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Clinical Leaders : Clinical Partners

An Internal Evaluation Report

Regina Shakespeare & Peter Mumford

The King's Fund

June 1999

Table of Contents

	Page
Introduction and background	1
Module 1	3
Organisational Visits and Shadowing	5
Module II	7
Conclusions	9

Appendices

- 1. Programme Flier**
- 2. Evaluation Form**
- 3. Module 1 Session by Session Numerical Ratings**
- 4. Module II Session by Session Numerical Ratings**
- 5. Overall Programme Benefits Ratings**
- 6. Descriptions of the Programme in Participants' Own Words**

Introduction and Background

The Clinical Leaders : Clinical Partners programme began at the competitive invitation of the then South Thames Regional Office of the NHS Executive. The programme was designed and delivered by Peter Mumford and Regina Shakespeare of the King's Fund. Our colleague Naaz Coker contributed significantly to the early programmes. A number of methods are used with an emphasis on experiential learning, reflection, relevant case material, bespoke and other simulations, shadowing and very limited amounts of didactic input. All participants belong to an application group – a small group who work together applying their learning from the programme, sharing experiences with each other and undertaking a group task – an investigative visit to an external organisation. Appendix I shows the programme flier.

Over 80 doctors participated in the programme as a whole, in five cohorts. This report focuses on the fifth and final cohort. The programme was conceived as a means both to enhance the leadership capacity of selected individuals and to explore the primary and secondary care interface. Thus the first four cohorts mixed hospital doctors at clinical director level and GPs – generally playing leading roles in fundholding, commissioning and latterly PCGs. In the fifth cohort public health physicians were included. The fifth cohort came about because the early programmes had received positive feedback and word of mouth meant that there were more applicants than places for the third and fourth cohorts.

All applicants were interviewed to ensure that they were likely to benefit from the programme and all were asked to seek a sponsor, generally a senior managerial figure who would offer them support. We were grateful to people from the Regional Office who took the time to interview prospective participants with us. The participants in the fifth cohort were :

Four clinical directors – in obstetrics, anaesthesia, radiology and pathology

Three consultants in public health medicine

Six GPs – all actively involved in PCGs and in one case an adviser to a Health Authority.

The programme consists of a first four day residential module, an intervening shadowing opportunity with another participant and an investigative visit to an organisation outside health care and finally a three day residential module.

Our evaluation methods mainly involve two kinds of participant feedback. The first gathers ratings from all participants for each of the sessions covered in the modules. This feedback covers three issues:

1. The relevance of the topic
2. The consequent learning for that individual
3. The appropriateness of the session in terms of materials, methods and style of presentation

A four point rating scale is used. Appendices 3 and 4 present this information in the form of an arithmetic mean for each session. Free text comment is also encouraged.

The second method is a structured questionnaire which explores the extent to which participants have been able to put what they have learned into practice and have retained ideas and models from the programme. This questionnaire is completed some four to six weeks after each module. The final questionnaire also explores the participant's own assessment of their gains against the original benefits identified for the programme. These were :

- Comprehensive understanding of NHS needs, pressures and strategic intention
- Deeper insight into own strengths, weaknesses and personal effectiveness
- Extended repertoire of approaches to negotiation, managing groups and team working
- Strengthened ability to think strategically and manage change
- Chance to review personal priorities, potential future roles and prepare personal development plan
- Deeper understanding of your role in leadership and management in the context of your own organisation
- New professional relationships with peers
- Demonstrable increased value to your work situation

Participants are also asked to sum the programme up in a few words and Appendix 6 includes some of these descriptions. The quotations in the text are from the evaluative materials completed by participants.

Participants' sponsors have also been asked to comment although this proved difficult for a number of reasons. We were working to a tight turnaround time and in several cases sponsors have moved on since the programme began. The time scale for the report also meant that the usual four to six weeks since the final module had not elapsed at the time of writing so only limited returns were available.

In the whole Clinical Leaders: Clinical Partners programme (82 participants) only three doctors failed to complete the programme. In one case pressure of work was cited; in another unavailability of locum funding for a GP; in the third, a doctor from this fifth cohort, a serious illness of the doctor's spouse prevented attendance at Module II.

Module I

Trends and Pressures in the NHS

This session used mapping techniques to explore the policy context for clinical leadership in the NHS. It allowed the three kinds of doctor to explore the way their own part of the profession has experienced change in the last few years. As with other cohorts, hospital consultants saw themselves as less powerful and more constrained than GP colleagues. This session was rated highly. A chief executive kindly came to talk the participants through the agenda of his own organisation and described life

From the perspective of a full time leader:

"I find the mix of consultants, GPs, public health very stimulating"

"A simple but effective format getting everyone involved from the outset."

Myers Briggs Type Indicator

This instrument is used to facilitate insight into personal strengths, issues of diversity in teams and groups and communication. Consistently rated very highly by participants in all cohorts again this proved one of the most talked about sessions.

"Most useful exercise in understanding myself and others. Confusing at first."

Strategic Thought and Action

This session concerns itself with a critical review of strategic approaches and an exercise designed to apply a strategic analysis to the doctor's own work context, for example their PCG or directorate. One participant went on to use this exercise on the PCG, between modules

Evidence Based Practice

This session used a mixture of didactic inputs and role play to address the issues involved in challenging clinical practice – one of the most often mentioned areas of difficulty in the interviews for the programme:

"A lot packed in – excellent material to take back and reflect on"

Handling Conflict

This session addressed some of the sources of conflict and its manifestation amongst health professionals. It drew on research on team performance. A key focus for the group was the kind of conflict leaders, team leaders and change agents face in their roles, often of an interpersonal nature. The session was highly rated:

"Very relevant to my current situation".

Political Skills

This session was well received. It explored the concept of political skills and introduced a framework for behavioural type – *“The four types were very useful; “ I need to work on this”*

Back to the Future

This session focused on what the participants might achieve in the next few years and used a simple dialogue technique to shift the conversation beyond some of the immediate concerns. This didn't work equally well for all : as one participant commented : *“some limited interaction (some people didn't contribute)”*.

Managing Organisation and System Wide Change

This session uses a condensed version of the licensed White Water Rafting change simulation. It was unanimously rated at the top of the scale by every participant in this cohort.

“Huge fun. Intellectually stimulating. Great team spirit”

“The headaches we had with forming a PCG Board exemplify the concept of ‘stages of change’ very well. There now seems to be at least some chance that the stage of commitment will be achieved!”

Application Groups

The groups were generally highly rated although they didn't work equally well on each occasion or equally well for all members. Topics were suggested and the evaluation found that these suggestions were viewed as helpful. The groups were self managed. Again, the evaluation found that the groups were viewed as ‘able to work productively’. One participant found him/herself in the wrong group. Another found one of the days tiring yet valued a particularly good application group.

A small amount of feedback on Module I as critical – a tiring long first day; the session on strategy was in the wrong place for some – *“I found it hard to concentrate on some of the aspects late on in the day.”*

Organisational Visits and Shadowing

Each of the three application groups visited an organisation outside the NHS, usually for a long half day. They visited Baker Tilley, the tenth largest accountancy firm in the UK; the Dover Harbour Board – a Trust; and Reuters the international news agency. All the visits were entirely self managed. At the beginning of Module II each group made a presentation to their peers and the facilitators and was asked to focus particularly on learning for the NHS – usually focussing on the organisation's culture, its main drivers, how it was managed and led and what its key values appeared to be. The participants were also asked to reflect on how they had worked together.

Overall these were three very successful visits – different in flavour. Participants expressed how useful it had been to have access to areas with a strikingly different values base from the NHS. Several identified good practice which they aspired to

transfer to their own organisations : in the case of Reuters investment in first class information technology. One story struck a chord when the group heard how the chairperson of Baker Tilley is taken out of very senior and high earning accountancy practice to become chairman for a limited period. His business base is protected by a team so that he can return to it in confidence two or three years later. The clinicians contrasted this active support strategy for taking a senior practitioner into a leadership position and safely back again, with NHS efforts to attract senior clinicians into leadership roles.

For some, their insight into another world confirmed their attachment to the values base which they perceived to operate in the NHS.

“Loved the feedback from the other visits. Just realised the problems in the public sector compared with private”

This programme is unusual in offering GPs, consultants and public health physicians the opportunity to develop their leadership skills together – with the intention that leadership capacity at the interface between sectors would be strengthened. This part of the programme aims to give the doctors insight into the other worlds their peers inhabit. A paediatrician in a previous cohort said that after many years in hospital paediatrics the programme was the first time he had sat through a GP's surgery. All participants were involved in shadowing – sometimes two ways to cover both of the other disciplines. The whole group participated in a session in Module II to feedback to their peers what they had seen and to reflect on the prospects for greater collaboration at the interface between primary and secondary care.

