Leadership and Management Study Guide

for higher trainees in psychiatry

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About this study guide

This study guide has been prepared to provide resources to support you, the psychiatric trainee, and to develop the leadership competencies you need to meet the demands of your advanced training curriculum. We recognise that trainers (educational supervisors) will also use this guide; so to help them we have included 'tips for trainers'.

▶ Tips for trainers

Look out for these tips! They have been written by experienced psychiatry trainers and leaders who share ideas that seem to work in practice. We wish you good luck in guiding your trainee through the process of becoming a consultant psychiatrist. If you have any tips you would like to share with other trainers, please email them to lead author, Dr Andrew Brittlebank (abrittlebank@rcpsych.ac.uk). You may also find it helpful to read about educational theory. We recommend Kaufman & Mann (2007).

The General Medical Council (GMC) includes demonstrating leadership skills in its core requirements for all doctors. However, numerous studies have shown that newly appointed consultants feel most unprepared for the leadership and management roles that they assume. It is essential that the National Health Service (NHS) has the leadership to undergo the transformation that is necessary for services to develop in a way that meets public expectations within a challenging financial context (Dickinson & Ham, 2008).

In 2009, the NHS Institute for Innovation and Improvement in collaboration with the Academy of Medical Royal Colleges published the *Medical Leadership Competency Framework*, which followed the associated *Medical Leadership Curriculum* (2009). The Framework is intended to guide Curriculum development in the domain of leadership across all stages of medical education from undergraduate to the first 5 years of continuing practice. The Curriculum is intended to guide the acquisition of appropriate knowledge, skills and attitudes in the postgraduate phase of training.

A number of materials are being developed to support the embedding of the *Medical Leadership Curriculum* in postgraduate training. A Department of Health programme, e-Learning for Healthcare (www.e-lfh.org.uk), has been commissioned to produce a range of e-learning materials that can be used for teaching of leadership competencies in all medical specialties. In addition, each medical Royal College has been asked to produce resources that will support embedding of those competencies in their specialties and subspecialties.

This guide has been written to support the embedding of the *Medical Leadership Curriculum* in psychiatry training. The format of the guide is based on that of *Liberating Learning*, a report by the Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD, 2002). Our intention is to help you base your learning about leadership around the opportunities that arise close to or within your workplace. The model of learning is therefore task based.

The content of the guide is structured around five competency areas that a study of psychiatry trainees and newly appointed consultants in the Northern Deanery identified as major learning needs (Briel *et al*, 2004), plus a sixth area of managing and leading change.

Key to text colour coding

Throughout this report you will notice pointers in green and purple. Those refer to two different conceptual models that this guide makes use of. The first is Kolb's learning theory (p. 6, purple) and the second is Miller's pyramid of medical competencies and assessment (p. 9, green). We have pointed them out in this way to help you see how an understanding of these models can support your learning.

References

References for this chapter are on p. 10.

The six learning experiences

Introduction

Overview of structuring learning in management and leadership

This section describes an overall framework for developing the leadership and management skills, knowledge and attitudes required by trainees to become successful consultants. It starts from a basic set of principles that doctors, like other adult learners, learn best (derived from Knowles, 1980):

- when they are involved in the planning of the learning process
- when they are aware of their learning needs
- when they have control of their learning
- when they identify the resources for learning with support
- when there is opportunity for feedback and reflection
- in a comfortable environment with peers.

These principles are at the heart of this study guide. We have incorporated Kolb's (1984) model of experiential learning (Fig. 1). Kolb's model is widely used in education to help learners and trainers understand how different learning activities may be blended together to improve the efficiency and effectiveness of learning. In this model it is postulated that learners may perceive learning activities through observing something happening (concrete experience) and by drawing conclusions about it (abstract conceptualisation). Learners process these data through thinking about it (reflective observation) and acting upon it (active experimentation). Later in this section we refer to Miller's (1990) model of medical skill and assessment. We have used these models to suggest a set of workplace-based activities, which will help build the knowledge, skills and behaviours that are needed by medical leaders. It is hoped that this mechanism will help rectify the current deficits in training (Morrow *et al*, 2009) and that new consultants will feel better prepared for their role and responsibilities.

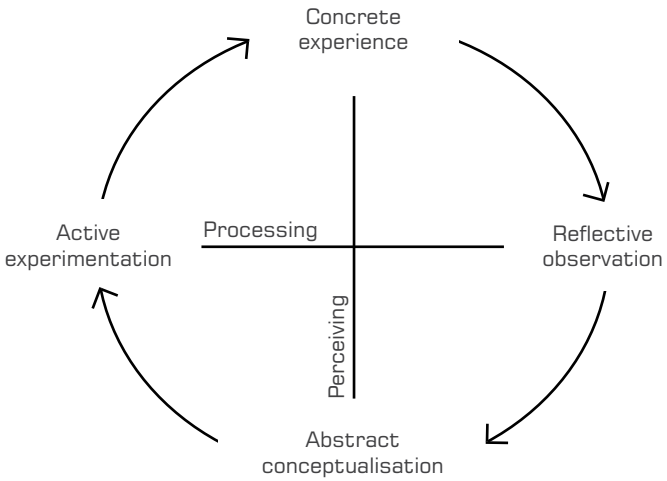

Fig. 1 The process outlined to achieve each competency (incorporates Kolb's learning cycle)

Before you plan your next stage of training it is important to give some thought to where you are now, where you want to get to and how you are going to get there. This section gives a suggested outline of the steps to take to help you clarify your learning needs and outcomes (Fig. 2) .

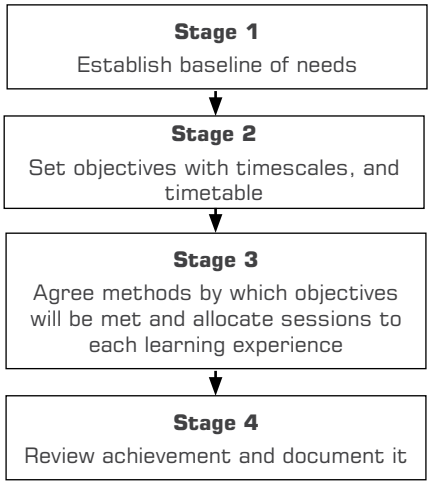

Fig. 2 Framework for identifying learning needs and objectives

Stage 1. Establish training needs: using self-evaluation tool

At the start of a placement, you and your trainer need to complete an assessment of learning needs in relation to management and leadership. An assessment tool specifically designed for assessing management and leadership skills is included as Appendix A. The tool assesses knowledge, skills and attitudes in relation to the six learning needs which have been identified through research as the areas in which trainees feel least prepared for the role of consultant (Briel *et al*, 2004):

1 organisation and management of clinics and clinic attendance
2 carrying out supervision
3 prioritisation of clinical and non-clinical work
4 dealing with complaints
5 delegating to others, both medical and non-medical members of the team
6 managing large-scale change.

This guide gives detailed examples of the types of learning experiences you can undertake to address these learning needs. The first five learning experiences can be carried out in 12-month attachments, whereas the final learning experience will be undertaken through involvement in a change process spanning the 3 years of higher professional training, when you will be supervised by trust leadership champions, rather than trainers.

You will see that each learning experience identifies which of the competencies in the *Medical Leadership Competency Framework* you will demonstrate by completing that experience. You may then map these competencies against requirements of the particular specialty training curriculum you are following.

Stage 2. Set training objectives with timescales, a timetable and a work programme

Once your learning needs have been identified, you and your trainer need to discuss the specific learning experience you need to undertake to address each of them. These objectives are likely to be a mixture of soft and hard objectives (Box 1). The number of learning experiences planned

Box 1 Examples of hard and soft objectives. Adapted from the Consultant Job Planning Toolkit (NHS Employers, 2011)

Hard objectives usually relate to something quantifiable that must be achieved, for example:

- complete12 emergency assessments
- complete 6 overdose assessments
- attend management and leadership course, obtain certificate of attendance and complete reflective practice sheet.

Soft objectives refer to activities that are difficult to quantify, for example:

- improve supervision skills
- read about delegating to others
- reflect on a complaint.

needs to be manageable and reflect their complexity. A few well-set learning experiences are more likely to be successful than an overinclusive list.

During your attachment you will have a number of competencies to achieve. It is therefore essential to put in place a timetable early in the attachment to agree which learning experiences will be addressed each week. There needs to be a balance between clinical and non-clinical learning experiences. The timetable should be agreed with the trainer and take into account gaps due to holidays and study leave. Some degree of flexibility is essential as sometimes there may be a need to deal with more immediate or more pertinent matters (e.g. a period of sickness or a complaint received that offers a learning opportunity).

