Medical Education Supervisors’ Leadership Conversations
Workshop Aims

Prepare Supervisors to integrate leadership learning into their regular conversations with junior doctors through:

• Offering practice and guidance on managing conversations for leadership learning
• Familiarising Supervisors with the new ‘Leadership Conversations in Postgraduate Medical Training’ resource pack
Introduction and our foundations

1. Quick round of introductions (name, role, organisation)

2. Two x four minute conversations in pairs, discussing *how you describe leadership and its importance to junior doctors.*
Our approach to Postgraduate Leadership Development
Clinical Leadership: Barriers & Enablers – FMLM review
The state of medical leadership and management training for junior doctors

FMLM 2017 junior doctor survey

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Focus Groups: essential messages

From two groups of eight Supervisors:

Challenges

• Time (ours and trainees’)
• Perspective (CS spend more time with trainees)
• “I’m not sure I have the skills needed to educate the next generation of doctors”
• “How can I be confident that what I’m saying is right?”

What would really help

• A consistent definition and set of expectations (about leadership, leadership behaviours “help us to understand what leadership is and how to demonstrate it to others” and of our role)
• Toolkits for trainees and supervisors
• Knowing how to make leadership relevant and applicable
• Seeing leadership as everyday rather than hierarchical
• Personalising leadership development for each trainee
• Development/virtual support groups for Supervisors
Focus Groups: essential messages

From four groups of 15 trainees:

Challenges

• Haphazard, “stumble on leadership”, implicit rather than explicit
• Too much variation
• Not knowing what’s expected and what leadership means
• Still seen as about position (“current perception is that leadership is about being at the top of the hierarchy”) and special experience, neither of which are universally available
• Trainees feeling that they are “the bottom of the pile” and so not seeing themselves as leaders.

What would help

• Skeletal structure of definitions and expectations related to different training levels. “Help us to identify what leadership looks like and suggest new routes to demonstrating it that don’t require additional roles/work.”
• Making full use of “the good experiences of leadership in the everyday” with Supervisors “drawing attention to everyday leadership” and helping us to consciously reflect.
• Learning from Supervisors as role models; “useful to hear their thinking about their leadership practice.”
Leadership Development

70% On-the-job Experience

20% Informal Learning

10% Formal Learning

Source: Charles Jennings, former CLO of Reuters

(Lombardo 1996)
So, our stance emphasizes:

1. Making full use of everyday leadership experience
2. Through integrating conversations about leadership into business as usual
3. Encouraging reflection and continuous development
Following the principle of:

- Plan
- Do
- Improve
- Reflect
A stance which sees Supervisors:

- Modelling
- Reflecting
- Developing
- Guiding

Birdens et al
Resources and skills

1. The ‘Leadership Conversations in Postgraduate Medical Training’ Resource Pack

2. Developing skills in facilitating work-based learning
A stance which sees Supervisors:

- Modelling
- Reflecting
- Developing
- Guiding
Ways of describing leadership

X position, X being in charge

1. “A process of influence whereby those subject to it are inspired, motivated or become willing to undertake the tasks necessary to achieve an agreed goal.” (Spurgeon and Klaber, 2016)

2. “Leadership is a process whereby an individual influences a group of individuals to achieve a common goal.” (Northouse, 2007)

3. “Management produces order and consistency, leadership produces change and movement; both are essential to prosper.” (Kotter, 1990)
Ways of describing leadership

The Healthcare Leadership Model is made up of nine behavioural dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results

https://www.leadershipacademy.nhs.uk/
Leadership Conversations
Supporting developmental conversations in postgraduate medical training (V1.0: 10.06.19)

www.leadershipacademy.nhs.uk
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>How to use this pack</td>
<td>4</td>
</tr>
<tr>
<td>Getting started</td>
<td>7</td>
</tr>
<tr>
<td>Early years: Foundation - CT/ST 1-2</td>
<td>9</td>
</tr>
<tr>
<td>Middle years: CT/ST3-5 and immediate post-CCT GP</td>
<td>13</td>
</tr>
<tr>
<td>Later years: ST6 – Consultant and early career GP</td>
<td>17</td>
</tr>
<tr>
<td>Developmental conversations</td>
<td>22</td>
</tr>
<tr>
<td>Leadership reflective log</td>
<td>23</td>
</tr>
<tr>
<td>Local programmes and opportunities</td>
<td>24</td>
</tr>
<tr>
<td>Recommended reading</td>
<td>25</td>
</tr>
</tbody>
</table>
Early years: Foundation - CT/ST 1-2

During the early years of postgraduate training, trainees are advised to concentrate on developing the leadership skills and approaches that enable them to manage themselves, their workload and their team contribution.

