. The student and I returned to station and conducted a debrief. I provided reassurance that the student had performed the airway insertion correctly and we discussed some learning points for the student to take away.

In order to successfully reflect upon this incident, I will use Gibbs' cycle of reflection (Gibbs, 1988), as it provides a clear, progressive framework for reflection and is commonly used in healthcare (Health Education England, 2025). I have discounted other models of reflection such as Kolb's and Schön's as they are less structured (Robinson, 2022), and the "What?" approach provided by Rolfe, Freshwater and Jasper (2001) doesn't provide enough in-depth reflection for multi-dimensional situations (Sow, Rasiah & Er, 2024). As detailed in Figure 2, Gibbs' takes a starting point from the event, in this instance the unresponsive male incident. Gibbs' (1988) then suggests progression through the subsequent five steps to analyse and evaluate the interaction and to produce a conclusion and action plan (Health Education England, 2025). For this and the subsequent case study, I will collate my findings into the personal development plan that can be found in appendix 4.

Gibbs Reflective Cycle



Figure 2 - Gibbs reflective cycle (Guy-Evans, 2025)

Feelings

During the incident I felt frustrated by the lack of situational awareness exhibited by the paramedic and by them taking over the scene and ignoring my leadership position, despite their knowledge of my role. I felt protective over the student due to the inappropriate criticism they received from the paramedic. I felt disappointed I did not assert myself effectively as I was fearful of causing conflict on scene.

I was happy with my succinct handover of care to the EMRTS crew and with my delegation of appropriate tasks to the EMT and student paramedic. I felt content with my communication skills with the other resources on scene and overall I felt a sense that we achieved our goals in treatment, care and dignity for the patient. I am satisfied I kept a calm composure throughout and remained focussed on the patient. I am pleased I recognised areas that required a better approach during the incident, but I am irritated that I did not address these issues at the time. From leadership perspective, I felt the incident went poorly.

Evaluation

There was effective inter-disciplinary team working to address the patient's issues. I sought appropriate back up in a timely manner which ensured rapid treatment and management. The patient was extricated safely and we maintained their privacy and dignity as best as we could with the use of FRS. I delegated tasks to the student and EMT and I communicated well with EMRTS and the patient's family. I ensured the safety of the student throughout and I maintained a calm composure throughout my interactions, despite my frustrations with the paramedic.

I failed to assert myself effectively and did not clearly identify myself as the leader, therefore allowing the paramedic to take control of the scene and cause conflict with the student and confusion in communication. Whilst airway management was achieved, I believe there was a delay because I did not make myself clear to the paramedic for them to change the airway adjunct quickly. I should have addressed the paramedic's dismissive and disrespectful manner whilst asking them to leave scene and I should have stopped them from criticising the student regarding the airway, which may have impacted the student's confidence going forward.

Analysis

The paramedic exhibited a lack of situational awareness; this combined with their inability to focus on multiple tasks at the same time led to a delay in achieving a patent airway. Whilst I cannot change others situational awareness skills, I can make adaptations for them and as a leader I should have recognised this failure and taken steps to mitigate the risks. This delayed recognition of poor situational awareness may be attributable to my lack of experience in leadership and a failure of my own situational awareness. The paramedic showed elements from the fiery red colour energy, the opposite of my own preferences which contributed to the conflict experienced, but an area I should have accommodated for with my skills as an adaptive leader. I should have addressed their berating of the student at the time to reduce the impact this may have had on their confidence, however I failed to do so to avoid confrontation and maintain harmony.

Overall, I believe the incident went poorly due to my lack of assertiveness and my reluctance to cause conflict, confrontation and push myself forward as the leader. I do not take readily to leadership, I prefer to play a supportive role and I don't like

being disliked by people, as highlighted in my Insights report. Consequently, I allowed the paramedic to take over the scene rather than confront them and upset the harmony of the situation.

Conclusion

Whilst overall we worked in a timely manner to achieve the best for the patient and were all in agreement with the plan, I lacked assertiveness and my preferences for minimising conflict and confrontation contributed to a lack of clear leadership. I failed to resolve issues at the time and failed to follow up with the paramedic for a debrief to address my concerns, to avoid conflict.

However, I showed excellent communication skills with EMRTS, FRS and the patient's family, where I provided reassurance and a calm manner. I used the PACE model of graded assertiveness (Geraghty, 2024), as detailed in Figure 3, to enhance my communication and highlight my request, which worked effectively without being aggressive. I delegated tasks appropriate to the skill level of the person involved and I performed a debrief with the student afterwards to highlight some learning areas and ensure their psychological wellbeing.

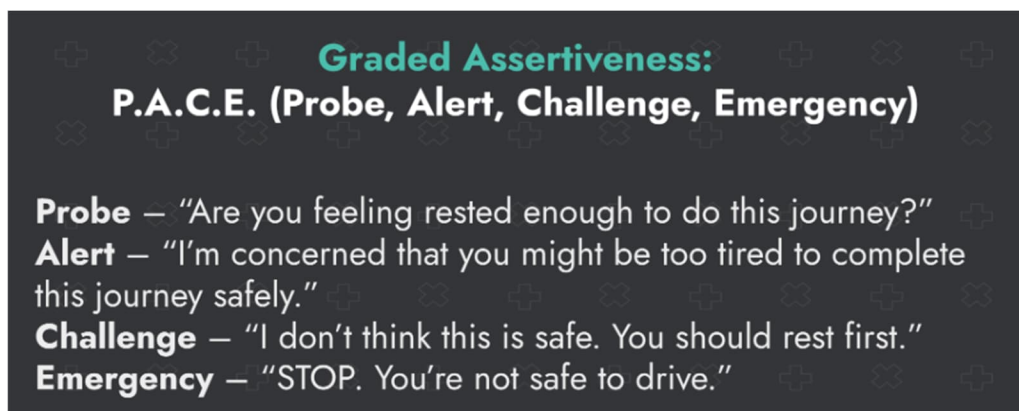


Figure 3 - PACE model of graded assertiveness

Action Plan

This case study has highlighted that my main leadership weaknesses derive from a lack of assertiveness and a knowledge gap in situational awareness and the wider topic of crew resource management. I will collate these learning points with those from a subsequent case study and create a personal development plan based on these findings. This personal development plan can be found in appendix 4.

Although the above case history identifies a requirement for improved assertiveness, during a quiz designed by my friends for my hen party, a question was asked “what three words would you use to describe Kristy”, the most common answers were loyal and blunt. Matter of fact and fiercely loyal were highlighted, alongside a strong sense of duty and deeply committed, within my Insights report. I was surprised how well the informal friendship quiz and the Insights report correlated, but was also surprised that I am recognised as blunt, but also lacking assertiveness. This may be attributable to the situation; blunt with my friends whom I’m comfortable with, lacking assertiveness in a work capacity where I lack confidence.

I recognise loyalty as a trait I possess for my ability to advocate for colleagues and patient’s, which tallies with the Insights report that further states I am uncompromising in areas I hold strong values. Whilst blunt, matter of fact and assertive can be positive traits in a leader, they can negatively impact followers, particularly when dealing with conflict. Differing personalities can require different approaches, a fact I learnt from a professional discussion with a staff member as detailed in the second case study. As with the previous case study, I will use Gibbs’ (1988) reflective cycle to analyse and reflect upon this incident and utilise the outcomes to inform my personal development plan in appendix 4.

A member of staff raised a concern regarding both clinical and behavioural issues in a paramedic they had recently worked with. I had a conversation with the paramedic’s DOM regarding the issues raised and discussed the previous issues the paramedic had encountered with another member of staff. The DOM advised that the paramedic had not reacted well to the previous informal discussion and proceeded to go off sick from work.

I asked the paramedic’s current crew mate to attend the office first to facilitate a short discussion. Unfortunately, both members of staff entered the office at the same time,

and I had to ask the paramedic to wait in the crew room. I could see the paramedic was already tense and apprehensive. The crew mate informed me of some additional issues they had witnessed and advised they had already undertaken a conversation with the paramedic prior to this meeting. I thanked them for their honesty and asked the paramedic to come into the office alone. It was clear the paramedic was apprehensive and anxious regarding the meeting. I reassured them and informed them of the concerns raised. The paramedic rapidly became angry, negative and dismissive of any positives I put forward. They were catastrophising their future career with WAST and mentioned their declining mental health, an unwillingness to come to work and suicidal ideations. They became very upset and were crying. I offered comfort and provided positive and constructive feedback. The paramedic advised they wished to go home immediately. I strongly advised it would be beneficial to return to station, have a break, then attend a job with their crew mate. I also advised they attend work in the coming days to work with the member of staff who had raised the concern. I thanked the paramedic for their time, they composed themselves and left station. Within an hour, they had contacted a DOM and advised they wished to go off sick.

Feelings

Prior to the meeting I felt anxious, nervous and underprepared regarding the interaction. This was my first formal discussion with a staff member in my role as SP, I do not like confrontation and I was nervous of how the paramedic would react. I felt my discussion with the DOM beforehand may have unintentionally biased my feelings towards the paramedic. I feel that I approached the interaction with sensitivity and maturity and spoke calmly with the paramedic. When he became angry, I remained calm and tried to deescalate the situation with positive comments, non-threatening body language and reassurance. I was shocked by the level of his anger and the speed at which his anger escalated. I felt compelled to lie to deescalate the situation, by saying something comforting or positive when it may not have been true. I felt I did not have enough experience in these types of situations appropriately respond. I feel I was also bias towards the reporter, as they were a friend whom I respect greatly due to their skills, attitude and work ethic. I felt unskilled and underprepared for the correct way to console someone who was upset,

but I did feel satisfied that I considered this. Overall, I feel that little was resolved by the meeting and that it lacked direction.

Evaluation

My initial approach was kind and welcoming and I explained my reasons for the meeting clearly; I concisely explained the concerns raised and I was patient and gave the paramedic time to respond. I provided comfort and reassurance when they were catastrophising regarding their future career with WAST and I continually brought the conversation back to the relevant topics. I avoided apportioning any blame. I exhibited emotional intelligence by being sensitive to their emotional needs and I used sensitive verbal and non-verbal communication.

I should have advised the paramedic in advance of the reason for the meeting, rather than potentially blind-siding them when they arrived on station and I should have communicated clearer whom I wished to talk to first to reduce tensions prior to the meeting. I could have had better knowledge of conflict resolution, de-escalation techniques, appropriate responses for mental health issues and suicidal ideation. Furthermore a knowledge of communicating with neurodiverse people would have assisted. I should have been more assertive in what I believe they had done incorrectly and backed this up with evidence, rather than trying to maintain harmony, reduce conflict and to avoid the paramedic disliking me. I should have been more aware of potential biases to influence my feelings towards the paramedic, following my discussion with the DOM and biases present due to my friendship with the reporter. I should have also been less blunt with my instructions for the rest of the paramedic's shift, to prevent the paramedic feeling guilty or forced into continuing their shift.

