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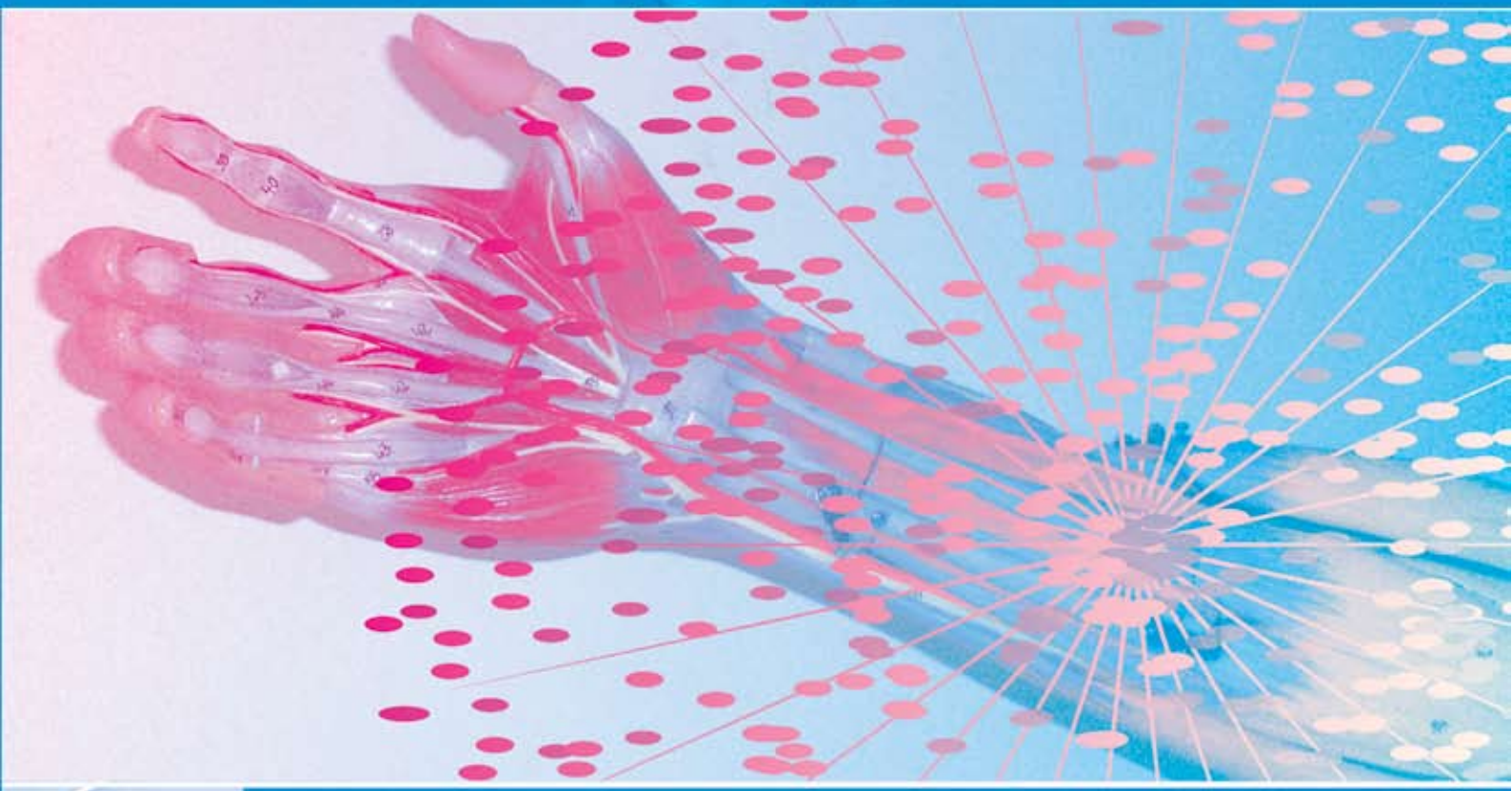

A Peer Reviewed International Journal for the Advancement of Clinical Skills
*- 'docendo ac discendo' - 'by teaching and learning'*

In this issue:

