

Bush Buddies—a rural team clinical leadership program

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She majored in leadership and human resource management during her MBA. She has also worked as a speech pathologist, adult educator, and manager and project manager over her 30 year career in rural health. She has designed and presented workshops for regional, state and national forums, since the late 1980s. She has also undertaken Coach the Coach accreditation processes in leadership coaching with AnD Consulting.

She has extensive experience of the pains and pleasures of managing/leading people in health teams, as well as managing/leading her own career.

She has a passion in helping people improve their management and leadership skills—to improve work effectiveness and job satisfaction for individuals, as well as to improve the culture and effectiveness of organisations.

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Introduction

This paper describes the design, implementation and outcomes of a leadership training program—the NSW Rural and Remote Clinical Team Leadership Program (CTLP), conducted in regional NSW in 2009-2010. It was part of a NSW Health rural health workforce initiative, specifically aimed to increase rural doctors, nurses, allied health professionals and managers' leadership and management skills and confidence; to strengthen partnerships between area health services and visiting Medical Officers and to increase the participants' competence at developing teams, improving patient safety and clinical processes.

The program was funded and conducted by Clinical Education and Training Institute, Rural Division (CETI-Rural). CETI-Rural is a “virtual institute” of NSW Health with staff working across rural NSW and aims to support rural clinicians across all stages of their careers and promote research and innovation in rural health service delivery. Their mission is to contribute to an effective and sustainable rural and remote health system. Prior to July 2010 CETI-Rural was known as the NSW Institute of Rural Clinical Services and Teaching (IRCST).

Background

Like many Australian organisations, public health organisations have historically had haphazard and non systematic approach to management and leadership training. There have been few systemic approaches to giving people, skills and training necessary to take on leadership and management roles.

Competent and senior clinicians were /and are often placed in formal leadership roles with an expectation that their high level technical and clinical skills will somehow transfer to adequate leadership and managerial skills without dedicated or robust training programs.

In recent years this “non approach” has changed. There is now growing recognition that within the health setting, effective leadership is important at clinical and corporate levels and that properly designed training program are needed to foster that leadership. Within Australia, a number of Health jurisdictions have implemented or are looking to implement clinical leadership programs to support staff and improve patient outcomes.

An interdependent linkage between leadership and management roles was highlighted by Commissioner Garling in his 2008 report on NSW Health Acute Hospital services. Referring to a reported divide between clinicians and managers, he noted that clinical leaders need to work with management to lead and motivate staff and help design systems for safe, effective and efficient patient care. He observed that there is an

increased chance of successfully effecting change in clinical practice when managers and leaders work together effectively, and little chance when they don't. (Garling, 2008)

This is of particular and equal importance in rural and remote regional areas. So a major impetus existed for NSW Health, through CETI—Rural, to augment its workforce programs with a rural health focused leadership program. Thus the CTLP was born.

Program design

The Clinical Team Leadership Program evolution involved a partnership between the then NSW Health Institute of Rural Clinical Services and Teaching; now NSW Health Clinical Education and Training Institute-Rural, in collaboration with the NSW Health Clinical Excellence Commission (CEC) and the rural Area Health Services in New South Wales.

The Clinical Excellence Commission (CEC) was launched in August 2004, as part of the NSW Patient Safety and Clinical Quality Program, It is a board-governed statutory health corporation, with the CEO reporting directly to the NSW Minister for Health. The CEC's mission is to "to build confidence in healthcare in NSW by making it demonstrably better and safer for patients and a more rewarding workplace".

Both the CETI and the CEC place a high priority on initiatives that support the Medical Officer workforce in leadership skills development in a deliberate but supported manner. This is in recognition of the key role that General Practitioner Visiting Medical Officer (GP VMOs) plays in delivering health care in rural and remote health care settings and the importance of engaging them in working effectively with multidisciplinary health teams.

The Clinical Excellence Commission initiated the Clinical Leadership Program (CLP) in 2007. It aims to develop in clinicians attributes required to lead a team, unit, stream or cluster, in improving the delivery of safe clinical care. The desired outcome of the program is to create leaders who both the skills and support to carry out their roles in a compassionate, safe and effective manner. Since the CEC Clinical Leadership Program was launched in 2007, over 600 participants have completed the program.

The program design and content has been evaluated independently and found to be a vibrant and robust Leadership Program applicable to the range of clinical contexts in NSW Health. (Conway, 2009)

Conway (2009) recommended that the CEC CLP should become a model for interdisciplinary learning and that each and any delivery format for the Program be multidisciplinary to encourage professional collegiality and breakdown traditional and unhelpful profession centric approaches.

