Wie klinisches Leadership die Performance, Kultur und Reputation der Organisation beeinflusst

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Klinisches Leadership

‘The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things.’

Ronald Reagan

Klinisches Leadership

Erwartungen an einen klinischen Leader

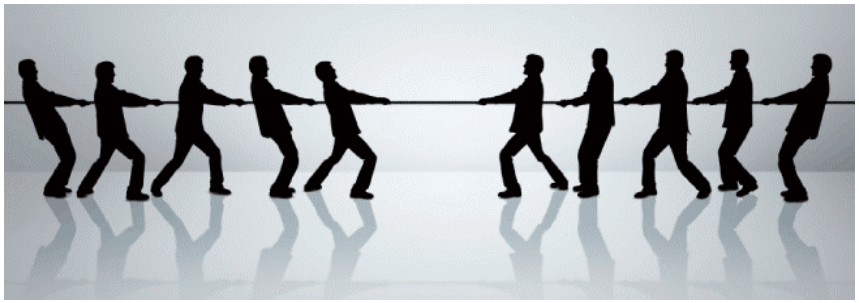
- Experte im klinischen Fachgebiet
- Offen und Ansprechbar
- Effektive Kommunikation
- Präsent in der täglichen Praxis
- Positives Vorbild
- Umfangreiches klinisches Wissen
- Teilt seine Werte und Ansichten
- Wird respektiert

Stanley (2006/2008)

Herausforderung im klinischen Leadership

Politik

Finanzen



Patienten

Evidence-based

Mediziner als Advokaten

Brauchen wir klinisches Leadership?

DEBATE Open Access

Clinical leadership and hospital performance: assessing the evidence base

F. Sarto[1*] and G. Veronesi[2]

Abstract

Background: A widespread assumption across health systems suggests that greater clinicians' involvement in governance and management roles would have wider benefits for the efficiency and effectiveness of healthcare organisations. However, despite growing interest around the topic, it is still poorly understood how managers with a clinical background might specifically affect healthcare performance outcomes. The purpose of this review is, therefore, to map out and critically appraise quantitatively-oriented studies investigating this phenomenon within the acute hospital sector.

Methods: The review has focused on scientific papers published in English in international journals and conference proceedings. The articles have been extracted through a Boolean search strategy from ISI Web of Science citation and search source. No time constraints were imposed. A manual search by keywords and citation tracking was also conducted concentrating on highly ranked public sector governance and management journals. Nineteen papers were identified as a match for the research criteria and, subsequently, were classified on the basis of six items. Finally, a thematic mapping has been carried out leading to identify three main research sub-streams on the basis of the types of performance outcomes investigated.

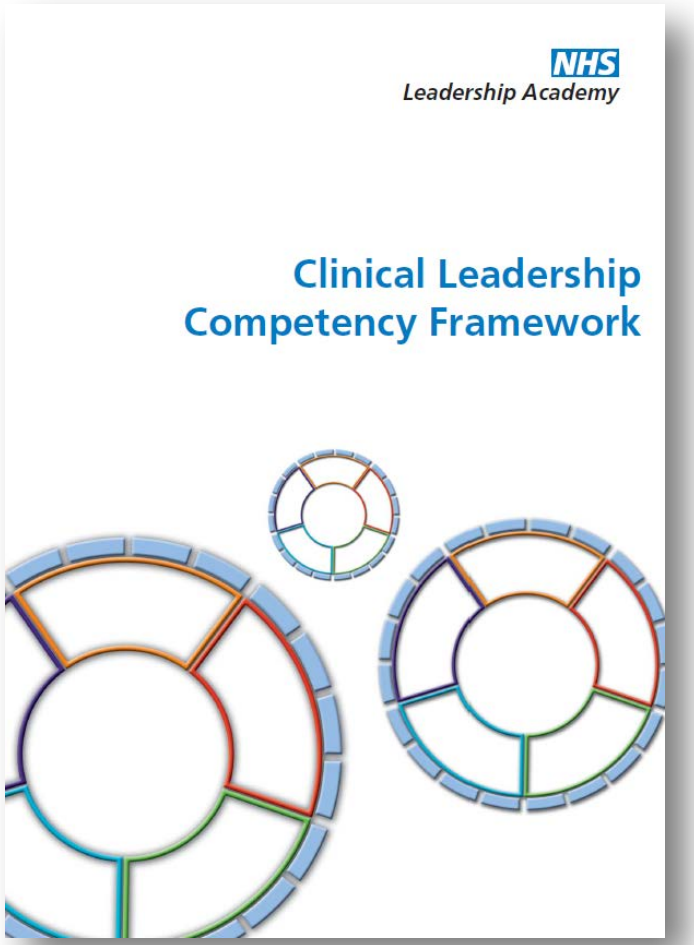
Results and contribution: The analysis of the extant literature has revealed that research focusing on clinicians' involvement in leadership positions has explored its implications for the management of financial resources, the quality of care offered and the social performance of service providers. In general terms, the findings show a positive impact of clinical leadership on different types of outcome measures, with only a handful of studies highlighting a negative impact on financial and social performance. Therefore, this review lends support to the prevalent move across health systems towards increasing the presence of clinicians in leadership positions in healthcare organisations. Furthermore, we present an explanatory model summarising the reasons offered in the reviewed studies to justify the findings and provide suggestions for future research.