Analysis

I believe parts of the meeting went well, because as highlighted by the Insights report, I am a warm, patient and accepting person. I am sensitive, perceptive and sympathetic to other's feelings and I focus on what is good in others. This allows me to be an approachable SP who has the needs of others in mind, like that of a servant leader, detailed previously, who strives to first and foremost place the follower's needs first. I was sensitive and understanding of the paramedic's worries and I did not belittle them, but provided constructive advice, as I am also a person who is

open to other's choices and I do not seek to change people. I allowed them to experience their feelings without judgement or rushing them. This is also in line with a leadership questionnaire I completed (appendix 1) which indicated that I was a participative leader, which seeks to facilitate the growth of staff members by promoting open dialogue and the staff members involvement in the conflict resolution process (Pennington, 2024).

The areas of the meeting that were not so successful originate on my desire to be liked, to be a peacekeeper and to maintain a harmonious environment. I do not enjoy conflict and discipline and I struggle to provide honest criticism as stated in the Insights report, which may have assisted the resolution of the conflict with the other staff member and is a necessary part of the SP role. Resolution could have further been improved if I had shown more assertiveness and been more mindful of the paramedic's motives. Whilst I lack assertiveness, my matter-of-fact way may come across as affronting and may have been perceived incorrectly. I am at risk of manipulation due to a gullible, trusting side and a desire to see the best in people and this could have been exploited by the paramedic not wishing to get into trouble. These traits I exhibited can be explained by my foundation in the earth green sector of the Insights report, an area that prioritises harmony. I lack any considerable influence from the fiery red colour energy, which exhibits assertiveness, purposefulness and firm direction, which may have improved the direction of the meeting and understanding from the paramedic.

Conclusion

This interaction strongly highlighted my lack of assertiveness, my strong desire to be liked and the risk I face of manipulation. Whilst I am an intelligent person, my desire to see the best in people can lead to blind spots, as I do not see the malicious motive, as highlighted in my Insights report. My lack of assertiveness and high tolerance can lead to poor conflict resolution and my loyalty to my friends can lead to biases which may have influenced my attitude entering this conversation. I believe my lack of confidence overtook this bias and led me to be more lenient on the paramedic, rather than standing ground on what they could have done differently. This interaction has however highlighted my caring, patient and sensitive nature and my understanding of other people's needs, as I considered what would make them

most comfortable when they were upset, considered their wider life pressures and sought to build their confidence for the future by encouraging them to remain in work.

Action Plan

In addition to the earlier highlighted learning points of assertiveness and crew resource management, this case study has highlighted a need to improve my mental health and suicide training, neurodiversity communication, conflict resolution management and a need to improve my emotional intelligence. I will also make steps to improve my own wellbeing awareness. I will collate these findings from both case studies into a personal development plan, which can be found in appendix 4.

Whilst both case studies have highlighted my lack of assertiveness as a key feature in both incidents, the Insights report frequently highlighted an indecisiveness, a reluctance to make rapid decisions and an avoidance of commitment to high-risk decisions. Whilst I agree I prefer to have most facts and details before making a decision, I disagree that I am indecisive and slow to make decisions. This is supported by friends and family, who on reading my Insights report were most shocked by this aspect. They report I can be very decisive, occasionally impulsive and lacking the patience required to meticulously analyse and thoroughly information gather for every decision. This can play as positive factor in my role as an SP, as rapid decisions need to be made on a regular basis, sometimes with only small amount of information. I am capable to differentiating which decisions require more information and which can be made on the little information available. Conversely, this impulsiveness can leave me vulnerable to making poor decisions before all pertinent information has been gathered. This discrepancies between the report and my true self highlights the limitation of assessments such as the Insights report and other leadership questionnaires. Whilst we can utilise these tools to suggest areas for improvement and highlight skills, they are dependent on the mindset at time of completing, the situation they apply to and conscious and unconscious biases that we apply to them. They are not able to provide a complete and accurate interpretation of one's personality, due to the complex, multi-faceted and ever adapting nature of people and consequently we must use them to inform our learning, but not as a set of prescriptive rules.

Conclusion

To conclude, the Insights report (appendix 5) highlighted that my preferences spanned across three key colour energies with a predominant unconscious preference for earth green. Whilst many areas were not a surprise, or a surprise only because of how accurate they were, such as my loyalty, my dislike of confrontation and my lack of assertiveness, some areas myself, friends and colleagues disagreed with, such as my inability to make decisions. I try to adopt the authentic leadership style of incorporating my past experiences into my decision making and thus can effectively make informed decisions in a timely manner. A further leadership questionnaire (appendix 1) highlighted my preference for the participative leadership style, that correlates with my abilities to build relationships, encourage learning and my understanding. On reflection I am a perceptive, adaptable, authentic and kind leader, with skills in organisation and planning. I seek to support others emotionally and I am respectful of other's choices and needs, I draw on skills learnt from SLT to adapt to followers and situations to provide effective leadership, without a requirement to change followers. Questionnaires have indicated I possess some attributes described by authentic leadership such as credibility, authenticity and honesty and I also seek to serve those around me under the servant leadership paradigm. Whilst I aspire to be a transformational leader, with the ability to inspire followers, my skills lie in my ability to serve those in my team with emotional intelligence and adaptability. I am susceptible to burnout due to my inclination to prioritise the needs of others over my own, my perceptive nature and my desire to be liked. I possess excellent emotional intelligence and self-awareness and I am able to use these skills in my role as a leader. I do however lack assertiveness which can hinder my effectiveness as a leader and I can shy away from confrontation to maintain harmony.

I completed SWOT and PEST analyses (appendices 2 and 3) to inform my personal development plan (appendix 4), which emphasised the requirement to be more assertive and prioritise learning and guideline changes, with particular emphasis on the improvement of conflict resolution management and personal wellbeing strategies to prevent burnout.

References

- Ackley, D. (2016) Emotional intelligence: a practical review of models, measures, and applications. *American Psychological Association*. 68(4) pp. 289-286. Available at: <https://www.apa.org/pubs/journals/features/cpb-cpb0000070.pdf> (accessed 18/07/25)
- Ahmed, S., Simha, A. (2022). Differences Between Transactional and Transformational Leadership. In: Poff, D.C., Michalos, A.C. (eds) *Encyclopaedia of Business and Professional Ethics*. Springer, Cham. Available at: https://doi.org/10.1007/978-3-319-23514-1_1101-1 (accessed 16/06/25)
- Ardillo, A. (2022) Risk leadership and emotional intelligence on ISO 31000 application's effectiveness for organisation. *Interdisciplinary Social Studies*. 2022(1) pp. 634-641. Available at: <https://iss.internationaljournallabs.com/index.php/iss/article/view/142/127> (accessed 14/07/25)
- Aslam, S., Saleem, A., Kumar, T. and Parveen, K., (2022) New normal: Emergence of situational leadership during COVID-19 and its impact on work motivation and job satisfaction. *Frontiers in Psychology*. 13, p.919-941
- Ayeleke, RO., Dunham, A., North, N., Wallis, K. (2018) 'The concept of leadership in the healthcare sector', in Goker, SD. (ed) *Leadership*. InTech. Available at: <http://dx.doi.org/10.5772/intechopen.72755>. (accessed 14/06/25)
- Barbuto, J.E. & Wheeler, D.W. (2006) Scale development and construct clarification of servant leadership. *Group & Organisation Management*. 31(3), pp. 300-326. DOI: 10.1177/1059601106287091 (accessed 25/06/25)
- Bass BM & Riggio RE. (2006) *Transformational leadership*. 2nd ed. Lawrence Erlbaum Associates: New Jersey
- Benmira, S. & Agboola, M. (2021) Evolution of leadership theory. *BMJ Leader*. 5. Pp 3-5. Available at: <https://bmjleader.bmj.com/content/leader/5/1/3.full.pdf> (accessed 14/06/25)

Blanchard, K., Zigarmi, P., Zigarmi, D. (1985) *Leadership and the One Minute Manager: Increasing Effectiveness Through Situational Leadership*. New York: William Morrow

Cavaness, K., Picchioni, A., Fleshman, J.W. (2020) Linking emotional intelligence to successful health care leadership: the big five model of personality. *Clinics in Colorectal Surgery*. 33. Pp. 195-203. Available at: <file:///C:/Users/ki267548/OneDrive%20-%20NHS%20Wales/Leadership%20PGCert/Authenticity%20and%20the%20role%20of%20the%20leader/Emotional%20intelligence/EI%20and%20Healthcare%20Paper.pdf> (accessed 14/07/25)

Chamberlin, J. (2013) 'But I don't know' *Management Services*. Spring pp.26-31

Cherniss, C. & Goleman, D. (2003) *The Emotionally Intelligent Workplace: How to Select For, Measure, and Improve Emotional Intelligence in Individuals, Groups, and Organisations*. San Francisco: Jossey-Bass

Clompus, S.R., Albarran, J.W. (2016) Exploring the nature of resilience in paramedic practice: a psycho-social study. *International Emergency Nursing*. 28. pp.1–7. Available at: <https://www.sciencedirect.com/science/article/pii/S1755599X15001317> (accessed 16/06/25)

Davis, S.K. & Nichols, R. (2016) Does Emotional Intelligence have a “Dark” Side? A Review of the Literature. *Frontiers in Psychology*. 7(1316) doi: 10.3389/fpsyg.2016.01316 (accessed 15/07/25)

Deng, C., Gulseren, D., Isola, C., Grocutt, K., & Turner, N. (2023) Transformational leadership effectiveness: an evidence-based primer, *Human Resource Development International*. 26(5) pp. 627-641, Available at: DOI: 10.1080/13678868.2022.2135938 (accessed 16/06/25)

Demont-Biaggi, F. (2019) How ethical leadership is related to authenticity. *Leadership, Education, Personality: An Interdisciplinary Journal*. 1. pp.15–28. Available at: <https://doi.org/10.1365/s42681-020-00006-1> (accessed 10/07/25)

