



# LMFS Module 2

## Authentic Leadership: Learning your own leadership style



Module Lead: Dr Suhana Ahmed (@SuhanaAh)  
Co-lead: Dr Marcin Ostrowski (OstryMarci)



# Programme

<b>10.50-11.00</b>	<b>Introduction to module and learning aims</b> Saleema Durgahee, Suhana Ahmed, Marcin Ostrowski
<b>11.00-12.30</b>	<b>Learning from leaders</b> Lokapriya Premalatha, Marcin Ostrowski, Suhana Ahmed Facilitated by Saleema Durgahee
<b>12.30-13.20</b>	<b>Lunch</b>
<b>13.20-14.20</b>	<b>Leadership theory burst</b> Suhana Ahmed
<b>14.20-14.30</b>	<b>Break</b>
<b>14.30-16.10</b>	<b>Complex interpersonal situations in the workplace (break included in this session)</b> Marcin Ostrowski
<b>16.10-16.30</b>	<b>Reflections, Questions and Next Steps</b>
<b>16.30</b>	<b>Close</b>

# Aligned and accredited by FMLM



**Leadership and Management  
Standards for Medical Professionals**



Faculty of  
**Medical Leadership  
and Management**

# Self

## SELF-AWARENESS & DEVELOPMENT

**A medically qualified manager or leader who meets the Standards:**

- Demonstrates a clear 'people' approach, considering the impact of their style, decisions and actions on all those affected - patients and colleagues and the wider healthcare community
- Manages their own emotions and adapts their leadership style for maximum positive impact on others
- Reflects on experiences vital for personal wellbeing and development, and to improving the quality of patient care. Experiences, good and bad, generate important learning lessons for the individual and the wider system, as highlighted in the GMC's Reflective Practitioner Guidance<sup>xii</sup>
- Seeks and acts upon feedback from patients, colleagues and other professionals regarding own effectiveness and possible areas for development
- Commits time to professional development and keeps their own skills and knowledge up to date
- Establishes and maintains strong professional and support networks
- Acknowledges their own limitations and are prepared to seek opinion or support from others to achieve the best outcomes
- Acknowledges the existence of unconscious bias and 'micro-behaviours' that might be impeding an inclusive culture and seeks feedback specifically to tackle this
- Draws upon a range of leadership theories, principles and experiences to improve and innovate.

## PERSONAL RESILIENCE, DRIVE AND ENERGY

**An effective medically qualified manager or leader who meets the Standards:**

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# Learning from leaders

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*See you back at 13.20pm promptly*

**13:20**

**Leadership Theory Burst**

**Personality, leadership style & values – how we shape  
the leaders we become**

A graphic with the text 'TIME FOR' in white and 'LUNCH' in yellow, with a hand holding a chalk. Below the text is a white alarm clock icon.

# Leadership Theory Burst

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# How should I lead?



**Dr Suhana Ahmed**

Consultant Psychiatrist

Deputy Chief Medical Officer, West London NHS Trust

RCPsych London Division Chair

# Aims

Interactive

Conversations

Get to know yourselves better

Think more about leadership

Enjoy

The next 60  
mins

Personality

Leadership styles

Values

# Leadership

**One word**

# What is your personality?

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Goleman (2006) found that the best climate for learning occurs when students, teachers, and school leaders take steps to become more emotionally self-aware and socially intelligent.

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Understanding oneself is the first step to understanding others.

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Discovering that personality type **may be** related to a preferred leadership approach

---

what extent is personality related to leadership

# Personality

Trait theories of personality have long attempted to pin down exactly how many traits exist.

Several researchers support the belief that there are five core personality traits.

Evidence of this theory has been growing for many years in psychology, beginning with the research of D. W. Fiske (1949), and later expanded upon by others, including Norman (1967), Smith (1967), Goldberg (1981), and McCrae & Costa (1987).



**Openness**



**Conscientiousness**



**Extraversion**

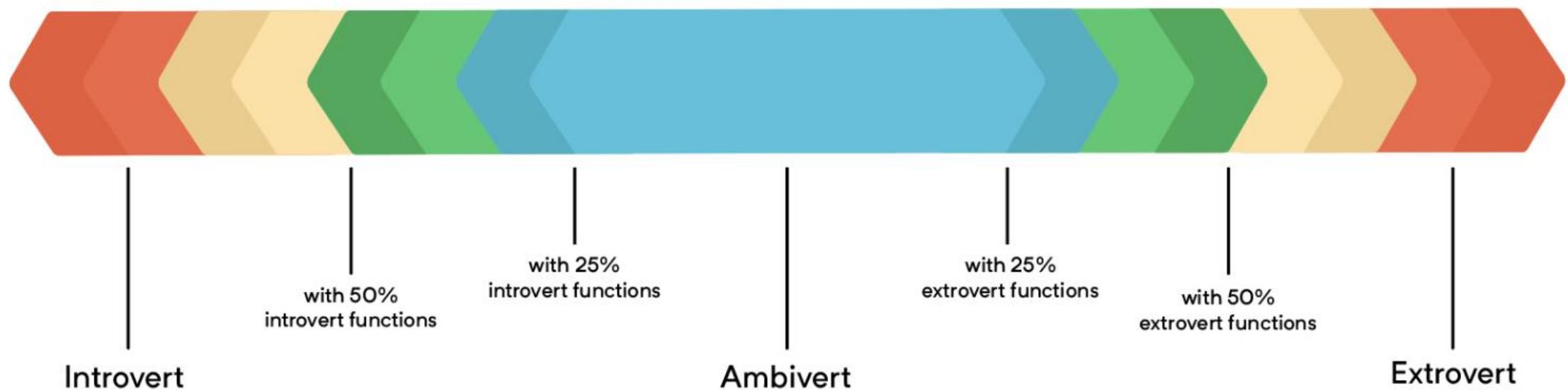


**Agreeableness**



**Neuroticism**

## Personality Continuum Scale



# Personality

method of assessing human personality constructs. Most personality assessment instruments (despite being loosely referred to as "personality tests") are in fact introspective

effective way to discover your blind spots and point out opportunities for growth and leadership development.

reveals information about individuals' social traits, motivations, strengths and weaknesses, and attitudes.

personality tests as one of the least reliable metrics in assessing job applicants,[39] they remain popular as a way to screen candidates.