## Executive Board



IJOCS
DOCENDO AC DISCENDO

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

# Contents

# Editorial Board for the International Journal of Clinical Skills



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# Foreword

## Globalisation and Clinical Skills

The International Journal of Clinical Skills (IJOCS) – the new road to new skills? Maybe – but it has certainly opened a platform for the globalisation of clinical skills. The World Health Organisation's (WHO) programme on globalisation targets public health risks, security and outcomes. Driven by the concept of "global public goods" and cross-border health risks, the underpinning issue is to promote health for the poor by way of achieving national health targets. As with the IJOCS, the WHO strategy seeks new technologies in the clinical arena to provide investigative tests – with the WHO being particularly interested in those tests which are suitable for developing countries along with new drugs for endemic diseases. The aims are indeed noble. Investigative and therapeutic technologies create a vacuum for the dissemination, sharing and globalisation of clinical skills, which remain the main asset and commodity which clinicians of poorer nations exercise, promote and share. The IJOCS has released a bolt for health professionals to do just that – share knowledge.

The provisions of the healthcare industry in developed countries by sheer volume and demand, streamlines clinical skills into sub-specialised areas. Clinicians (medical, paramedical and nursing) in these areas gain clinical expertise that are unique to their field and emerge from rich patient-clinician interactions. The clinical skills of dealing with children with disabilities, rehabilitation medicine and terminal care are mere examples that are deficient in the poorer health economies that spend the best part of their human resources to combat diseases of malnutrition and poor sanitation.

The IJOCS provides a global resource centre for sharing and promoting clinical skills between clinicians and health professionals. Senior clinicians, who practiced medicine during the last four decades, will have recognised a gradual and progressive pattern of dependence on technologies with less reliance on clinical skills. The IJOCS provides a platform for sharing and debating the inter-phase and interactions between new technologies and clinical skills. It promotes the development of a new layer of clinical expertise that will emerge from the interpretation, application and/or exclusion of new technologies, for the benefit of clinical care.

I trust that clinicians practicing in poorer health economies will enhance the Journal by sharing their clinical skills and knowledge. Their special expertise of managing clinical needs, within restricted resources, expectedly stimulates the human ingenuity and creativity, leading to the development of clinical skills suitable for each unique circumstance. I, for one, will be actively supporting the IJOCS innovative approach to collaboration of skills. The IJOCS will provide a vehicle for the transmission of these skills across the globe for sharing expertise between different health economies to enrich the overall clinical skills arena.

Hippocrates recognised the professional responsibility of the individual clinician by stating that physicians "must have a wealthy …medical knowledge, clinical skills, medical ethics, interpersonal skills,…". The IJOCS improves the physician's opportunity to enhance his/her clinical skills "by teaching and learning".

**Dr Atef R Markos FRCOG FRCP**

# Educational leadership: a core clinical teaching skill?

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Abstract

Leadership has been emphasised as a core element for organisational effectiveness and healthcare improvement in public, private and voluntary sectors. Leadership development programmes have been introduced to support clinical innovation and educational change for current and aspiring leaders in clinical settings, in schools and in other contexts such as public health, general practice and higher education. This article describes a number of leadership development programmes specifically designed and delivered for healthcare educators and clinical teachers and considers the place of leadership and leadership development in contemporary healthcare education. It explores the nature of leadership development programmes, offering models and ideas around the core components and structures of leadership development programmes for healthcare educators. The article suggests that leadership should be included as a core element of all healthcare education programmes.

## Introduction

The importance of leadership as a core quality and set of skills and attributes has been emphasised throughout business and management, and more recently, throughout public, private and voluntary sectors. As public sector organisations strive to identify and meet organisational strategic goals within a context of increasing accountability and rising consumer expectations, organisational leadership (or its absence) has become a key focus of attention. Effective leadership is increasingly highlighted as a core requirement for a successful organisation supported by training and development programmes to help support and facilitate existing and aspiring leaders. In the education and health sectors, these include specific programmes for schools' leaders [1], for clinical leaders (predominantly nurses, doctors and medical managers) [2, 3, 4, 5, 6], for leaders in higher education [7] and for leaders in specialist areas such as Public Health [8]. Leadership development programmes are clearly focussed around organisational change and improvement. For example, NHS clinical leadership programmes have been described as aiming to "build local capability, speed (healthcare) improvements and encourage innovation" [9].