- Effelsberg, D., Solga, M. & Gurt, J. (2014) Transformational Leadership and Follower's Unethical Behavior for the Benefit of the Company: A Two-Study Investigation. *Journal of Business Ethics*. 120. pp.81–93. Available at: <https://doi.org/10.1007/s10551-013-1644-z> (accessed 16/06/25)
- Einola & Alvesson (2021) The perils of authentic leadership theory. *Leadership*. 17(4) pp. 483-490. Available at: <https://journals.sagepub.com/doi/pdf/10.1177/17427150211004059> (accessed 10/07/25)
- Fadli, M., Modding, B., Mapparenta, Ramlawati & Zakari, J. (2023) The influence of work motivation, emotional intelligence, and competence on occupation satisfaction through work achievement in the library service in south Sulawes. *International Journal of Professional Business Review*. 8(6) Available at: <https://openaccessojs.com/JBReview/article/view/2306> (accessed 14/07/25)
- Filice, L. & Weese, W.J. (2024) Developing emotional intelligence. *Encyclopaedia*. 2024(4) pp. 583-599. Available at: <https://www.mdpi.com/2673-8392/4/1/37> (accessed 14/07/25)
- Ford, J. & Harding, N. (2011) The impossibility if the “true self” of authentic leadership. *Leadership*. 7(4) pp. 463-479. Available at: [The impossibility of the 'true self' of authentic leadership](#) (accessed 10/07/25)
- Gaille, B. (2018) *13 Situational Leadership Advantages and Disadvantages*. Available at: <https://brandongaille.com/13-situational-leadership-advantages-and-disadvantages/> (accessed 23/03/25)
- Gaitho, N. (2022) Conceptualizing servant leadership for societal impact: a literature review. *IOSR Journal of Humanities and Societal Science*. 27(1) pp. 33-41. Available at: <https://www.iosrjournals.org/iosr-jhss/papers/Vol.27-Issue1/Ser-5/G2701053341.pdf> (accessed 25/06/25)
- Gardner W.L., Karam E.P., Noghani F., Coglisier, C.C., Guillifor, D.P., Mhatre, K., Ge, S., Bi, R., Yan, Z., Dahunsi, D. (2024) 'Let's get real' ... when we lead: A systematic review, critical assessment, and agenda for authentic leadership theory and research. *Journal of Management & Organization*. 30(6) pp.1642-1668. doi:10.1017/jmo.2024.68 (accessed 10/07/25)

Geraghty, T. (2024) PACE: *Graded Assertiveness*. Available at: <https://psychsafety.com/pace-graded-assertiveness/#:~:text=PACE%20allows%20us%20to%20begin%20with%20a%20low-threat,escalate%20to%20higher%20levels%20of%20urgency%20and%20assertiveness.> (accessed 05/08/25)

Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Brookes University, Oxford

Givati, A., Markham, C. & Street, K. (2018) The bargaining of professionalism in emergency care practice: NHS paramedics and higher education. *Advances in Health Science, Education: Theory and Practice*. 23(2) pp.353– 369. Available at: <https://link.springer.com/article/10.1007/s10459-017-9802-1> (accessed 10/06/25)

Goleman, D. and Cherniss, C. (2024) Optimal leadership and emotional intelligence. *Leader to Leader*. 2024 (113) pp. 7-12. Available at: <https://doi.org/10.1002/ltl.20813> (accessed 14/07/25)

Graeff, C. L. (1983). The Situational Leadership Theory: A Critical View. *The Academy of Management Review*. 8(2) pp.285–291. <https://doi.org/10.2307/257756> (accessed 04/07/25)

Guy-Evans, O. (2025) *Gibbs reflective cycle*. Available at: <https://www.simplypsychology.org/gibbs-reflective-cycle.html> (accessed 26/07/25)

Health and Care Professions Council (2023) *Standards of proficiency for Paramedics*. Available at: <https://www.hcpc-uk.org/standards/standards-of-proficiency/paramedics/> (accessed 16/06/25)

Health Education England (2025) *Models of Reflection and Reflective Practice*. Available at: <https://london.hee.nhs.uk/reflective-writing-models-reflection-and-reflective-practice> (accessed 26/07/25)

Hersey, P., and Blanchard, K.H. (1969) Life cycle theory of leadership. *Training and Development Journal*. 23(5) pp. 26-34. Available at <https://psycnet.apa.org/record/1970-19661-001?ref=insight.openexo.com> (accessed 04/07/25)

Hoch, J.E., Bommer, W.H., Dulebohn, J.H., Wu, D. (2018) Do ethical, authentic, and servant leadership explain variance above and beyond transformational leadership? A meta analysis. *Journal of Management*. 44(2) pp. 501-529. Available at:

<https://journals.sagepub.com/doi/10.1177/0149206316665461> (accessed 16/06/25)

Hou, X.Y., Rego, J., Service, M. (2013) Review article: paramedic education opportunities and challenges in Australia. *Emergency Medicine Australasia*. 25(2) pp.114–119. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/1742-6723.12034?saml_referrer (accessed 13/06/25)

Insights Group Ltd (2014) *Insights Discovery an introduction*. Available at:

<https://moodle.uwtsd.ac.uk/course/view.php?id=12582§ion=4&cmid=654857> (accessed 25/07/25)

Jianqun, S., Xiaoming, T. & Rui, L. (2019) Negative effects and mechanisms of emotional intelligence. *Advances in Psychological Science*. 27(8) pp.1451-1459. Available at: <https://journal.psych.ac.cn/xlkxjz/EN/10.3724/SP.J.1042.2019.01451> (accessed 15/07/25)

Johnson, D. (2013) Understanding an alternative approach to paramedic leadership. *Journal of Paramedic Practice*. 5(12) Available at:

<https://www.paramedicpractice.com/content/other/understanding-a-new-model-of-leadership#:~:text=This%20article%20seeks%20to%20explore%20a%20new%20approach,are%20placed%20within%20the%20hierarchy%20of%20the%20organisation> . (accessed 13/06/25)

Jung, C.G. (1923). *Psychological Types*. Harcourt, Brace. (Originally published in German in 1921) [Reprinted by Pantheon, New York, 1959]

Kamal, F., Ridwan, R., Rachman, T.A., Kesuma, P. (2024) Laissez-faire leadership: a comprehensive systematic review for effective education practices. *Journal of Education and Learning*. 18(4) Available at:

<https://edulearn.intelektual.org/index.php/EduLearn/article/view/21407> (accessed 31/07/25)

Kiker, D.S., Callahan, J.S., Kiker, M.B. (2019) Exploring the Boundaries of Servant Leadership: A Meta-Analysis of the Main and Moderating Effects of Servant Leadership on Behavioral and Affective Outcomes. *Journal of Managerial Issues*. 31(2) pp. 172-197. Available at: <https://www.jstor.org/stable/45176614> (accessed 25/06/25)

Kim, S., Kim, K., Choi, Y. (2014) A Literature Review of Servant Leadership and Criticism of Advanced Research. *International Journal of Business, Human and Social Sciences*. 8(4) Available at: <https://scholarly.org/pdf/display/a-literature-review-of-servant-leadership-and-criticism-of-advanced-research> (accessed 25/06/25)

Koh, D., Lee, K., Joshi, K. (2019) Transformational leadership and creativity: A meta-analytic review and identification of an integrated mode. *Journal of Organizational Behavior*. 40. pp. 625-650. DOI: 10.1002/job.2355 (accessed 16/06/25)

Lee, A., Legood, A., Hughes, D., Tian, A. W., Newman, A., & Knight, C. (2019). Leadership, creativity and innovation: a meta-analytic review. *European Journal of Work and Organizational Psychology*. 29(1) pp.1–35. Available at: <https://doi.org/10.1080/1359432X.2019.1661837> (accessed 16/06/25)

Luthans, F., & Avolio, B.J. (2003) Authentic leadership: A positive developmental approach. In K. S. Cameron, J. E. Dutton, & R. E. Quinn (Eds.), *Positive Organizational Scholarship*. pp. 241–261. San Francisco: Berrett-Koehler. Available at: <https://cerf.radiologie.fr/sites/cerf.radiologie.fr/files/Enseignement/DES/Modules-Base/Luthans%20%26%20Avolio%2C%202003.pdf> (accessed 10/07/25)

Mahapatra, R.R., Jain, A.K. (2023). Situational Leadership Theory: An Extension and a Test of Global Organizational Prescriptions. In: Akande, A. (eds) *Globalization, Human Rights and Populism*. Springer, Cham. https://doi.org/10.1007/978-3-031-17203-8_30 (accessed 04/07/25)

Mahon, D. (2024). Systematic review of servant leadership and burnout. *Mental Health and Social Inclusion*, 28(4). pp.326–344. Available at: <https://doi.org/10.1108/MHSI-02-2024-0027> (accessed 25/06/25)

Mann, S. (2019). *Why do I feel like an imposter?: how to understand and cope with imposter syndrome*. London: Watkins Publishing

Marsh, R. (2025) *Spotlight: Clinical model transformation*. Available at: nhs.uk/clinical-model-transformation (accessed 25/06/25)

McLeod, S. (2025) *Carl Jung's Theory of Personality*. Available at: <https://www.simplypsychology.org/carl-jung.html> (accessed 25/07/25)

Michel, A. J. (2024). *Comparative Analysis of Leadership Theories: Transformational, Servant, Situational, and Skills Approach*. IOSR Journal of Humanities and Social Science. 29(12) pp. 10-16. Available at <https://www.iosrjournals.org/iosr-jhss/papers/Vol.29-Issue12/Ser-6/B2912061016.pdf> (accessed 25/07/25)

Montano, D., Reeske, A., Franke, F., Huffmeier, J. (2017) Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior*. 38. pp.327-350. DOI: 10.1002/job.2124 (accessed 16/06/25)

Northouse, P. (2021). *Leadership: Theory and Practice*. 9th ed. Los Angeles: Sage Publications

Phillips, J. (2024) 'From frontline to forefront: paramedics as healthcare leaders within the NHS' *Journal of Paramedic Practice*. 16(9) Available at: <https://www.magonlinelibrary.com/doi/abs/10.12968/jpar.2024.0038> (Accessed 13/06/25)

Pennington, G. (2024) Managing conflict styles to accelerate leadership effectiveness. *BMC Proceedings*. 18(28) Available at: <https://bmcproc.biomedcentral.com/articles/10.1186/s12919-024-00313-1> (accessed 28/07/25)

Powell, T., Baker, C., Foster, D. (2024) *Capacity pressure in health and social care in England*. Available at: <https://commonslibrary.parliament.uk/capacity-pressures-in-health-and-social-care-in-england/> (accessed 13/06/25)

Robinson, J. (2022) *Exploring Different Types of Reflection Models with Examples*. Available at: <https://crowjack.com/blog/strategy/reflection-models> (accessed 04/08/25)

Rolewicz L., Palmer B. and Lobont C. (2024) *The NHS workforce in numbers*. Available at: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers> (accessed 13/06/25)

Rolfe, G., Freshwater, D., & Jasper M. (2001). *Critical reflection for nursing and the helping professions: A user's guide*. London: Palgrave Macmillan.

