Academic Assessment of Clinical Leadership Competencies for Trainee Clinical Psychologists

Coventry & Warwick
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Context

- DCP (2010) Clinical Psychology Leadership Development Framework describes a continuous development framework for leadership skills and qualities from pre-qualification through to senior leadership levels:

- BPS revised Standards for Doctoral programmes in Clinical Psychology approved in 2014 introduced new competency domains including:
  - Organisational and Systemic Influence and Leadership

- Standards for accreditation specify required learning outcome that, by end of their programme, trainees will have acquired:
  - “The skills, knowledge and values to work in a range of indirect ways to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in consultancy, supervision, teaching and training, working collaboratively and influencing psychological mindedness and practices.” (BPS Partnership and Accreditation Team, 2016, p.20)

- As part of a review of Coventry and Warwick programme in light of revised BPS standards:
  - Introduced the Clinical Leadership Portfolio as a new assignment to strengthen leadership focus
Rationale

What we were hoping to achieve with the Clinical Leadership Portfolio:

• To complement aspects of clinical leadership competency development that exist within formal taught sessions and clinical placements

• To provide a way of enabling trainees to focus explicitly on their leadership practice through identifying, describing, reflecting on and critically evaluating leadership experiences within clinical placements

• To encourage trainees to critically engage with the competency frameworks and to make theory-practice in relation to their leadership experiences

• To facilitate personal planning for ongoing leadership competency development through identifying needs and developing an action plan
Structure and Content 1

• A relatively brief report
  • Allows trainees to report and reflect on clinical leadership experiences during the first two years of training (placements 1-4)
  • Complemented by materials in appendices

• Introduction
  • Describes what clinical leadership is
  • Briefly outlines areas of clinical leadership report will focus on

• Main section:
  • A more detailed account of areas in which the trainee has demonstrated leadership competencies across Year 1 and 2 clinical placements, describing areas such as:
    • Work that influenced a service or contributed to service improvement
    • Examples of clinical leadership in relation to working with teams or in collaboration with external agencies and services
    • Use of practice-based evidence to contribute to service improvements or positive change
    • Demonstrating use of relevant models, theory and evidence to inform practice in relation to clinical leadership
Structure and Content 2

• Conclusion section:
  • Summarising:
    • Personal-professional learning in relation to leadership skills development
    • Reflections on strengths and areas for further development
    • An action plan for development of leadership competencies moving forward

• Appendices:
  • Containing relevant supporting material, evidencing clinical leadership practice
    • Not required to evidence all examples of contributions to leadership but some illustrative supporting materials must be provided
Has it achieved the original aims? - 1
First round of assignment submissions in September 2018

• Wide range of leadership experiences described by trainees:
  • Examples encompassed all framework domains

• Managing Services:
  
  • “I conducted an audit to identify the training and development needs of the staff in order to identify where training packages could be targeted most efficiently. ...As a result of this practice-based evidence, I was able to provide recommendations to a service development working group, consisting of senior management, about how training and resources within the Primary Mental Health (Adult) team could be distributed effectively to improve the quality of services and staff confidence.” (Trainee C)

  • “I used Thematic Analysis to evaluate a staff satisfaction survey, and advise managers on how to improve staff retention... I also demonstrated my ability to manage people, by promoting and sharing a psychological perspective and supporting fellow colleagues to develop their roles. For example, I supervised a Support Worker completing a Cognitive Behavioural-based intervention, and two Assistant Psychologists who required advice regarding assessment techniques and how to progress.” (Trainee D)
Has it achieved the original aims? - 2

- Reflecting on and critically evaluating own leadership experiences:

  • “As a consequence of developing these leaflets, the service will now have resources to distribute to service users following diagnosis, which will provide individuals and their families with some immediate post-diagnostic support and signposting to relevant local services. This brings the service more in-line with NICE guidelines that suggest that diagnosis should be supported by accessible, evidence-based, written information (NICE, 2012).” (Trainee C)

- Critically engaging with clinical leadership frameworks in relation to own leadership experiences:

  • “There are some drawbacks to the use of competency frameworks for leadership development. Separating leadership skills into different domains can imply that they are distinct from one another, though the examples in this report have demonstrated that the domains are inter-related and often overlap in one activity.” (Trainee A)

  • “Analysing Leadership models has also enabled me to gain a greater knowledge and understanding of Leadership. For example, contrary to my previous assumptions, Pearce and Conger’s (2003) Shared Leadership Model demonstrated that Leadership can be working collaboratively with colleagues and service users to facilitate change, adding a psychological perspective within teams and evaluating services…” (Trainee D)
Has it achieved the original aims? - 3

• Identifying strengths and needs:
  
  • “It has been through completing the activities described in this portfolio that I developed my ability to integrate into teams and work collaboratively with other professionals. However, although this is an area of strength, it is still an area for development. Whilst working in teams I have developed awareness of systemic issues; however, I have not taken advantage of opportunities to lead discussions around team dynamics or taken advantage of opportunities to utilise conflict management skills.” (Trainee B)

  • “I feel less confident in my competencies in relation to CLCF domains Managing Services and Setting Direction. Drawing upon the corresponding outcomes for practitioners outlined in the CPLDF, I have identified areas to work on over the final year of training in relation to these domains.” (Trainee E)

• Action planning for future leadership skills development:
  
  • “I have created an action plan of things I intend to do on my final two placements. Working as part of the AB team, I hope to use the skills and knowledge I gain to lead on shared team formulations regarding young people with...” (Trainee D)

  • “…lead on case discussions and/or team formulation meetings to promote psychological thinking and to provide an understanding of the interpersonal processes within a team that lead to this.” (Trainee C)

  • “On my final placements, to address the developmental needs outlined above, I will continue to lead on psychological issues in teams, and will seek out opportunities to facilitate reflective practice, provide consultation and facilitate discussions around team dynamics. Furthermore, I will create and take advantage of opportunities to involve service users in service development and planning, beyond obtaining service user feedback. Additionally, I will…” (Trainee B)
Conclusion

What we have learnt:

- This assignment does usefully complement aspects of clinical leadership competency development that exist within formal taught sessions and clinical placements
  - Trainees engage meaningfully with leadership theory and competency frameworks
  - They gain insight into own leadership strengths, style and needs/areas for development

- It serves a developmental function for trainees
  - Provides a focussed way of evaluating own leadership progress/achievements
  - Facilitates action planning for future leadership competency development

- Appraisal Tutors seem well placed to mark the assignment
  - Overview of trainee’s progress, placement experience and overall competency needs
  - Personalised formative feedback may help a trainee in thinking about their development needs, potentially helping them to further refine action plan.

Areas for us to review and consider further:

- Is the portfolio useful in helping trainees to more clearly articulate where they feel they are meeting leadership competencies in discussions of this with clinical supervisors?
  - Leadership is an area new trainees typically report lacking confidence in
  - Can be a difficult competency area for placement supervisors to ‘pin down’ / evaluate

- Holding in mind developmental nature of leadership competencies:
  - Consider mechanism(s) for reviewing progress with action plan during final year of training
  - Perhaps integrating this more formally into appraisal process and placement visits process
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