This article considers the place of leadership and of leadership development within the context of contemporary healthcare education. Through discussion of programmes that have been established to address the specific needs of healthcare educators, models and ideas around leadership programmes are developed. The article concludes with posing a question: If organisations and professions are serious about succession planning and the development of educational change agents, is introducing leadership as a core element of educational development activities one of the answers?

## What is leadership?

Leadership definitions abound, however there are some consistent threads that run throughout the literature. Lussier and Achua [10] suggest that "leadership is the influencing process of leaders and followers to achieve organizational objectives through changes". Effective leadership involves enabling successful change [11, 12], it runs alongside effective management, being aware of and being able to exploit the differences between management and leadership [11, 13] and it requires 'followers': "leadership is a relationship between those who aspire to lead and those who choose to follow [14]. The prevailing leadership theories have changed considerably over the last twenty years. Throughout the 1980s and 1990s, most leadership theories concentrated on effective interpersonal relationships [15]. The main focus was on 'transformational leadership' [16, 17, 18]. The leader was seen as the person who provided the vision, made change happen and supported the team, whilst still looking out for the individual. Good leadership involved the facilitation of shared meanings, values and goals. This approach has since been criticised for focussing too much on the individual leader [19, 20]. New theories of leadership are now emerging based on complexity theory and whole system science. 'Complex adaptive leadership' refers to leadership that takes account of the complex interactions within dynamic systems [21,22]. Leaders need not only to be transformational but also to embrace uncertainty and emergent realities, allow for autonomy and creativity and position themselves as part of

interactive networks [23, 24]. This thinking has led most recently to theories of distributed or dispersed leadership, about which Goleman [25] writes: "there are many leaders, not just one. Leadership is distributed. It resides not solely in the individual at the top, but in every person at entry level who, in one way or another, acts as a leader."

## Public sector leadership: the healthcare education context

Public sector leadership has also seen the idea of value-led, thoughtful and 'collaborative leadership' [26] being appropriate to leading contemporary integrated services. Collaborative leadership focuses on a commitment to partnership working for the good of the service users. It emphasises qualities and behaviours including being able to assess the environment, to demonstrate clarity of values, to see commonalities and common interests and make connections, to share vision and build and mobilise people and resources, to build, promote and sustain trust, to share power and influence, and to develop people and reflect on oneself. "Collaborative leaders are personally mature. They have a solid enough sense of self that they do not fear loss of control "[27].

Although many early definitions of leadership placed heavy emphasis on innate leadership qualities and traits, such as the 'Great man' theories [28], later writers note that leadership can "and should be" learned [29]. Hence the current focus on leadership development. Leadership development has been identified as an important factor in driving healthcare organisations forward [30]. For example, evaluation of the Royal College of Nursing's Clinical Leadership programme found that the programme has made a difference: a difference to nurse leaders as they have increased confidence, particularly in leading their teams through change, and an improvement in working practices and patient care as leaders feel more able to take action on difficult care issues [6, 30].

Senior clinicians are usually seen as leaders of clinical teams or as leaders and managers of units or departments. However, clinicians do not often see themselves as educational leaders even though for many, teaching is part of the 'day job' – teaching students, juniors and presenting at case conferences and seminars. As clinicians take on more formal 'academic' roles within universities and as clinical teaching is subject to increasing external scrutiny and formal accreditation, developing skills and expertise, which includes educational as well as clinical leadership, should be part of continuing professional development [31].

Effective leaders are effective change agents. In education this means being aware of current educational trends and good practice, being able to facilitate learning amongst students and junior staff and being able to lead and implement educational change clearly supported by and grounded in relevant evidence and theory. So, in common with successful chief executives (for example from the retail sector [32]), educational leaders need to have a good knowledge of their 'industry', this includes the wider context of healthcare education at undergraduate or postgraduate levels. Educational leaders also need to display personal qualities and skills (the Emotional Intelligence [33]) that enable them to effect change at interpersonal as well as organisational levels. Finally, leaders need to have 'power' to facilitate change, this includes 'personal power', 'expert power' and 'positional power' [34]. Leadership development activities focus on developing interpersonal skills, insight and self reflection amongst participants as well as providing the theoretical basis for application of theory to work practices.