# Myers-Briggs Type Indicator (MBTI)

## What's Your Personality Type?

Use the questions on the outside of the chart to determine the four letters of your Myers-Briggs type.

For each pair of letters, choose the side that seems most natural to you, even if you don't agree with every description.

### 1. Are you outwardly or inwardly focused? If you:

- Could be described as talkative, outgoing
- Like to be in a fast-paced environment
- Tend to work out ideas with others, think out loud
- Enjoy being the center of attention

then you prefer

**E**  
Extraversion

**ISTJ**

Responsible, sincere, analytical, reserved, realistic, systematic. Hardworking and trustworthy with sound practical judgment.

**ISFJ**

Warm, considerate, gentle, responsible, pragmatic, thorough. Devoted caretakers who enjoy being helpful to others.

**INFJ**

Idealistic, organized, insightful, dependable, compassionate, gentle. Seek harmony and cooperation, enjoy intellectual stimulation.

**INTJ**

Innovative, independent, strategic, logical, reserved, insightful. Driven by their own original ideas to achieve improvements.

### 3. How do you prefer to make decisions? If you:

- Make decisions in an impersonal way, using logical reasoning
- Value justice, fairness
- Enjoy finding the flaws in an argument
- Could be described as reasonable, level-headed

then you prefer

**T**  
Thinking

- Base your decisions on personal values and how your actions affect others
- Value harmony, forgiveness
- Like to please others and point out the best in people
- Could be described as warm, empathetic

then you prefer

**F**  
Feeling

### 2. How do you prefer to take in information? If you:

- Focus on the reality of how things are
- Pay attention to concrete facts and details
- Prefer ideas that have practical applications
- Like to describe things in a specific, literal way

then you prefer

**S**  
Sensing

**ESTP**

Outgoing, realistic, action-oriented, curious, versatile, spontaneous. Pragmatic problem solvers and skillful negotiators.

**ESFP**

Playful, enthusiastic, friendly, spontaneous, tactful, flexible. Have strong common sense, enjoy helping people in tangible ways.

**ENFP**

Enthusiastic, creative, spontaneous, optimistic, supportive, playful. Value inspiration, enjoy starting new projects, see potential in others.

**ENTP**

Inventive, enthusiastic, strategic, enterprising, inquisitive, versatile. Enjoy new ideas and challenges, value inspiration.

### 4. How do you prefer to live your outer life? If you:

- Prefer to have matters settled
- Think rules and deadlines should be respected
- Prefer to have detailed, step-by-step instructions
- Make plans, want to know what you're getting into

then you prefer

**J**  
Judging

- Prefer to leave your options open
- See rules and deadlines as flexible
- Like to improvise and make things up as you go
- Are spontaneous, enjoy surprises and new situations

then you prefer

**P**  
Perceiving

**I**  
Introversion

**ISTP**

Action-oriented, logical, analytical, spontaneous, reserved, independent. Enjoy adventure, skilled at understanding how mechanical things work.

**ISFP**

Gentle, sensitive, nurturing, helpful, flexible, realistic. Seek to create a personal environment that is both beautiful and practical.

**INFP**

Sensitive, creative, idealistic, perceptive, caring, loyal. Value inner harmony and personal growth, focus on dreams and possibilities.

**INTP**

Intellectual, logical, precise, reserved, flexible, imaginative. Original thinkers who enjoy speculation and creative problem solving.

**N**  
Intuition

**ESTJ**

Efficient, outgoing, analytical, systematic, dependable, realistic. Like to run the show and get things done in an orderly fashion.

**ESFJ**

Friendly, outgoing, reliable, conscientious, organized, practical. Seek to be helpful and please others, enjoy being active and productive.

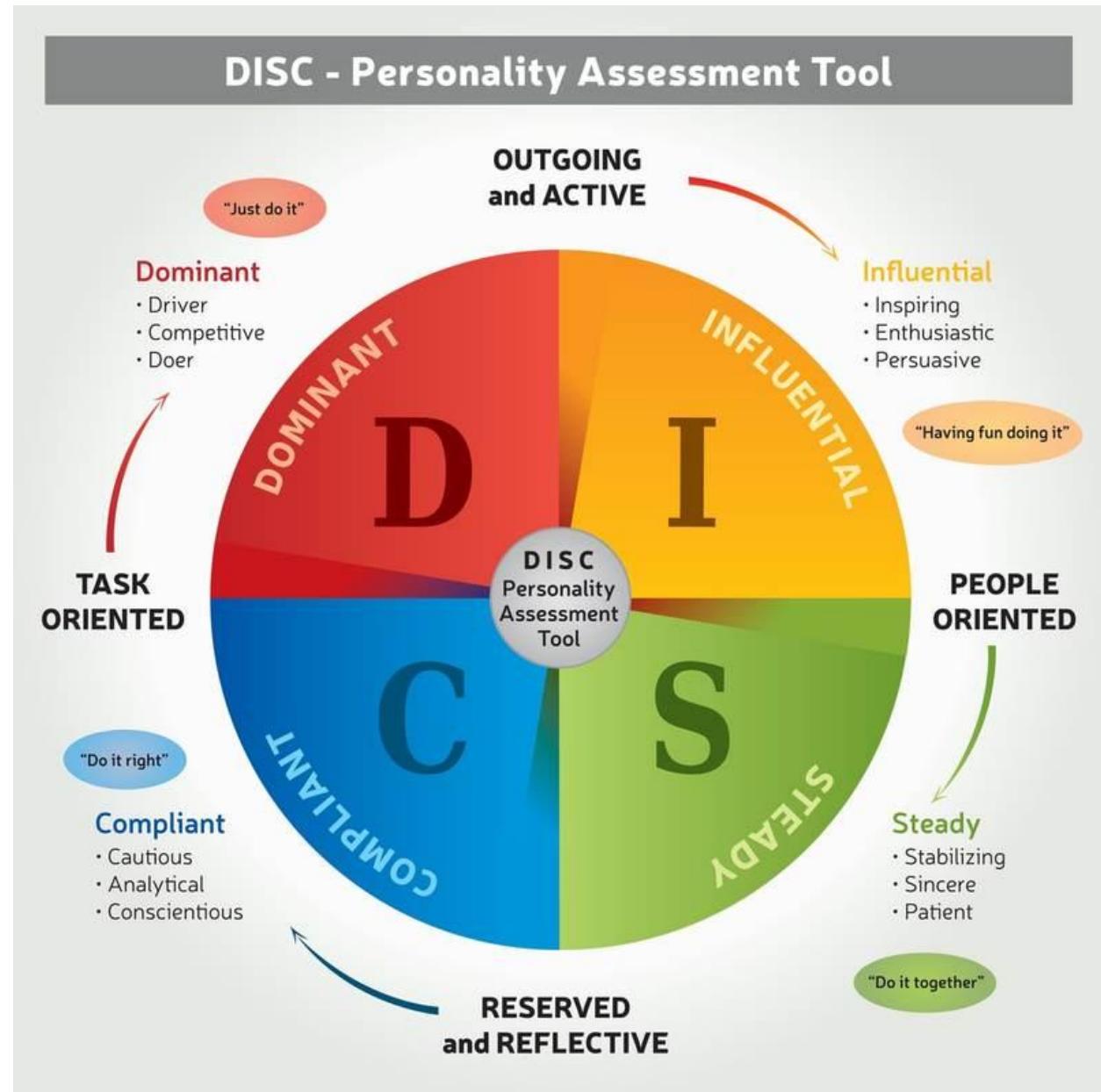
**ENFJ**

Caring, enthusiastic, idealistic, organized, diplomatic, responsible. Skilled communicators who value connection with people.

**ENTJ**

Strategic, logical, efficient, outgoing, ambitious, independent. Effective organizers of people and long-range planners.

# DISC



# Pre- work

- Myers Briggs: <https://www.16personalities.com/personality-types>
- 
- My creative type: <https://mycreativetype.com/>
- 
- DISC: <https://discpersonalitytesting.com/free-disc-test/>

# Group discussion

Which test did  
you choose  
and why?



What did it  
show?



Anything that  
surprised you?

# Feedback

# Leadership styles

- Various leadership style theories
- Do you need to be the same leader all the time? (hint: the answer is no)

Rob Kaiser:

- How you lead – your behaviours and how you interact with people
- What you lead: where is the focus of your attention?



The versatility model of the “yins and yangs” of leadership—the opposing but complementary forces that make leadership a balancing act. This framework summarizes the key themes in the last 100 years of research in psychology and management concerning leadership behaviors. See *The Versatile Leader* (2006; Jossey-Bass) for the development and validation of this model.

# Do you need to be the same leader all the time?



You may find that you need to be

- Forcefully operational in a crisis
- Then strategically enabling with the same people when reviewing events

In a different context you may need to be

- forcefully strategic when communicating a change that must be achieved
- Then enabling operational in working with the team to create a realistic plan of action

# Six Leadership Styles by Daniel Goleman

USE AS MANY OF THESE STYLES AS POSSIBLE DEPENDING ON THE CIRCUMSTANCES!  
Be extra careful with Commanding and Pacesetting leadership!

## COMMANDING LEADERSHIP

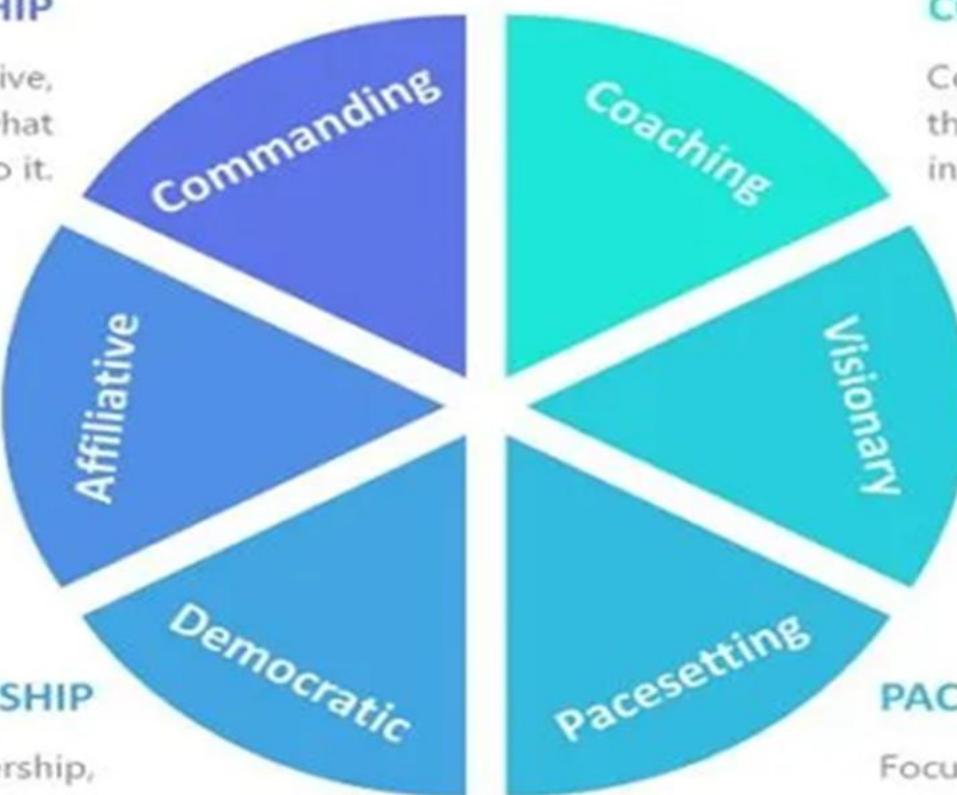
Also known as Directive or Coercive, this style is about telling people what to do and when to do it.

## AFFILIATIVE LEADERSHIP

Growing personal bonds and striving towards team well-being. Focus on harmony rather than results.

## DEMOCRATIC LEADERSHIP

Also known as Participative leadership, this style is about working together through dialogue and seeking consensus.



## COACHING LEADERSHIP

Coaching team members to develop themselves to become better individuals and professionals.

## VISIONARY LEADERSHIP

Built on inspiring and motivating people to pursue a long-term vision.

## PACESETTING LEADERSHIP

Focused on performance and results. Leader act as a role model for others to follow. Excellent output is required.

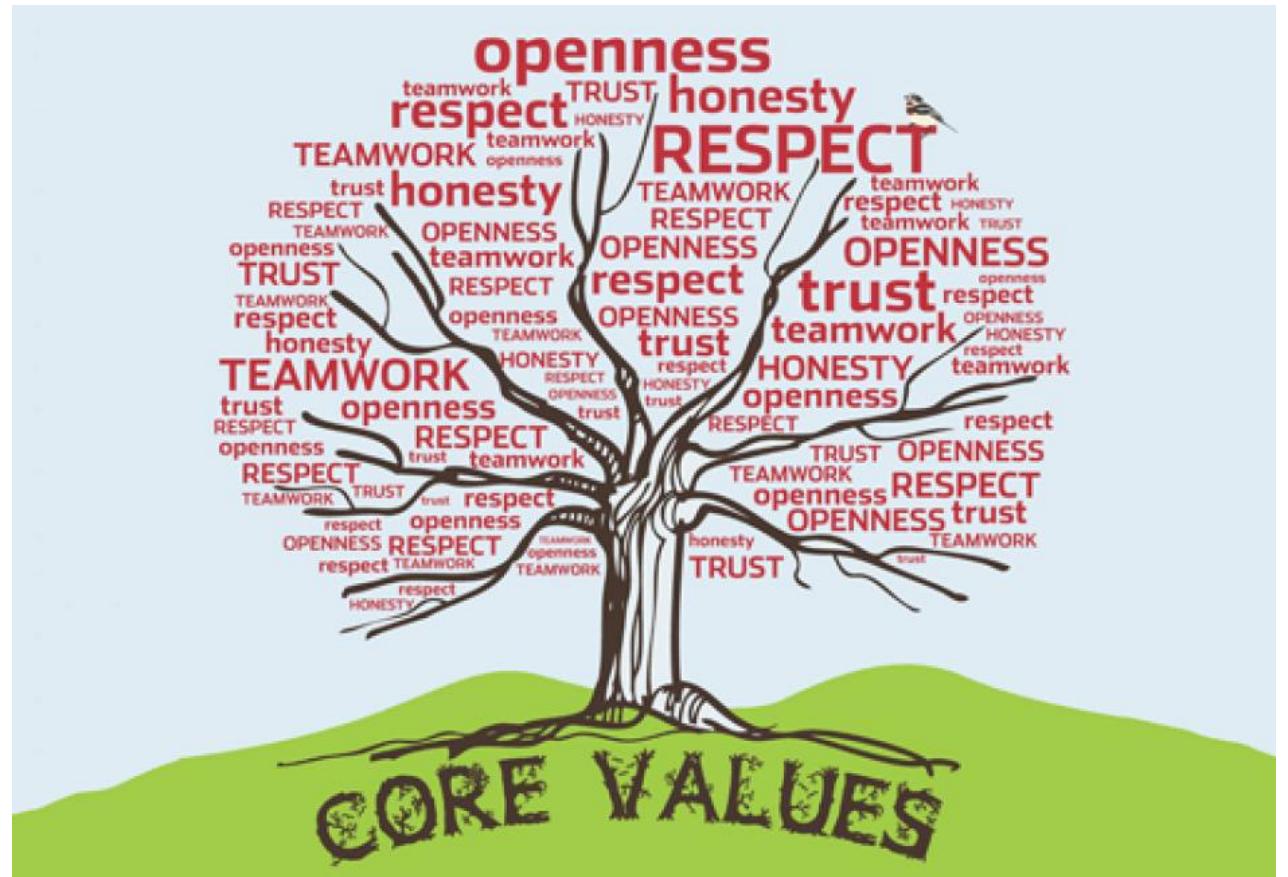
# THE SIX LEADERSHIP STYLES (GOLEMAN)

	Commanding	Visionary	Affiliative	Democratic	Pacesetting	Coaching
The leader's modus operandi	Demands immediate compliance	Mobilizes people toward a vision	Creates harmony and builds emotional bonds	Forges consensus through participation	Sets high standards for performance	Develops people for the future
The style in a phase	"Do what I tell you"	"Come with me"	"People come first"	"What do you think?"	"Do as I do, now"	"Try this"
Underlying emotional intelligence competencies	Drive to achieve, initiative, self-control	Self-confidence, empathy, change catalyst	Empathy, building relationships, communication	Collaboration, team leadership, communication	Conscientiousness, drive to achieve, initiative	Developing others, empathy, self-awareness
When the style works best	In a crisis, to kick start a turnaround, or with problem employees	When changes require a new vision, or when a clear direction is needed	To heal rifts in a team or to motivate people during stressful circumstances	To build buy-in or consensus, or to get input from valuable employees	To get quick results from a highly motivated and competent team	To help an employee improve performance or develop long-term strengths
Overall impact on climate	Negative	Most strongly positive	Positive	Positive	Negative	Positive

*Goleman, Daniel, "Leadership that Gets Results" Harvard Business Review. March-April 2000 p. 82-83.*

# Values

- principles or standards of behaviour;
- one's judgement of what is important in life.