A collaborative agreement was made with the CEC to utilise their Clinical Leadership Program content and resources for the Rural program, as it was found to be of sound contemporary and relevant design in terms of content and processes.

The main modification to the CEC CLP was to put participants in teams. The aim was for individual participants to have the benefit from the Clinical leadership content and processes as well as the unique opportunity to work together on a real workplace clinical practice improvement activity with a rural GP/VMO colleague.

The program was accredited for members of professional colleges to accrue Continuing Professional Development points by participating and completing the program as follows:

- RACGP (The Royal Australian College of General Practitioners) approved the CTLP program 80 Category 1 CPD points.
- ACRRM (Australian College of Rural and Remote Medicine) approved the CTLP program 60 CPD points
- Participants were also eligible to accrue 6 Recognition of Prior Learning (RPL) credit points towards University of New South Wales Masters in Health Management

The program was designed specifically to create opportunities for rural and remote clinicians to step away from the workplace, to think about what they do, how they do it and how they could do it better.

The aims of the program were to develop leaders that:

- demonstrate a high level of technical mastery
- build the capability of the clinical team
- advocate for patient safety and integrate system improvement into clinical care
- have insights into their own leadership style and its impact on others
- work effectively with a range of clinicians and managers
- use consensus development and vision to set, align and achieve goals and resolve conflict and balance demands within the larger environment.
- create valuable networks with all health colleagues across rural NSW

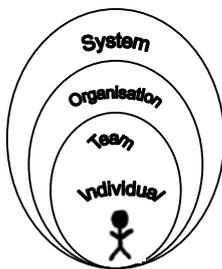


Figure 1 Integrated model

The program utilised an integrated framework that incorporates knowledge of self, others, the clinical setting and clinical practice improvement methodology to bring about system change. This focus is reflected in the program’s content and adjacent diagram.

A central premise of the Program is that leadership occurs at all levels in health care and is not dependent on the position to which a person is appointed.

The program supports “ordinary personnel” to develop extraordinary leadership practice. Kouzes and Posner (2008, pxii), support such an approach, noting that:

What we have discovered, and rediscovered, is that leadership is not the private reserve of a few charismatic men and women. It is a process ordinary people use when they are bringing forth the best from themselves and others. When the leader in everyone is liberated extraordinary things happen.

Program implementation

Applications were sought in May 2009 from rural General Practitioners/Visiting Medical Officers (GP/VMOs) and rural Health Service Clinicians or Managers to participate in the inaugural program.

Applicants were asked to pair with a known colleague from their locality and submit joint applications.

Eight joint applications were accepted into the program-a total of 16 participants.

All GP/VMOs were working in General Practice and also had VMO status at their local rural or remote health facility

Table 1 Demographics of participants CTLP 2009

		GP/VMO	Nurse	Allied health	Manager	Paramedic
Male	5	4			1	
Female	11	4	3	3		1
Age	34-56					
ATSI	1				1	
CALD	1	1				

An experienced leadership facilitator and coach was appointed to lead the program. The program commenced with two Sydney based workshops in July 2009 and concluded in March 2010. Participation costs were met fully by CETI-Rural. This included travel, accommodation and backfill for days out of the office or ward.

The CETI-R facilitator coordinated delivery of the program’s content, and facilitated participants’ learning, reflection and growth. Participants were encouraged to self-manage their learning and development, building on the facilitator’s support and feedback.

The facilitator employed a variety of strategies throughout the program, to encourage and enable participants to integrate issues and challenges in the clinical context.

The learning tools utilised by the facilitator to engage participants (and their teams) are designed to help meet program outcomes in a participant-centred way. A selection of tools was introduced throughout the program, through workshops and portfolio activities. While these are generic in nature, participants were encouraged to consider how the tools and subsequent learning were applicable or adaptable to their individual context.

Program content

The program included 6 full day workshops in Sydney, self directed learning materials covering the four modules/topics, individual coaching and completion of a 360-degree profile and a team based clinical improvement project.