## Leadership development programmes

Over the last few years a number of institutions and organisations within the UK have developed healthcare education leadership programmes. For example, the School of Medicine at the University of Southampton has run a leadership programme for their medical education courses since 2003 [35, 36, 37]. The programme started with four linked half-day courses and one full-day course although participants could attend as many as they wished. Since then sessions have been added for new staff and staff taking on new leadership roles. The sessions cover topics such as:

- the difference between leadership and management
- transformational versus complex adaptive leadership
- team building
- change management
- motivation and influencing skills
- enabling staff development.

The approach is highly interactive and, in addition to the acquisition of new knowledge and discussion of theory, participants spend time exploring underpinning values, sharing issues and solutions, building networks and practising skills. In the most recent session, for example, new course co-ordinators identified the challenges of their leadership roles, including difficulties in recruiting clinical teachers, motivating and inspiring teachers to adopt a new curriculum, and leading others who are often of equal or senior status. They worked in small groups, applying a variety of leadership theories to these issues and learning from their shared experiences. Participants also took part in an observed role-play designed to build influencing skills and to enhance the ability to give constructive feedback [38].

Between 2002-2005, Leicester Medical School, in association with UK health providers and higher education partners, ran three national and two regional year-long leadership development programmes for 100 health and social care educators from higher education and healthcare organisations. The programme was part of a HEFCE FDTL 4 [Higher Education Funding Council for England, Fund for the Development of Teaching and Learning (FDTL 4)] funded project: Developing tomorrow's leaders in health and social care education. Individuals were nominated by their organisations and supported by course facilitators and mentors from outside their own organisations. All participants attended 10 days of face to face sessions, some residential and some one-day events and had the opportunity to study for a Postgraduate Certificate in Higher Education Leadership. The programme content and structure was evidence-based: drawing from a literature review, 'expert forum', practice survey and primary research of contemporary healthcare education leaders [39].

## Findings from evaluation of leadership development programmes

Formal evaluations of the FDTL funded programme carried out in 2005 and 2007 were very positive. Participants felt better prepared as educational leaders and better equipped to seize career advancement. In 2007, participants were surveyed to track career progress and gather perceptions of the longer term benefits and specific elements of the programmes that contributed to the development of a skilled community of healthcare education leaders [40]. The 2005 results were confirmed in the 2007 survey (41% response rate) with over 80% of respondents noting enhanced knowledge, understanding, capabilities and confidence attributable to the programme. 64% had significant career progression since starting the programme, 96% of these reported that the programme contributed to this. Effective elements included tutor's/facilitator's expertise and approach; interprofessional groups; focus on healthcare education; leadership and management topics; time to reflect; confidential, safe space and links to broader networks.

Evaluation indicates that specific elements and design of leadership development programmes, targeted at and designed specifically for aspiring healthcare education leaders have long term impact on leadership, management and change capabilities. They enabled personal and professional growth, enhanced career prospects and produced more effective leaders and managers, who actively contribute to positive organisational and educational change. The evaluation demonstrated that leadership development programmes work and have long term impact: however, they need to be tailored to the specific needs of healthcare educators. Key elements include providing time, space, theoretical inputs, and frameworks for personal and professional development as well as learning around strategic management and leadership.

Through the development, implementation and systematic evaluation of healthcare leadership development programmes at organisational and national levels, many of the core elements of successful programmes have been identified [40, 41, 42]. There is no 'one size fits all', however, there are some aspects of leadership development which require a different approach to many other staff development programmes. This is corroborated by findings from leadership development evaluation and research across a range of sectors. Figure 1 lists some of the key features of leadership development programmes and summarises findings from a range of project and programme evaluations [6, 29, 38, 39, 40].