The GPs' perceptions of life in hospital medicine were thought highly accurate by the consultants who listened in and the same was true for the other two groups. This session was highly rated and several participants commented on how powerful the shadowing had been.

“Didn't know much about public health doctors before, feel that I have a better understanding and know where to go for advice in the future.”

Key features of the primary care landscape as seen by clinical directors and public health physicians were :

- The advent of PCGs and the relatively loose connections between them and their constituent practices
- The disparity of power and resources between practices
- The successful raids that primary care had undertaken in recent years to chip away resources from the secondary sector
- Difficulties for patients in accessing primary care

This is how secondary care was seen from outside:

- Difficulties for patients to access hospital care with waiting the main obstacles
- The important part that private medical practice plays amongst the consultant workforce
- The relative powerlessness of consultants in the hospital world –lower in the hierarchy now than managers in the opinion of some

Public health was pictured as:

- Maintaining a flexible perspective across the health care system
- Focused at least in part on the 'have nots'
- Relatively ill equipped to intervene

Some of the images used to build pictures of the three worlds were particularly powerful. Public health was a creaky submarine, somewhat under equipped and under powered and moving through very murky waters. The entrance to hospital care was narrow and guarded but the exit was a broad three lane and speedy highway. Primary care was an unequal world of rich and poor, large and small and piracy was often the name of the game.

The bridge between primary and secondary care yielded by this cohort was a rickety affair with relatively little traffic and the overall tone was one of retrenchment.

Module II

The module began with Insights From Shadowing described above.
The organisational visit presentations also took place in this module.

Negotiation Simulation

This session involves a specially developed exercise to construct a service agreement on outpatients in a fictional Health Authority with a number of PCGs and two main acute Trusts. The session involves input on negotiation skills and an opportunity to simulate system wide perspectives on the key issues in outpatients and culminates in a negotiation role play. Observers work throughout the session to record what happens and the session ends with reflection on how the groups have performed, what worked and what hampered progress and a brief presentation from the observers, led by one of the King's Fund faculty. This session was well rated :

"Hard Work - time pressure and in an uncomfortable role. Good experience"

"The power of working things through in pre-meetings and unexpected turns of events – need to consider scenarios in advance"

"Good role play session which was immensely enjoyed"

Some found it very demanding and too long and it wasn't a comfortable experience for some:

"Felt rather demoralised after session"

Personal Development Workshop

This was in three parts:

Part I focused on the individual's personal aspirations and used a technique from artistic expression which some participants found challenging and some very enjoyable:

"May turn out to be more useful than initially thought"

"Really liked the whole approach and will reflect back/ develop it further when I get home"

The second part offered two options which reflected some of the concerns which were voiced by this cohort and others before them – how to deal with some of the stressors of life in a leadership position and how to devote their personal resources to very busy lives without succumbing to burn out. This is often expressed as 'time management' but when examined more deeply it often concerns the ambiguities of the clinical leadership position, the demands of a profession which traditionally offers very little support to its practitioners and balancing home and work life. In the workshop some chose to do some domainal mapping, looking more closely at how they were spending

their time. The second option was to look in greater depth at the Myers Briggs typology – at type dynamics and the implications of type in stress or fatigue.

“A simple idea – domainal mapping – and one I could share/give to colleagues”

“Very useful – allowed for discussion on anxious items; came up with some absolutely super next steps”

The third part introduced a simple co counselling technique and the participants were encouraged to practice it in pairs, potentially to look at dilemmas in career and personal futures or their work situations. This really worked well for some:

“Generated excellent positive plans for future action”

“More useful than I thought it would be”

and not for others:

“Not a consultation with a professional. Too personal, not taken very seriously”

Application Groups

By this time the groups had worked together on Module I and undertaken their organisational visits. The whole experience of working together with peers in this way was rated highly :

“Contrast in personality types within the group very interesting and rewarding”

“This group has been very supportive and gelled really well – thanks”

One participant however felt that s/he was in the wrong group.