Sawan, F., Suryadi, S., Nurhattati, N. (2020) Servant leadership: antecedent factors, impact and education theories used as researcher's perspective. *International journal of Higher Education*. 9(5) pp. 60-75. Available at: <https://doi.org/10.5430/ijhe.v9n5p60> (accessed 25/06/25)

Schneider, T.R., Lyons, J.B., Khazon, S. (2013) Emotional intelligence and resilience. *Personality and Individual Differences*. 55(8) pp. 909-914. Available at: <https://www.sciencedirect.com/science/article/pii/S0191886913007460> (accessed 14/07/25)

Sendjaya, S. (2015). *Personal and organizational excellence through servant leadership*. Springer. Available at: <https://doi.org/10.1007/978-3-319-16196-9> (accessed 25/06/25)

Sow, C.F., Rasiah, S., Er, H.M. (2024) A critical Exploration of Theoretical Frameworks for Reflective Learning: Reflections from a Faculty Development Workshop. *Medical Science Educator*. 34. Pp. 503-507. Available at: <https://link.springer.com/article/10.1007/s40670-024-02173-y> (accessed 04/08/25)

Thompson, G. and Glaso, L. (2018) Situational leadership theory: a test from a leader-follower congruence approach. *Leadership & Organizational Development Journal*. <https://doi.org/10.1108/LODJ-01-2018-0050> (accessed 04/07/25)

Thompson, G. and Vecchio, R.P. (2009) Situational leadership theory: a test of three versions. *The Leadership Quarterly*. 20(5) pp. 837–848.

<https://www.sciencedirect.com/science/article/pii/S1048984309001507>

Walumbwa, F.O., Avolio, B.J., Gardner, W.L., Wernsing, T.S., Peterson, S.J. (2007) Authentic Leadership: Development and Validation of a Theory-Based Measure. *Journal of Management*. 34(1) Pp. 89-126.

<https://doi.org/10.1177/0149206307308913> (accessed; 10/07/25)

Wang, X., Liu, Y., Peng, Z., Li, B., Liang, Q., Liao, S. & Liu, M. (2024) *Situational leadership theory in nursing management: a scoping review*. BMC Nursing. 23(930). Available at: <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-024-02582-9> (Accessed 4 July 2025)

Wankhade P, Mackway-Jones K (eds). *Ambulance services: Leadership and management perspectives*. Cham: Springer; 2015. <https://doi.org/10.1007/978-3-319-18642-9> <https://link.springer.com/book/10.1007/978-3-319-18642-9>

WAST (2023) *Integrated medium-term plan*. Available at: ambulance.nhs.wales/files/publications/strategies-and-plans/wast-imtp-2024-pdf/ (accessed 14/06/25)

WAST (2024) *Our WAST Way*. Available at: https://nhswales365.sharepoint.com/sites/AMB-Intranet-HR/SitePages/OD_Our%20WAST%20Way%20Main%20Page.aspx (accessed 25/06/25)

Welsh Government (2023) *Guidance: The NHS Duty of Candour*. Available at: <https://www.gov.wales/nhs-duty-candour> (accessed: 10/07/25)

Western, S. (2019) *Leadership: A Critical Text*. 3rd ed. London: SAGE Publications.

Yeşilaydın, G., Hancıoğlu, Y. (2021) Authentic Leadership in Health Employees: A Systematic Review. In: Erçetin, Ş.Ş., Açıkalın, Ş.N., Vajzović, E. (eds) *Chaos, Complexity and Leadership* (2020). Springer Proceedings in Complexity. Springer, Cham. Available at: https://doi.org/10.1007/978-3-030-74057-3_17 (accessed 10/07/25)

Yukl, G. (2013) *Leadership in organizations*. New York: Pearson Education, Inc. Upper Saddle River

Zada, S., Khan, J., Saeed, I., Jun, Z.Y., Vega-Munoz, A., Contreras-Barraza, N. (2022) Servant leadership behaviour at workplace and knowledge hoarding: a moderation mediation examination. *Frontiers in Psychology*. 13. <https://doi.org/10.3389/fpsyg.2022.888761> (accessed 25/06/25)

Zhang, Y., Guo, Y., Zhang, M., Xu, S., Liu, X., Newman, A. (2022) Antecedents and outcomes of authentic leadership across culture: A meta-analytic review. *Asia Pacific Journal of Management*. 39, pp.1399–1435. Available at: <https://doi.org/10.1007/s10490-021-09762-0> (accessed: 10/07/25)

Appendix 1- Leadership style Survey

This questionnaire contains statements about leadership style beliefs. Next to each statement, circle the number that represents how strongly you feel about the statement by using the following scoring system:

- ☐ Almost Always True — 5
- ☐ Frequently True — 4
- ☐ Occasionally True — 3
- ☐ Seldom True — 2
- ☐ Almost Never True — 1

Be honest about your choices as there are no right or wrong answers — it is only for your own self assessment.

1.	I always retain the final decision making authority within my department or team.	5	4	3	2	1
2.	I always try to include one or more employees in determining what to do and how to do it. However, I maintain the final decision making authority.	5	4	3	2	1
3.	I and my employees always vote whenever a major decision has to be made.	5	4	3	2	1
4.	I do not consider suggestions made by my employees as I do not have the time for them.	5	4	3	2	1
5.	I ask for employee ideas and input on upcoming plans and projects.	5	4	3	2	1
6.	For a major decision to pass in my department, it must have the approval of each individual or the majority.	5	4	3	2	1
7.	I tell my employees what has to be done and how to do it.	5	4	3	2	1

8.	When things go wrong and I need to create a strategy to keep a project or process running on schedule, I call a meeting to get my employee's advice.	5	4	3	2	1
9.	To get information out, I send it by email, memos, or voice mail; very rarely is a meeting called. My employees are then expected to act upon the information.	5	4	3	2	1

10.	When someone makes a mistake, I tell them not to ever do that again and make a note of it.	5	4	3	2	1
11.	I want to create an environment where the employees take ownership of the project. I allow them to participate in the decision making process.	5	4	3	2	1
12.	I allow my employees to determine what needs to be done and how to do it.	5	4	3	2	1
13.	New hires are not allowed to make any decisions unless it is approved by me first.	5	4	3	2	1
14.	I ask employees for their vision of where they see their jobs going and then use their vision where appropriate.	5	4	3	2	1
15.	My workers know more about their jobs than me, so I allow them to carry out the decisions to do their job.	5	4	3	2	1
16.	When something goes wrong, I tell my employees that a procedure is not working correctly and I establish a new one.	5	4	3	2	1
17.	I allow my employees to set priorities with my guidance.	5	4	3	2	1
18.	I delegate tasks in order to implement a new procedure or process.	5	4	3	2	1
19.	I closely monitor my employees to ensure they are performing correctly.	5	4	3	2	1
20.	When there are differences in role expectations, I work with	5	4	3	2	1

	them to resolve the differences.					
21.	Each individual is responsible for defining their job.	5	4	3	2	1
22.	I like the power that my leadership position holds over subordinates.	5	4	3	2	1
23.	I like to use my leadership power to help subordinates grow.	5	4	3	2	1
24.	I like to share my leadership power with my subordinates.	5	4	3	2	1
25.	Employees must be directed or threatened with punishment in order to get them to achieve the organizational objectives.	5	4	3	2	1
26.	Employees will exercise self-direction if they are committed to the objectives.	5	4	3	2	1
27.	Employees have the right to determine their own organizational objectives.	5	4	3	2	1
28.	Employees seek mainly security.	5	4	3	2	1
29.	Employees know how to use creativity and ingenuity to solve	5	4	3	2	1
	organizational problems.					
30.	My employees can lead themselves just as well as I can.	5	4	3	2	1

In the table below, enter the score of each item on the above questionnaire. For example, if you scored item one with a 3 (Occasionally), then enter a 3 next to Item One. When you have entered all the scores for each question, total each of the three columns.

Item	Score	Item	Score	Item	Score
1	2	2	3	3	2
4	1	5	4	6	2
7	4	8	3	9	4
10	2	11	4	12	2
13	1	14	4	15	2

16	1	17	1	18	4
19	5	20	5	21	1
22	2	23	4	24	3
25	2	26	2	27	1
28	3	29	1	30	4
TOTAL	23	TOTAL	31	TOTAL	25
	Authoritarian Style		Participative Style		Delegative Style
	(autocratic)		(democratic)		(free reign)

This questionnaire is to help you assess what leadership style you normally operate out of. The lowest score possible for any stage is 10 (Almost never) while the highest score possible for any stage is 50 (Almost always).

The highest of the three scores in the columns above indicate what style of leadership you normally use — Authoritarian, Participative, or Delegative. If your highest score is 40 or more, it is a strong indicator of your normal style.

The lowest of the three scores is an indicator of the style you least use. If your lowest score is 20 or less, it is a strong indicator that you normally do not operate out of this mode.

If two of the scores are close to the same, you might be going through a transition phase, either personally or at work, except if you score high in both the participative and the delegative then you are probably a delegative leader.

If there is only a small difference between the three scores, then this indicates that you have no clear perception of the mode you operate out of, or you are a new leader and are trying to feel out the correct style for yourself.

Appendix 2 - SWOT Analysis

STRENGTHS - Organisation - Time keeping - Creativity - Following instructions - Caring, warm - Sensitive to others - Perceptive - Friendly, approachable - Intelligent - Academic - Loyal - Creative	WEAKNESSES - Poor memory - Lazy - Sensitive/overthinker - Introverted - Like to take a back seat - Confrontation - Lacks assertiveness - Blunt - Lacks confidence - Lacks focus - Procrastination - Private - ECG interpretation - Conflict resolution
OPPORTUNITIES - Mentoring - Further study- Masters degree - Networking – GPs, EMRTS, hospitals - Study - Continued professional development - Online courses/webinars - Podcasts - Conferences – College of Paramedics - Introduce creativity into job	THREATS - Lack of family support or further study - Faling behind on updates/policies - Other commitments – family, home - Moving house - Hobbies - Time in the day - Economic- unable to get funding for further study eg personal or via WAST - Amalgamation of DOM/SP role or removal of SP role altogether

Appendix 3 - PEST Analysis

POLITICAL - Government funding for emergency services - Privatisation of the NHS - WAST focus on urgency care, removal of RRVs, IMTP - Amalgamation of DOM/SP role or removal of SP altogether - Healthcare regulations – HCPC, CQC, NICE guidelines - Public health initiatives - Emergency preparedness legislation for major incidents	ECONOMIC - Funding constraints and budget cuts- WAST to cut £9 million in 2025 - Equipment - Fleet and fuel costs - Cost of living - Staffing shortages - High recruitment costs - Wages and inflation
SOCIO-CULTURAL - Ageing population – increasing workload and service pressures - Public expectation pressures - Increasing hospital waiting times- decreased staff morale - Cultural sensitivity - Diversity and inclusion - Mental health pressures	TECHNOLOGICAL - Video triage for strokes, advanced paramedic practitioner navigators - Increased clinical support desk review of calls - Research - Focus groups - Advanced diagnostics eg ultrasound - Training tools and equipment - Generative AI - Fleet innovations- electric vehicles