Figure 1: Key features of successful leadership development programmes for healthcare educators

| Feature | Comments |
|---|---|
| Length of course | An optimum length is typically nine months or one academic year.<br><br>The course needs to be long enough to provide time and space for reflective activities and to enable personal and professional development and the 'leadership journey' |
| Atmosphere and educational philosophy | Supportive and safe atmosphere, clear ground rules - developing trust is vital between tutors and participants and amongst participants – enables 'creative conflict' and personal development<br><br>Opportunities to apply learning through case studies and group/individual exercises, safe environment enables testing of skills and ideas and constructive feedback |
| Facilitator or tutor approach and skills | Non judgemental and open ('authentic') approach from tutors. Tutors and visiting speakers/ experts/facilitators need to role model leadership behaviours for participants, including taking some risks, sharing appropriately and need to be credible ('know their stuff') in terms of knowledge of leadership/management theory |
| Modelling leadership | Value led and collaborative leadership emphasised throughout and explicitly explored through discussion and exercises |
| Course activities and format | A varied mix of: one day workshops, residentials for networking and conversations, pleasant environment away from everyday work, action learning sets, mentors/coaches/tutors, mix of interactive activities grounded in theory, application of theory, practice based, case studies, role plays, career planning and self development<br><br>Support should be provided through online and printed resources for those who want to read and learn more |

| | |
|---|---|
| Leadership theory and practice | A grounding in leadership theory: trait, type, styles/approaches, situational, distributed, transactional, transformational, complex adaptive, collaborative, value-led, or servant leadership is essential, plus revisited opportunities for testing out personal styles and approaches, applying and developing skills and challenging and interrogating the theory |
| Management theory and practice | Ensure that participants have appropriate management capabilities and theory – at strategic and policy level. Often participants do not have much experience or awareness of management techniques such as strategic management; project management; external analysis (eg PESTLE); SWOT/TOWS; risk analysis and options appraisal, complex adaptive systems: it is important to enable participants to apply these in practice through case studies and scenarios |
| Selection of participants | Select participants carefully to match course aims and outcomes as well as the timing within their own professional development and organisational role<br><br>People coming up to or in the middle of 'role transition' (eg. from practitioner to educator/academic or academic to manager) often benefit from a course<br><br>Try to have groups where people are working at similar levels or in similar roles and thus have common understanding of issues, barriers, language, challenges and opportunities – share meaning |
| Interprofessional groups | A mix between HE and NHS has particular spin offs for health and social care communities<br><br>Try to link course activities into work-based projects, ideally with participants collaborating across organisations, sectors or professions |
| Healthcare education context | Aim to develop skills of horizon scanning, policy analysis and engagement across HE/NHS boundaries |
| Personal and career development opportunities | Include a range of activities and facilitated exercises to develop self awareness and individual leadership development.<br><br>Models and theory (such as transactional analysis, emotional intelligence) provide useful frameworks for analysis of interpersonal interactions and insight into their own and others' leadership behaviours<br><br>Specific, consistent and informed career guidance, planning and support is helpful, through activities (visioning, action planning) action learning sets, mentors and one to one coaching/ meetings with tutors<br><br>Opportunities to gain an award/ credit points provides added value for the CV for some participants |

The findings above are echoed by evaluations of other leadership programmes concerned with the clinical and educational environment [30, 36, 37, 40, 41, 42]. In recognising that we need to pay active attention to developing current and aspiring leaders with both generic and context specific skills, it raises the issues of who actually develops and trains people to deliver such programmes. Although leadership development is as much about culture change and the values that enable real input at all levels into decision-making and change, [43] leadership development programmes in themselves often provide a focus for implementing change and embedding core values and skills. Providing such training also sends a clear message through the organisation that leadership is valued.

## Developing a national community of practice

The Higher Education Academy MEDEV Subject Centre [44] supports faculty development as one of its core activities and has taken a proactive approach to developing leadership capacity at national level through the establishment of a Special Interest Group (SIG) for health and medical education staff, curriculum and educational developers comprising over thirty individuals. The SIG links to other MEDEV activities which promote online support and learning including the development of open access faculty development and leadership resources [45].