In the last session the participants were introduced to the ground rules of good feedback and invited to practice them within their application groups. For many it is an unusual if not unique experience to be given face to face feedback in this way:

“VERY good if a little frightening! Wanted reassurance not criticism – luckily got it!”

“Feedback session with members of application group was excellent. I felt everybody benefited; at times being truthful and honest appeared hard on the recipient but was well received”

“Excellent. Secure .Protected. Absolutely ideal”

Conclusions

Evaluating the usefulness of a programme like this is complex. In terms of the overall design the results of the evaluation were very positive with all sessions being rated well and the vast majority very highly (see Appendices 3 and 4). We aimed for a balance of sessions appealing to different learning styles. One presentation was described by one participant as 'hang on every word' stuff and as dull by another! The results of the evaluation indicate that a good balance was achieved. This is how one participant put it:

"I was personally not very comfortable with the 'creative' things preferring more practical exercises, but others were suited better with different tasks and the range was balanced."

The Clinical Leads : Clinical Partners programme overall has achieved a very low drop out rate indeed. The strong word of mouth which meant that the third and fourth cohorts were oversubscribed is another indication of quality as is the number of organisations sending more than one participant – 'My colleagues have told me I have to come'.

No matter how enjoyable and stimulating the actual modules and events are, the real point is to enhance capacity, confidence and effectiveness. Resources have dictated that self perception is our main route. The post module questionnaires are completed between four and six weeks after each module and ask participants about their changes in perception and behaviour in a number of contexts (see Appendix 2). The final form also asks the doctors to rate their gains against the original programme objectives. The results of this exercise are shown in Appendix 6 and again are very positive. Unfortunately in order to fit into the time scale for production of this report only four of these overall assessments were available. There are indications of change:

One participant felt that the organisational visit had raised expectations so that s/he was 'aiming high' and was using insights from Myers Briggs in dealings with peers (and family members).

Another is approaching a role as a GP tutor differently because of insights into the impact of change on people– both within a particular close working relationship and with the wider GP community.

This is how one participant reported their changed behaviour:

"I have definitely changed my whole outlook and all my priorities. I will take on management when I am ready...I am more assertive , definitely selfish now and doing what I want, not what will please others.."

One spoke of trying to step back and look at situations more objectively and again about using insights from the Myers Briggs typology.

Again partly because of time constraints we have only limited insights from sponsors. We encouraged them to discuss the programme with the participant before replying. One spoke about their participant's gains 'clinically and on a personal level'.

Another commented on a participant's growing confidence and assertiveness within a difficult leadership context. It was difficult to separate out the impact of the programme from growing experience but the conclusion of sponsor and participant was 'very worthwhile' with learning about interpersonal relationships and conflict as 'enormous assets'. The programme has enabled the doctor to put in train strategies to improve relationships, which have the confidence of the sponsor.

Another sponsor spoke positively about two programme participants, one of whom had, in the sponsor's view, 'benefited greatly'. This sponsor saw another participant broadening their view of management and better able to deal with confrontation and driving change forward. The networking had also been useful. This sponsor made a valuable general point which we would echo – that is that the programme had enabled the participant to benchmark themselves against other clinical directors – something that's hard to do just in an individual organisation.

On reflection as we draw this programme series to a close there are a number of insights which may be worthy of attention :

- It is instructive given the recent policy emphasis on the integration of care and indeed on collaboration generally to experience at second hand the unfamiliarity and sometimes mutual misunderstanding of three parts of the same profession.
- A striking number of those who came forward for this programme mentioned the avoidance of burnout as one of their motivations. It is a matter of risk – no doubt a risk taken for a whole variety of different reasons – to embark upon a career as a clinical leader. Our relatively light hearted exercise to construct the 'Lonely Planet Guide to Clinical Leadership', the book these doctors would have liked to hand to their successors, stressed that this territory is an unfamiliar and demanding one. It requires the mastering of a whole new language. It requires significant personal skills to deal with the highly political landscape and unfamiliar customs of the inhabitants. The familiar sources of support and encouragement of colleagues are not always available and indeed it is often they who pose the most significant challenges. And there isn't always a clear way to get out when you've had enough.
- The bridge from primary care to secondary care was a pretty well defended structure not always in good repair. Our general impression was that those on the primary care side feel in better heart than their colleagues in hospital Trusts.
- Doctors applying for the programme often said something along these lines: I was trained for a long time (admittedly not always very well) to do my clinical job; the job of being a manager and a leader is something I've found myself doing, sometimes for a few years now, with almost no preparation or guidance. Does this make sense? It doesn't.