# YOUR values

As medical leaders  
it is vital that we  
endeavour to know  
and understand

Where does YOUR  
energy, drive and  
motivation  
originate

These factors are  
often underpinned  
by our values

determining our  
behaviours

determining our  
future goals and  
developmental  
needs

# Value based leadership

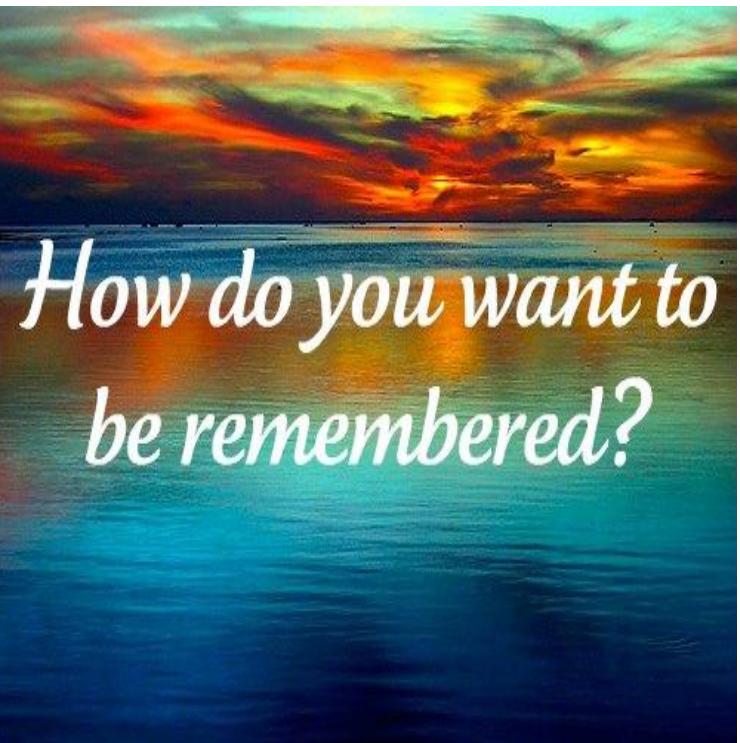
the idea that leaders should draw upon their own and others' values—including those established for your organization—for direction and motivation.



**What are your 3  
values?**

**Values**

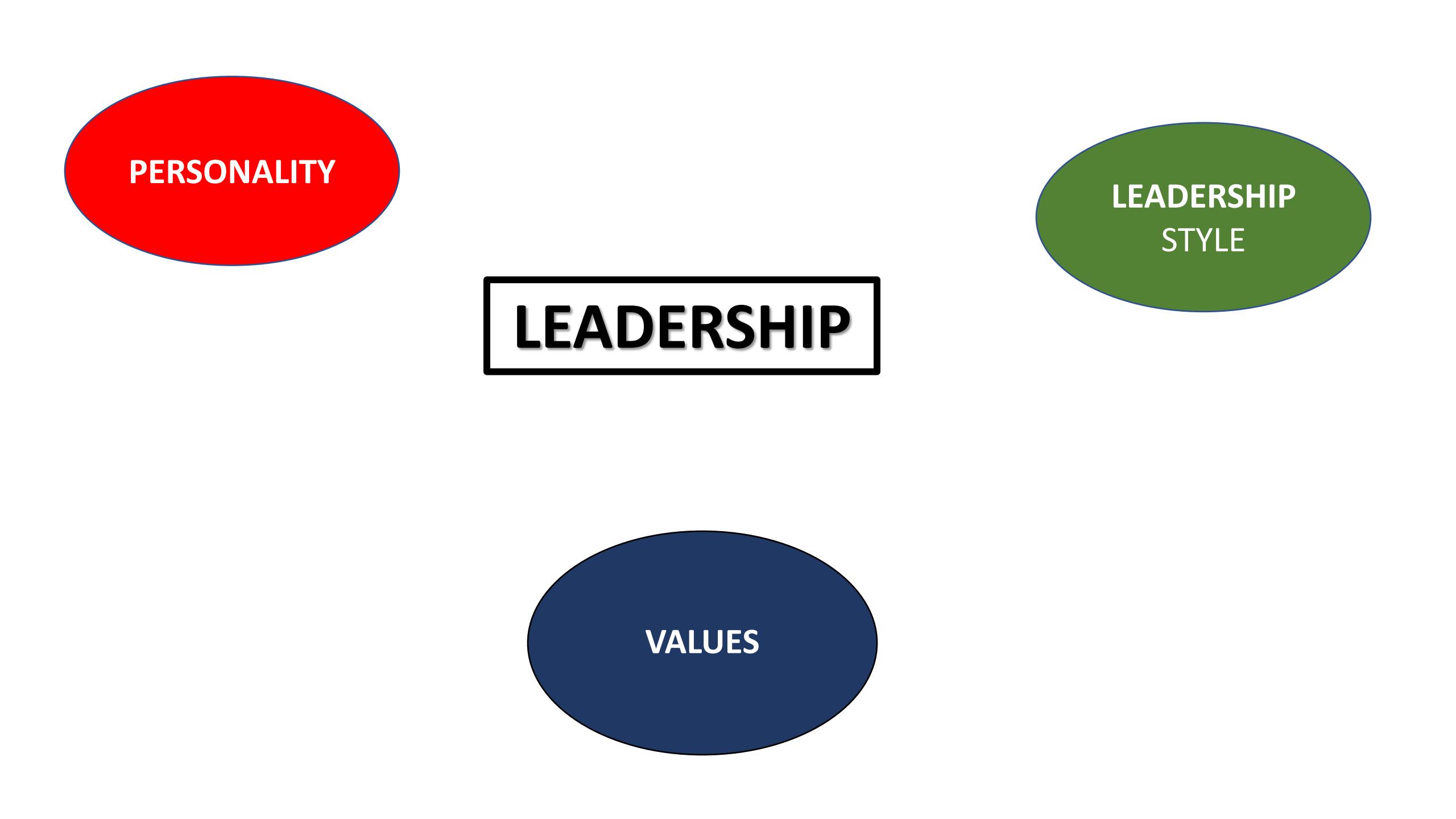
Achievement	Change / Variety	Family	Loyalty
Activity	Collaboration	Fitness	Love
Advancement	Community	Friendship	Order
Adventure	Competence	Happiness	Personal Development
Aesthetics	Competition	Helping	Recognition
Affiliation	Compassion	Humour	Reflection
Affluence	Courage	Influence	Responsibility
Authority	Creativity	Integrity	Self-respect
Autonomy	Economic Safety	Justice	Spirituality
Balance	Enjoyment	Knowledge	Status
Challenge	Fame	Location	Wisdom
			... Other



*How do you want to  
be remembered?*



**Think about what  
YOU would like to  
be remembered  
for, and then  
work backwards**



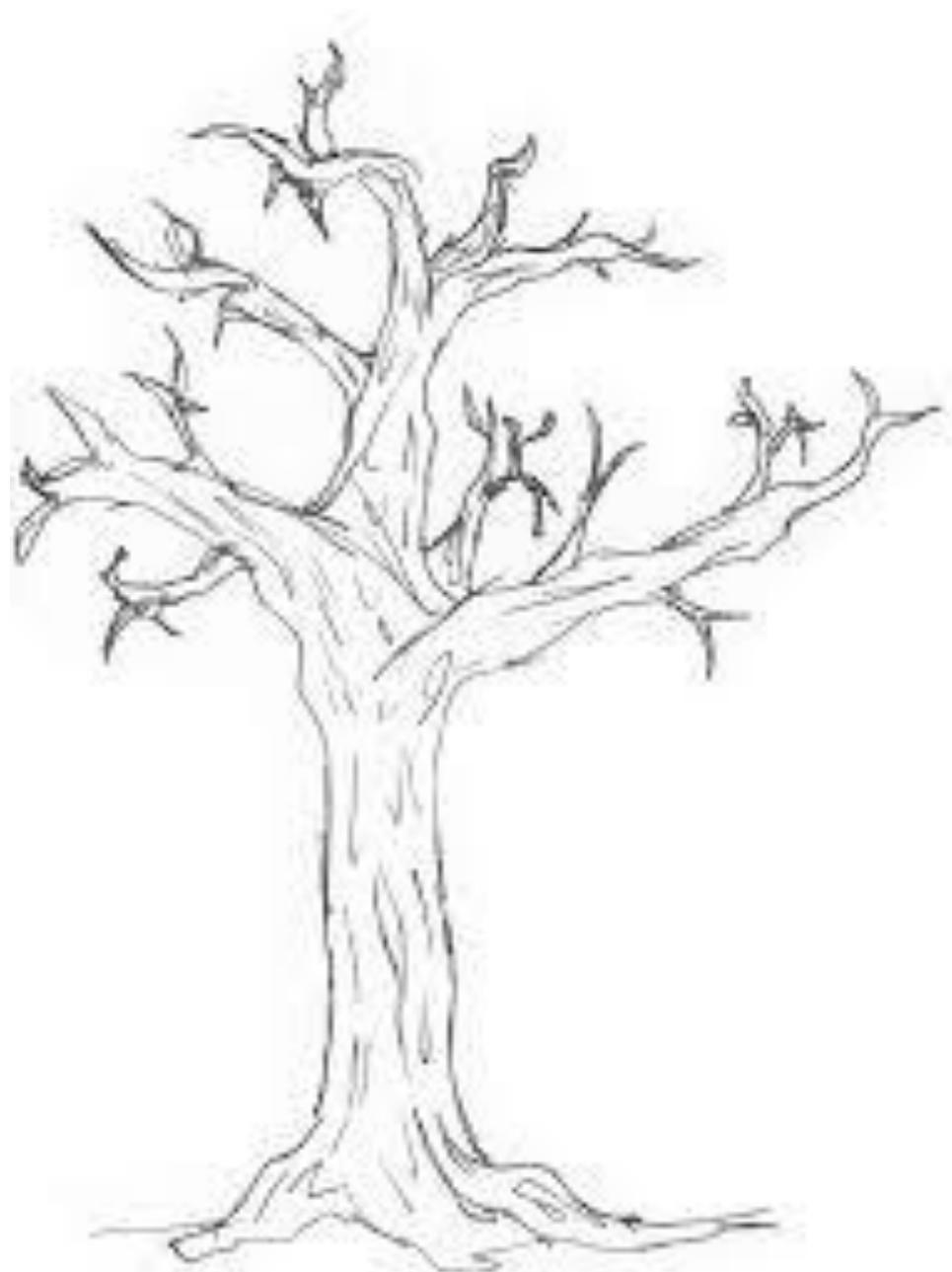
PERSONALITY

LEADERSHIP  
STYLE

LEADERSHIP

VALUES

# The tree



Branches: hopes, dreams and aspirations

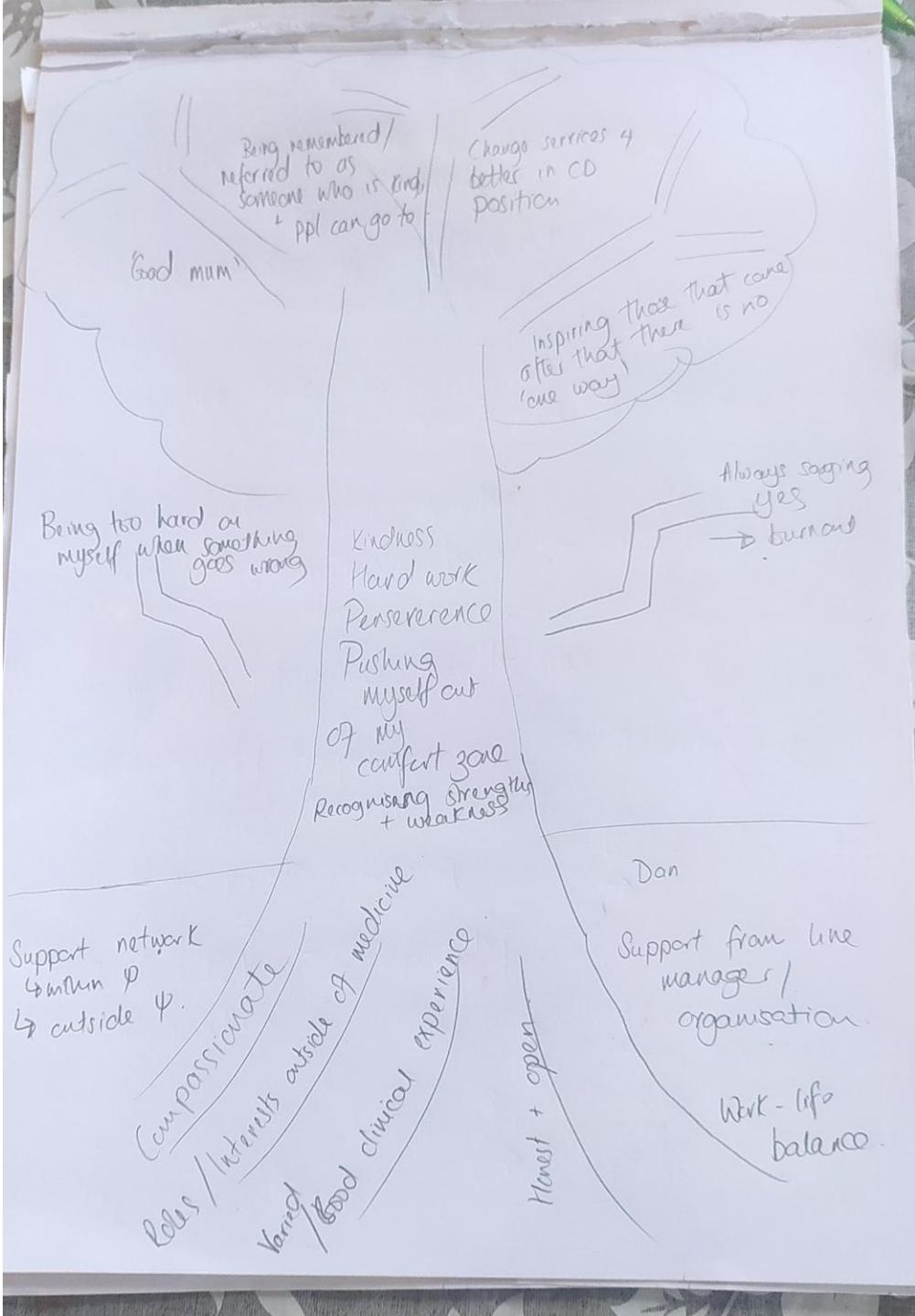
Destruction: threats to your vision

Trunk: what will help you achieve dreams

Nutrients: nourishment to enable growth

Roots: strengths, resources & values

# Suhana's tree



Branches: hopes, dreams and aspirations

Destruction: threats to your vision

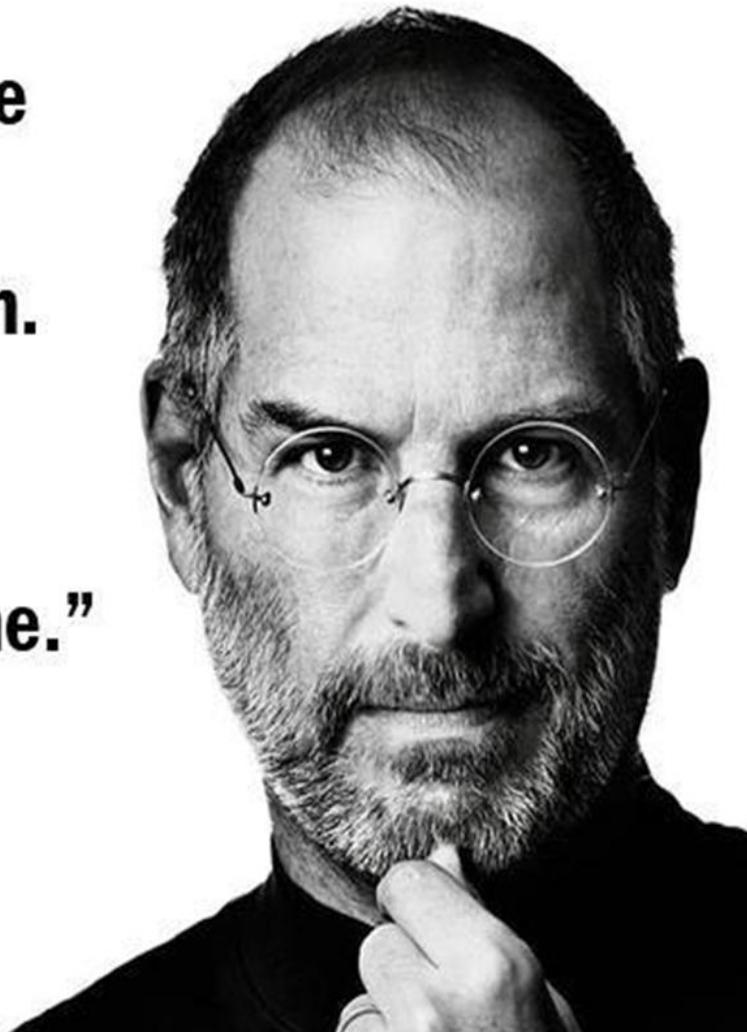
Trunk: what will help you achieve dreams