Stage 3. Agree methods by which competencies will be met

To fully meet each learning need it is likely that you will need to ensure all aspects of the Kolb learning cycle are addressed. Individuals will have a natural preference for one or more of the four elements, but learning will be most effective if all four components are addressed (Box 2, next page).

Stage 4. Review and document achievement

Progress needs to be reviewed by you and your trainer at regular intervals. It is helpful in setting objectives that you are as clear as possible about what the essential success criteria are for each competence.

▶ Tips for trainers

Some learners want to observe for longer or read more before they 'dive in'. Other people want to 'give it a go' and try out new skills in practice. Either approach is fine. Trainers need to be sensitive to these different learning styles and ensure learners are supported to use all aspects of Kolb's learning cycle to get a rounded experience. Thus a good trainer gently encourages the abstract conceptualiser to carry out a task and reflect on it, by saying, for example, 'Why don't you just give it a go now and we can see what happens?', or diplomatically suggests that the active experimenter do a little reading to further develop and deepen their understanding.

Box 2 Case example to show applying Kolb's learning cycle in practice

You may want to think about how you learnt to drive a vehicle or interview a patient and consider how each of the elements worked together; this may have been quite a haphazard process. Because time in medical training is short, it is important to use learning opportunities more efficiently. Therefore planning for learning must use the four elements more consciously.

For example, you may start undertaking a management task that is related to part of your everyday clinical work, such as organising to see patients in clinic **(concrete experience)**. You could watch your trainer carry out this task **(reflective observation)**, then follow this up by further reading or attending a course **(abstract conceptualisation)**. Next, try out the new way of running the clinic **(active experimentation)**. Use supervision time with your trainer to reflect on what went well and what could still be improved.

As a learner it is helpful to consider your preferred learning style when undertaking training. One way to do this is to carry out a learning style assessment. You can use the results of this to help you plan learning activities that use your preferred style to best effect and help you to develop your less preferred styles. There are a number of tools available that specifically address the four elements of Kolb's learning cycle. One of the most frequently used is Honey and Mumford's Learning Styles Questionnaire (Honey & Mumford, 2006).

Do you have knowledge about a subject, but have not yet started to think about how to apply this knowledge? **(Knows)**

Have you thought about how to apply this new knowledge and have strategies in place to do this? **(Knows how)**

Have you demonstrated the skills in practice? **(Shows how)**

Do you regularly use this competency in routine practice? **(Does)**

Miller's Pyramid

Miller's pyramid (Fig. 3) is used in medical education to help understand how medical competencies fit together. It was described by George Miller (1990). In this model, competencies are arranged hierarchically and lower levels must be mastered before the higher ones. You and your trainer may find it helpful to use this model as a way to organise your learning of medical leadership .

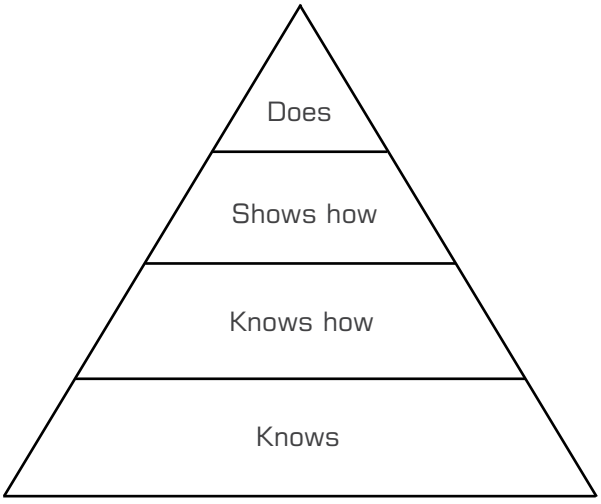

Fig. 3 Miller's pyramid

▶ Tips for trainers

Trainees need clear feedback about how they are progressing and specific instruction about what they need to do to achieve the next level. For example, 'I think you have some basic knowledge of carrying out supervision now, but you need to do some more observed practice to ensure you evaluate the session *every* time'.

The DONCS

In this guide we will talk about a number of ways in which feedback can be given and achievement of competencies can be validated. We have found the Direct Observation of Non-Clinical Skills (DONCS) to be a very helpful tool for supporting these processes. The DONCS is a new workplace-based assessment tool that has been developed by the Royal College of Psychiatrists to give feedback to advanced psychiatry trainees who are performing tasks in the domains of management and leadership. Further information about the DONCS is available on the Royal College of Psychiatrists Portfolio Online website (https://training.rcpsych.ac.uk).

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Learning experience 1

Organisation and management of clinics

No matter what type of service you work in as a consultant psychiatrist, it is very likely that you will need to organise some form of clinic. This may be a traditional out-patient clinic or it may take a different form, such as a multiprofessional review of a patient's care in the community. Whatever the situation, you will need to consider how you go about this to achieve the best use of your time and expertise for the benefit of your patients and colleagues.

By undertaking learning experience 1, you will be able to address the following competencies from the *Medical Leadership Curriculum*:

- 1.2 Managing yourself
- 2.4 Working within teams
- 4.1 Ensuring patient safety
- 4.2 Critically evaluating.

Learning experience 1 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula.

- Intended learning outcome 10: Develop appropriate leadership skills.
- Intended learning outcome 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively.
- Intended learning outcome 12: Develop the ability to conduct and complete audit in clinical practice.
- Intended learning outcome 13: Develop an understanding of the implementation of clinical governance.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

Stage 1. Identification of learning needs

Early in your placement you will complete the self-evaluation tool (Appendix A). At this stage, competencies that have been identified as areas for development are: time management, the role of the psychiatrist, managing part of the service, supervised autonomous working, maintaining effective relationships with primary care, and employing the skills of team members to greatest effect.

You and your trainer will agree SMART (specific, measurable, achievable, relevant, time-limited) objectives around this area. This may include developing a system for managing clinics effectively so the doctor's knowledge and skills are used to maximum effect. It is particularly important that this objective has clear time limits.

Stage 2. Trainer–trainee interaction

Knows | Knows how

From the SMART objectives, agree the learning methods that should be employed and include evidence that will be used to validate the achievement of these objectives. The learning methods should include courses you may attend and reading that you can do. We recommend the Sainsbury Centre for Mental Health's information on the 'recovery model' as an excellent starting point to inform thinking about the purpose of any form of clinical encounter (Shepherd *et al*, 2010). Completing this stage will help ensure that you know how to organise your clinic time.

The learning methods will also include using opportunities in and around your workplace for concrete experience, reflective observation, abstract conceptualiqation and active experimentation; examples of these will be presented in the next stages.

Stage 3. Putting the process in place

Concrete experience

How do you currently organise your clinical time? As part of your preparation for working on learning experience 1, you may review the past month's clinics. What processes were used to allocate times to patients? Were there any gaps in the clinic? Were patients ever kept waiting?

▶ Tips for trainers

In your supervision session, ask the trainee to reflect on the review of their clinics. What went well? Which aspects were not so good? How would the trainee recognise that clinic time was being used effectively? The aim here is to help the trainee develop explicit metrics to measure how successful they are in improving the efficiency of their practice.

Stage 4. Reflective observation

You should try to identify opportunities to help you find out about other models of organising clinics:

- visit other consultant teams in your specialty
- try to arrange to visit other services, including some outside your specialty
- read about national standards (waiting times, Care Programme Approach, etc.)
- find what New Ways of Working says about clinic organisation – speak to local exponents of innovative ways of organising mental health services
- read about care pathways
- if you have not already done so, read material about the recovery model
- find out from patients what they think about clinics:
  - speak to local user and carer groups
  - obtain patient survey data from the Care Quality Commission.

Stage 5. Abstract conceptualisation

The purpose of abstract conceptualisation is to clarify the values that underpin the organisation of clinic time and to develop a plan-do-study-act (PDSA) project (NHS Institute for Innovation and Improvement, 2008). Discussing this in your supervision sessions with your trainer will help you. Try to develop a small-scale project, something that you can achieve in a few months. For example, try a different way of booking slots in your clinic by having care managers book their patients in or patients choose and book their appointment. It will help you to consider all aspects of the patient journey, from the point at which referral is considered to the point of discharge from the specialist mental health service. What can be done differently to support the values that you have identified? Who else do you need to liaise with? Should you discuss this with local general practice services? As a part of this, you should design a user satisfaction survey, based around the views of patients and carers.

You are now well on the way to developing a plan for improving the way you organise clinics to meet the values that you have identified. This may provide a pilot of your ideas for the larger-scale change project you will do as part of learning experience 6 (pp. 42–45).

Stage 6. Active experimentation

Shows how

This stage is about the 'do' phase of the PDSA. This can be conducted either during a period when you are acting up, for example during your trainer's absence, or your trainer may allocate you a circumscribed part of the service, for example, one or two general practices, to manage under the consultant's supervision.

It is important to evaluate the work, so you can demonstrate whether there are any worthwhile improvements:

- administer the user satisfaction survey designed earlier
- gather feedback from multidisciplinary team members
- measure organisational variables – waiting times, etc.
- gather feedback from general practitioners (GPs).

▶ Tips for trainers

At this stage, it is best to ask questions to stimulate the trainee's thinking, seeking to integrate the ideas they are developing from their observations and thoughts.

How does the trainee conceptualise the purpose of the clinic? Do they aim to see as many patients as possible in the shortest amount of time, or are there other values to take into account, such as providing information to patients and carers, reducing inconvenience to patients, facilitating joint working and supporting colleagues?

Ask the trainee to consider which ways of working better meet the values they have identified. It may be helpful to share your experience of running different types of clinic and the feedback you have received from patients and colleagues over the years.

Your trainee may need some practical support in turning their ideas into achievable plans. Your knowledge of the local healthcare community will be a valuable resource to them. For example, if they are looking at how to manage referrals differently, it may help them to be directed to an influential GP colleague.

Stage 7a. Feedback on performance

After you have presented your evaluation data your trainer will give you feedback. Ideally, the feedback should prompt you to reflect on how you implemented and managed the change.

Stage 7b. Demonstrating competence

Does

You should write and present an audit report. Your trainer should assess this report and give you written feedback, which you can incorporate in your learning portfolio. The following would be positive indicators:

- evidence that you used reflection to inform action
- ability to identify relevant stakeholders and to liaise effectively with them
- demonstrating a sophisticated understanding of the audit cycle and ability to use it to effect beneficial changes.

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Learning experience 2

Carrying out supervision

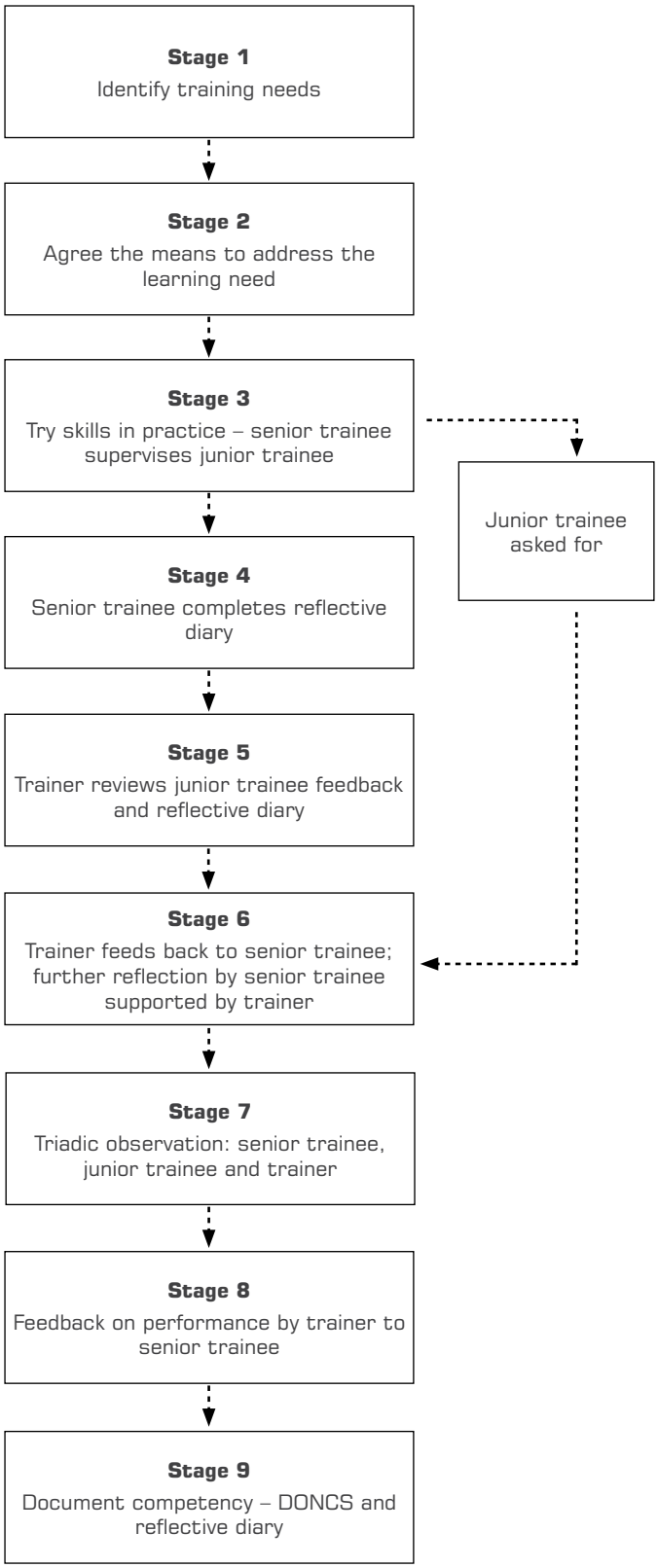

Fig. 4 Flowchart showing the stages of learning experience 2. DONCS, Direct Observation of Non-Clinical Skills.

As a consultant you will need to supervise others. Many consultants supervise junior medical staff but you can also supervise other staff in undertaking a range of activities. In the past many new consultants have described feeling unprepared for this task. It is therefore important to develop relevant skills with the support of your trainer so that you can confidently carry out supervision when you become a consultant. As you will see there are overlaps with learning experience 5: delegating to others.

By undertaking learning experience 2 you will be able to address the following competencies in the *Medical Leadership Curriculum*:

- 1.4 Acting with integrity
- 3.3 Managing people
- 4.1 Ensuring patient safety.

Learning experience 2 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula.

- Intended learning outcomes 1–7: The clinical supervision of others.
- Intended learning outcome 9: Demonstrate the ability to work effectively with colleagues, including team-working.
- Intended learning outcome 10: Develop appropriate leadership skills.
- Intended learning outcome 15: Develop and utilise the ability to teach, assess and appraise.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

Stage 1. Identification of supervision skills as a training need

As outlined in the introductory section, your learning needs should be identified early in your attachment. In this case the need to develop competency in supervising junior medical staff is identified as a learning need and timetabled in your learning plan.

Stage 2. Putting the process in place. Obtaining relevant knowledge

Knows | Knows how

You and your trainer agree that you will deliver supervision to a junior trainee as a learning experience.

▶ Tips for trainers

Your role is to ensure the junior trainee is happy to accept supervision from a senior trainee for a short period of time. In addition you will need to suggest reading material or courses for the senior trainee to undertake to obtain relevant knowledge in this area. For example, Royal College of Psychiatrists' guidance on supervision (Cope, 2010) or attendance at local good practice in educational supervision courses (www.northerndeanery.org).

Supported by your trainer, you should consider what further reading you need to do or what courses you need to attend before trying out supervision in practice. You and your trainer should discuss the organisation and structure of the supervision session that you will be holding. This will ensure you know how to carry out supervision.

Stage 3. Trying skills in practice

Concrete experience

Next you should organise to carry out a supervision session with the junior trainee.

Stage 4. Reflecting on practice individually

Reflective observation

After the supervision session you should complete the reflective diary which can be found in Appendix B.

Stage 5. Triangulation of evidence

After you have carried out the supervision session with the junior trainee your trainer will obtain feedback from the trainee about how they felt the session went.

▶ Tips for trainers

Before the next supervision session with the senior trainee you need to obtain feedback from the junior trainee about how the supervision session went. It is important to find out whether the junior trainee felt comfortable and had their learning needs addressed. Did the session take into account the knowledge they already had?

Stage 6. Reflecting on practice with trainer

Abstract conceptualisation

In your next supervision session you and your trainer should discuss your reflective diary and the feedback from the junior trainee. You should also start to develop ideas about how to improve the supervision you deliver. Your next action is to ensure that you, your trainer and the junior trainee are present at the next session.

▶ Tips for trainers

It will be helpful to start this supervision session by asking the trainee 'How did it go?'. You should ascertain from the trainee the structure and objective of the session – 'What was the competency the supervisee needed to address?', 'How did you identify the supervisee's existing knowledge or skills?', 'How did you assess the supervisee's competence at the task in question?', 'How did you evaluate the session?'

Stage 7. Demonstrating skills in practice

Active experimentation | **Shows how**

At your next supervision session with the junior trainee you will be observed by your trainer. The trainer will probably take notes to ensure they are able to give you useful feedback. Try not to feel threatened and be as natural as possible. Your trainer is there to help, not to judge you. We all make mistakes or are hesitant when we are learning. If you could do this naturally, there would be no point in undertaking this learning experience.

▶ Tips for trainers

Trainees need specific feedback to help them progress. It is therefore likely to be helpful if you take notes during the session so that you are able to discuss the exact words or phrases the trainee uses. You will also want to think about the non-verbal communication of both the junior and senior trainee.

Stage 8. Feedback on performance

After the observed supervision session your trainer will give you feedback. It is useful if this happens as soon as possible after the supervision session with the junior trainee so it is fresh in both your minds and you have more accurate recall of the session. You may also wish to return to the discussion at a later date, when you have had a chance to reflect on it more.

▶ Tips for trainers

Start the supervision session after you have watched your senior trainee supervising by asking them how they thought the observed supervision had gone. Encourage them to think about the positives as well as the negatives. Ask them to think about how they could improve for next time and encourage them to be a specific as possible. Try to move the senior trainee beyond making statements such as 'I would make sure that I established the junior trainee's training needs' by asking 'How would you do that? What would you ask the junior trainee?'.

You should then provide feedback on the session to the trainee. Start with general positive points picked out during the session. Then give the trainee specific examples of how they could have done things differently or improved aspects of the supervision session. Or ask questions that allow the trainee to reflect on their practice. For example, if you notice that the senior trainee gave the junior trainee a list of risk factors for suicide without asking the junior what risk factors they already knew, it would be appropriate to ask 'How did you ascertain the trainee's existing knowledge of risk factors in suicide?'.

Trainees find it helpful to be given specific examples of behaviours. For example, 'I often start a session by asking a junior trainee what issues they wish to discuss this week. This allows us to set a collaborative agenda for supervision and to manage the time effectively'.

After specific feedback has been given about points for improvement, you should end the session by reinforcing the positives: 'So I can see you have made real progress in thinking about supervision, and I think the junior trainee really enjoyed your enthusiasm for the subject'.

Depending on the progress the trainee has made with this learning experience, you may wish to complete a DONCS at this point or observe a further triadic supervision session at a later point (and complete a DONCS then) to see whether the senior trainee has been able to incorporate the learning into their practice.

Stage 9. Documenting competency

Once you and your trainer feel you have made the most of this learning experience you should complete your reflective diary. Concentrate on how you approached this task as a professional, how you ensured patient safety and what approaches you used to managing the junior trainee. This will ensure you meet the desired competencies. Your trainer will complete the DONCS, which you can add to your portfolio.

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Learning experience 3

Prioritisation of clinical and non-clinical work

The GMC clearly states that a doctor's primary duty is to his or her patients. The guidance also states that doctors have a role to play as managers and that this involves 'Getting things done well through and with people, creating an environment in which people can perform as individuals and yet co-operate towards achieving group goals, and removing obstacles to such performance' (General Medical Council, 2006, p. 4). Learning to prioritise clinical work and non-clinical activities will greatly assist you in your future career role.

'I wish I had better time management skills' is a not uncommon complaint used by doctors when they experience difficulties in balancing case-loads and non-clinical work. The ability to prioritise workload is an important skill for a consultant psychiatrist, aiding effective teamwork while also ensuring patient safety. *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009) highlights the major characteristics of a good psychiatrist. The key attributes include the roles of medical expert, communicator, collaborator, scholar, advocate and manager. Furthermore, Stephenson (2009) asserts that being a good doctor demands being more than a clinical expert and involves working within a team, working with other teams, good communication skills and contributing towards service improvement.

This section of the study guide is intended to help you achieve competency in the prioritisation of clinical and non-clinical work. There is a degree of overlap with other learning needs, such as organisation of clinics and delegation skills.

By undertaking learning experience 3 you will be able to address the following competencies from the *Medical Leadership Curriculum*:

- 1.2 Managing yourself
- 2.4 Working within teams
- 3.3 Managing people
- 4.1 Ensuring patient safety.

Learning experience 3 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula. Intended learning outcome 9: Demonstrate the ability to work effectively with colleagues, including team-working.

- Intended learning outcome 10: Develop appropriate leadership skills.
- Intended learning outcome 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively.
- Intended learning outcome 13: Develop an understanding of the implementation of clinical governance.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

Stage 1. Identification of learning needs

It is important that as a trainee you are able to recognise prioritisation of clinical and non-clinical work as a learning need and that you include it in your learning plan. As elsewhere in this study guide, competency development for this learning need is based on the models of Kolb (Fig. 1, p. 6) and Miller (Fig. 3, p. 9).

Stage 2. Putting the process in place. Obtaining relevant knowledge.

Knows

Having identified case-load prioritisation as a learning need, you should be able to explore information and understanding in this domain. This may include relevant documents from the GMC and the Royal College of Psychiatrists as well as Northern Deanery advice and your trust policies.

There is an expectation that you are aware of key issues related to prioritisation of clinical as well as non-clinical work, which includes the ability to manage yourself and others, and team management skills. Also, you should be able to demonstrate knowledge about ways to match capacity to demand; care pathways at a local and national level; and the significance of risk factors.

▶ Tips for trainers

Stage 1/2: Trainees may differ in their level of understanding of learning objectives. Your role as a trainer is to facilitate the process; some of the trainees may need to be directed to useful resource materials available at the end of the chapter and in other sections of this guide. Consider using SMART objectives to identify areas that are important to patient safety and clinical decision-making, and involve time management skills in day-to-day practice.

Stage 3. Trying skills in practice

Concrete experience

You and your trainer can agree that you would be able to observe your trainer's practice in case-load prioritisation and discuss relevant issues during supervision sessions. Also, you should consider participating in case referrals/case allocation meetings and use previously learnt knowledge about team skills and competencies, risk assessment, care pathways, etc., to prioritise cases.

Stage 4. Reflecting on practice individually

Reflective observation

You should be able to reflect on the experiences as mentioned above. To help you with this, you may want to use the reflective diary prompts in Appendix B.

Reflective practice should also be used to demonstrate through a 'prioritisation exercise' how you have used principles of case-load prioritisation in your own clinical practice. One way to demonstrate clinical prioritisation can be to look at your clinical diary and how you have prioritised the cases you have seen over the last 2 weeks before the reflective exercise, i.e. how you decided how soon could you see a patient in your clinic. It can also be a scenario from your workplace, like in the example below.

Example

You are currently working with the access team and a patient with psychosis presents with acute mental health needs in the clinic. At the same time you have to attend a patient tribunal to discuss an appeal. What were the factors that influenced your decisions about assessment and management in that case and how well were you able to prioritise your work? Did you delegate partly or wholly to another colleague, did you ensure patient safety issues and compliance with policies related to care pathways? Did you have to cancel the tribunal attendance or did you manage to carry out both the responsibilities efficiently? Did you have to request the support of other teams (crisis team, etc.) or think of innovative ideas to manage the situation?

Your workplace scenario can be completely unique to your situation and placement. However, it is important to demonstrate the reasoning involved in your decisions. Did you think of risk and patient

safety issues, did you consider aspects of team-working and principles of work delegation, did your initiative involve joined-up thinking and team-working etc?

Stage 5. Triangulation of evidence

Targeted multisource feedback can help you to see how other team members rated your input in case allocation meetings.

Stage 6. Reflecting on practice with trainer

Abstract conceptualisation | **Knows how**

At this stage you and your trainer should discuss the reflective diary and multisource feedback. This exercise will help in planning further work to develop your competency in prioritisation skills.

You should start developing ideas of widening your scope of learning and think about learning from the experiences and practices of others. You can visit and observe other specialties for local or regional examples of good practice. This may include observation sessions in accident and emergency services and local GP surgeries to understand different models of case-load prioritisation.

Further, you should also be able to demonstrate understanding of the use of quality improvement systems (e.g. principles of Toyota Production Systems, six-sigma and lean thinking) in optimising the use of resources for case-load management.

▶ Tips for trainers

Start this session by asking the trainee about their experience in allocation meetings. What were the aspects of prioritisation that went well? Did the trainee encounter any difficulties in the process? This exercise is to help trainees develop skills to assess their progress and make specific plans for further refinement of skills.

Stage 7. Demonstrating skills in practice

Active experimentation | **Shows how**

Next, you and your trainer should discuss using the experience of covering a colleague's period of leave to reflect how previously acquired knowledge about case-load prioritisation was helpful in that situation.