- The relish with which these doctors have used approaches such as co consulting and feedback exercises and the real joy with which they have sometimes re – discovered their faith in their colleagues reinforces the picture of loneliness which is the lot of the clinical leader. Better support systems and continued access to structures such as these would surely be a wise investment given the unwillingness of some to come forward and the real demands placed on those who do. The leadership of primary care groups is perhaps an arena in which the relative lack of leadership development for GPs in particular will be played out in the next few years.

Appendix 1

King's Fund

CLINICAL LEADERS : CLINICAL PARTNERS

**a development programme
for doctors in Kent, Sussex & Surrey**

**for GPs, clinical directors, & public health doctors
leading or managing change**

South Thames Regional Office

Commissioned by the

designed and directed by

Peter Mumford and Regina Shakespeare

of the King's Fund

"I have initiated a new approach to practice strategy utilising some of the techniques demonstrated on the course"

programme is 8.5 days

introduction

This programme is being offered for the second time and is aimed at doctors who are trying to bring about change in health services whilst sustaining their own clinical workload or at public health doctors leading clinical change. The programme will broaden your understanding of the NHS, give you fresh perspectives and ways of tackling change and offer you the chance for personal development away from the pressures of day to day practice.

By bringing together GPs, clinical directors and public health doctors there is the potential for participants to create lasting and supportive professional networks with other clinical leaders in South Thames. For that reason we particularly welcome applications from individuals from the same localities.

more about the programme

In June 1988 The King's Fund was commissioned by the South Thames regional executive to design and direct a repeat of the very successful *Clinical Leaders* Programme first run in 1997. We invited clinical directors and lead GPs to apply in August for the 2 programmes due to begin in the autumn of 1998. Demand outstripped supply for places and we are planning to run a further intake for doctors from Kent, Sussex & Surrey. (See back page for definitions of the areas). There are places for 18 doctors on the programme.

During the programme you will

- > spend four days working together during the opening residential module
- > visit an organisation of your choice with others on the programme to look at some specific aspects of management and leadership
- > conduct exchange working visits in mixed pairs (GP/clinical director/public health doctor)
- > spend a further three days together for the second and final residential module

Your total time commitment to the

what does the programme offer?

An opportunity to:

- > develop a deeper understanding of emerging policies affecting the NHS and their potential impact on organisations and services
- > improve your capacity to lead, plan and influence change; to influence others and to develop effective strategies
- > take time away from everyday practise to reflect and to re-evaluate your personal style and the way you balance demands on your time

We will be addressing questions such as:

- > how can I make my current role work without burning myself out?
- > where is the NHS going and does what I am trying to achieve make sense in this context?
- > how can I be more effective in achieving change?
- > where and how can I get support for the things I am trying to achieve and for myself?

what will it be like?

You will be working with a mixed group of your peers in secondary and primary care and public health. On the **residential modules** you will experience a mix of opportunities for quiet reflection, conventional didactic teaching and experiential learning. High levels of participation are sought from participants in this demanding programme.

You will be working with the other participants in a variety of different settings in large and small groups. The programme draws on theory and its practical application, real life case studies and participants' experience - a very important source of learning will be your peers.

"The ability to step back for a few days at a time to reflect was brilliant. It should be compulsory for everyone a couple of times a year"

You will plan and make the **visits** with your colleagues in the period between the two residential modules. These visits, usually to non-health settings provide interesting and unconventional access to organisations and can be a rich source of insight into leading and managing change.

By the end of the programme you will have the potential for a new supportive network of professional colleagues.

the sponsors

We expect all participants to have the assistance of a sponsor. The sponsor's job is to help you get the most out of the programme by helping you gain access to people, information and events.

Having a sponsor encourages recognition of your involvement in *Clinical Leaders : Clinical Partners* by your sponsor's organisation and may help you with the practical arrangements of your absence from work. Getting to know your sponsor and their work will add to your learning from the programme.

We expect Clinical Directors to be sponsored by a senior person from within their own Trust and GPs & doctors in public health by someone from their Health Authority.

