

Encouraging a new kind of leadership

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ABSTRACT

There is increasing evidence that good management and leadership lead to better patient outcomes (Mountford and Webb, 2009). In the UK there is an increasing demand that NHS leaders have a clinical background (DoH, 2009a), yet there is relatively little focus on leadership skills during clinical training. We describe here an innovative programme commissioned and designed to bridge that gap in the final year of postgraduate medical training. We explain the structure of the programme, and that the aim was, and still is, to use experiential and reflective learning to enable doctors on the cusp of becoming consultants to broaden their horizons and manage their circumstances (both personal and professional) more effectively. This means helping them to understand their own individual needs, strengths and development areas, and to grasp with greater insight the system in which they work. We found that a tailored, non-didactic leadership programme, coupled with leadership coaching, was critical to improving clarity of goals, self-management, self-perception, self-confidence, preparedness for leadership and NHS knowledge for Specialist Registrars, who have gone on to gain hospital posts.

As yet another tranche of NHS reforms begins to bite (DoH, 2010), the cry of the last 20 years for more and better clinical leaders (DoH, 2009b) has become even stronger. Clearly, many doctors entered medicine to develop, practise and hone their clinical skills, and regard the idea of management and leadership as something possibly necessary, but definitely bureaucratic, and not for them. Yet for a substantial majority the very nature of their clinical work demands leadership skills, whether or not the individuals actively apply for, or are persuaded to hold, formal clinical leadership posts (Stanton et al, 2010). They lead teams, manage complex workloads, drive change and control substantial resources.

In one London teaching hospital, the far-sighted Director of Postgraduate Medical Education realized that nurturing good clinical leaders, in a non-didactic way, was essential for the future. She commissioned our team to design and develop an innovative programme to bridge the gap between clinical training in the present, and developing clinical leadership capacity for

the future. This was aimed at specialist trainees who were within a year of gaining a hospital consultant post.

‘Increasingly I noticed that specialty trainees exist in a training ‘bubble,’ says Lesley Bromley, director of Postgraduate Medical Education at University College London Hospitals (UCLH). ‘They push themselves very hard to reach the peak represented by their first consultant post, only to find that they do not understand what they can create beyond it.’ This perception of a ‘dead end’ can have negative consequences: ‘As a result they sometimes become arrogant and insular, regarding leadership as something managers alone can do,’ says Dr Bromley. ‘This is not a good landscape in which to practice and is a waste of talented people. Additionally, I believe that trusts need to focus and motivate their workforces so that the individuals get what they want out of their careers and at the same time deliver what the trust wants for optimum patient care.’

In September 2010, we began the fourth programme. This article describes what we

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developed, how we have adapted it and what the trainees think. It also proposes that doctors who want to take on leadership roles be given ample opportunity to explore and enhance their self-confidence, self-awareness, value set, and strengths.

Trying something different

When we were commissioned to develop this programme, we discovered that many trainees regard a management course as a tick box exercise to help them get their first consultant post. Dr Bromley wanted something more developmental, highly interactive, and designed to challenge the trainees. In particular, the focus was to be about trainees taking control of their own careers, and being able to think beyond simple management to authentic leadership (George et al, 2007). The aim was, and still is, to use experiential and reflective learning to enable doctors on the cusp of becoming consultants to broaden their horizons, and manage their circumstances (both personal and professional) more effectively. This means helping them to understand their own individual needs, strengths and development areas, and to grasp with greater insight the system in which they work. The aim is to equip the doctors to:

- Make career choices on the basis of better self-awareness, and awareness of the health care system
- Build their capability to make well-founded career decisions
- Run relationships more effectively—within their teams and beyond
- Give their trusts and the NHS a better return on their investment.

The course was designed to assist these doctors to better understand current and emerging medical career pathways, and shape their future

progression by identifying and evaluating their options, from which point they would be able to create their own career plan. Individuals are guided in:

- Understanding their own motivations and needs, and how to meet them
- Understanding how they can make better use of their strengths
- Understanding the context in which they are working and how they can manage it
- Becoming more fulfilled
- Achieving and maintaining a sense of direction and focus on an ongoing basis.