According to Vize (2009), New Ways of Working encourages psychiatrists to work in different ways to make maximum use of their skills and limited time. You may want to use this model in the multidisciplinary team to provide specific input. Your trainer's observation of your interaction with colleagues in such a scenario can be a helpful exercise. Team allocation meetings can be a suitable setting and you will need to discuss this with your trainer and colleagues before you undertake this exercise. Use of the mini-Peer Assessment Tool (mini-PAT) or any other multisource feedback tool that reports views of your colleagues can also be considered.

Further to discussion with your trainer and agreement with your service management, you can explore opportunities (under close supervision) to chair a referral allocation meeting and your trainer can observe the session. You may also want to carry out an audit of practices and adherence to good practice guidelines in the locality team.

Stage 8. Feedback on performance

Your experience can be discussed in a feedback session with your trainer using a reflective feedback model. Your trainer may consider feedback about how you were able to apply principles of case-load prioritisation and may consider giving specific examples of good practice as well as instances where things could have been done differently.

Stage 9. Demonstrating competency

You should be able to complete the reflective diary entries to demonstrate your journey through the whole learning process. Your trainer will complete the DONCS, which you can add that to your portfolio.

References

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Learning experience 4

Dealing with concerns and complaints

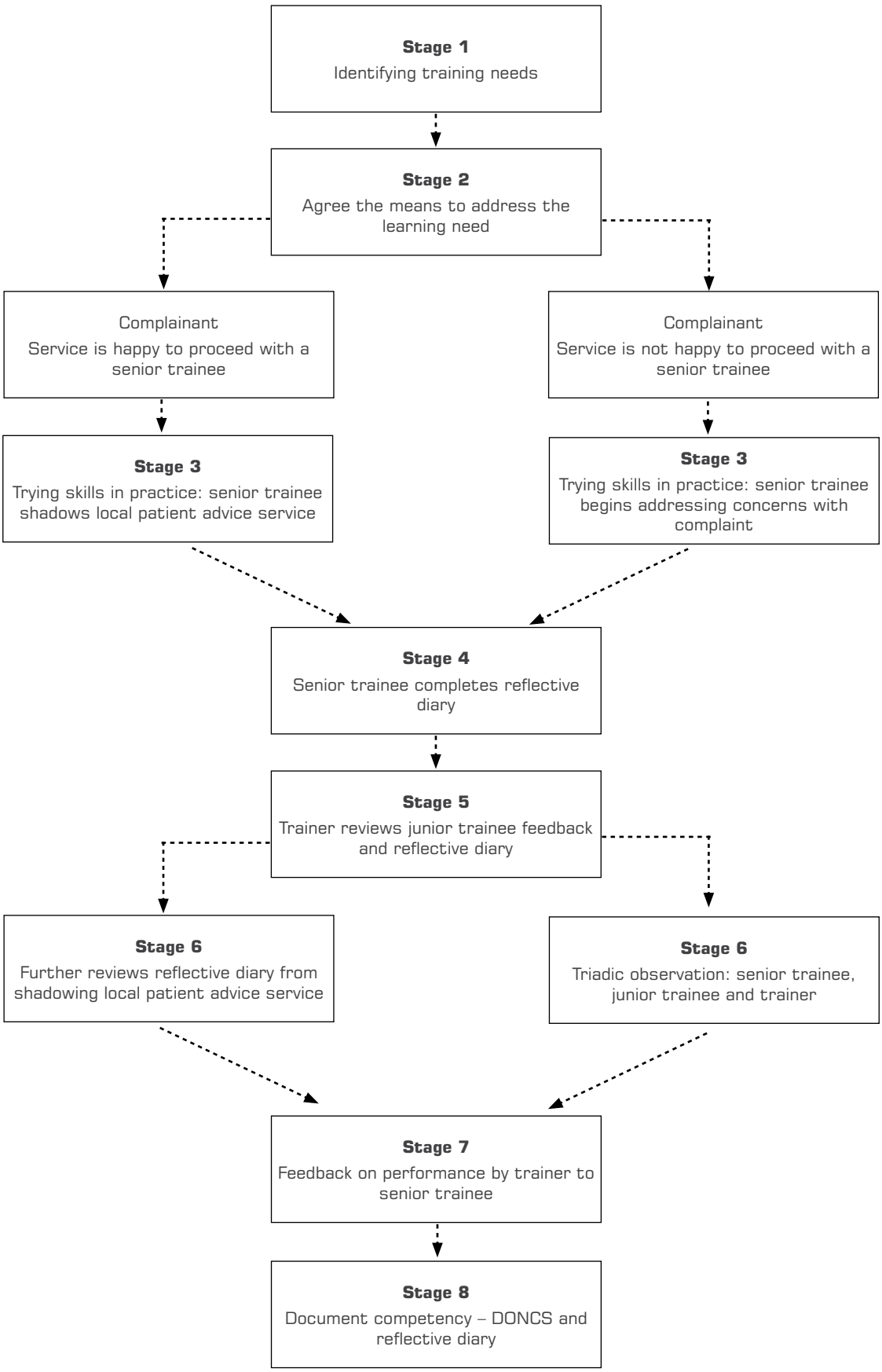

Fig. 5 Flowchart showing the stages of learning experience 4. DONCS, Direct Observation of Non-Clinical Skills.

An article in the *BMJ* poised a question for all health professionals: 'Do you view complaints as gifts?'(Ward Platt, 2010). The article claims that:

'Whether in the public or private sector, organisations are judged by consumers on their ability to:

- acknowledge when things have gone wrong
- apologise for actual or perceived shortcomings
- provide information or explanations in a form that is easily understood
- offer appropriate redress
- ensure that complaints drive improvements and organisational learning'.

The Citizen's Charter Complaints Task Force has defined a complaint as: 'An expression of dissatisfaction requiring a response' (Department of Health, 2009*a*).

Some of the issues associated with complaints within the NHS in England were identified in the document *Making Experiences Count* (Department of Health, 2007), in which it was found that:

'The current complaints processes are seen as:

- too prescriptive and inflexible, not meeting the needs of the person making the complaint;
- fragmented, with different procedures to follow depending on what the problem is and with whom; and
- lacking the proper emphasis on resolving problems locally, quickly and effectively' (p. 5).

To address these issues a good practice guide to support individuals in dealing with complaints within the NHS has been developed (Department of Health, 2009*b*). Now there is a single approach to dealing with concerns and complaints; this advocates resolution at a local level. However, as legislation changes the complaints procedure may need to be updated.

By undertaking learning experience 4 you will be able to address the following competencies from the *Medical Leadership Curriculum*:

- 1.2 Managing yourself
- 2.4 Working within teams
- 3.3 Managing people
- 4.1 Ensuring patient safety.

Learning experience 4 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula.

- Intended learning outcome 9: Demonstrate the ability to work effectively with colleagues, including team-working.
- Intended learning outcome 10: Develop appropriate leadership skills.
- Intended learning outcome 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively.
- Intended learning outcome 13: Develop an understanding of the implementation of clinical governance.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

Stage 1. Identification of experience of dealing with complaints as a training need

As outlined in previous chapters, your learning needs should be identified early in your attachment. The need to develop the competency in dealing with concerns and complaints should be recognised as a learning need and incorporated into your learning plan.

Stage 2. Putting the process in place. Obtaining relevant knowledge

Knows

You and your trainer should agree that you will manage a complaint to develop competency in this area. The consultant discusses this with the service to ensure the organisation is happy with the arrangement. Supported by the trainer, you will need to consider what further reading you should do or which courses you need to attend before attempting to manage a concern or complaint in practice. For example, you may wish to gain knowledge about complaints by reading GMC guidance (General Medical Council, 2006), Royal College and Deanery advice. Healthcare providers will also have relevant policies that the trainee should be aware of and the LeAD medical leadership e-learning resource is also a helpful tool (www.e-lfh.org.uk/projects/lead/index.html).

You and your trainer should discuss the organisation and structure of managing complaints in your supervision session.

The audit and monitoring tool from Northumberland, Tyne and Wear NHS Foundation Trust policy on the management of complaints, compliments, comments and suggestions is discussed below as an example of an organisational approach. Key standards and timescales for dealing with complaints adopted by the Trust are:

- a record of compliments and complaints is maintained
- complaints are acknowledged within 3 working days
- complainants are given the opportunity to discuss options for resolving their complaint
- complaints are responded to within agreed time frames
- at least 90% of complaints are resolved to complainant's satisfaction
- actions are implemented following a complaint
- action plans are reviewed by the complaints subgroup.

▶ Tips for trainers

Your role is to identify a minor concern (e.g. a problem with laundry on the ward) and ensure the complainant is happy to proceed with a senior trainee leading the initial part of the concern for a short period of time. In addition you will need to suggest reading material or courses for the senior trainee to undertake to obtain relevant knowledge in this area. For example:

- a root cause analysis online toolkit (www.nrls.npsa.nhs.uk/resources/?entryid45=59901)
- LeAD Medical Leadership, an e-learning resource supporting doctors to develop leadership skills (www.nhs.uk/CarersDirect/guide/assessments/Pages/Complaints.aspx)
- NHS Choice website with information for patients on three-stage complaint process (www.e-lfh.org.uk/projects/lead/sample_sessions.html).

Stage 3. Trying skills in practice

Concrete experience

The next stage is for you and your trainer to proactively identify and seek an example of a concern or complaint to gain concrete experience of dealing with concerns. This could take the form of addressing a minor concern with your trainer's, trust's and complainant's consent or spending time with their local patient advice and liaison service (PALS), to observe how PALS deal with a concern about a poor patient experience. This will depend on your level of experience.

Stage 4. Reflecting on practice individually

Reflective observation

You should then complete a reflective diary on your initial thoughts about how you, or PALS, would manage the concern/complaint. See the reflective diary prompt sheet (Appendix B). You should try to address:

- the difference between a concern, an informal complaint and a formal complaint
- understand the difference between a concern about an individual and a concern about a process
- how to deal with concerns about oneself
- how to deal with concerns about others (this is a good topic for a case-based discussion)
- the role of service mangers in dealing with concerns and complaints and how to work constructively with mangers when dealing with complaints; interaction with service managers
- how concerns and complaints feed into the appraisal process.

You may also want to look again at the e-leaning section on root-cause analysis (www.e-lfh.org.uk/projects/lead/sample_sessions.html).

Stage 5. Reflecting on practice with trainer

Abstract conceptualisation

You and your trainer discuss the reflective diary and develop ideas for how you should respond to the concern or complaint. This may include the use of PALS and your organisation's complaints process and the online resources such as NHS Choice information for patients on the three-stage complaint process from informal to formal to review.

▶ Tips for trainers

You should ascertain from the trainee the structure and objective of the session. Start by asking the trainee how it went, then enquire about the complaint and how the trainee evaluated the session.

Stage 6. Demonstrating skills in practice

Active experimentation | **Shows how**

Next you and your trainer review how you addressed a minor concern or what you have learnt from observing how PALS deal with a concern about a poor patient experience. This may involve your trainer observing you at your next session with the complainant. Your trainer will probably take notes to ensure they are able to give you useful feedback. Try not to feel threatened and to be as natural as possible.

▶ Tips for trainers

You will probably want to make notes to ensure specific feedback is given to the trainee. It is helpful to note down the exact words or phrases the trainee uses and to observe the body language of both participants.

Stage 7. Feedback on performance

In reviewing how you responded to a complaint, your trainer will ask you to consider how the session went. Your trainer will provide you feedback on the session, starting with general positive points picked out during the session. You may, however, wish to return to the discussion at a later date, when you have had a chance to reflect on it more.

▶ Tips for trainers

Start this session by asking the trainee how they thought the session went. Encourage them to think about the positives as well as the negatives. Ask them to think about how they could improve for next time and encourage them to be a specific as possible.

You should then provide feedback on the session to the trainee. Start with general positive points you picked out. Then give the trainee specific examples of how they could have done things differently or improved aspects of the supervision session. For example, could they have responded more timely? Trainees find it helpful to be given specific examples of desired behaviours. For example, 'I will try to respond to a complaint on the day it is received'.

After specific feedback has been given about points for improvement, the session ends with the trainer reinforcing the positives.

Depending on the progress the trainee has made with this learning experience, you may wish to complete a DONCS at this point or observe a further triadic session at a later point (and complete a DONCS then) to see whether the trainee has been able to incorporate the learning into their practice.

Stage 8. Documenting competency

Does

Once you and your trainer feel you have made the most of this learning experience you should complete your reflective diary. Concentrate on how you approached this task as a professional, how you ensured patient safety and what approaches you used to manage the junior trainee. This will ensure you meet the desired competencies. Your trainer will complete a DONCS, which you can add to your portfolio.

Acknowledgement

We thank Professor Tony Elliot who commented on the first draft of this chapter.

References and further reading

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Learning experience 5

Delegating to medical and non-medical members of the team

'There is nothing so unequal as the equal treatment of unequals' (Blanchard *et al* 1985).

As a consultant, you will need to be able to delegate appropriately and skilfully to others. Effective delegation is a challenge for many clinicians and managers. Many people struggle with it – it is a frequent topic during medical appraisal and mentoring/coaching. A common comment is 'I am not very good at delegating'.

The working relationship you have with your trainer lends itself well to helping you develop this important skill. Delegation is primarily about entrusting your authority to others. This allows them to act and initiate independently without constantly having to seek your permission. There is shared accountability with you for the delegated task. If something goes wrong, you remain responsible as you are the trainer/manager. This is very different from 'dumping'. Delegation done unskilfully can appear as being dumped upon.

A helpful model when faced with any task is to triage it using the three D's:

- do
- delegate
- discard (or dump).

A consultant's job consists of a lot of 'doing'. Getting things done is a large part of job satisfaction and what many people value at work. At the start of your consultant career the focus will be mainly on establishing your practice of high-quality clinical work. As your career progresses, opportunities will arise for you to become involved in new service developments, extra teaching and training, research, more corporate involvement and management, etc. The potential list of things to do will increase exponentially while time remains a finite commodity. Applying the three D's and being able to delegate effectively will enable you to get more things done while still maintaining a healthy work–life balance.

Using the same educational principles as before (Kolb's cycle, p. 6) we will look at how you and your trainer can work together to help you develop your delegation skills.

If you successfully undertake learning experience 5, you will be able to address a number of *Medical Leadership Curriculum* competencies:

- 1.2 Managing yourself
- 1.4 Acting with integrity
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams
- 3.3 Managing people.

Learning experience 5 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula:

- Intended learning outcome 9: Demonstrate the ability to work effectively with colleagues, including team-working
- Intended learning outcome 10: Develop appropriate leadership skills
- Intended learning outcome 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively
- Intended learning outcome 15: Develop and utilise the ability to teach, assess and appraise.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

Stage 1. Identification of delegation skills as a training need

As in the previous sections, this learning need will have been identified and timetabled into your learning plan.

Stage 2. Putting the process in place. Obtaining relevant knowledge

Knows

Before your supervision session, you think of some potential tasks you could delegate and to whom. Prepare to discuss these with your trainer.

▶ Tips for trainers

You could suggest to the trainee that you and they will brainstorm some possible delegation tasks together. Ask the trainee to write these down. Aim to let the trainee provide the majority of the suggestions – add your contributions if and when they appear to be running out of ideas or inspiration. The aim is that your suggestions act as a catalyst for them to generate further ideas of their own. At the finish the trainee should be asked to rank the generated ideas in the order of importance to them. You can then ask the trainee to decide which of these would be the most appropriate one to use.

Example

You decide with your trainer that you will delegate a clinical audit task to a more junior trainee on the team, e.g. an F2 doctor. (We acknowledge that there is some overlap with learning experience 2: supervision.) The project is a clinical audit of antipsychotic prescribing on an in-patient unit, using National Institute for Health and Clinical Excellence (NICE) guidance as a benchmark.

▶ Tips for trainers

You need to be vigilant for opportunities where the trainee could practise their delegation skills. Such an opportunity is most likely to arise with the trainee working with a more junior member of the medical team. However, there can be additional learning if the trainee has an opportunity to work on their skills with non-medical members of the team.

Some useful primers for this initial discussion in supervision.

- Start by saying: 'He/she isn't very good at delegating'. Ask the trainee to think about how this applies to people they know and to themselves. Ask them to make a note of three things that stand out for them.
- 'What excuses do you say to yourself for not delegating? What can you do about it?' People will often say things like 'everyone else is too busy to do it' or 'only I can do it to the required standard'.

If the trainee identifies someone whom they perceive as being good at delegating, you can suggest they arrange a meeting with them to discuss their approach.

You may have some written material on delegation that you received on a leadership and management course which you share with your trainer. Think of how you can use this material to help you delegate the task to the F2 doctor more effectively.

▶ Tips for trainers

Some people find a modified SMART acronym to be helpful in planning the delegation of a task – specific, monitored, agreed, resourced, training. Applying the SMART principles is shown here, taking the audit project above as an example.