We expect participants to locate and negotiate with a prospective sponsor before attending for interview. If you experience difficulties we will do what we can to help.

who is the programme for?

GP Principals who currently have managerial or leadership responsibilities such as: PCG lead, Health Authority Advisor, multi-fund lead.

Clinical Directors in NHS trusts or doctors who hold equivalent responsibilities.

Public Health Doctors with significant personal responsibility for leading clinical change.

how to apply

If you are in one of these groups and think that *Clinical Leaders : Clinical Partners* may be appropriate for you, complete the attached application form and return it to the address indicated at the end of this leaflet by
Friday 13 November 1998

All applicants will be invited to a short informal interview in November. This is to ensure that the programme will suit the needs of those offered places.

important dates

DATES

Deadline for applications :
Friday 13th November 1998

Interviews slots available on :
17th & 23rd November 1998

Module 1 (4 days) :
9th – 12th February 1999

Module 2 (3 days) :
12th – 14th May 1999

"I reckon that if more consultants and GPs did this together we would become much more effective as a profession in influencing strategies to improve health in its widest sense"

The quotes in this brochure are from doctors who participated in the Clinical Leaders : Clinical Partners programme

PGEA and CME Accreditation will be applied for.

further information

Doctors for the programme being run in the 'Counties' are those working within the boundaries of one of the following Health Authorities :

East Kent Health Authority

East Surrey Health Authority

**East Sussex, Brighton & Hove
Health Authority**

West Kent Health Authority

West Surrey Health Authority

West Sussex Health Authority

If you would like to discuss the content or purpose of the programme further please contact the Programme Directors through the programme administrator Majabeen Patel.

If you would like more copies please contact Majabeen Patel at the following address or telephone number.

fees, locum cover & accreditation

There will be no charge to participating doctors. The South Thames Regional office is paying for the programme and accommodation costs for the residential modules.

Participants will be expected to meet their travel costs associated with the programme and personal extras incurred whilst away on the residential modules.

If you are a GP and require locum cover to attend the programme you should contact your Health Authority and agree with them the locum cover they will pay for.

King's Fund

11-13 Cavendish Square
London W1M 0AN

Telephone: 0171 307 2640

Fax: 0171 307 2811
E-Mail: M.Patel@kehf.org.uk

CLINICAL LEADERS, CLINICAL PARTNERS

Module 1
February 9 – 12 1999

DAILY FEEDBACK FORM

- 1. Please complete this form in block writing
- 2. Please return this form to one of the Programme Directors before you leave.

NAME:

Please circle as appropriate (1=low 4=high)

Day 1 - Tuesday 9 February

Session Trends and Pressures in Today's NHS
Peter Mumford

Relevance to me 1 2 3 4

Additional comments

Learning for me 1 2 3 4

Additional comments

Appropriateness of session 1 2 3 4
(style, materials, presentation)

Additional comments

Day – 1 Tuesday 9 February

Session

A Chief Executive’s Perspective on Today’s NHS
Graham Elderfield

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Please circle as appropriate (1=low 4=high)

Day 2 - Wednesday 10 February

Session

Myers Brigg Type Indicator
Peter Mumford & Gina Shakespeare

Relevance to me

1 2 3 4

Additional comments

Learning for me

1 2 3 4

Additional comments

Appropriateness of session (style, materials, presentation)

1 2 3 4

Additional comments

Day 2 - Wednesday 10 February

Session Strategic Thought and Action
Gina Shakespeare

Relevance to me 1 2 3 4

Additional comments

Learning for me 1 2 3 4

Additional comments

Appropriateness of session 1 2 3 4
(style, materials, presentation)

Additional comments

Please circle as appropriate (1=low 4=high)

Day 3 - Thursday 11 February

Session Evidence Based Practice
John McClenahan & Peter Mumford

Relevance to me 1 2 3 4

Additional comments

Learning for me 1 2 3 4

Additional comments

Appropriateness of session 1 2 3 4
(style, materials, presentation)

Additional comments

Day 3 - Thursday 11 February

Session

Handling Conflict

Gina Shakespeare

Relevance to me

1 2 3 4

Additional comments

Learning for me

1 2 3 4

Additional comments

Appropriateness of session (style, materials, presentation)

1 2 3 4

Additional comments

Please circle as appropriate (1=low 4=high)

Day 4 - Friday 12 February

Session Political Skills
Gina Shakespeare

Relevance to me 1 2 3 4

Additional comments

Learning for me 1 2 3 4

Additional comments

Appropriateness of session (style, materials, presentation) 1 2 3 4

Additional comments

Day 4 - Friday 12 February

Session

Back to the Future
Peter Mumford

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Day 4 - Friday 12 February

Session

Managing Organisations and system wide change
Peter Mumford & Gina Shakespeare

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Session: Application Groups (ALL sessions)

Was your group able to work productively?

