LEADER Case Based Discussion

Purpose

Clinical leadership

Developing clinical leadership skills is an important part of post-graduate training and forms part of all specialty curricula. These skills are essential for delivering and improving high quality patient care.

The Medical Leadership Competency Framework

A framework for medical leadership, The Medical Leadership Competency Framework (MLCF) has been jointly developed by The Academy of Royal Colleges and the NHS Institute for Innovation and improvement and is available at http://www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html.

The MLCF describes the leadership skills that doctors need in order to become more actively involved in the planning, delivery and transformation of high quality healthcare services for patients. It contains practical examples of the ways trainees can be involved in clinical leadership and develop their skills and knowledge. The leader case based discussion (CBD) is based on the competencies described in this framework and provides a structure for the discussion. It encourages trainees to demonstrate a practical, work-based understanding of the principles and practice of medical leadership.

The LEADER CBD

The LEADER CBD is based around a clinical case with the discussion focusing less on the clinical elements of the case but instead on leadership issues highlighted. Any case where the trainee has been involved is usually suitable, so the trainee does not have to specifically choose a case where they think there might be leadership “issues”.

The LEADER CBD allows supervisors and their trainees to explore leadership issues in a structured manner, record that discussion and consider next steps for improvement, future learning and development.
Examples

A resuscitation scenario may highlight issues of team working and leadership styles (Leadership in a team).

An outpatient case may highlight issues of service delivery and development; for example – was there a high DNA (did not attend) rate for a clinic? What service improvements might help this? (Effective services).

A community-based or complex case may highlight the importance of multi-disciplinary team working with reflections on interactions with others. More senior trainees may need to develop their role in managing, supporting, delegating and teaching more junior members of the team (Acting in a team). Was there incomplete information, or decision making that could have been made differently? Could the trainee develop a guideline or pathway to improve the care of patients with similar presentations? (Direction setting).

An inpatient case may highlight issues of patient safety leading on to discussion of risk management and clinical governance. Is there something the trainee could do to improve services in this area? (Enabling improvement).

All LEADER CBDs should document what the trainee has learnt from the discussion and specifically about medical leadership (Reflection)

Completing a LEADER CBD

It is unlikely that all the areas described in LEADER will be covered in one assessment. It is more useful to cover one or two areas in depth. Trainees should aim to discuss other areas in future Leadership CBDs so that a portfolio of skills is developed during training.

Reflection is important for all learning and the reflection box should be completed in all discussions. This should then help to guide suggestions for next steps and the identification of learning needs.

There are several web based resources for further learning about medical leadership for example eLearning for Health has developed medical and clinical leadership modules. Several deaneries hold leadership training days for doctors in training. A few trainees may develop leadership skills more formally with post-graduate diplomas or fellowships. Work-based opportunities for leadership development include audit, guideline development, service improvement projects, shadowing management team, attending management and operational meetings.

Administration of a LEADER CBD

LEADER is completed online, using the College ePortfolio system (single sign on from the College homepage). http://www.eportfolio.rcpch.ac.uk/

Trainees can complete a LEADER CBD at any stage of their training. Trainees must complete a minimum of one LEADER CBD assessment per training year at Levels 1 and 2 – it is optional in Level 1. A Consultant must assess the LEADER CBD.
Feedback

Following discussion of the case the assessment record should then be filled out on line. Immediate feedback focusing on aspects of the discussion of the case where you felt the trainee did especially well (anything especially good), suggestions for development and any agreed action must be provided and documented.

Reflection

Once feedback has been received the trainee should take the opportunity to reflect on the encounter, focusing on what could be done differently to reach improved outcomes. Please refer to the Feedback and Reflection section in the Assessment Guide http://issuu.com/joballrcpch/docs/assessment_guide_2nd_ed_2015?e=1128809/14423217

Please see below for further detailed guidance on each LEADER domain.

How to use LEADER® for structured development of Medical Leadership

LEADER is an easy-to-use tool which helps trainees to develop and understand the leadership competencies. It provides a permanent record of their discussion and reflection during a supervised learning event (SLE) such as a case-based discussion (CbD). Educational Supervisors are prompted to enable a structured discussion which is recorded onto the LEADER form. LEADER is not an assessment of leadership skills, it is a developmental tool which enables trainees to map these important competencies to the leadership curriculum.

LEADER consists of the five domains of medical leadership described in the Medical Leadership Competency Framework (MLCF), and additionally records the reflections arising from the discussion. During a SLE participants should aim to discuss issues pertaining to no more than 2-3 domains relevant to the case and/or the trainee, and to then make some written reflections on how to use the discussion to develop leadership competencies further. LEADER should not take longer than a normal CbD to complete.

It is useful, but not essential, for supervisors to have an understanding of medical leadership. Some Deaneries/LETBs run courses in leadership for educational supervisors, and the Medical Leadership Competency Framework document describes the domains in detail. There are also numerous online learning resources such as the e-learning for health LeAD modules http://www.e-lfh.org.uk/projects/leadership-for-clinicians/
Discuss personal qualities of the clinician e.g. Acting with integrity, continuing personal development, appraisal, developing self-awareness, developing different leadership styles in different situations and overcoming challenges. Discussion and questions include about how the case changed their approach or attitudes; what aspects of team working helped towards a positive outcome; how they think that others involved perceived them; recognising something that they thought was wrong and what they did; how their ideas and beliefs might differ from those of others; understanding their own limitations and asking for help appropriately; responding to criticism positively; actions taken when skills and knowledge need improving; examples of helping/ motivating/supporting/debriefing others in the team.

Effective services

This is about how the clinician helped to deliver/manage the service: Managing people and their performance, effective use of resources, ensuring the patient experience, complaint feedback, cost consideration, efficiency. Discussion and questions include their understanding of their role and responsibilities; how did they move things along to ensure that delays were minimised; how to choose the best clinical pathways; what were the key aspects of the case and how were they prioritised; did they think about outcome, safety and the patient/parent experience; how cost and/or efficiency was considered; recent service changes which might have impacted on the case described.

Acting in a team

Describes working with others such as contribution to team working, responsibilities and roles in a team, conflict resolution, leadership and followership, respect for others, using networks and care pathways, delegating and accepting responsibilities and willingness to interact. Questions and discussion include understanding team roles; building relationships particularly where these might be difficult; exploring willingness to follow direction and leadership of others (concept of followership and the ability to move between leadership and followership comfortably); advantages of flat hierarchical structures.

Direction setting

This is often more useful for more senior trainees (but not exclusively so) to explore such as decision making skills, implementing change, testing impact of change, innovation, applying knowledge and evidence, awareness of NHS structures, health organisation and senior management. Questions and discussion include how change was decided on, implemented and managed; how others were involved in direction and change decisions; leadership and followership skills in supporting the direction setting of others or taking people with you through a change.

Enabling Improvement

Discuss the factors that enable care to be improved – targets, audit, guidelines, operational issues, risk management, making and enabling change, ensuring patient safety, service improvement projects. Questions and discussion include clinician’s insights into what should be measured or audited, where guidelines might be or were useful, or if change has been undertaken how it was supported, reinforced and what measurement of success was applied.

Reflection
This domain should always be completed towards the end of the SLE. What leadership issues emerged from the discussion and what did the clinician do well? What has he/she learnt from this case/discussion and how might they approach things differently in the future as a result. This should be motivational for the trainee, providing them with the tools and encouragement to be reflective, to seek improvement and be enabled to undertake service improvements in the future.

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