- Specific: the F2 doctor will write the audit protocol and data collection form using a standard trust template that you will provide.

- Monitored: they will email you the first draft in 3 weeks' time, this will be finalised within 4 weeks, the data collected from the drug for the previous 6 months' admissions by 8 weeks and initial results analysed by 10 weeks. The project will be presented at the audit meeting in 3 months. You will meet them every 2 weeks to discuss progress.
- Agreed: they agree to the above tasks and time frames and are clear about what they have to do.
- Resourced: you approach your personal assistant to provide admin support; the ward-based pharmacist has agreed to help them identify and collect the drug info for the 6-month period.
- Training: the senior trainee will provide the F2 with examples of previous audit protocols and questionnaires and provide active guidance and training at the 2-week meetings.

The situational leadership model, developed by Hersey and Blanchard (1977) may also be useful for the senior trainee to plan and modify their approach to the delegation task. The model they propose is that the style adopted by a leader (or coach/mentor, supervisor or other helper) is a function of two factors: the amount of support provided and the degree of direction given (Fig. 6). Support means giving a person time, together with listening and encouragement. Direction can be telling, instructing, providing information or asking.

	Low direction	High direction
High support	Supporting	Coaching
Low support	Delegating	Directing

Fig. 6 Situational leadership model, Hersey & Blanchard (1977)

The leader (coach/supervisor/helper) will also assess the competence and the commitment that the person has for the task and adopt a task-specific style for the individual.

Stage 3. Trying skills in practice

Concrete experience | **Knows how**

You arrange a meeting with the F2 doctor and outline your thinking about the audit project. It will be useful to explore their own training needs, in particular the need to have a completed audit project in their portfolio. You discuss the SMART plan outlined above and modify it in the light of your discussion with the F2 doctor. Make a mental note of your perception of their competence for the various stages of the task and a judgement on their motivation and enthusiasm (Fig. 7).

	Low direction	High direction
High support	*Supporting* Capable but cautious Variable commitment **Conscious competence**	*Coaching* Low competence Low commitment **Conscious incompetence**
Low support	*Delegating* High competence High motivation **Unconscious competence**	*Directing* Low competence High enthusiasm **Unconscious incompetence**

Fig. 7 Hersey and Blanchard's Situational Leadership Model (1977)

Stage 4. Reflecting on practice individually

Reflective observation

Use the Hersey and Blanchard model (Fig. 6) to plot the F2 doctor's perceived competence and motivation. It is advisable to write a reflective diary on the meeting, how you thought it went, what was the outcome and what you learnt.

Stage 5. Triangulation of evidence

Ask your trainer to get some feedback for the F2 doctor on how the audit planning meeting went. What went well? What was not so good? What could they do less? What should the trainee do more of next time?

Stage 6. Reflecting on practice with trainer

Abstract conceptualisation

You meet with your trainer and discuss the reflective diary and the F2 doctor's feedback, and develop ideas for the next session. You can use the Hersey and Blanchard model to help you plan the next steps.

▶ Tips for trainers

Suggest to the senior trainee they could use the Hersey and Blanchard model in a supervision session with you. A typical progression of a person's development of a competence will move to the 'Unconscious competence' box in Fig. 7.

Example

At the first meeting the F2 doctor reveals that this will be their first audit project. They are very keen to do it well and are very motivated to have it in their training portfolio as specialty interviews are in 6 month's time. You initially assess them as an enthusiastic beginner (Fig. 7, directive box – unconscious incompetence) and are able to give them a lot of clear direction and examples of good audit protocols and questionnaires.

It transpires that the F2 doctor has done an intercalated degree so feels very competent at devising a questionnaire and protocol; however, they are uncertain that they are able to pitch them at the right level for an audit project. You arrange to meet with them sooner than originally planned to review the first draft (Fig. 7, coaching box – conscious incompetence).

The F2 doctor does an excellent first draft that needs no changes. They now feel that their previous research experience fully equips them for the audit task and they quickly complete the remaining aspects of the project with little support and direction. They also feel confident about presenting at the audit meeting (Fig. 7, delegation box – unconscious competence).

Stage 7. Demonstrating skills in practice

Shows how

Ask your trainer to be an observer during the second meeting with the F2 doctor. This is an example of triadic observation.

Stage 8. Receiving feedback on performance by trainer to senior trainee

Stage 9. Documenting competency

Does

▶ Tips for trainers

This is an opportunity for you to model good practice in giving feedback. Three basic tenets can be identified.

- ☐ This is what I saw.
- ☐ What do you think?
- ☐ What next?

These can be further expanded as 'Pendleton's rules' (Pendleton *et al*, 1984):

- ☐ clarify any points of information or fact
- ☐ learner goes first and identifies strong points before weaker points
- ☐ no criticism without practical suggestions
- ☐ criticise the behaviour not the person
- ☐ encourage reflection
- ☐ end on a positive note and an action plan.

At this stage you complete your reflective diary. You arrange for your trainer to do a DONCS assessment for your portfolio.

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Learning experience 6

Leading change in a complex organisation

It is envisaged that this learning need will be met over the 3 years of higher specialist training and can be thought of as a 'leadership long case'. To facilitate opportunities for successful acquisition of this competency, leadership champions or equivalent will be assigned to you for the duration of training. The importance of developing this area of practice is supported by good evidence that medical engagement is one of the key factors influencing organisational performance (Hamilton *et al*, 2008).

If you successfully undertake learning experience 6, you will be able to address the following *Medical Learning Curriculum* competencies:

- 1.1 Developing self-awareness
- 2.1 Developing networks
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams
- 3.1 Planning
- 3.2 Managing resources
- 4.1 Ensuring patient safety
- 4.2 Critically evaluating
- 4.3 Encouraging improvement and innovation
- 4.4 Facilitating transformation
- 5.1 Identifying the contexts for change
- 5.2 Applying knowledge and evidence
- 5.3 Making decisions
- 5.4 Evaluating impact.

Learning experience 6 will contribute to the following intended learning outcomes in the CanMEDS-based psychiatry advanced curricula.

- Intended learning outcome 9: Demonstrate the ability to work effectively with colleagues, including team-working.
- Intended learning outcome 10: Develop appropriate leadership skills.
- Intended learning outcome 11: Demonstrate the knowledge, skills and behaviours to manage time and problems effectively.
- Intended learning outcome 12: Develop the ability to conduct and complete audit in clinical practice.
- Intended learning outcome 13: Develop an understanding of the implementation of clinical governance.

If you are a higher trainee in child and adolescent psychiatry, your curriculum is organised differently, but you should be able to identify the relevant competencies by referring to Appendix III in the child and adolescent psychiatry curriculum (Royal College of Psychiatrists, 2010).

The role of the leadership champion

The leadership champion will be assigned by the local education provider (usually an NHS trust). They will be drawn from a variety of professional backgrounds, thereby helping to enhance your exposure to multiprofessional education, forums and working. They will have experience in leadership roles and possess the necessary coaching/mentoring skills to enable meaningful formative support. Their role is to provide a 'window on the machinery' of the NHS organisations. They will have a basic knowledge of how medical training operates and be conversant with the *Medical Leadership Competency Framework* and the *Medical Leadership Curriculum*. They will provide opportunity for a minimum of four clinics per year and it will be your responsibility to agree arrangements. We envisage that each education provider would be responsible for finding a number of suitably placed people to act as champions. We would not envisage a champion having more than three or four trainees. We would not envisage a trainee having more than one champion.

Please note that leadership champions are not intended to replace but to support the role of educational supervisor in assessing curriculum competencies and readiness for progression. You will be expected to write a report on progress each year, countersigned by the leadership champion, in preparation for the ARCP processes. This will outline the work being undertaken, the competencies being covered and those fully achieved.

▶ Tips for champions

We recommend that you are familiar with the 'skilled helper' model (Egan, 2006). This will provide a framework that supports the trainee to fully explore the current situation, allow the exploration of future 'wants' and consider how to achieve them. An appropriate text is *Coaching and Mentoring at Work* (Connor & Pokora, 2007).

Identifying the training need

Knows

You will need to be familiar with the *Medical Leadership Competency Framework* and *Curriculum* when deciding on the change process you are going to undertake. The LeAD e-Learning for Healthcare resource provides an opportunity to acquire the knowledge base on which to build the skills, attitudes and behaviours relating to competencies and it is recommended that the appropriate learning modules have been undertaken first, especially the module 'Change', which includes three sessions: 'Barriers to change', 'Change and systems: wheels within wheels' and 'The effect of change'.

