

# THE CLINICAL LEADERSHIP STORY

Why it's important and what we need to do

### THE THEORETICAL CASE



Healthcare organisations are professional bureaucracies (Henry Mintzberg)

- Key leadership roles are played by professionals
- Leadership is dispersed among staff and not limited to those in formal managerial roles
- The system requires collective leadership

### THE POLITICAL CASE



**Lord Darzi, 2008** - leadership...is central to our expectations of the healthcare professionals of tomorrow

Jeremy Hunt, 2016 - I would like to see a greater proportion of clinician chief executives...an outstanding new generation of leaders Matt Hancock, 2018 - Combine your frontline clinical knowledge and experience with leadership skills...to benefit the whole team, benefit the NHS, and benefit the nation

### THE EMPIRICAL CASE



Studies from the UK, Europe and US show clinical leadership has a positive impact on organisational performance, strategic decision-making, care quality and patient outcomes, staff satisfaction and retention, and service reforms

### THE NHS LEADERSHIP ACADEMY

### Lifelong approach



- Undergraduate on curriculum, faculty development and resources
- Postgraduate and early career on improving training
- Middle leaders on targeted initiatives and local development programmes
- Senior/executive leadership on supporting career transitions and system leadership development







### MAXIMISING LEADERSHIP LEARNING IN THE PRE-REGISTRATION HEALTHCARE CURRICULUM

The HEE guidelines and how they were developed

### THE EVIDENCE BASE

### **Co-production approach**



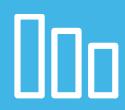
- Original research
- Literature review
- Leadership models in healthcare
- Professional body expectations
- Current practice

### **3 STAGES: DEVELOPING AS A LEADER**



- 1. **Focus on self**: developing self-awareness and self-efficacy, understand own beliefs, values, attributes and skills, build and develop leadership behaviours
- 2. **Working with others**: understand interaction with others, learn how to develop positive team working in diverse environment
- 3. **Improving healthcare**: develop and lead teams for change and service improvement through evidence-base approaches

### **3 STAGES: INTEGRATING INTO CURRICULA**



- 1. **Principles of programme design**: guiding principles to successfully embed leadership learning
- 2. **Key programme content**: providing content in logical flow relating to 3-stage leadership learning development model
- 3. **Key approaches to teaching and learning**: educational methods, tools and approaches to leadership learning

### THE NATIONAL STEERING GROUP

### **Priorities**



- Curriculum support and development
- Educator development
- Building and sharing the evidence base
- Creating practice environments that support leadership learning
- Influencing policy, regulation and practice
- Supporting and mobilising students







# COUNCIL OF DEANS' STUDENT LEADERSHIP PROGRAMME

How the programme was developed and its outcomes

#### THE DEVELOPMENT



Council of Deans of Health and Burdett Trust for Nursing
Co-production with students

Online survey of pre-registration healthcare students

- Are you a leader?
- What makes an effective leader?
- How your university course develops your leadership skills?
- Who do you got to for career advice?
- Suggest design for programme and workshop themes

### WHAT STUDENTS SAID

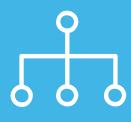


Some believed they were leaders (52%)

They preferred learning leadership through coaching and mentoring They asked advice mostly from practising clinicians, employers and universities

They wanted to learn about: building confidence, resilience and managing change, how to be proactive and create opportunities, understanding leadership in clinical settings, managing risk and failure, being solution-focused

### THE STRUCTURE



Opening and closing residential workshops

**Buddy** scheme

External mentor

Webinar series and online discussions

Regional/national **networks** 

Encouragement of project work

Awards events

### THE OUTCOMES AND IMPACTS



250 students, 70 universities, 15 professions Student achievements

- Organising leadership conferences
- Advocacy for professions (Step into Health campaign)
- Social media networks
- Research, QI projects, conference presentations, publications
- Setting up university societies
- Awards







### WHAT YOU SAID

### THE KEY ISSUES



### INTEGRATING LEADERSHIP IN THE CURRICULUM

How do you embed leadership into the curriculum, as a golden thread, instead of teaching as a discrete topic?

How do you introduce leadership into the curriculum if there isn't a framework from a regulator?

### LEADERSHIP IS SEEN AS ONLY FOR PEOPLE AT SENIOR LEVELS

We need to get students to identify as a leader

We need to spread leadership more evenly across the team

### **ASSESSING LEADERSHIP**

Leadership which is not only knowledge but skills and attributes is not easy to teach or assess

How might we measure leadership?

### STUDENT CO-PRODUCTION

How do we make sure students are engaged in and part of the leadership conversation?



### LEARNING DURING THE PANDEMIC



# AVAILABILITY OF RESOURCES

Challenge of finding time and a safe environment for learning and development of leadership skills

What if there are no placements for students to apply theories to practice reflection?

## VIRTUAL LEARNING ENVIRONMENT

Can we fully deliver leadership skills online?

As a trainer online the impact of storytelling can be lost and it is hard to keep energy up

What can we learn from other providers, like the Open University?

### **KEY LEADERSHIP TOPICS**

Resilience
Self-awareness
Approach to conflict
Followership and leadership
Compassionate leadership

Up to date evidence base for leadership development and managing change



#### **DOING THINGS DIFFERENTLY**

Multi-professional teaching & learning We need to break down barriers and hierarchy between professions

Leadership for new ways of working, new models of care and systems

More diverse and distributed leadership Rethinking leadership post-COVID



NHS England NHS Improvement







# YOUR IDEAS



#### MAKE LEADERSHIP EXPLICIT

Identify the opportunities already present and integrate leadership learning in every activity

Help students recognise their leadership skills during group activities and gain confidence

Highlight where leadership skills are being developed

Ensure student identify as a leader and are able to make links to the theory

#### LANGUAGE IS KEY

Use leadership language when reflecting on professional development on placement
Link leadership to professionalism, quality, role modelling, learning culture, and accountability

### LEADERSHIP EXPERIENCE IN A SAFE ENVIRONMENT

Give students opportunities e.g.
presentations, projects, abstract-writing and
show how they fit into clinical practice
Get students to identify a need for change
and lead a QI project.
Role for OSCEs and simulations
Gaming approaches work well to engage
students

### **EXPERENTIAL LEARNING**

The practice of leadership, having opportunities to put theory and skills into practice, is key

Encourage students and newly qualified staff to take leadership roles on placements
Encourage students to embrace problem solving - the COVID situation offers opportunities to develop problem solving and decision making skills

## INTERPROFESSIONAL LEARNING

Promote MDT working and learning
Learn from models of positive team
working across the MDT such as mental
health and critical care

Placement time in other professions
Cross university teaching facilitated by
technology
Multidisciplinary peer assisted
learning

# ROLE MODELLING AND MENTORSHIP

Use of case studies
Identifying leaders as role models
Storytelling
Telling stories of leaders during
COVID-19

Buddy systems
Peer assisted learning and student
coaching in practice
Peer feedback methods

### **BEYOND THE CURRICULUM**

Leadership development through social activities, sports and societies Student course representatives and co-production of education

Wrap foundation year/praeceptorship around Level 3 leadership - offer L3
Team leader supervisor for newly qualified clinicians



### WHAT SUPPORT WE NEED

Webinars to access leaders and sharing of good practice Structured guidance and resources Reusable learning objects

Promotion of leadership by professional bodies



NHS England NHS Improvement