Yes ☐

No ☐

Did you find the suggestions for subject areas helpful?

Yes ☐

No ☐

Learning for you from these sessions
Please circle as appropriate (1=low 4=high)

1 2 3 4

CLINICAL LEADERS, CLINICAL PARTNERS

Module 1
February 9 - 12 1999

6 WEEK EVALUATION FORM

1. Please complete this form in block writing
2. Please complete this form between four and six weeks after completion of module 1 and return it by
FRIDAY 2 April 1999 to :

The Administrator
Clinical Leaders : Clinical Partners Programme
King's Fund
11-13 Cavendish Square
London W1M 0AN

3. One of us may call you to arrange to discuss your feedback in more depth.

NAME:

1) Which (if any) ideas/theories/models have stayed with you, from module one?

2) Is there a problem or situation you are now seeing more effectively as a result of what you learned in module one? If so, can you explain what it is and whether you are behaving differently as a result?

3) Are you approaching relations with people at work differently?:

a) inside the practice/directorate?

b) outside the practice/directorate?

4) Looking at module one and thinking about how to improve the programme what would you advise that we:

a) do more of

b) do less of

c) definitely retain

5) Have you made your visit or have a firm date in your diary?

6) Have you shadowed another participant or have firm date in your diary?

7) Is there anything else you want to feedback to us?

CLINICAL LEADERS, CLINICAL PARTNERS

Module 2
12th – 14th May 1999

DAILY FEEDBACK FORM

1. Please complete this form in block writing
 2. Please return this form to one of the Programme Directors before you leave.
-

NAME:

Please circle as appropriate (1=low 4=high)

DAY 1 – 12th May 1999

Session Insights from Shadowing across the 1° - 2° Care Interface

Relevance to me 1 2 3 4

Additional comments

Learning for me 1 2 3 4

Additional comments

Appropriateness of session 1 2 3 4
(style, materials, presentation)

Additional comments

Session

The Art of Successful Negotiations followed by
Negotiating Change Across the Primary Secondary
Interface

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Please circle as appropriate (1=low 4=high)

DAY 2 – 13th May 1999

Session

Personal Development Workshop

Relevance to me

1	2	3	4
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Additional comments

Learning for me

1	2	3	4
---	---	---	---

Additional comments

Appropriateness of session (style, materials, presentation)

1	2	3	4
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Additional comments

Session

Personal Development Workshop II
Option A, B or C

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Session

Personal Development Workshop III:
Co-consulting on Personal Futures

Relevance to me

1234

Additional comments

Learning for me

1234

Additional comments

Appropriateness of session
(style, materials, presentation)

1234

Additional comments

Please circle as appropriate (1=low 4=high)

DAY 3 – 14th May 1999

Session

Application Group: ALL Sessions

Relevance to me

1 2 3 4

Additional comments

Learning for me

1 2 3 4

Additional comments

**Appropriateness of session
(style, materials, presentation)**

1 2 3 4

Additional comments

Session:

The Lonely Planet Guide to Effective Clinical
Leadership

Was your group able to work productively?

Yes ☐

No ☐

Did you find the suggestions for subject areas helpful?

Yes ☐

No ☐

Learning for you from these sessions

Please circle as appropriate (1=low 4=high)

1

2

3

4

CLINICAL LEADERS, CLINICAL PARTNERS

**Module II
12th – 14th May 1999
and Overall Programme**

Feedback Form

PLEASE COMPLETE IN BLOCK CAPITALS

Name:

Please fill this in between four and six weeks after completion of Module II and send it to:

**Madeleine Rooke-Ley
King's Fund
11-13 Cavendish Square
London W1M 0AN**

One of us may call you to arrange to discuss your feedback in more depth.