The SIG aims to create a community of practice (CoP) amongst educational/staff developers, providing a discussion forum for strategic/policy issues and change agendas in healthcare education and a voice for responding to such agendas. It provides support, facilitates leadership and management development and promotes active engagement with centres of educational innovation. The SIG provides an online and face to face forum and support structure for often isolated staff and educational developers in large institutions. Members participate

in relevant high-level professional development activities taking a collaborative leadership approach. Members have engaged in two national workshops with two more planned for 2008, plus access to online resources and a VLE. SIG members value engaging in collaborative leadership and education development activities and are increasingly seeing themselves as a CoP with capacity for wide influence on medical and healthcare education [46]. Increasing awareness of wider policy and professional and educational agendas leads to increased effectiveness in organisational roles and facilitating organisational change. Providing support for staff/educational developers to meet, learn and work together in a structured way sustains and develops a CoP which puts a collaborative educational leadership approach into practice.

## Stakeholder involvement

Whether developing a leadership programme at organisational, regional, professional or national levels, it is vital to actively involve stakeholders in the planning, delivery and evaluation of the programme. This models collaborative leadership and partnership working in practice and has huge dividends for ensuring that the leadership approaches align with strategic objectives. It also enables those developing the programmes to identify the target participants for the leadership programmes and any specific development needs they might have. For example, a Collaborative Leadership project carried out in the West Midlands between the Strategic Health Authority and Birmingham City University enabled participants from regional Higher Education Institutions and healthcare organisations to work together on developing and implementing real projects aimed at improving healthcare education across traditional higher education and health service 'divides' [47].

At the University of Southampton, an extensive needs analysis was conducted in advance of the leadership programme described above [35]. This involved setting up a representative task group of seventeen key stakeholders, who worked together for a year including a one-day initial planning conference. An interview was also conducted with each year coordinator and a formal consultation exercise with course coordinators through year steering groups was carried out. In addition, a questionnaire was administered to 150 established teachers to determine their views on leadership development.

In the national HEFCE funded project led by Leicester Medical School, a Steering Group was established including all partner organisations from HE, professional bodies, the NHS and funding organisations. An 'expert forum' was established to advise and develop the core elements of the programme, organisational 'sponsors' were identified from all seventy participating HEIs, and a mentor was identified to provide support for each of the participants. Project evaluation highlighted stakeholder involvement as one of the positive project outcomes [48] and has contributed towards the development of a 'Community of Practice' [40, 49] of individuals interested in promoting leadership development in healthcare education.

## Challenges and conclusions

There are real challenges for healthcare organisations in developing educational leadership capacity. As Drath and Palus point out, one way forward is that "Instead of focusing leadership development almost exclusively on training individuals to be leaders, we may learn to develop leadership by improving everyone's ability to participate in the process of leadership" [51]. This requires huge culture change, which, for healthcare education means working across healthcare organisations and university settings, both with very different cultures and practices. Leadership development programmes offer a way of developing the capacity amongst clinical teachers and academics to become effective educational practitioners with the added skills, knowledge and attitudes to be change agents and leaders. There are many examples of programmes offered locally, organisationally, professionally, regionally, nationally or internationally. With ever-increasing emphasis on leadership development throughout the health and education sectors and with virtually universal implementation of educational development programmes for university teaching staff, this might raise the question of leadership and change management becoming a mandatory part of staff training and development for healthcare educators alongside educational development and training. Many postgraduate programmes in healthcare education include optional modules or courses in leadership, with a limited number, such as that at the University of Bedfordshire [52] including mandatory modules on topics such as educational leadership, policy and change.

As service changes and higher education developments increasingly emphasise partnership working and integrated practice – "the person in a position of leadership who is not open to actively listening, questioning and reflecting in a very conscious way will be judged as hypocrite if they continue to talk the language of partnership" [53]. The challenge for healthcare education leaders is that they can authentically 'talk and walk' leadership and education agendas with equal poise and agility: the challenge for organisations, professions and those who facilitate contemporary healthcare leadership development is that it enables current and aspiring leaders to do so.

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# Clinical Skills Lab (CSL)

**The Clinical Skills Lab database will comprise information on over 200 clinical skills, broadly separated into:**

- ➔ History taking skills
- ➔ Communication skills
- ➔ Clinical examination/interpretation skills
- ➔ Practical skills

Not only will this valuable resource provide material to students as a learning tool and revision aid, for example, OSCEs, it will also offer educational materials for teachers from all disciplines, allowing some standardisation of practice. The Clinical Skills community will also be encouraged to contribute, making this database interactive.

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