Clinical Leadership

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Leadership vs Clinical leadership

What's the difference?

Is there a difference?

Considerations:

Elements of good leadership will apply to both:

- Overall vision towards outcomes and what success looks like
- Good understanding of the technical skills required
- Good understanding of any legal and ethical underpinnings
- Listening, inspiring, being approachable and being learning focused
- Honesty, transparency, equity

Listening

- ➢ Listen without interrupting
- ➢ Listen to understand
- ➢ Ask clarifying questions
- ➢ Don't instantly judge – judgement may come later
- ➢ Listeners don't always answer advice or solutions unless its obvious the person wants to know what they would do (Lombardo & Eichinger 2018)

Inspiring

➢ Showing appreciation – thanking them

➢ Communicating/reinforcing that what they do is important

➢ Celebrate Success (loudly)

➢ Adopt a learning attitude about mistakes

➢ Live and lead by example

Being approachable

➢ Be universally approachable – not with some and not others

➢ Managerial courage comes in search of a better outcome, not destroying others

➢ Pick your battles – if you are a leader, make sure you only wield that rank in really critical situations

➢ Even if you have impeccable technical skills, remember that your way is not necessarily the ONLY way

➢ You don't have to have all the answers, but know how to search for them

Why did he do it? Because he wanted to show his staff that he wouldn't ask them to do anything he wasn't willing to do himself. He also told *Science*, "I do believe that one gets unique insights into disease when you actually physically interact with patients. "

That is what genuine, trusted leadership looks like, and is one of hundreds of examples of why Dr. Fauci has been one of the most well-respected experts in infectious disease in the world for decades.

Eric Feigl-Ding ✔
@DrEricDing

Experts: It is too risky for a doctor who 74 years old to treat an Ebola patient!

Dr Fauci: Hold my beer 🍺

➡️ Fauci dons full PPE suit to treat an Ebola patient himself (circa 2015)

This is TRUE LEADERSHIP. Trump and Navarro are ▬▬▬

sciencemag.org/news/2015/03/w...

7:20 AM · Jul 17, 2020

♡ 1.7K   ⚡ See the latest COVID-19 information on Twitter

Honesty, transparency and equity

➢ The entire team should be treated fairly

➢ Standards should be the same for the entire team

➢ Policies, procedures, pathways and guidelines can be helpful in this instance

Questions:

1. Who is the best leader you ever worked with, and why?

2. Who is the best **clinical** leader you ever worked with and why?

3. Are they the same person, or if not, what traits did they share??

Leadership vs Clinical leadership

Being a clinical leader holds an element of risk and responsibility. Both staff, patients and employers hold a high level of trust in you to be competent, confidential and kind.

All leaders have some measure of responsibility and accountability....BUT

- ❖ There are few situations where people's lives and wellbeing are *directly* at stake
- ❖ Injury, disability or even death may occur as a result of our actions as health professionals
- ❖ Concerns around privacy or confidentiality can sometimes make it *feel* difficult to seek further help or advice
- ❖ If there is a less than optimal functioning team, less than optimal patient care will be delivered

Conversely, an optimal team provides the best care possible:

- Staff morale and wellbeing will be higher – leading to less absentee and sick time and lower staff turn over.

- This means better working conditions (less short staffed days) and better continuity of care for patients.(They receive more skilled, experienced care)

- Your team becomes a "magnet" for other employees with similar values and ethics to join. A team with a great reputation attracts great staff.

- "The path to greatness is along with others" *Baltasar Gracian*

Question:

1. What would you do if you witnessed an episode of care from a colleague that delivered unsafe or inappropriate clinical care?

2. What feedback might you provide and to whom?

Tips for managing clinical concerns:

- ✓ Deliver information to the person who can do the most with it

- ✓ Limit the passing of information to as few people as possible

- ✓ Can you tell the actual person involved and give them an opportunity to remedy it?

- ✓ If that is not possible, then an escalation up the "chain of command" is necessary

- ✓ If the information is not going up, to the person concerned or to an "expert" for advice – is this necessary and helpful?

- ✓ Give specific examples, don't generalise

Be prepared

Know your:

- ✓ *Nursing competencies*
- ✓ *Relevant legislation*
- ✓ *Health and Disability commissioners Code*
- ✓ *Organisation's policies and procedures*
- ✓ *Resources – where to go for further advice or who to ask*

Document

Document clearly, objectively and in a timely manner

Complete your organization's relevant incident/quality improvement forms

What can be learned from this?

? What can the individual learn

? What can the organization learn

? What can the rest of the team or peers learn

? What can the wider audience learn

? What can you as the leader learn