The intention extended to providing benefit not only at a personal level, but also at an organizational level. Raising the quality of the doctors' leadership would improve their ability to motivate, inspire, and help grow those around them, and would also, in due course, stem the flow of early retirements and support the trust's succession planning. The consequence of this approach would be a better match between the strategy of the organization, which will have invested heavily in the doctors, and the doctors' own aspirations and potential.

Programme detail

The first programme consisted of five one-day modules delivered over an eight-month period. The programme was delivered by three highly experienced coaches and facilitators who have deep knowledge of the NHS and the challenges of clinical leadership. Modules combined specialist input, development of self-awareness, distribution of knowledge, and focused action planning. The modules were supported by the administration and use of the Myers-Briggs type indicator, a 360° feedback tool, the Strengthsfinder (Rath, 2007) and, critically, three individual coaching sessions for each

participant at approximately six- to eight-week intervals.

We received exceptionally positive feedback which has led to the programme being commissioned three more times to date. What participants wanted, though, was more coaching and a shorter overall timescale. What was less successful, interestingly, was the use of a 360° feedback tool. Participants found it extremely difficult to get peers and seniors to complete the questionnaire and it appeared to cross over with other 360° appraisals which form part of clinical training assessment. For the following programmes, therefore, we changed to four one-day modules and four coaching sessions over six months—this formula continues to be very well received. The four modules are:

- Personal strengths and leadership
- Career drivers and leadership
- Service development
- Teams and relationships.

We also build discussion about the NHS into every module, and offer specific inputs to increase participant knowledge. We have found that despite their extensive clinical training, they are still remarkably lacking in understanding the NHS system, both corporately and as it affects them.

Participants rate the programme highly, and are especially appreciative of the one-to-one coaching offered. Indeed, for almost all participants, the opportunity to have coaching was initially regarded with suspicion, but subsequently it was deemed to be critical to improving self-confidence and contributing to success in gaining a consultant post.

Programme outcomes

Feedback from participants has been overwhelmingly positive, and coupled with a

strong sense of realisation that this programme is a really important intervention for their future careers. Participants have reported deeper self-confidence, heightened self-awareness, a greater ability to take control of career choices, and a real shock over how much they learnt about both themselves, and the wider NHS they are committing to. Some have clearly stated their desire and intention to work towards clinical leadership roles in the future.

Below, we highlight specifically what participants have told us.

Clarity of goals

The majority describe being much clearer about what they want to get out of their future medical career, and how they will meld this around the important things in their own lives. In particular, most had worked out more specifically what kind of hospital they wanted to work in and what the culture would need to be like in their chosen specialty, before they committed to a new job. Three participants (typical of many) commented: 'I'm more specific now about the type of job I want, where my boundaries are, and how to articulate what I want. I'm ready for it [a consultant role] now. I wanted to be appropriately in control of my career, and I am. I'm more goal-orientated, more organized.'

Self-perception and self-management

Coachees loved the insights offered by the Myers Briggs Type Indicator (MTBI), which were then further exploited in coaching. They found out why they could annoy, as well as delight, colleagues and future bosses. They worked on using their heightened self-awareness to good effect in team working, team meetings and interviews. For many, the improved self-awareness was scary but incredibly useful. They reflected at the end of the programme: 'I learned more about myself. Knowing my strengths

and weaknesses has helped me with facing challenges, and meeting people from outside my speciality has been valuable.’ ‘I’ve made a huge transition in the last six months, MBTI was a huge revelation.’ ‘It hasn’t been didactic—it’s been a great opportunity to learn about team working, personal development, MBTI.’ ‘I understand where I’m coming from, although the work is unfinished.’ ‘The coaching was fantastic: you develop yourself every time.’ ‘I’ve learnt lots from MBTI about how others think differently, and I’m more aware about how I handle other people.’ ‘The coaching prevented me burning out. I have better self-awareness and strategies to deal with stressful situations. I’ve learnt to take a break, to reflect and to re-prioritise.’