Modules

The program consists of four interrelated modules, as follows:

Table 2 CTLP modules

Module One: Clinical leadership in health care setting	Module Two: Self development	Module Three: Team development	Module Four: Project development— quality improvement
Components: <ul style="list-style-type: none"> Contemporary leadership models Clinical leadership: link to quality and safety Leadership attributes Clinical governance Practice development; person-centredness 	Components: <ul style="list-style-type: none"> Values clarification Personal leadership style Communication style Emotional intelligence Frameworks for growth Self care Reflective practice 	Components: <ul style="list-style-type: none"> Teamwork and leadership Functional teams Leader as facilitator Workplace culture Team development strategies Change management 	Components: <ul style="list-style-type: none"> Clinical governance in practice Stakeholder engagement Exploration of methodologies Data gathering and analysis Undertaking a clinical improvement project Strategies for clinical improvement

Learning strategies

The program employed a number of strategies to encourage learning and development. While the program has a theoretical base, it was experiential in nature and participants needed to engage in reflection and group work to successfully complete the program.

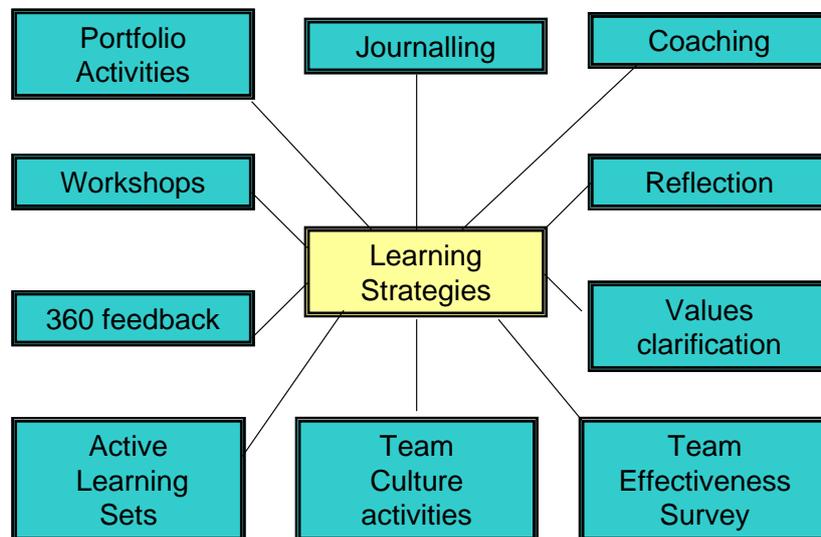


Figure 2 Learning strategies within the CTLP

Workshops

In addition to providing theory and building knowledge and skills from the four modules, the six workshops provided a valuable opportunity for the participants to meet with each other, to foster networking and collaboration and discuss application and development of concepts in the local workplace. The workshops consisted of specialist guest lecturers as well as interactive group activities and discussion, led by the facilitator. Action Learning sets were conducted in small groups during the workshops and provided opportunity for participants to discuss challenging workplace experiences with colleagues in a discreet, non threatening and supportive environment

360-degree feedback profile

Each participant undertook an online 360 degree feedback survey.

Surveys were sent to their immediate line manager, nominated colleagues and their own staff. This was to give the participants a snap shot picture of their leadership attributes and practices, and areas for development.

Individual coaching with CTLP facilitator

Each participant was provided with regular coaching sessions throughout the program. The aim of these sessions was to follow up their progress in the program regarding the work-based and personal development activities. The results of their 360 survey provided the basis for this work.

In essence, the coaching process gives the participant the best possible chance for success by setting goals, determining plans, maintaining accountability, providing encouragement, and guiding quality people toward higher levels of performance and responsibility.

The Facilitator conducted 45 face to face coaching sessions and 22 phone coaching sessions with individual participants over the length of the program. All participants had 3-5 coaching sessions each.

Common themes were covered during the coaching sessions including increasing assertive communication, improving emotional intelligence, improving self care activities such as reducing over work, increasing exercise and relaxation time. The program emphasises the need for clinicians to care for themselves, so they may be fit to care for others.

These sessions also provided an opportunity to discuss Clinical Practice Improvement project design and implementation.

Maintaining a portfolio of evidence

Participants were required to compile a portfolio of evidence, based on key program activities, to demonstrate their learning, growth and development through the program. Some of these activities were for individual self reflection (e.g. Personal Assertive Communication scale) and others were undertaken with their clinical teams (e.g. Team Effectiveness surveys)

The portfolio was submitted to the facilitator as part of program requirements. The facilitator did not formally assess the portfolios, but used it to look for evidence of completion, reflection and learning.

To successfully complete program requirements, participants had to:

- attend at least 80% of the module workshops
- participate in action learning sets
- complete a 360-degree profile and receive feedback
- undertake a work-based clinical improvement
- provide evidence of completion of 20 portfolio activities
- participate actively in the program, including engagement in group activities.