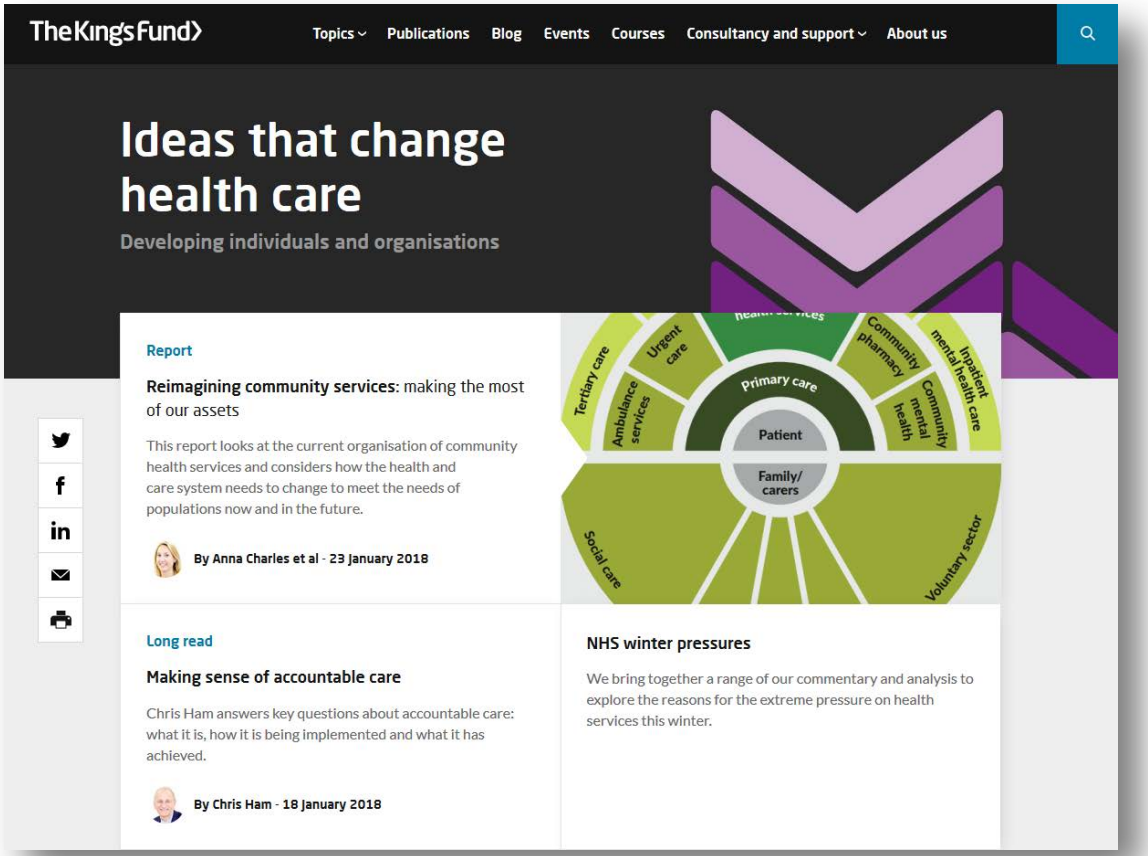
Keywords: Clinical leadership, Hospital performance, Narrative review

Entwicklung in der NHS

- 2007: Verankerung von Clinical Leadership als Kernprinzip der NHS durch den damaligen Gesundheitsminister (Lord) Ara Darzi
- Gründung der NHS Leadership Academy
- 2011: Einführung des Clinical Leadership Competency Framework

Entwicklung in der NHS





Clinical Leadership Competency Framework

Für wen ist CLCF gedacht?

- Student
  - Medizin-Studenten, Krankenpfleger i. A., Paramedics i. A.
- Practitioner
  - Assistenz-Ärzte, Krankenpfleger, Rettungssanitäter
- Experienced Practitioner
  - Oberärzte, Oberschwester, Notfallsanitäter, Bereichsleiter

Clinical Leadership Competency Framework

Was ist das Ziel des CLCF?

