

# RCPCH Progress domain resources: Leadership and team working

## [Quality and Standards team](#)

An essential skill of all doctors, in this curriculum domain we look at principles, approaches and techniques of leadership - both in supervising others and working as part of a team.

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These resources are related to the curriculum domain [6 - Leadership and team working](#). They have been put together with trainees, supervisors and children and young people.

## **What children and young people say - flyer**



"Remember to coordinate between teams with an awareness of the impact on the life of the family with a long term condition having lots of appointments and tests"



Parent - RCPCH &Us

RCPCH &Us have shared their voices and views with the Children and Young People's engagement team on this curriculum domain.

[Download full CYP flyer \(PDF\)](#)

## Overview and teaching resource - presentation

This domain is explained in more detail in this presentation. This could provide you with a better overview or provide you with a resource for a teaching session.

[Download presentation \(PPTX\)](#)

## How paediatricians use this domain in their everyday practice - videos

David Hanna, Bristol Royal Hospital for Children - explains why he thinks leadership and team working are important at all levels of training.

Emma Coombe, Taunton & Somerset NHS Foundation Trust - provides easy examples of how leadership skills can be developed across all levels of training.

These three case studies give examples of evidence that could be used to demonstrate

contribution towards the domain learning outcome.

## **Reflecting on multi-source feedback - case study**

[There are tools] to help you develop awareness of strengths and preferences in the workplace

Setting: General Paediatrics and Neonatal Medicine

### **How did the opportunity arise?**

As you approach the end of the training year you sent requests to your team members for multi-source feedback. After receiving 14 responses you close the round to read the comments.

### **What happened?**

The feedback from your colleagues is mostly positive with specific praise for your empathetic and professional manner with children and parents, your punctuality and your readiness to learn and develop.

However there are two comments that concern you, one says “appears obviously stressed and sometimes flustered when the ward is busy” and another mentions you are “not always quick to respond to the bleep”.

You feel frustrated as no-one has mentioned these concerns to you in person.

### **How did this support your development?**

After taking some time to reflect upon and digest the comments, you arrange a meeting with your educational supervisor who has spoken to the wider consultant team and confirms you are performing at the expected level and reiterates some of the positive feedback you’ve had.

You discuss your concerns with your supervisor and try to establish why your colleagues may have made observations about you appearing busy and stressed. You have at times felt stressed during busy periods and think about whether you could use delegation more or ask for help from seniors earlier at times of high workload. Your supervisor shares with you some strategies to help manage feelings and behaviours around stress and signposts you to some resources to support trainee wellbeing.

### **Any practical tips?**

Using tools such as a Johari Window to compare your own ideas about your individual characteristics versus the opinions of your colleagues can help you gain broader insight into your performance and areas for development. A Myers-Briggs type indicator can also help develop awareness of strengths and preferences in the workplace.

More resources can be found in the RCPCH document for trainees, [Looking after yourself – good practice for trainee paediatricians](#).

# Reflection on rota gaps - case study

Try and be a part of the solution if you raise an issue

Setting: Middle grade rota pressures

## How did the opportunity arise?

You attend a regional teaching day and notice that many of your colleagues have been unable to attend. Those that have been able to make it say that rota gaps have meant colleagues were not released from their training units to attend.

## What happened?

You gather some more information and find that low attendance is a recurring problem and trainees are also dissatisfied with the quality of the training days. You decide to undertake a more formal survey to quantify this problem and investigate some of the contributing factors. You also ask for examples of good practice where training units do routinely release trainees for training.

You share this information with your Head of School, Training Programme Directors and College Tutors in the region and they invite you to present your findings at the regional quality panel. Together with staff from the paediatric school you put together a guidance document advising training units of minimum expected attendance at training by trainees and good practice examples of how this can be facilitated. It also contains signposting for how trainees can escalate concerns if they are not facilitated to meet the minimum attendance standards and points to guidance contained in the Gold Guide – Guide to Postgraduate Specialty Training in the UK.

You share this document with trainees and trainers and ask for feedback, as well as some other trainee volunteers to assist you in contributing to the planning of future regional teaching days.

## How did this support your development?

This piece of work enabled you to undertake the process of assessing a need for change, consulting with stakeholders, gathering information and working collaboratively to implement a solution to a multi-factorial problem.

Following the implementation you reflected on what parts of the process worked well and what you might do differently in a similar situation next time.

## Any practical tips?

Try and be a part of the solution if you raise an issue in your workplace or training region as well as bringing attention to the problem.

One of the 9 domains of the NHS Healthcare Leadership Model is “Engaging the team”, usually this involves a lot of listening, a highly important skill to develop when leading others.

# Reflections on managing a multi-disciplinary team - case study

By leading a debrief you also support the development of your team members

Setting: Emergency department

## How did the opportunity arise?

You and a tier 1 colleague (GPST1) are called to the A&E as an emergency. On your arrival the senior doctor (Emergency medicine ST3) tells you they have received a pre-alert to a 4 year old being brought in by ambulance following a road traffic collision. They say they have not done a paediatric job before and ask you to lead the team.

## What happened?

You ask an ED junior colleague to put out a trauma call, call in the ED consultant from home and alert blood bank.

On the arrival of the extended trauma team you introduce yourself and ask the team to do so, you could write names and grades on nearby whiteboard.

You then recap the ATMIST (Age, Time, Mechanism, Injury, Signs, Treatment) information and allocate team roles for the primary survey.

You ask the ED nurses to prepare drugs, fluids, and warming equipment. You ask your GPST1 colleague to prepare the WETFIAG (Weight, Energy, Tube, Fluids, Adrenaline, Glucose) and other emergency drug calculations. You encourage quiet in the room on arrival of the patient to enable the paramedics to give a clear handover.

On the patient's arrival you ask the transferring team about catastrophic haemorrhage or injury before ascertaining it is safe to wait for a full handover. After receiving the handover you stand at the end of the bed whilst your team undertake the primary survey and ensuing resuscitation, you give direction whilst encouraging suggestions from the team and closed-loop communication.

Your consultant arrives during the stabilisation of the patient. You continue to lead the team until the patient is transferred to radiology for imaging. You then summarise the case for the consultant and arrange a debrief for your team.

## How did this support your development?

You can reflect upon this situation in order to evidence leadership of a multi-disciplinary team in this domain.

By leading the debrief you also support the development of your team members.

## Any practical tips?

Don't forget to debrief yourself as well; this could be at the time or by arranging a meeting

later.

## GMC guidance to help you with reflection

This new guidance, produced by the General Medical Council, supports you in being reflective practitioners. It has been developed in partnership with the Academy of Medical Royal Colleges (AoMRC), the Conference of Postgraduate Medical Deans (COPMED), the General Medical Council (GMC) and the Medical Schools Council (MSC).

A range of stakeholders from all four countries of the UK have been involved in shaping the guidance, including doctors in training, medical students, appraisers, educators and trainers.

The RCPCH President, Professor Russell Viner has responded to this publication:

After a tumultuous time for the profession, I truly hope that today's clarification will provide further reassurance to you and with the new guidance, I encourage you to use your reflective practice notes for honest, open reflection without the fear of negative repercussion for the benefit of patient safety and improved outcomes.

[Read guidance on GMC website](#)

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Special thanks and acknowledgement to Dr Emma Coombe and to all who contributed in providing the content for this domain.

External links

[Faculty of Medical Leadership and Management - Trainee leadership passport](#)

Downloads

[Slide pack, domain: Leadership and team working \(PowerPoint\)](#) 1.92 MB

[Children and young people's voices - Progress domain leadership and team working](#) 395.8 KB