Developing leadership on ward rounds

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“The best of all leaders is the one who helps people so that eventually they don’t need him.”

— Lao Tzu 400 BC
Tony Miles

- Consultant colorectal surgeon
- Currently HEEKSS Leadership Tutor
- Student and Trainee Champion
- Nye Bevan Student
Leadership and Ward Rounds

- **Why**, Provide safe, high quality care
- **How**, By developing each member of the team to be as effective as they can be (including the patient)
- **What**, Create an enduring environment of safety, quality and learning for our staff and patients

Simon Sinek *Start with Why*
Aim

- Change the way you think about Ward Rounds and leadership development

- From

- Something you might do on a course

- To

- Something you do as a matter of course
What we do?
What we do?

- Take control
- Expose incompetence
- Fail to adequately address poor performance
- Do not have confidence in our subordinates
How can we change?

- Control - Give control don’t take control
- Competence - Create technical competence
- Clarity - Be honest and clear about performance
- Courage - Resist the culture of the “in charge leader”

“Turn the ship around” David Marquet Captain US Navy Nuclear Submarine Santa Fe
Process

- Pre round brief
- Ward round
- Post round de-brief
The three circles of leadership

Action Centred Leadership
John Adair
Pre round

- Briefing (certifying)
  - Every patient discussed SBAR, images, bloods differential diagnosis
  - Safety statement, *why* we are doing the ward round, *how* we are going to do it, and *what* we expect to happen.
At the bed side

“Hello Our Names Are”

Introduce everybody to everybody.
Upside down Ward round

Any member of the team can present.

Presenter: Introduction, history, examination, presentation, discussion, summary to team, summary to patient, final check “any questions, have I missed anything.”

The team in Parallel: Each team member has a task, Notes, Patient track, Drug cardex, Observation (checklist).

Any member can do any task.
Bedside communication

Focused history by presenter followed by group discussion.
Post round

- Patient care, de-brief
- Plan for each patient discussed and tasks defined
- Team de-brief
- Techniques learned from Mike McGlue Canadian Firefighter
Immediate feedback (Team de-briefing)

- What do you think went well?
- What do we think went well?
- What one thing would you improve for next time?
- What one thing do we think would help you?
What the team say

“One important aspect of this exercise is involvement and participation of the entire team and everybody feels free to give their opinion. It is a great learning experience for the junior doctors and it will help them a lot in decision making process”
What the patients say

Q2 Some questions about your stay on the ward.

Answered: 15  Skipped: 0

- How well did you understand your diagnosis
- How well did you understand your treatment plan
- How well has your pain been controlled
- How well do you understand your discharge plan

Responses: Very well, Well, Average, Poor, Very poor
Questions
How can I learn more?

- Engage in the NHS leadership academy
- Engage in the Trusts leadership program
- Engage in your own personal leadership agenda
Time to Reflect

Any other points