PLEASE COMPLETE IN BLOCK CAPITALS

First, some questions about Module II

1) Which (if any) ideas/theories/models have stayed with you, from Module II?

2) Is there a problem or situation you are now seeing more effectively as a result of what you learned in module II? If so, can you explain what it is and whether you are behaving differently as a result?

3) Are you approaching relations with people at work differently?:

a) inside the practice/directorate?

b) outside the practice/directorate?

4) Looking at Module II and thinking about how to improve the programme what would you advise that we:

a) do more of

b) do less of

c) definitely retain

PLEASE COMPLETE IN BLOCK CAPITALS

Now some questions about other parts of the programme

5) Did you benefit from the Organisational Visit? If so, how?

6) Did you benefit from shadowing a GP/Consultant? If so, how?

Now, some questions addressing the overall programme - the two modules, the organisational visit and the shadowing focusing on their impact on you and your ideas about how to improve them.

Question 1

The gains expected for participants on Clinical Leaders, Clinical Partners are listed below. For each, please circle the statement which reflects the degree to which you gained from the programme.

- Comprehensive understanding of NHS needs and pressures and strategic intentions

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Deeper insight into own strengths, weakness and personal effectiveness

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Extended repertoire of approaches to negotiation, managing groups and team working

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Strengthened ability to think strategically and manage change

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Chance to review personal priorities, potential future role and prepare personal development plan

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Deeper understanding of your role in leadership and management in the context of your own organisation

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- New professional relationships with peers

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

- Demonstrable, increased value to your work situation

Gained nothing	Gained a little	Gained substantially
----------------	-----------------	----------------------

Anything else you want to say about the overall gains?

PLEASE COMPLETE IN BLOCK CAPITALS

Question 2

How would you describe the programme to a colleague - in one or two sentences

Appendix 3

Module I Session Ratings

Session	Relevance	Learning	Appropriateness
Trends and Pressures	3.7	3.1	3.2
A Chief Executive's Perspective	3.2	2.8	3.5
Myers Briggs Type Indicator	3.6	3.7	3.6
Strategic Thought and Action	3.3	2.8	2.9
Evidence Based Practice	3.3	2.8	3.1
Handling Conflict	3.8	3.1	3.7
Political Skills	3.7	3.3	3.4
Back To The Future	3.2	2.9	3.1
Managing Organisation and System Wide Change	4	4	4
Application Groups	NA	3.7	NA

All scores are means
Range is 1=low – 4=high

Module II Session Ratings

Session	Relevance	Learning	Appropriateness
Insights from Shadowing	3.4	3.1	3.4
Negotiation Simulation	3.3	3.2	3.4
Personal Development Workshop I	3.2	3.2	2.9
Personal Development Workshop II – All Options	3.8	3.5	3.6
Personal Development Workshop III – Co-consulting	3.4	2.9	3.4
Application Groups	3.6	3.7	3.6

All scores are means
Range 1=low – 4=high

Appendix 5

Overall Rating of Programme Benefits

Benefit	Gained Nothing	Gained a Little	Gained Substantially
Understanding of NHS Needs and Pressures		1	3
Deeper Insight into Own Strengths and Weaknesses			4
Extended Repertoire in Negotiation, Managing Groups and Team Working		2	2
Strengthened Ability to think and Act Strategically		1	3
Chance to Review Personal Priorities, Roles		2	2
Deeper Understanding of own Role in Leadership		3	1
New Professional Relationships with Peers		1	3
Increased Value in Own Work Situation		3	1

Number of Respondents = 4

Appendix 6

Descriptions of the Programme in Participants' Own words

"The programme helps you understand the roles of doctors in different disciplines in medicine. It also helps one gain an understanding of one's strengths and weaknesses, so that hopefully energy can be used most effectively and with least effort."

"A fantastic opportunity – quite unique – to get away from pressures of work and home in a beautiful setting with a group of like minded, equally confused doctors working in a variety of areas of the health service – to help each other and yourselves to sort out your future plans for your career and to decide what role leadership will play in that overall plan. I would love to have a refresher course planned in eighteen months/2 years' time."

"An opportunity to stand back from the rigours of everyday work/life pressures and explore some of the processes of relationships and communication; gaining useful insight into opportunities for change – to the mutual benefit of self and others"

"A multi dimensional personal learning experience!"

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