Program outcome

The program concluded on 19 March 2010 with a graduation and celebration day in Sydney. Participants presented their Clinical Practice Improvement Project as well as their individual benefits and gains from the program.

Fifteen participants completed the program. One team withdrew from the program halfway through.

1. Clinical Practice Improvement Project (CPI) Outcomes

Seven teams planned and commenced a Clinical Practice Improvement project throughout the program. Participants reported considerable stakeholder communication within the relevant Area Health services and medical networks with regard to the CPI projects.

All participants reported that they have consolidated relationships and increased awareness of the each others sector, demonstrating improved partnership between area health services and GP/VMO sector as well as improved patient safety.

Key outcomes experienced or observed as a *result of partnering* with their professional colleague?

- Since the CTLP we have planned 3 major education events for staff at the health service, become involved in numerous clinical groups aimed at improving rural health service, patient safety and improved care
- Improved communication
- Better understanding of each others role within the health service and privately
- Greater understanding of, and sensitivity towards the issues that affect nurses and midwives in our health service.
- We were already good working partners but it has strengthened our working relationship and made our partnership more formal. We are also a bit more strategic now and less opportunistic

- I think the formalising of our partnership has provided more structure to the service we are trying to provide across the public/private service. It has added weight to the work that I was trying to do within the hospital system by having a doctor on my team
- Together able to achieve so much more than as individuals-increased credibility and so much more fun

The projects are listed below:

Participants	Clinical Practice Improvement Project
GP/VMO Tamworth Dietician-In-Charge, Tamworth Rural Referral Hospital	Improved Care for Eating Disorder Patients presenting to the Emergency Department in Tamworth
GP/VMO, Moree General Manager, Mehi Cluster, Moree District Health Service	Improving Clinical Management of Bariatric Maternal Patients
Rural Procedural General Practitioner—Singleton Dietician, Singleton	A Community Based Approach to the Assessment of Malnutrition in the Elderly
GP/VMO Bellingen Intensive Care Paramedic, Bellingen Ambulance Service of NSW	Clinical Handover Project, Bellingen Hospital Emergency Department and the Ambulance Service of NSW
GP/VMO Murwillumbah NUM, Murwillumbah Hospital	Ensuring Pain Control Satisfaction for Palliative Care Patients on Admission to Murwillumbah Hospital
GP/VMO Forbes Midwifery Unit Manager, Parkes and Forbes Campus	A Rural Initiative for Case Load Midwifery
GP/VMO, Coonamble Transition Nurse Practitioner	Active Management in the Home Environment for patients in Coonamble

2. General Program Outcomes

All participants completed program of portfolio activities and set learning, including personal development plan informed by the 360 survey and monitored by monthly individual sessions

100% GP/VMO participants were allocated negotiated CPD points from either the RACGP (80) or ACRRM (60)

100% participants reported that they would recommend the program to others

- I think that would be a great idea, you should apply. It is a lot of hard work, but has taught me many skills to apply to my day to day work and has improved my communication with colleagues. It has enabled enlightening of my own personal attributes and would only benefit anyone who attended.
- I would strongly recommend it—but reinforce the idea that it does involve a fair amount of work and time commitment
- If you have the time to devote to doing it properly jump at the chance
- The face to face and telephone coaching was excellent

100% participants reported that the program exceeded their expectations

- “A journey—interesting, challenging, empowering”
- “The rural team approach was excellent-like minded people with similar problems sharing solutions”
- “Great working with doctors-broke down the “them and us” culture”

- “Strengthened my working relationship”
- “I am more strategic now-less reactive”
- “Better communication”
- “ Best thing to come out of NSW Health ever”
- An extremely good and highly worthwhile programme on personal level and from the point of view of equipping one for leadership management in our present clinical context.
- “I am better aware of management versus leadership and use the qualities of both more effectively and appropriately”
- “The CTLP increased our understanding of ‘Quality and Safety’ and as such we have both applied this learning to the areas we manage”

Conclusion

Health professionals need and value education that targets their leadership skills. That education needs to be robust and evidenced based on the true needs of adult learners. Health professionals also need considerable time and resources to allow them to learn the new material, experiment with new skills and knowledge in a supported environment away from their work place.

Leadership training programs need to have a focus on self knowledge as well as team development skills. The program evaluations and outcomes demonstrated that through participation in the program rural clinicians benefit both professionally and personally using processes of reflection and self awareness; and that the ‘team’ strategy used to create a supportive learning environment and stronger partnerships was successful.

The program has been deemed a success and has been funded to run 2010 and 2011.

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