Appendix 4 - Personal Development Plan

Name	Current Position	Date Started
Kristy Gordon	Senior Paramedic - North Powys	August 2025
<u>Career Mission Statement</u> (What you intend to accomplish, and why)		
I want to be a credible and knowledgeable SP who is approachable and reliable with excellent knowledge of ECGs, neonatal and paediatric care, out of hospital cardiac arrests, major trauma and complex incidents. I want to be a present, approachable and supportive SP who people have confidence in. I want to coach and mentor staff and to motivate and inspire clinical excellence and to strive to provide the best possible care for our patients. I want North Powys to be regularly hosting varied continued professional development sessions for the staff. I want staff to be engaged in all areas of emergency care, from end-of-life care, urgent care, major trauma and complex medical events. I want to increase staff curiosity and facilitate constant learning. I want to reduce the number of clinical reviews and adverse incidents.		
<u>Major Career Goals</u> (What you need to accomplish in the medium term to further your mission)		

Goal	Target Date
Finish Leadership PGCert	July 2026
Complete Difficult Airway Society <i>Difficult Airways Course</i>	August 2026
Complete <i>European paediatric advanced life support (EPALS)</i> course	September 2028
Attend the Faculty of Pre-Hospital Care Conference	September 2027

<u>Leadership</u>				
Development Area	Development Activity	Resources/Support Required	Measure of Success	Completion Date
Complete Leadership PGCert	University: Complete and pass both modules of PG Cert and achieve Merit or above.	- WAST support to complete office days to coincide with university days. - Study leave from WAST to prepare for presentation.	- Attend all university sessions. - Complete written assignment. - Complete presentation.	June 2026

		- Study materials as required.		
Conflict resolution - Improve knowledge to inform practical conflict resolution skills.	Course: Complete management essentials program on WAST's LMS365 platform.	- Commit 2 CPD hours to complete course.	- Completion of course. - CPD certificate.	October 2025
	Online course: Find and complete online course in conflict resolution.	- Book and pay for course. - Commit required hours of CPD to course.	- Completion of course. - CPD certificate.	August 2026
	Listen: Listen to " <i>Resolve Conflict: Everyone can win</i> " 12-episode podcast series	- Download podcast to iPhone. - Commit 15 CPD hours to listen to podcast. - Prioritise quiet time to focus on podcast.	- Listen to all 12 episodes of podcast. - Complete reflection on each episode and submit to CPD portfolio.	December 2025

	Debriefs: Ensure face to face debriefs following all traumatic or complex incident. Facilitate face to face meetings with SP or DOM with anyone involved in conflict in the workplace.	- Support of other SP and DOMs. - Ensure sufficient time is set aside on office days to facilitate meetings.	- Request reflections from staff members involved in conflict. - Complete minutes of meetings for each interaction. - Ensure all concerns raised have a meeting confirmed before resolving concern.	Ongoing – review yearly in March of each year.
Mental health and suicide awareness - Improve knowledge of mental health and	Webinar: Complete mental health awareness webinar on WAST website	- Commit 1 hour of CPD to webinar.	- Completion of webinar. - Write reflection and submit to CPD portfolio.	September 2025

suicidal ideations and how to support staff.	Read: Association of Ambulance Chief Executives (AACE) suicide prevention and wider mental health toolkit.	- Commit time to complete reading.	- Completion of reading resources. - Complete reflection and submit to CPD portfolio.	September 2025
Neurodiversity training	Attend: WAST neurodiversity training and seek advice from neurodiversity champions	- Time committed to training. - Contact champions and arrange suitable times for discussions. - Seek wider reading on internet.	- Completion of training modules. - Reflection piece for CPD portfolio.	December 2025
Crew resource management (CRM) - Revise CRM to refresh knowledge	Listen: Resus Room: <i>leadership and followership</i> podcast	- Commit 1 hour of CPD to listening to podcast. - Ensure podcast is downloaded to iPhone.	- Completion of podcast. - Complete reflection and submit to CPD portfolio.	October 2025

		- Prioritise quiet time to focus on podcast.		
	Listen: Pre-hospital Care podcast: <i>Crew Resource Management (CRM) with Neil Jeffers</i> podcast	- Commit 1 hour of CPD to listening to podcast. - Ensure podcast is downloaded to iPhone. - Prioritise quiet time to focus on podcast.	- Completion of podcast. - Complete reflection and submit to CPD portfolio.	October 2025

<u>Personal Skills</u>				
Development Area	Development Activity	Resources/Support Required	Measure of Success	Completion Date
Assertiveness - Increase knowledge and level of	Read: Paterson, R.J. (2022) <i>The Assertiveness Workbook</i> (2 nd Ed.)	- Buy book for £17.57 off Amazon	- Completion of book	August 2026

assertiveness and practice in the workplace	Read: Sternad, D. & Kobin, E. (2023) <i>Develop Your Leadership Superpowers: 50 Key Skills You Need to Succeed as a Leader.</i>	- Buy book for £13.69 off Amazon	- Completion of book	August 2026
Personal wellbeing awareness - Ensure maintenance of personal wellbeing	Walks: Outdoor walk once per week, separate from work and avoiding listening to work podcasts or thinking about work.	- Good walking shoes. - Support from family to take time out of the day.	- Walks recorded on Garmin watch. - Complete exercise log in bullet journal.	Ongoing - review weekly from August 2025.
	Exercise: Complete 2 other sessions of exercise minimum per week e.g. Cycling, running, at-home work out.	- Bike in good working order. - Work out clothing. - Specific equipment e.g. kettlebells, exercises band. - Support from family to take time out of day.	- Exercises recorded on Garmin watch. - Complete exercise log in bullet journal.	Ongoing - review weekly from August 2025.

	Meditation: complete guided meditation 3 times per week.	- Follow guided meditation classes on podcast or YouTube.	- Complete meditation log in bullet journal and note down feelings for that session. - Review sessions weekly to note trends in stress.	Ongoing - review weekly from August 2025.
Confidence - Improve knowledge of how to increase confidence and make practical steps to increase confidence and push comfort zones	Read: Kay, K. & Shipman, C. (2014) <i>The Confidence Code</i> . London: Harper Business.	- Buy the book £10.80 on Amazon.	- Completion of book.	February 2026
	Read: Jeffers, S. (2017) <i>Feel the Fear and Do it Anyway</i> . Vermillion.	- Buy the book £4.99 on Amazon	- Completion of book.	February 2026
	Reflect: Write a reflection on the two books for continued professional development (CPD) portfolio.	- Ask for feedback on reflection from HBCL.	- Completion of reflection and submission into CPD portfolio.	February 2026

	Engage: Make concerted effort to engage with staff and other disciplines in SP meeting and multidisciplinary meetings.	- Confirm attendance at meetings. - Arrange meetings with multidisciplinary teams where required. - Ensure speaking up throughout meetings.	- Complete minutes of meetings including details of interactions and action plans	August 2026
	Organise: Organise and lead a CPD session via Teams and in person for Powys.	- Discuss with health board clinical lead (HBCL) and Learning and Development (L&D). - Decide on topic and complete thorough research or find guest speaker.	- Successfully organise CPD session for staff members. - Request completion of feedback forms by staff at end of session.	August 2026

<u>Operational/Technical Skills</u>				
Development Area	Development Activity	Resources/Support Required	Measure of Success	Completion Date
ECG recognition	Engage: Engage in 6 online ECG CPD sessions per year	- Subscription to College of Paramedics (COP) - Sign up to email updates from ECG websites such as <i>Life In The Fast Lane</i> to ensure keep up to date with CPD.	- Written reflection on each of the 6 CPD sessions per year. - Submit reflection and CPD certificates to CPD portfolio.	August 2026 – continue yearly
	Course: Complete <i>Master Your ECG Skills With Mark Whitbread</i> Course	- Book onto course in September 2025 - Travel to Ty Elwy and ensure abstraction from shifts. - Support from HBCL to attend.	- Completion of course. - CPD certificate.	September 2025

	Read: Hampton, J.R. (2013) <i>ECG Made Easy</i> . Edinburgh: Churchill Livingstone Elsevier	- Already have book. - Commit time to read book.	- Completion of book.	December 2025
	Read: Morris, F., Brady, W.J., Camm, J. (eds)(2008) <i>ABC of Clinical Electrocardiography</i> . 2 nd Ed. Malden: Blackwell Publishing	- Already have book. - Commit time to read book.	- Completion of book.	March 2026
JRCALC guidelines review	Read: Read JRCALC for 1 hour every Saturday morning.	- Ensure subscription to JRCALC is current. - Ensure JRCALC app is up to date. - Prioritise 1 hour on a Saturday morning scheduled into diary.	- Complete JRCALC clinical updates.	Ongoing - review monthly from September 2025
	Complete: Complete 1 ParaPass <i>Standby CPD</i>	- Pay £3.99 subscription per month	- Completion of Standby CPD modules on app.	Ongoing - review monthly from September 2025

	session per week and write reflection on it.		- CPD certificates submitted to CPD portfolio.	
Airway Management - Improve airway management skills to ensure credibility as SP.	Course: Complete Difficult Airway Society's <i>Difficult Airways Course</i> . Queen Elizabeth Hospital, Birmingham	- Book and pay for course £40. - Travel to course (train/drive)	- Completion of course. - CPD certificate	August 2026
Paediatric and neonate pre-hospital care - Improve paediatric care knowledge to improve confidence in the area, improve patient care and ensure credibility as SP.	Course: Complete Resus Council UK <i>European paediatric advanced life support (EPALS)</i> course	- Book and pay for course (cost to be confirmed). - Travel and overnight accommodation. - Complete pre-course reading.	- Completion of course - Course certificate	September 2028
Knowledge of wider pre-hospital care	Course: Attend Faculty of prehospital care conference	- Book and pay for conference £230	- Completion of course. - CPD certificate	September 2027

	Webinar: Attend WAST Live webinar sessions monthly.	- Put WAST live in diary and if cannot attend live then view recording in week following.	- Attendance at WAST Live. Make notes on any pertinent information in bullet journal.	Ongoing - review monthly from September 2025
--	--	---	--	--

Appendix 5 - Insights Report



Discovery[®]

Personal Profile

Kristy Gordon

22 January 2025

Foundation Chapter
Management Chapter
Personal Achievement Chapter

Personal Details

Kristy Gordon
kristy.gordon@wales.nhs.uk

Telephone:

Date Completed: 22 January 2025
Date Printed: 29 January 2025
Referral Code: 2025-January 2025-WAST

Contents

Introduction	5
Overview	6
Personal Style	6
Interacting with Others	6
Decision Making	7
Key Strengths & Weaknesses	8
Strengths	8
Possible Weaknesses	9
Value to the Team	10
Effective Communications	11
Barriers to Effective Communication	12
Possible Blind Spots	13
Opposite Type	14
Suggestions for Development	16
Management	17
Creating the Ideal Environment	17
Managing Kristy	18
Motivating Kristy	19
Management Style	20
Personal Achievement Chapter	21
Living on Purpose	22
Time and Life Management	23
Personal Creativity	24
Lifelong Learning	25
Learning Styles	26
The Insights Discovery® 72 Type Wheel	27

The Insights Discovery® Colour Dynamics 28

Introduction

This Insights Discovery profile is based on Kristy Gordon's responses to the Insights Preference Evaluator which was completed on 22 January 2025.

