Paper
Evaluating Outcomes of a leadership development programme for clinical psychology trainees

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Evaluating outcomes of a leadership development programme for clinical psychology trainees

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A journey through leadership development

“This isn’t flying, it’s falling with style!” Lightyear, B. (1995)
Clinical Psychology Leadership Development Framework

‘Leadership behaviour enables organisations not only to cope with change but also to be proactive in shaping the future’

Effective leadership for clinical psychologists at all career stages can be strengthened by an awareness of personal qualities and values, and by the application of our professional skills and knowledge. Our core psychological competencies and relationship expertise in engagement and collaboration can serve as valuable tools for effective leadership. However, this document sets out a continuing developmental framework for leadership behaviour which is both incremental and cumulative from pre-qualification, to director levels of the profession. As such it may inform pre-qualification training curricula and both personal and organisational programmes of continuing professional development. It may serve as a reference point for career progression (e.g. through the knowledge and skills framework) and as benchmark criteria for recruitment at various bands of the profession. Most fundamentally it aims to both inform, and be a tool to promote, personal and professional development for all members of the profession.

September 2010
## 2. What combination of skills do I as a clinical psychologist bring to leadership?

<table>
<thead>
<tr>
<th>Post-Grad Doctoral Trainee Clinical Psychologist</th>
<th>Practising Clinical Psychologist</th>
<th>Consultant Clinical Psychologist</th>
<th>Clinical Director</th>
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</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
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<tr>
<td>- Formulation skills from more than one psychological model to inform interventions.</td>
<td>- Broad knowledge of different therapeutic models that are used to lead a client's care.</td>
<td>- Ability to integrate psychological knowledge to inform client care pathways and service innovation.</td>
<td>- Ability to draw on broad body of research &amp; integrate psychological knowledge across a range of specialties using common themes to influence health economy pathways of care.</td>
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<tr>
<td>- Awareness/building/maintenance of interpersonal relationships.</td>
<td>- Reflection and awareness of systemic issues operating within teams/able to lead team dynamics discussions.</td>
<td>- Where problems occur be able to identify links between elements in the organisational system and formulate service solutions.</td>
<td>- Experience and in-depth psychological understanding which informs judgement when facilitating organisational/ national clinical credibility/respect for profession.</td>
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<tr>
<td>- Self-reflection/helping others self-reflect.</td>
<td>- Emotional Intelligence/resilience.</td>
<td>- Psychological perspective on multifarious health and mental health presentations.</td>
<td>- Professional</td>
</tr>
<tr>
<td>- Able to lead on complex psychometric testing.</td>
<td>- Comprehensive psychological assessment including risk.</td>
<td>- Ability to develop and operationalise clinical and service outcome evaluations.</td>
<td>- Able to influence professional practice at national guideline and policy level.</td>
</tr>
<tr>
<td>- Professional</td>
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<tr>
<td>- Skills in coordinating research teams (supervisors, governance officers, collaborators).</td>
<td>- Application of different psychological models to supervision and consultation with other professionals.</td>
<td>- Able to inspire, supervise and develop leadership in others using psychological knowledge.</td>
<td>- Able to create opportunities at the most senior levels of influence to market the profession.</td>
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<td>- Experience training of other professionals within the team.</td>
<td>- Training other professionals in the application of complex psychological models.</td>
<td>- Reflect on other professionals' perception of psychology.</td>
<td>- Political awareness and containment of organisational distress.</td>
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<tr>
<td>- Understanding of diversity values ethics and integrity.</td>
<td>- Conflict management skills.</td>
<td>- Identify and work with organisational distress.</td>
<td>- Strategic</td>
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<tr>
<td>- Strategic</td>
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<tr>
<td>- Critiquing the literature and guidelines regarding therapeutic interventions used in service.</td>
<td>- Participate in and oversee research projects.</td>
<td>- Strategic involvement in research.</td>
<td>- Able to assess and implement psychological ideas at higher organisational levels/health economy wide/national/ professional and political.</td>
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<tr>
<td>- Ability to use evidence, data collection, outcomes and audit to constructively critique current service practice.</td>
<td>- Strategic</td>
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<tr>
<td>- Able to construct and share service development plans.</td>
<td>- - Skilled in developing strong working relationships with other professionals - service leads directors and commissioners.</td>
<td>- Setting the direction of relevant organisational policy procedures.</td>
<td>- - Able to set the service direction and influence corporate strategy.</td>
</tr>
<tr>
<td>- Influence organisational policies and procedures.</td>
<td>- Strategic</td>
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</tbody>
</table>

Professional: Ability to inspire, supervise and develop leadership in others using psychological knowledge.

Strategic: Able to assess and implement psychological ideas at higher organisational levels/health economy wide/national/ professional and political.
9. Organisational and systemic influence and leadership
– CTCP Accreditation Criteria (2014/17)

1) Awareness of the legislative and national planning contexts for service delivery and clinical practice.

2) Capacity to adapt practice to different organisational contexts for service delivery. This should include a variety of settings such as inpatient and community, primary, secondary and tertiary care and may include work with providers outside of the NHS.

3) Providing supervision at an appropriate level within own sphere of competence.

4) Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and cross professional teams. Bringing psychological influence to bear in the service delivery of others.

5) Understanding of leadership theories and models, and their application to service development and delivery. Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams.