<table>
<thead>
<tr>
<th>HLM Domain</th>
<th>Behaviours to demonstrate</th>
<th>Indicative development activities</th>
<th>Developmental resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspiring shared purpose</td>
<td>Staying true to NHS principles and values</td>
<td>• Review the many ways in which your work affects patients’ lives.</td>
<td>• NHS England’s information about feedback on services, including the Friends and Family Survey</td>
</tr>
<tr>
<td></td>
<td>1. Do I act as a role model for belief in and commitment to the service?</td>
<td>• Familiarise with patient feedback on services.</td>
<td>• Simon Sinek’s Ted Talk on How Great Leaders Inspire Action</td>
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<tr>
<td></td>
<td>2. Do I focus on how what I do contributes to and affects patient care or other service users?</td>
<td>• Shadow a Trust Governor/Patient Leader</td>
<td>• The NHS Constitution</td>
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<tr>
<td></td>
<td>3. Do I enable colleagues to see the wider meaning in what they do?</td>
<td>• Read the NHS constitution</td>
<td>• Take me to your leader - Lilly Lecture by Baroness Julia Cumberledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• ‘Top tips’ on How to get involved with leadership and management as a student and foundation doctor? by Christina Whitehead</td>
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<tr>
<td>Leading with care</td>
<td>Caring for the team</td>
<td>• Reflect on the messages your actions convey – are you acting as if the health and wellbeing of your team are important to you? Observe how other leaders convey this in practice. Spend some time noticing how others’ emotions influence their work. When you notice negative emotions in a colleague, intervene to address the situation and reflect on your effectiveness</td>
<td>• Leadership That Gets Results by Daniel Goleman</td>
</tr>
<tr>
<td></td>
<td>1. Do I notice negative or unsettling emotions in the team and act to put the situation right?</td>
<td></td>
<td>• Ballatt, J and Campling, P (2011) Intelligent Kindness: Reforming the Culture of Healthcare, RCPsych Publications</td>
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</tbody>
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Steps in using the Leadership Conversations Guide

1. Trainee completes leadership induction in ‘Getting Started’ on pages 7 and 8

2. Trainee and Supervisor prioritise up to three leadership development areas for the year

3. Supervisor and trainee regularly review and reflect on leadership learning, Trainee using Reflective Log (23) and Supervisor using Reflective Questions (22).

4. At year end, Trainee can upload their Reflective Logs to their ePortfolio for review at ARCP
Developing skills in facilitating work-based learning
The Healthcare Leadership Model is made up of nine behavioural dimensions:

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- Holding to account
- Developing capability
- Influencing for results

https://www.leadershipacademy.nhs.uk/
A stance which sees Supervisors:

- Modelling
- Reflecting
- Developing
- Guiding

Birdens et al
(I) Reflecting

Working in pairs, please take it in turns to encourage each other to reflect on recent leadership learning, using a variant of the questions on page 25. You have 10 minutes each:

1. Which leadership **behaviours** have you demonstrated over the last week or even today? What have you learned about leadership from doing so?

2. What have you learned from **observing** others’ leadership behaviours?

3. What recent **feedback** have you had and what does this tell you about your leadership strengths and areas for development?
A stance which sees Supervisors:

- Modelling
- Reflecting
- Developing
- Guiding

Birdens et al
(II) Developing

Reforming into groups of three, please identify A, B and C and then take it in turns to speak/listen/observe. You have 15 minutes each:

• The **speaker** identifying a leadership behavior that they want to develop and demonstrate *specifically to enable them to facilitate trainees’ everyday leadership learning* - explaining why this matters to them and how they plan to develop and demonstrate it.

• The **listener** NOT giving advice but summarizing, asking clarifying questions and offering timely feedback and suggestions to support the speaker in developing a plan

• The **observer** offering feedback to the listener on what they did and how they impacted the speakers’ clarity and commitment.
Maintaining focus

1. How well are you developing the leadership behaviours you want to develop?
2. How do you know?
3. What will you do next to strengthen these behaviours still further?
Next steps

First thoughts on how you plan to integrate leadership development conversations into your work with doctors in training