Self-confidence

The members of the medical profession are often seen as highly self-confident—and indeed, training encourages this, from a clinical perspective. However, our work with these doctors indicated that a number found the culture of the training dented their self-confidence on a regular basis. One described how she thought she was facing legal proceedings after a clinical incident was referred to the coroner—no senior colleague explained the process, her role or indeed that she was in no way to blame for the death of the patient. A fundamental element of our programme, therefore, was based on the Strengthsfinder work, encouraging participants to build on and develop their strengths. Working in a system in which so much is directed, and so relatively little initiative is expected, the direct and practical impact of such a lift in their confidence is demonstrated in comments such as: ‘I’m more aware: I think about things before I do them. I’ve become more open and confident, and I participate more. I’m more comfortable with contributing extra things like teaching

sessions.’ ‘I’m a better listener, and I’ve got more confidence.’

Prepared for leadership

Given the nature of their clinical training and indeed being ‘shielded’ from the politics, finances, and leadership challenges of the NHS, it is perhaps unsurprising that few participants envisaged themselves in a defined leadership role. During our programme they are encouraged to shadow both clinical and non-clinical leaders. These experiences and exploration of leadership skills during coaching led at least six to say that one of their career objectives was to be a clinical or potentially a medical director. Alumni have related how they are applying their learning about leadership, and how they can better analyse other leaders now too. They are overall much more confident in their abilities and prepared to tackle some quite ‘wicked’ issues in their new consultant posts. The extent to which participants began to bridge the gap between their technical medical roles and management is demonstrated by comments such as ‘I learnt a new speciality!’ ‘Management and leadership don’t seem in a separate silo any more. It’s been excellent—these things are second nature now.’ ‘I know the Divisional Manager now, and we know each other’s points of view. It would never have occurred to me to do shadowing: managers are usually faceless.’

Increase in knowledge

One of the fascinating issues throughout this programme has been the exposition and exploration of knowledge gaps. These have been around practical aspects of future careers: health financing, health policy and health strategy—but also around exploring team dynamics, understanding motivation of self and others, using reflective practice beyond the clinical scenarios. A number highlighted how coaching

KEY POINTS

- Leadership programmes can bridge the gap between clinical training and clinical leadership
- Leadership programmes can create a new kind of clinical leader
- Leadership development combined with coaching is a powerful method of intervention for clinical leaders.

in particular had created personal 'lightbulb' moments, not solely about work but also about their own lives and relationships. Coaching provided an unusually safe space for these individuals. Many have come to alumni events and shared highly personal stories that they first brought up in coaching, but now feel able to explore in a larger group of fellow participants—even if they were in different cohorts of the programme.

My colleagues and I have witnessed our participants:

- Grapple with feeling their values are being compromised
- Feel more in control of conflict and stress
- Acknowledge their strengths and surface their weaknesses
- Understand themselves and their impact on others
- Think through how to be effective in teams
- Recognize and grow their capability to be excellent leaders.

Doctors and NHS leadership

How do our experiences, and those of our participants, contribute to the wish to put more doctors at the heart of NHS leadership?

We know that being, and indeed becoming, a leader can be very tough indeed (Grashow et al, 2009), but we can see now that for many doctors the journey is made more difficult by a lack of time to reflect, a lack of positive feedback, little opportunity to explore team dynamics or self-perception, and crucially, no safe space to explore the impact of their career choice.

Our programme has begun to make an impact

for those who were committed to taking part and those who chose to try something a bit different. We recognize that many NHS organizations are led by doctors, and have invested substantially in growing their clinical leaders. It is intriguing, therefore, to see that this is only slowly being extended to the specialist registrar population, who are the country's future clinical leaders. The programme participants have explained that it is because clinical skills acquisition is regarded as most critical. We can fully understand why this is. What it does not explain though, is why the individuals we have worked with arrived with such a poor perception and understanding of NHS leadership, and why their self-esteem had been so dented by their clinical training. There must surely be a better way to grow future clinical leaders and we believe our programme has actively done so. BJHCM

Conflict of interest: An earlier, briefer version of this article appeared in the British Medical Journal careers section, April 2010, and the coaching aspects have been published in the International Journal of Mentoring in Coaching, December 2010.

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