6) Working with users and carers to facilitate their involvement in service planning and delivery.

7) Understanding of change processes in service delivery systems.

8) Understanding and working with quality assurance principles and processes including informatics systems which may determine the relevance of clinical psychology work within healthcare systems.

9) Being able to recognise malpractice or unethical practice in systems and organisations and knowing how to respond to this.
NHS Leadership Models  (In the last 10 years)

The Clinical Leadership Competency Framework

Healthcare Leadership Framework – 9 Components
Ironically probably more has been written, and less is known, about leadership than about any other topic in the behavioral sciences. Always, it seems, the concept of leadership eludes us or turns up in another form to taunt us again with its slipperiness and complexity”
“Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence.”

- Sheryl Sandberg
What does a leader do?

- John Kotter – “A process that helps direct and mobilize people and/or their ideas”

3 components
1. Establishing the direction
2. Aligning people
3. Motivating and inspiring
What do leaders do (based on Kotter 1990)

- Analysing environment
- Identifying options
- Generating strategy
- Making decisions
- Developing a vision

- Planning
- Monitoring
- Assessing performance
- Matching people to tasks

- Communicating the vision
- Leading by example
- Engendering hope/belief
Leadership is a **collective** activity

Leadership emerges out of **individual** expertise and heroic action

people in **authority** are responsible for leadership

Motivation to Lead
(Chan & Drasgow 2001)

- Oxford Clin Psych Trainees (81% Female)
- Singapore national service conscripts (Mean age = 20.3, 100% Male)
- Singapore junior college students (age 16-19, 60% Female)
- US College undergrads (Age 17-24, 51% Female)
- US Army Officer Cadets (Mean age 18.9, 87% Male) (Hannah 2006)
Life span model of leader development
Murphy & Johnson (simplified)

Individual differences & early experience

Leader identity
Implicit leadership theory + self schema for leadership

Development opportunities

Motivation to Lead

Self regulation
Inc. Leadership Self Efficacy

Leadership effectiveness

Leadership Quarterly, 22, 459-470
Approaches to Leadership Development

1) **Theoretical** – Classroom style learning

2) **Observational/inspirational** – Learning about, and from, examples of effective leaders

3) **Experiential** – Undertaking practical leadership exercises and reflecting on experience
Meta-Analysis of Leadership Training
Lacerenza et al (2017)

- 20,742 articles
- Final sample of 335 independent studies (N = 26,573)

**Key findings:**
- Characteristics related to greater effect size:
  - Needs analysis
  - Multiple sessions spaced over time > single session
  - Multiple delivery methods esp. experiential
  - Facilitator led more effective than self-directed
  - Provision of feedback (although 360 degree not more effective)
  - On-site training
  - Delivered by a mix of practitioners and academics
  - Include “hard” (business) skills and “soft” (interpersonal) skills

Previous leadership level not related to outcome

Format

Yr 1
Introduction

Yr 2 – 1 day Term 1 +
3 day block - Easter

Yr 3
~6 x 2hr
Term 2
Leadership module – key topics

- Identifying own leadership style, strengths and development areas
- Models and frameworks of leadership
- Diversity & leadership
- Team working and effectiveness
- System dynamics
- Value-based healthcare
- Quality improvement
- Strategic thinking
- Influence and negotiation
- Managing change
- Consultancy
Leader development programme
Leadership and Team Working Exercise
“Leaders have nothing but themselves to work with.... we are our own raw material. Only when we know what we’re made of and what we want to make of it can we begin our lives... To become a leader, then, you must become yourself, become the maker of your own life.”

Warren Bennis
Peer – feedback exercise
Pre-Post t=7.74, (27), p<0.001
Leadership self efficacy

* Pre-Post t=6.49 (27), p<0.001
Leader Identity

* Pre-Post t=6.9 (27) p<0.001
**Leader identity - Pre and Post Leader Development Training**

Extremely

Occasionally

Not at all

Mean = 2.45

Only 3 (10%) above midpoint
Leader identity - Pre and Post Leader Development Training

Post = 3.2
Pre = 2.45

19 (68%) above mid-point

Extremely
Occasionally
Not at all

Pre
Post
Leader development as identity construction

“A person does not gather learnings as possessions but rather becomes a new person with those learnings as a part of his or her new self. To learn is not to have; it is to be.” Akin (1987) p38
Change in Leader Identity & Leadership Effectiveness ratings
(N=1315 undergraduate students)
Day & Sin (2011)
Change in leader identity during a leader development programme
(M=98 postgrad students at Dutch business school)
(Miscenko et al 2017)
Change in leader identity – individual scores
Conclusions

• Although leadership has been identified as a core clinical psychology competence for some years now, overall clinical psychology trainees may not initially identify themselves as potential leaders.

• Trainees engaged well in “full on” leader development training, provided by (carefully chosen and well-briefed) non-clinical psychologist, management and leadership lecturers and feedback was extremely positive.

• Outcomes measures showed significant changes in leader identity and leadership self-efficacy which were maintained at end of training and 1 year post-qualification.

• Changes in leader identity and leadership self-efficacy were not confined to particular sub-set of trainees. Indeed, the largest changes were seen in those who initially rated themselves the lowest.
Thanks very much for your attention

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Please tweet about the Conference

#GTiCP2018