The origins of personality theory can be traced back to the fifth century BC, when Hippocrates identified four distinct energies exhibited by different people. The Insights System is built around the model of personality first identified by the Swiss psychologist Carl Gustav Jung. This model was published in his 1921 work "Psychological Types" and developed in subsequent writings. Jung's work on personality and preferences has since been adopted as the seminal work in understanding personality and has been the subject of study for thousands of researchers to the present day.

Using Jung's typology, this Insights Discovery profile offers a framework for self-understanding and development. Research suggests that a good understanding of self, both strengths and weaknesses, enables individuals to develop effective strategies for interaction and can help them to better respond to the demands of their environment.

Generated from several hundred thousand permutations of statements, this profile is unique. It reports statements which your Evaluator responses indicate may apply to you. Modify or delete any statement which does not apply, but only after checking with colleagues or friends to identify whether the statement may be a "blind spot" for you.

Use this profile pro-actively. That is, identify the key areas in which you can develop and take action. Share the important aspects with friends and colleagues. Ask for feedback from them on areas which seem particularly relevant for you and develop an action plan for growth personally and interpersonally.

Overview

These statements provide a broad understanding of Kristy's work style. Use this section to gain a better understanding of her approaches to her activities, relationships and decisions.

Personal Style

Kristy tends to be alert and often uncannily correct. It is as if she has an antenna that enables her to detect dangers long before other people do. Low key acknowledgement for her contribution is likely to be appreciated by her. The kind of work that best suits her requires patience, devotion and adaptability. She does things in a routine manner and is consistent, conscientious and reliable. One of her outstanding traits is economy of effort.

In order to perform at her best she prefers specific and detailed instructions before starting a task. If her efforts are not recognised, or approval is withheld, she may feel deflated as her feeling of worth can depend on how others regard her. She is warm and gracious and believes in a philosophy of "live and let live". Kristy is always outstandingly practical and sensible. She greatly prefers to trust what she can hear, smell, taste, touch and see, rather than accept abstract or intangible ideas.

She likes a certain neatness and order and prefers a harmonious environment, where each person can be appreciated for their contribution and can feel a sense of personal accomplishment. Kristy prefers to live her life in a structured and organised manner and prefers to work within established guidelines on tasks requiring detail and routine implementation. Kristy values people who take the time to understand her personal goals and values. Finding it hard to understand why some others try to impose limits, order and structure upon others, she avoids attempting to change or control people. Kristy is patient, flexible and usually easy to get along with, having little personal desire to dominate and control others.

She has a tendency to play down the rules, particularly if they appear to oppose her values. Kristy is conscientious and responsible and accepts being needed by others. Kristy displays fierce loyalty to and for people who report to her. Enjoying a "low profile", one of Kristy's great strengths is her natural, unobtrusive, accepting manner. A good day to day planner, she is relaxed about getting things done because she is fully engaged in the here and now.

She tends not to show her private feelings, yet experiences a strong internal personal reaction to many situations and events. Despite her matter-of-factness, she will sometimes experience a private reaction to something she senses is wrong and if she articulates this, it can come as a surprise to those around her. In her own work, she can become intent upon doing things her own way in order to ensure her high standards of operating are met. She may have difficulty asserting herself and in saying "No". Her modest manner can restrain her from pushing herself forward and this occasionally results in her being under-valued.

Interacting with Others

Kristy feels a love and sensitivity for others and an appreciation for life. Kristy enjoys a team environment that is moderately paced with high levels of morale. When she is helping others to understand the importance of her own ideas, then she can be the most convincing. She is a casual, personable person who typically enjoys good relations with others, particularly once she

is known or accepted into the fold. Kristy has a strong sense of duty and faithfulness, but little desire to impress or influence others. Above all, she is idealistic and capable of great devotion and loyalty to a valued person or cause.

Friendly in dealing with people, she does not take readily to “up-front” leadership. She wishes to be valued for herself. She is compassionate, sympathetic, understanding and sensitive to the feelings of others. Her deep feelings are hidden by reserve, but when her values are violated she may express an uncharacteristic anger. She may find herself automatically adapting her own personality in an attempt to meet other peoples' ideas of what is desirable.

She is often friendly, although she tends to avoid socialising at a superficial level. She prefers to play a supporting role at work in a loyal and conscientious way. Kristy values harmony. She is essentially a peace keeper and is very sensitive to others' needs. She constantly focuses on what is good in others, so she tends to downplay others' faults, forgiving them for minor slights or hurtful behaviour. Cautious, reserved, quiet and inwardly oriented, Kristy is content to work by herself without much control or supervision.

Decision Making

Kristy will be deeply committed whenever she chooses to undertake a role or task. She tends to make sound future decisions only after deeper reflection. She is uncomfortable moving beyond her own experience until she fully understands the problem. She seeks to review and assimilate the facts without being pressured to make a rapid decision. She may appear dismissive of decisions made on “gut-feel” rather than objective analysis. Above all, she is concerned with what is “right” and because of this may appear slow in the decision making process.

Where she holds strong values, Kristy is firm and uncompromising in expressing and enacting her beliefs on these subjects. She is not usually prepared to commit to high risk decisions. With her moderate, affable stance, Kristy is considerate, patient and willing to go along with those she considers friends. She has a tendency to separate out the different components of her life, wanting predictability and preferring to know various options in advance. She usually delays decision making until all the facts and details are available.

She can be overly lenient with non-producers, which often results in problems in matters that require the application of discipline. Kristy makes better decisions when other people she knows share her values. She is usually aware of the need to comply with the established view. She is observant of the small jobs that need to be done and will often offer to do them or just do them automatically. Her natural leadership style is to resist change for change's sake and to slow down impulsive decision making.

Personal Notes

Key Strengths & Weaknesses

Strengths

This section identifies the key strengths which Kristy brings to the organisation. Kristy has abilities, skills and attributes in other areas, but the statements below are likely to be some of the fundamental gifts she has to offer.

Kristy's key strengths:

- Focuses on the day to day.
 - Honourable and easy going.
 - Respectful of others needs.
 - Can gain personal fulfilment through helping others.
 - Looks for the harmony in every situation.
 - Solid organisational abilities.
 - Tolerant and giving.
 - Trusting and tolerant of others' actions.
 - Orderly and organised.
 - Honours her commitments.
-

Personal Notes

Key Strengths & Weaknesses

Possible Weaknesses

Jung said “wisdom accepts that all things have two sides”. It has also been said that a weakness is simply an overused strength. Kristy's responses to the Evaluator have suggested these areas as possible weaknesses.

Kristy's possible weaknesses:

- Over-dependence on rules and procedures.
 - Ignores objective evidence which does not support her original perception.
 - Her need to assimilate information takes time. This may frustrate others who expect a more immediate response.
 - Settles snugly into her comfort zone with ease.
 - May discourage or put down those who see innovative alternatives.
 - Finds it difficult to respond to aggression positively.
 - May not forcefully express her ideas or feelings.
 - May appear slow to make decisions.
 - May project a weak image, thus her invaluable contributions may be overlooked.
 - Seen as a private individual, who prefers her own company.
-

Personal Notes

Value to the Team

Each person brings a unique set of gifts, attributes and expectations to the environment in which they operate. Add to this list any other experiences, skills or other attributes which Kristy brings, and make the most important items on the list available to other team members.

As a team member, Kristy:

- Commits to realistic goals.
 - Carefully assesses situations before acting.
 - Capitalises on and makes efficient use of the available resources.
 - Is a dedicated supporter of the team.
 - Prefers to deal with the here and now and is unlikely to be distracted by abstract thinking.
 - Offers emotional support to others.
 - Makes great effort to build and maintain relationships with others.
 - Sees financial reward as proof of worth rather than as an end in itself.
 - Encourages team allegiance.
 - Has a strong sense of duty and takes her work seriously.
-

Personal Notes

Communication

Effective Communications

Communication can only be effective if it is received and understood by the recipient. For each person certain communication strategies are more effective than others. This section identifies some of the key strategies which will lead to effective communication with Kristy. Identify the most important statements and make them available to colleagues.

Strategies for communicating with Kristy:

- Present only solid and reliable facts.
 - Be careful to maintain the status quo.
 - Maintain a consistent, personal relationship with her.
 - Deal with “here and now” projects.
 - Ensure she sees and agrees with the benefit of change before implementation.
 - Expect her to come back later for clarification.
 - Appeal to her good nature and loyalty.
 - Explain why, what and how, and do it clearly and concisely.
 - Take time to discuss all the details.
 - Encourage the expression of feelings which might remain unsaid.
 - Seek confirmation of willingness to undertake new tasks.
 - Allow her time to gather her thoughts and to express her feelings.
-

Personal Notes

Communication

Barriers to Effective Communication

Certain strategies will be less effective when communicating with Kristy. Some of the things to be avoided are listed below. This information can be used to develop powerful, effective and mutually acceptable communication strategies.

When communicating with Kristy, DO NOT:

- Assume she knows she has chosen well.
 - Use destructive criticism or create unnecessary conflict.
 - Exert unnecessary pressure.
 - Invade her personal space.
 - Touch her if you can avoid it.
 - Labour the point or give lengthy verbal instructions.
 - Demand change that ignores her personal values and/or beliefs.
 - Fail to respect her need for occasional isolation.
 - Assume her pauses imply lack of interest.
 - Substitute rhetoric for accuracy.
 - Implement change for change's sake.
 - Look for immediate answers.
-

Personal Notes

Possible Blind Spots

Our perceptions of self may be different to the perceptions others have of us. We project who we are onto the outside world through our “persona” and are not always aware of the effect our less conscious behaviours have on others. These less conscious behaviours are termed “Blind Spots”. Highlight the important statements in this section of which you are unaware and test them for validity by asking for feedback from friends or colleagues.

Kristy's possible Blind Spots:

Because of her vulnerability in her relationships with others, Kristy may be rather easily manipulated by some. Sometimes seen as gullible and perhaps too trusting because she accepts people and things as they are, Kristy doesn't look for or expect the malicious motive. Her ability to detect what might go wrong is perceived by some others as suspicion of anything new and untested.

She could learn how to more consistently keep focused on track and on time bounded objectives. She has a tendency towards perfectionism which leads her to refine and polish her ideas to a point where they may even fail to emerge. Kristy may have difficulty dealing with conflicts in relationships and may become deeply disappointed or disillusioned if a conflict develops from one of her interventions. Highly vulnerable to idealising relationships, she tends to overlook facts that contradict what she wants to believe. She may need to develop more assertiveness and would benefit from learning how to offer honest criticism of others when necessary.

Tending to shy away from making quick decisions, she has little understanding of the difficulties this preference creates for fast-paced people. When she is disappointed, she may become negative about everything and everyone around her. Kristy may appear impatient or withdrawn if pressed to perform at a faster pace than she considers appropriate to the task in hand. She could do better to become more assertive about her own needs and fully consider the implications of interactions with others. Because of her strong desire for harmony, she can overlook her own needs and ignore real personal problems.

