Completing a Leadership Review using the LEADER tool

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Clinical Leadership

Effective clinical leadership is essential for good patient care. It is an important component of foundation training but can feel intangible to new doctors.

The **LEADER tool** was developed by HEE KSS as a simple to method collect annual formative feedback to encourage development of leadership skills. It is based on the Medical Leadership Competency Framework (MLCF) (see appendix).

The tool can be used to highlight individual strengths and development areas through self-assessment and structured feedback from colleagues.

LEADER tool

The LEADER tool facilitates targeted feedback to an individual about their leadership competences and learning needs. It has been tailored for use online on the foundation e-portfolio.

LEADER is an acronym based on the Medical Leadership Competency Framework (MCLF):

- **L**eadership in a team *eg personal qualities, responsibilities and roles*
- **E**ffective services *eg operational issues and guidelines*
- **A**cting in a team *eg contribution to meetings*
- **D**irection setting *eg exploring decision making skills*
- **E**nabling improvement *eg patient safety*
- **R**eflection *that is, a reflection on the learning points from the discussion*

Leadership Activities

Included are suggestions for leadership activities that foundation doctors (FDs) might undertake, recognising that they may be at different stages in their leadership development. Some FDs may be more effective and experienced leaders than their more senior colleagues.

How does it work?

Educational supervisors and other trainers may have an opportunity to witness leadership by the FD when they lead the 'Board round' or multidisciplinary team meeting, or when they manage a complex patient by coordinating different teams. They may support their colleagues by planning induction or educational updates.

The FD may reflect on some leadership activity they have done and/or bring evidence of having achieved some improvement in patient care through implementing an audit, or simply come to talk to you about how they tried to make a change but were unsuccessful.

Using the LEADER tool

You should **not** aim to cover all the areas in one encounter, instead others should be covered subsequently to form a record across all domains. With FDs you may initially choose to focus on personal qualities (L) and working with others (A).

Ask open questions: *What went well? What went less well? What did you set out to achieve? How did you achieve it? Why do you think you didn't achieve your aims? How did you take your colleagues with you? How might you do it differently next time?*

Giving feedback

FDs like and need feedback from those senior to them. They learn more from feedback if it is constructed as a conversation in which they actively participate, rather than just being 'rated' on their performance. Feedback needs to be specific to be helpful. A vague 'that was very good' does not tell the FD what they might do better or what was good about their performance.

Examples of specific feedback might include:

'It was helpful when you turned to the nurse and asked her for her opinion. She contributed successfully when you encouraged her.'

'Because you clearly articulated the purpose of the meeting at the beginning everyone was focussed on the task.'

'It might be helpful to make sure the nurses feel included by asking them their opinions.'

'Giving people a clear idea of what the meeting aims to achieve at the beginning might help focus them on the task.'

Completing the form

Fill in the form with the FD on the e-portfolio – the FD or the educational supervisor can complete the form through their own account, or if the person giving feedback is not the educational supervisor, the FD can fill in the form in their own account, including reflection on the supervisor's comments, and send the trainer an email request to sign it.

Below are examples of the type of comments that might be added, remembering that normally only 1-2 domains, plus the Reflection, should be completed.

(L) Personal qualities: *You showed perseverance in the face of a number of challenges – maybe listening a bit more to the feedback you received would have helped the situation to be less challenging.*

(E) Managing services: *By keeping to time you made the best use of the equipment and your colleagues as resources. You might need to be a bit more flexible at times to take into account other parts of the service.*

(A) Working with others: *By identifying roles for different members of the team, you involved them all in the project. You might need to use a bit more praise and encouragement to keep people interested over a longer period.*

(D) Setting direction: *You persuaded a number of your colleagues of the importance of your ideas – you might have managed to persuade a few more if you had used a more collaborative approach, perhaps inviting them to contribute to the planning.*

(E) Improving services: *You undertook solid research to identify how you might improve the process. This gave you a strong basis to argue your case, which you did effectively. Make sure you always involve others concerned with the processes before you argue for a change as you may not be aware of all the factors in play.*

(R) Reflection: *In our discussion you clearly reflected on the experience and changed the way you obtained your audit data to involve your colleagues more. This was very successful. Where you have been unsuccessful it is important to think through how you might do it differently next time.*

References

A video e-learning module about the LEADER tool in practice is available in section 6 of the training resources on the Educator Hub: https://educatorhub.e-lfh.org.uk/Catalogue/Index

Encouraging formative assessments of leadership for foundation doctors. Lindsay Hadley, David Black, Jan Welch, Peter Reynolds, Clare Penlington. *The Clinical Teacher* 2015; **12:** 231-235.

Appendix

Medical Leadership Competency Framework (MLCF)

The LEADER tool is based on the **MLCF.** This was jointly developed by The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement in conjunction with stakeholders. The MLCF describes the leadership competences doctors need to become effective professionals, actively involved in planning, delivery and transformation of health services.

The MLCF is built on the concept of **shared leadership** where leadership is not restricted to those who hold designated leadership roles, but where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual.