

## **Completing a Leadership Assessment using the LEADER form For South Thames Foundation School trainees for Educational Supervisors**

### **Clinical Leadership**

Effective Clinical leadership is recognised as being essential for good patient care and Leadership is now part of the curriculum for foundation and all core and higher specialty training.

### **The Medical Leadership Competency Framework**

The [Medical Leadership Competency Framework](#) (MLCF) was jointly developed by The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement in conjunction with a wide range of stakeholders. The MLCF describes the leadership competences doctors need in order to become effective professionals and more actively involved in the planning, delivery and transformation of health services. It has been incorporated as it stands into some curricula and is the basis of the leadership curriculum in others.

As a framework it is useful to highlight individual strengths and development areas through self assessment and structured feedback from colleagues

### **LEADER tool**

The LEADER tool (developed by leadership champions from the KSS Deanery School of Clinical Leadership) is based on the MLCF and facilitates targeted feedback to an individual about his or her leadership competencies and learning needs.

### **‘One trainee – one assessment’**

In order to encourage good coverage of the leadership curriculum, we are keen that every trainee should have an individual formative assessment of their leadership skills each year. The LEADER tool is available as an on-line form is being piloted as an addition to the Foundation ePortfolio in The South Thames Foundation School.

### **Shared Leadership**

The Medical Leadership Competency Framework is built on the concept of [shared leadership](#) where leadership is not restricted to those who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.

## **Leadership Activities**

Included in this document are suggestions for leadership activities that trainees might undertake, recognising that they may be at very different stages in their leadership development. Some Foundation trainees may be more effective and experienced leaders than their more senior colleagues.

### **How will it work?**

As the educational supervisor, you may have an opportunity to witness some leadership by the trainee when they lead the 'Board round' or multi-disciplinary team meeting, or when they manage a complex patient by co-ordinating different teams. They may support their colleagues by planning induction or educational updates.

The trainee may also reflect on some leadership activity they have done and he/she may bring evidence of having achieved some improvement in patient care through implementing an audit or simply come to talk to you about how he/she tried to make a change but was unsuccessful.

Trainees have been informed of the importance of completing a leadership assessment and will be looking for leadership opportunities to bring to your attention.

### **Using the LEADER tool**

It is unlikely that you will be able to cover all the areas in one assessment and with Foundation trainees, you will more likely be covering the areas of personal qualities (L) and working with others (A).

Ask open questions – what went well? – what went less well? What did you set out to achieve? How did you achieve it? Why do you think you didn't achieve your aims? How did you take your colleagues with you? How might you do it differently next time?

### **Giving feedback**

Trainees like and need feedback from those senior to them. Trainees learn more from feedback if it is constructed as a conversation in which they also actively participate, as opposed to a feedback session in which a more senior colleague 'rates' their performance. Feedback needs to be specific if it is to be helpful. A vague 'that was very good' does not tell the trainee what they might do better or what was good about their performance. Examples of specific feedback comments might include the following:

- 'It was helpful when you turned to the nurse and asked her for her opinion. She contributed successfully when you encouraged her.'
- 'Because you clearly articulated the purpose of the meeting at the beginning everyone was focussed on the task.'
- 'It might be helpful to make sure the nurses feel included by asking them their opinions.'

- ‘Giving people a clear idea of what the meeting aims to achieve at the beginning might help focus them on the task.’

### **Filling in the form**

Fill in the form with the trainee – on-line if possible or on a downloaded version for upload later.

We have included an example of the type of comments that might be added to the form.

(L) Personal qualities: You showed perseverance in the face of a number of challenges – maybe listening a bit more to the feedback you received would have helped the situation to be less challenging

(E) Managing services: By keeping to time you made the best use of the equipment and your colleagues as resources. You might need to be a bit more flexible at times to take into account other parts of the service.

(A) Working with others: By identifying roles for different members of the team, you involved them all in the project. You might need to use a bit more praise and encouragement to keep people interested over a longer period

(D) Setting direction: You persuaded a number of your colleagues of the importance of your ideas – you might have managed to persuade a few more if you had used a more collaborative approach perhaps inviting them to contribute to the planning.

(E) Improving services: You undertook solid research to identify how you might improve the process. This gave you a strong basis to argue your case which you did effectively. Make sure you always involve others concerned with the processes before you argue for a change as you may not be aware of all the factors in play.

(R) Reflection: During the course of carrying out the audit you clearly reflected on the experience and changed the way you obtained the data to involve your colleagues more. This was very successful. Where you have been unsuccessful it is important to think through how you might do it differently next time.

The trainee then uploads the form into their ePortfolio.

## **Leadership learning opportunities for Foundation doctors**

### **Demonstrating Personal Qualities**

- Personal reflective notes ; conflict resolution, dealing with a difficult colleague, managing a complaint, responding to feedback, management of near misses/adverse events
- Managing clinical priorities on-call ; feedback on time-management; helping others to improve time management
- Continued Professional Development; teaching session based on recent course attended ; organize teaching for self and others having identified a need
- Confronting bullying
- Managing an ethically challenging situation
- Maintaining morale in difficult situations

### **Working with Others**

- Improving communication between different teams (e.g. midwives, nurses, doctors) – find out the issues and try to resolve them
- Consulting with colleagues, junior doctors meetings; acting as a rep
- Think about your leadership skills during simulation.
- Improving handover–look at current practice and the views of all those involved; any critical incidents, near misses, identify areas for improvement and suggest ways forward
- Organise teaching for medical students
- Induction:: writing a guide for new F1s or doctors new to your department; organize teaching for new doctors
- Working in a team – supporting your colleagues effectively when working together

### **Managing Services**

- Understand how the common pathways work in your department – what goes well what goes less well. Can you help where it goes less well?
- Help design rotas which maximize continuity of care
- Audit a step in a pathway – do all patients get VTE prophylaxis on your ward?
- Contribute to the discussion about how services are working – as a junior doctor close to the patients your contribution is very important.
- Improving information given to patients and/or patients' caregivers

### **Improving services**

- Assessing the need for a change and gathering evidence for this
- Taking steps to make sure patients and carers needs are taken into account
- Auditing a pathway or step in a pathway and introducing change – how do users of the service view the pathway? What improvements could be made?

- Identify a patient safety issue (critical incident forms, clinical governance meetings) and introduce change (in guidelines, training, pathway)
- Identify areas for improvement in patient pathway –
- Organize teaching on new initiatives for your colleagues

### **Setting Direction**

- Taking results of audits/change projects to Trust management
- Implementing changes from an audit
- Leading an MDT meeting or board round
- Checking out changes you have made with patients and colleagues
- Responding to feedback positively