Personal Notes

Opposite Type

The description in this section is based on Kristy's opposite type on the Insights Wheel. Often, we have most difficulty understanding and interacting with those whose preferences are different to our own. Recognising these characteristics can help in developing strategies for personal growth and enhanced interpersonal effectiveness.

Recognising your Opposite Type:

Kristy's opposite Insights type is the Director, Jung's "Extraverted Thinking" type.

Directors are forceful, demanding, decisive people who tend to be strong individualists. They are forward looking, progressive and compete to attain goals. Kristy will see them as headstrong and they often have a wide range of interests. In solving problems they are logical and incisive. Kristy may well experience the Director as cold, blunt and over-bearing. Directors tend to be seen as self-centred and lacking in empathy and can be highly critical and fault finding when their standards are not met.

Directors may overstep boundaries and may be impatient and dissatisfied with routine work. They want freedom from control, supervision and details. Kristy may see the Director as aggressive and tending to order people around, as they often rely on personal forcefulness and intimidation to achieve their aims. Directors are "take charge" types with very high control needs. They may not often cope well personally when things do not go as planned.

Kristy sees Directors as having short fuses. When pushed the Director may become loud, rigid and domineering. The Director tends to be a focused, if somewhat disorganised, manager with a tenacious drive towards the future. The Director's biggest drawbacks may be perceived by Kristy as arrogance, impatience and insensitivity to others' feelings.

Personal Notes

Opposite Type

Communication with Kristy's Opposite Type

Written specifically for Kristy, this section suggests some strategies she could use for effective interaction with someone who is her opposite type on the Insights Wheel.

Kristy Gordon: How you can meet the needs of your Opposite Type:

- Be firm, forceful and fearless.
- Take responsibility for your own actions and errors.
- Show respect for her ideas and opinions.
- Omit unnecessary and intricate details.
- Be diplomatic, or else.
- Be prepared to get a quick decision.

Kristy Gordon: When dealing with your opposite type DO NOT:

- Prevent her moving on to other challenges.
 - Bore her with the routine or details.
 - Be unrealistic or stray on to abstractions.
 - Use “what if” or “buts”.
 - Overload her with facts, details and paperwork.
 - Show disagreement with or disrespect for her principles.
-

Personal Notes

Suggestions for Development

Insights Discovery does not offer direct measures of skill, intelligence, education or training. However, listed below are some suggestions for Kristy's development. Identify the most important areas which have not yet been addressed. These can then be incorporated into a personal development plan.

Kristy may benefit from:

- Accepting that perfection can often be a destructive standard to aspire to.
 - Acting on impulse more often.
 - Maintaining a more objective view of others and their motives.
 - More challenges, excitement and the opportunity to think on the run.
 - Not delaying until tomorrow that which can be done right now.
 - Demanding more from her team members who may expect her to ignore a lack of effort.
 - Writing shorter reports.
 - Demanding more from her team. "That'll do" is not always good enough.
 - Identifying when extensive detail is not needed.
 - Looking to achieve quicker results.
-

Personal Notes

Management

Creating the Ideal Environment

People are generally most effective when provided with an environment which suits their preferences and style. It can be uncomfortable to work in an environment which does not. This section should be used to ensure a close match between Kristy's ideal environment and her current one and to identify any possible frustrations.

Kristy's Ideal Environment is one in which:

- Mundane and repetitive work is minimised.
 - Principles and standards are respected.
 - There is time to gather thoughts and ideas.
 - Clearly defined responsibilities are assigned.
 - The culture promotes a democratic management style.
 - There's a place for everything and everything is in its place.
 - Facts and information form the basis for decision making.
 - She is valued as a unique individual.
 - Personal pain and suffering is avoided for everyone.
 - There is little competition between peers, which Kristy perceives as destructive to good team spirit.
-

Personal Notes

Management

Managing Kristy

This section identifies some of the most important strategies in managing Kristy. Some of these needs can be met by Kristy herself and some may be met by her colleagues or management. Go through this list to identify the most important current needs, and use it to build a personal management plan.

Kristy needs:

- Colleagues who value her quiet, reflective approach.
 - To give more weight to facts when making decisions.
 - To have issues discussed with logic, not emotion.
 - To be part of a small team where ideas are encouraged and valued.
 - Gentle introduction of new concepts and activities.
 - Personal and professional development to be supported and encouraged.
 - Respect for her personal space.
 - Sufficient time to prepare for meetings.
 - A manager who values her feelings.
 - Help in thinking “outside the box”, or beyond the traditional.
-

Personal Notes

Management

Motivating Kristy

It has often been said that it is not possible to motivate anyone - only to provide the environment in which they will motivate themselves. Here are some suggestions which can help to provide motivation for Kristy. With her agreement, build the most important ones into her Performance Management System and Key Result Areas for maximum motivation.

Kristy is motivated by:

- Having access to all the information she needs.
 - An internal desire “to do the right thing in the right way”.
 - Rewards for quality, not quantity.
 - Integrity from her superiors.
 - Successful completion of major projects.
 - Communication in writing to enable her to assimilate information.
 - A manager who understands that she has personal goals and values.
 - Opportunities to share experiences with a small, relaxed group of colleagues.
 - Full acceptance of her values and feelings.
 - High standards being set and achieved.
-

Personal Notes

Management Style

There are many different approaches to management, most of which have different situational applications. This section identifies Kristy's natural management approach and offers clues to her management style, highlighting both gifts and possible hindrances that can be further explored.

In managing others, Kristy may tend to:

- Be too trusting of her people.
 - Dislike “hard-nosed” disciplinary matters within the workplace.
 - Appear stubborn and intransigent in areas which conflict with her sense of values.
 - Decide quickly in areas she feels comfortable, but procrastinate in those where she feels vulnerable.
 - Encourage others to sacrifice deadlines for quality.
 - Become stubborn when challenged.
 - Appear indecisive when reflecting on important decisions.
 - Surprise others with her accurate predictions of reactions to decisions.
 - Encourage staff development at all levels.
 - Be a little too generous and understanding when others fail to perform.
-

Personal Notes

Personal Achievement Chapter

At its best, life is a rewarding journey of personal exploration and growth.

This chapter is designed to focus on several highly important aspects of personal development. Using the guidance suggested in these pages can lead to exciting changes and can have a profound impact on success.

The sections will help Kristy define her life's purpose, set her goals and organize her time and life to achieve them. It offers suggestions on how she can tap into her natural creativity, and unleash further creative potential from deeper aspects of her personality, to overcome any obstacle.

Finally, it gives powerful suggestions for Kristy to understand and enhance her preferred learning styles.

When applied, the ideas contained in this profile can provide insights and support to life's journey of development.

Living on Purpose

Having a sense of purpose and worthy goals are important to building a strong foundation for a successful life. Here are some of the things Kristy should be aware of in setting goals and defining her purpose.

Living on Purpose

Kristy's strong commitment to team performance will be evident in the collective emphasis of her aspirations. Tolerant and giving, the person she criticises most is often herself. She should take care to keep her criticism positive as she may blame herself for too much, too easily. Her motivators are likely to have a strong focus on people and family involvement.

She enjoys living in the present. The future occasionally holds somewhat negative potential for her. Fully engaged in the here-and-now, she is fairly relaxed about getting things done and is a good day-to-day planner. She could appear somewhat distant and uninvolved at times. She is a past master at ordering and prioritising things in her life. Kristy has a good memory for detail and learns best from practical experiences, incorporating these abilities into her planning. Once a target has been set, Kristy will usually make steady rather than spectacular, progress towards it.

Kristy's preferred tasks tend to be specific and tangible with clear deadlines for their completion. While appearing to accept support and encouragement, she may nonetheless doggedly retain her own ways. Her goals accentuate practical maintenance and the extension of current realities. Occasionally, opportunities are lost because they appear to her as too superficial to even begin to contemplate. Working better with tangible rather than non-tangible goals, Kristy needs to be able to measure the results. She is systematic and relies on established practices and procedures. She should not automatically dismiss innovative methods as they may provide useful shortcuts.

Personal Notes

Time and Life Management

Benjamin Franklin said "Dost thou love life? Then do not squander time, for that is the stuff life is made of". This section contains some strategies that Kristy can use to become more effective in the area of time and life management. Choose the most significant ones and apply them every day for high levels of effectiveness.

In managing her time, Kristy,

Suggested Action For Development

Will often avoid high risk ventures in favour of the tried and tested.	→	'Push the boat out' more often.
Restricts herself to the day-to-day, sometimes at the future's expense.	→	Extend days to weeks; then months - look to the future.
Occasionally finds her time being manipulated by her supervisors or manager.	→	Win respect by being forthright and assertive when others seek to control.
Can appear rather cautious in making decisions.	→	Set a deadline for making the decision and stick by it.
Sometimes does excellently that which need not be done at all.	→	Decide what is important and delegate trivial matters.
Needs ample time to assimilate information before proceeding.	→	Negotiate time for thorough reflection.

Personal Notes

Personal Creativity

Creativity has been defined as seeing the same thing as someone else but thinking something different. Different people have different creative strengths. This section identifies some of Kristy's creative characteristics and how she can build on them.

In her creativity, Kristy,		Suggested Action For Development	
Taps into past experience when solving a problem.	→	Question whether this particular situation is necessarily the same as previous ones.	
Has a relaxed and stand-back approach.	→	Recognise the benefits of injecting some excitement into the project.	
Likes to share her ideas with others.	→	Give additional time to pre-planning the sharing.	
Finds solutions through listening closely.	→	Be careful not to rely too much on the ideas of others.	
Will absorb and evaluate information before taking decisions.	→	Place more trust in intuition or "gut-feel" occasionally.	
Will embrace ideas that are beneficial to others.	→	Give equal attention to task and people issues.	

Personal Notes

Lifelong Learning

Continual learning is a key part of personal development and growth. This section identifies several ideas Kristy can use to learn more effectively. Use these statements to map out a learning strategy and to create the environment for optimum personal growth.

Kristy's preferred learning style is supported when she:

- Spends time in quiet assessment and reflection.
- Can absorb information from the experiences of a wide range of persons.
- Does not feel she is working under undue pressure.
- Can talk her ideas through with a supportive learning partner.
- Can mind-map, using colourful imagery and words.
- Is able to reflect on what she has learned.