Nutrients: nourishment to enable growth

Roots: strengths, resources & values

**“Have the courage  
to follow your  
heart and intuition.  
They somehow  
know what you  
truly want to become.”**

**- Steve Jobs**



||

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*See you back at 14:30 promptly*

14:30

## **Complex interpersonal situations in the workplace**



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# Complex interpersonal situations in the workplace

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# Complex interpersonal situations in the workplace

- 2 'real scenarios' re conflict at work
- Each scenario will have a number of questions
- You will be placed in breakout rooms
- You will be allocated one of the scenarios
- Discuss all the questions relating to the scenario however you will only be asked to feedback on 2 of the questions . (see scenario)
- Breakout 25 mins - 10 min break - feedback to the whole group
- Allocate someone to feedback after the break
- No right or wrong answers
- Feel comfortable having differing views on dealing with the scenarios.

## Scenarios discussion groups

### Group/Room 1:

Guluno Malik Achakzai

Carolyn Adams

Mohammad Sharique Ahmad

Lakmini Ranasinghe

Kiron Griffin

Mohammed Murtza

### Group/Room 2:

Henrietta Blyth

Sangbarta Chattopadhyay

Phoebe Anderson

Erin Gourley

Daniel Pearlman

David Ibrahim

### Group/Room 3:

Ciju Benjamin

Rebecca Bennett

Virtue Chidiamara Chukwunonso

Korinna Karamagkioli

William Melton

Sreeja Sahadevan

### Group/Room 4:

Jenny Cole

Adam Flynn

William Gewanter

Fiona Greville-Heygate

Ben Knox

Anirban Raha

### Group/Room 5:

Taimoor Asif Jaura

Katie Joyce

Usama Saeed

Chern Yao Wong

Cheta Umeozulu

### Group/Room 6:

Alisha Patel

Jonathan Yates

Noha Abousamra

Vinita Soundararajan

Miles Rush

# Scenario 1

You are clinical director for older person's mental health services. You have been told the trust is moving to a borough-based structure in the next 3-4 months at the request of the Trust Board. This will mean your service line no longer exists. For clinical teams, this will have little impact but for middle and senior management this is likely to mean a significant change to their job roles & you've been told at present redundancy cannot be ruled out (although you know this is uncommon in NHS organisations). This will also be a change to your role and it is unclear where you may fit in the structure.

You can see the pros and cons of moving to a new model & recognise this needs to be the travel of direction.

There is currently no further information you can provide the team with.

You arrange a meeting with your senior & middle managers. News has already leaked and you have had a numerous angry emails at your lack of communication around this (as you were on leave straight after you were made aware & needed to process the information yourself given the significant impact on your role).

# Notes

Clinical director = responsible for the quality, safety, effectiveness of services and strategic direction of the division +/- operational oversight

## **Current service line structure (CDs)**

e.g      Acute mental health  
            Community mental health  
            CAMHS  
            OPMHS

## **Proposed borough based structure (Borough director)**

Borough A – wards, community, CAMHS, OP  
Borough B – wards, community, CAMHS, OP  
Borough C – wards, community, CAMHS, OP

# Scenario 1 – Questions

- 1/ How might you prepare for this meeting? (Group 1)
- 2/ Discuss all the reactions you may experience from others in the meeting. (Group 1)
- 3/ Discuss the reasons why anger may be directed at you and how you might respond/ manage this? (group 2)
- 4/ How would you approach this meeting? You have 60 minutes for the meeting. (Group 2)
- 5/ Think about yourself. What are your biggest fears from this meeting & why? Discuss as a group. (Group 3)
- 6/ How do you feel about leading changes that you may not agree with? How might you manage this in the future? (Group 3)

# Scenario 2

You are a community consultant.

You are currently feeling worn down and are managing some issues in your personal life.

A patient of yours has been discharged from the ward and your belief is that they have not been treated sufficiently (or at all!) and continue to pose a high risk in the community.

You arrange a teams meeting between yourself, the care coordinator, the ward consultant and ward manager. The ward consultant is 20 minutes late and dismissive of your concerns. The meeting is heated and culminates in you being angry, raising your voice and telling the consultant you think he is unsafe. He becomes equally angry. The altercation is witnessed by others in the meeting. The meeting is terminated abruptly.

# Scenario 2 – Questions

1/ What would be any immediate actions following this? (Group 4)

2/ How would you approach this in the medium term? (Group 4)

3/ Is there any way you could have prepared for this meeting to improve its outcome? If so, how? (Group 5)

4/ Think about yourself. What are your biggest concerns at how this meeting has gone and its impact? (Group 5)

5/ What do you think would increase chances of you (and another colleague) reacting like this in the future? (Group 6)

6/ In the long term, how would you manage a situation where you and a peer colleague do not see eye to eye and struggle to maintain a professional relationship although your position means you have some degree of interaction. (Group 6)

*See you back at 15:15 promptly*



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**14:45**

**Complex interpersonal situations in the workplace**

**Reflections & Next Steps**