Considering a project

'Doctors showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to services' (*Medical Leadership Competency Framework*, p. 55). Your core outcome should be to meet the competencies laid out in the 'Improving Services' and 'Setting Direction' domains of the Curriculum, demonstrating a service development. The Curriculum provides examples of the sort of work that could be undertaken.

Concrete experience

The exact piece of work you undertake cannot be as easily defined in comparison with the other five learning needs. Much will depend on your past experiences and the current opportunities to effect change within the host organisation. Your work on the other five needs may have uncovered areas that need longer-term engagement. Broadly, the project can be a service improvement initiative or contribute towards development of new services; examples include implementation of electronic care records in the organisation or development of assertive outreach services for adolescents in the community. The trainees are advised to use their host organisation's project management guidance for preparation of the report. Following discussion with the leadership champion, the trainee can identify a project and work on a scoping exercise which involves describing the purpose of the project, its strategic and operational context and a system overview.

Reflective observation

You may already have a number of ideas which you should explore with the leadership champion, looking to maximise the opportunity to demonstrate competencies across the domains of the Framework. Your champion will encourage you to fully explore your experience, consider new perspectives and identify areas where you want to make a difference.

▶ Tips for leadership champions

Encourage the trainee to describe their situation. Use open questions and try to listen and reflect rather than immediately comment on your own experience. Then help them to think more broadly about the situation before helping them to discover what is important and manageable to them. Furhter tips and guidance can be found in Connor & Pokora (2007).

Planning a project

Brainstorming

Once you have identified a 'change issue', it is important that you consider all possibilities. You will therefore be encouraged to imagine what you would like to see happen in an ideal world.

▶ Tips for leadership champions

The danger here is that both you and the trainee feel constrained by your knowledge of current services. You must encourage the trainee to think entirely imaginatively at this stage.

Abstract conceptualisation | **Active experimentation**

You will now have a list of wants and you need to consider what is realistic. For this it is always useful to consider SMART goals. You need to be sure you have a want that you can commit to. Once you have settled on this, you can begin to plan how to achieve your goal. You will be encouraged to come up with possible strategies and your leadership champion will help you to understand what strategies work with the available resources. Some of these strategies will require you to further explore the machinations of unfamiliar parts of the organisation or wider healthcare environment. You may therefore need to spend time shadowing or asking questions in those environments.

Knows how

With this information, you will then be in a position to develop an action plan. It is important that you think this plan through carefully, considering a timeline, possible causes of failure and how to overcome them, sources of enablement and how you will evaluate the plan's success. Any long-term piece of work of this nature is bound to involve elements of all five domains of the *Medical Leadership Competency Framework* and it is important to return to the Framework and recognise how these competencies can be demonstrated.

▶ Tips for leadership champions

Encourage the trainee to slow down and carefully think through the whole process: preparation, preparation, preparation!

Shows how | **Does** | **Concrete experience**

You are now ready to undertake your change management project. It is important that you keep both your leadership champion and educational supervisor informed about progress and are not afraid if things do not work out as you expected; they rarely do. Provide an update for each ARCP.

▶ Tips for champions and trainers

The important thing is that trainees gain the competencies, so the process in many ways is more important than the outcome.

Sensitive information

The NHS currently supports competitive tendering processes and it is important to recognise that work you undertake may lead to exposure to information potentially damaging to the local education provider if others were to find out. You are likely to move between education providers while continuing to undertake the work with the original organisation and so it is vital that confidential information is not accidentally passed across. You may be asked to sign a form to this regard and any unauthorised disclosure is likely to lead to issues of probity being raised.

Completion of work

At the end of the 3 years, you will write up the piece of work undertaken. This should comprehensively and coherently describe your journey through the change management. If

the work has not been altogether successful, this should not be seen as a failure but the work should demonstrate the acquisition of the relevant competencies along the way. Accompanying the document should be a Medical Leadership Curriculum Competency Checklist that identifies the competencies achieved through the work. This should be countersigned by your leadership champion. You should then take this work to your educational supervisor to demonstrate achievement of leadership competencies.

You may be able to set up a formal meeting in which to present your completed work. Your performance at the meeting may be suitable for assessment using the DONCS tool.

References

Connor, M. & Pokora, J. (2007) *Coaching & Mentoring at Work*. McGraw-Hill Education; Open University Press.

Egan, G. (2006) *Essentials of Skilled Helping*. Thomson Brooks/Cole.

Hamilton, P., Spurgeon, P., Clark, J., *et al* (2008) *Engaging Doctors: Can Doctors Influence Organisational Performance? Enhancing Engagement in Medical Leadership*. Academy of Medical Royal Colleges, NHS Institute for Innovation and Improvement.

Royal College of Psychiatrists (2010) *A Competency Based Curriculum for Specialist Core Training in Psychiatry CT1–CT3*. Royal College of Psychiatrists.

Appendix A

Self-evaluation tool: collaborator and manager

This self-evaluation tool was created by the authors of this guide.

This tool is to help you identify your learning needs. It does not contribute to any formal assessment. There is no need to share these reflections with anyone else. For each statement, tick the score that most reflects your level of competence in performing each of the tasks. To complete this form, you will need to refer to the detailed content of the Curriculum for domains 3 (doctor as collaborator) and 4 (doctor as manager).

Scoring system:

1 = I do not feel at all competent in this area

5 = I feel experienced and I am confident that I can demonstrate competence in this area at the level stipulated in the Curriculum for the end of my current stage of training

Criterion	1	2	3	4	5
Maintain and apply a current working knowledge of the law as it applies to working relationships					
Demonstrate an understanding of the responsibility of the team with regard to patient safety					
Demonstrate an understanding of how a team works and develops effectively					
Demonstrate an understanding of time management, values-based practice and information management					
Understand the role of the adult psychiatrist and how this relates to the structure and function of the multidisciplinary team					
Able to explain the role of different teams and services involved in the care of working-age adults with psychiatric problems. Knowing when to change the patient's care setting					
Facilitate the leadership and working of other members of the team					
Recognise and resolve dysfunction and conflict within teams when it arises					
Competently manage a service, or a part of the service, alongside consultant trainer					
Show competence in supervised autonomous working					
Use effective negotiation skills					
Be able to work with service managers and commissioners and demonstrate management skills such as understanding the principles of developing a business plan					
Manage change, with the involvement of service users and carers in teamwork					
Utilise team feedback					
Manage complaints made about services					
Competently participate in the NHS appraisal scheme					
Contribute to the interface between the adult psychiatry team and other psychiatric teams, medical teams and service providers by working in a collaborative manner					
Develop and maintain effective relationships with primary care services leading to effective referral mechanisms and educational systems					
Be prepared to question and challenge the performance of other team members when standards appear to be compromised					
Be readily available to team members and other agencies for consultation and advice on general adult psychiatry issues					

continued

Criterion	1	2	3	4	5
Work in a multidisciplinary team where issues of responsibility can be described in detail					
Manage divergent views about patient care or intervention					
Be prepared to question and challenge the performance of other team members when standards appear to be compromised					
Be readily available to team members and other agencies for consultation and advice on general adult psychiatry issues					
Demonstrate an understanding of the differing approaches and styles of leadership					
Demonstrate an understanding of the role, responsibility and accountability of the leader in a team					
Understand and contribute to the organisation of urgent care in the locality					
Demonstrate an understanding of the structures of the NHS and social care organisations					
Demonstrate an understanding of organisational policy and practice at a national and local level in the wider health and social care economy					
Demonstrate an understanding of the principles of change management					
Understand the principles of identifying and managing available financial and personnel resources effectively					
Demonstrate an awareness of distinction between direct, delegated and distributed responsibility					
Demonstrate a range of appropriate leadership and supervision skills including: coordinating, observing and being assured of effective team-working setting intended learning outcomes planning motivating delegating organising negotiating example-setting mediating/conflict resolution monitoring performance					
Demonstrate ability to design and implement programmes for change, including service innovation					
Display expertise in employing skills of team members to greatest effect					
Acts as impartial mediator in conflicts over roles and responsibilities					
Demonstrate active involvement in service design and development					
Show clinical and managerial leadership through modelling and mentoring colleagues in the same and other disciplines					
Work collaboratively with colleagues from a variety of backgrounds and organisations					

Appendix B

Reflective diary: leadership and management programme

Learning experience, date:
(e.g. delegation)

What happened/what did I do?
(event, action, facts)

How did I feel about it?

What is my honest assessment of what happened and the causes?
(what went well/what didn't go so well)

What improvements do I want to make?

What can I take from this experience?

What will this experience achieve?

What can I do differently next time?

How will I measure or know I have succeeded?
(SMART objective)

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