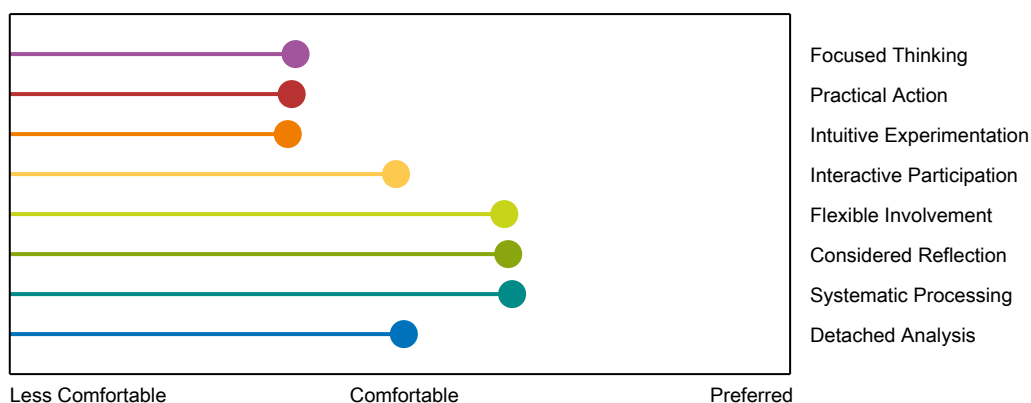
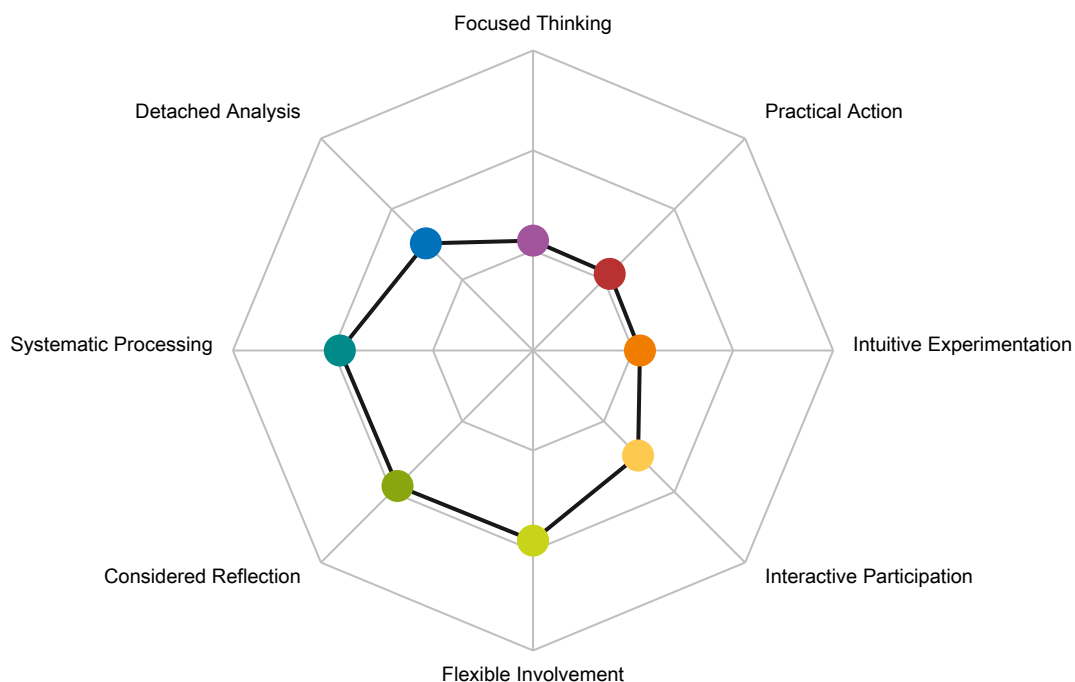
Kristy can stretch in learning by:

- Willing to act on the unusual views and suggestions of others.
 - Being clear about her specific development needs.
 - Not delaying her contributions.
 - Taking somewhat faster action.
 - Participating fully and openly in group discussions.
 - Speeding up and take control of her own learning schedule.
-

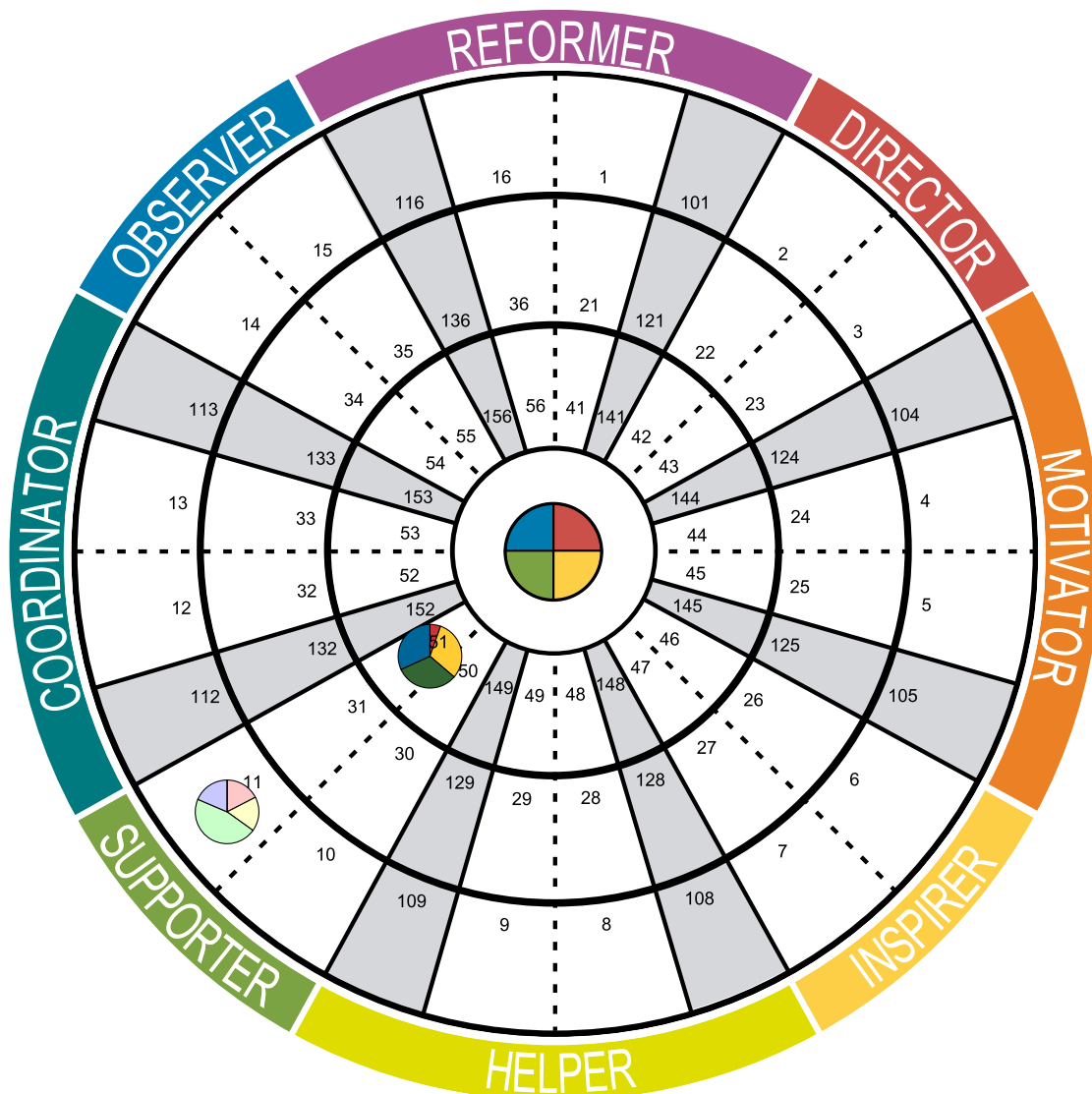
Personal Notes

Learning Styles

22 January 2025



The Insights Discovery® 72 Type Wheel



Conscious Wheel Position

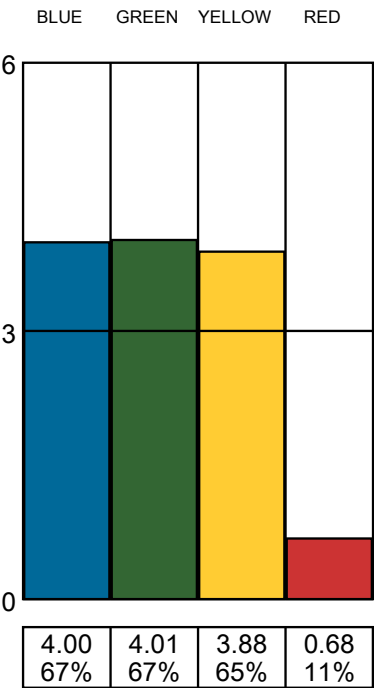
51: Coordinating Supporter (Accommodating)

Less Conscious Wheel Position

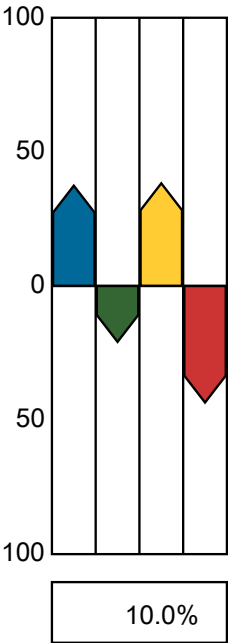
11: Coordinating Supporter (Focused)

The Insights Discovery® Colour Dynamics

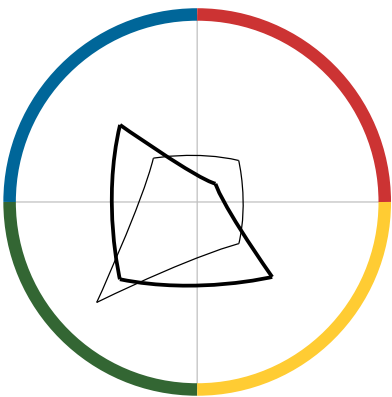
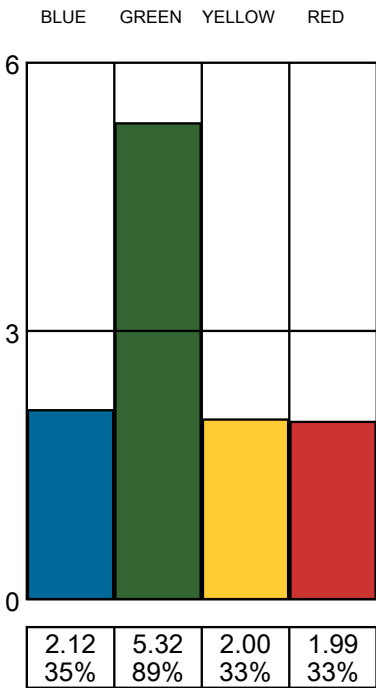
Persona (Conscious)



Preference Flow



Persona (Less Conscious)



— Conscious
— Less Conscious



GLOBAL HEADQUARTERS PROFILE: D_PR_RETENTION
Insights Learning & Development
Terra Nova, 3 Explorer Road, Dundee, DD2 1EG, Scotland, UK.
TEL: +44(0)1382 908050 FAX: +44(0)1382 908051
EMAIL: insights@insights.com WEB: www.insights.com