- Shared Leadership
  - Gruppe statt Individuum
- Carreer
  - Persönliche und berufliche Weiterentwicklung
- Strengths and development areas
  - Stärken für die Versorgung von Patienten nutzen
  - Lücken durch Weiterbildung schließen

Clinical Leadership Competency Framework

Clinical Leadership Competency Framework

Managing

Umsetzung:

- Unterstützung der Behandlungspläne anderer Fachdisziplinen
- Einforderung von Feedback von Patienten und Kollegen
- Einbringen der eigenen Expertise in den Behandlungsplan

Clinical Leadership Competency Framework

Verbesserung der Versorgung

Umsetzung:

- Identifikation von Risiken für Patienten
- Systematische Minimierung von Risiken
- Überwachung des Outcome
- Hinterfragen aktueller Arbeitsweisen
- Identifikation und Implementation von möglichen Verbesserungen (QI)

Clinical Leadership Competency Framework

Festsetzen von Richtungen

Umsetzung:

- Vorbereitung auf zukünftige Veränderungen
- Verwendung von neuen Information zum Hinterfragen aktueller Prozesse & Methoden (JC)
- Schulung und Information von höhergestellten Personen
- Untersuchung von neuen Möglichkeiten
- Einführung von neuen Herangehensweisen

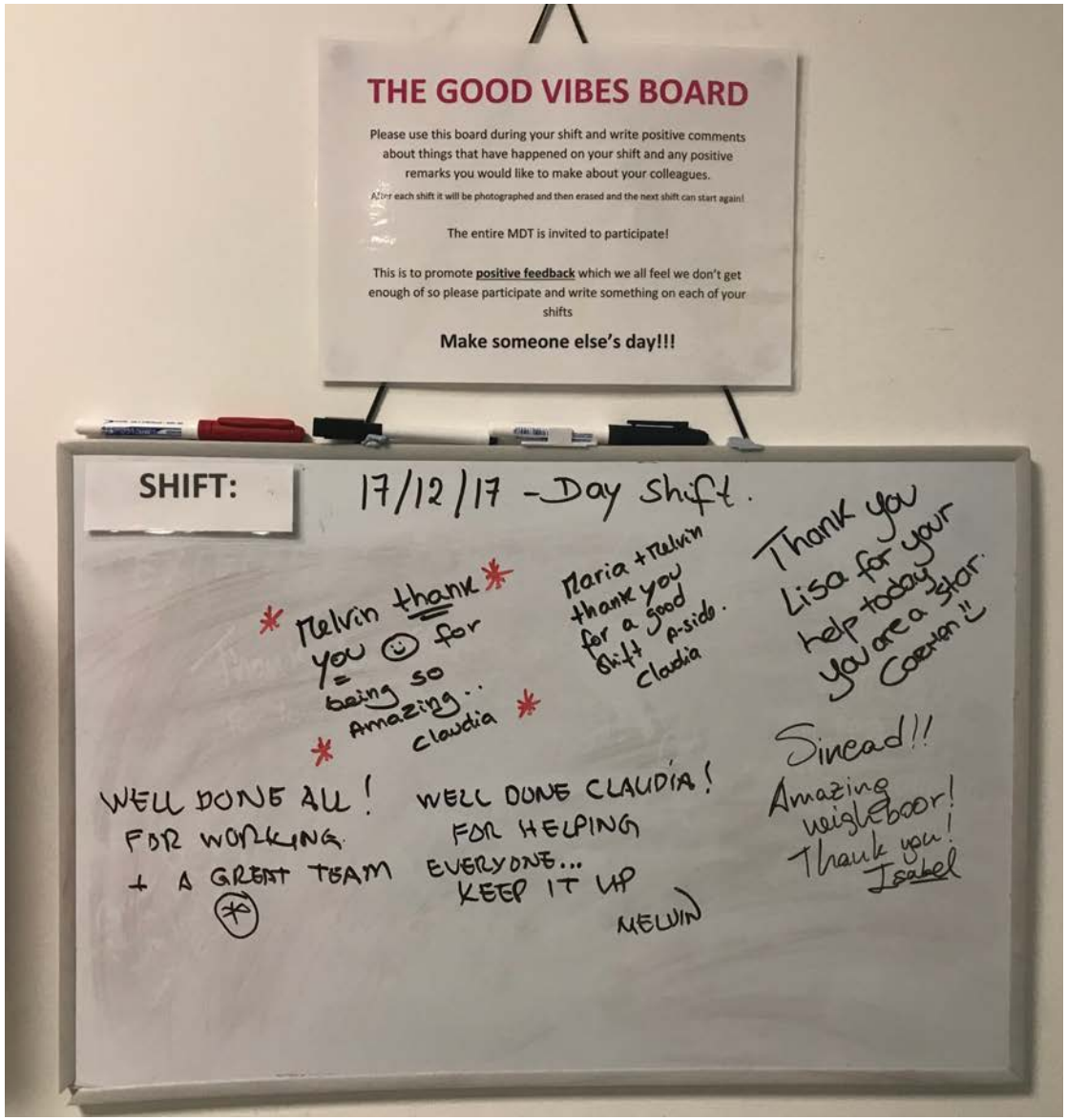
Clinical Leadership Competency Framework

Entwicklung der eigenen Person

Umsetzung:

- 360° Feedbacks
- ARCPs
- Teilnahme an Management/Leadership Kursen
- Mentoren-Programm

Entwicklung der eigenen Person



Entwicklung der eigenen Person

Colleague MSF: Dr A

You are requested to complete a colleague MSF form for Dr A

Doctors in the UK are required to be relicensed every 5 years in a process called Revalidation. Part of that process is gathering feedback from patients and colleagues.

Give Colleague Feedback

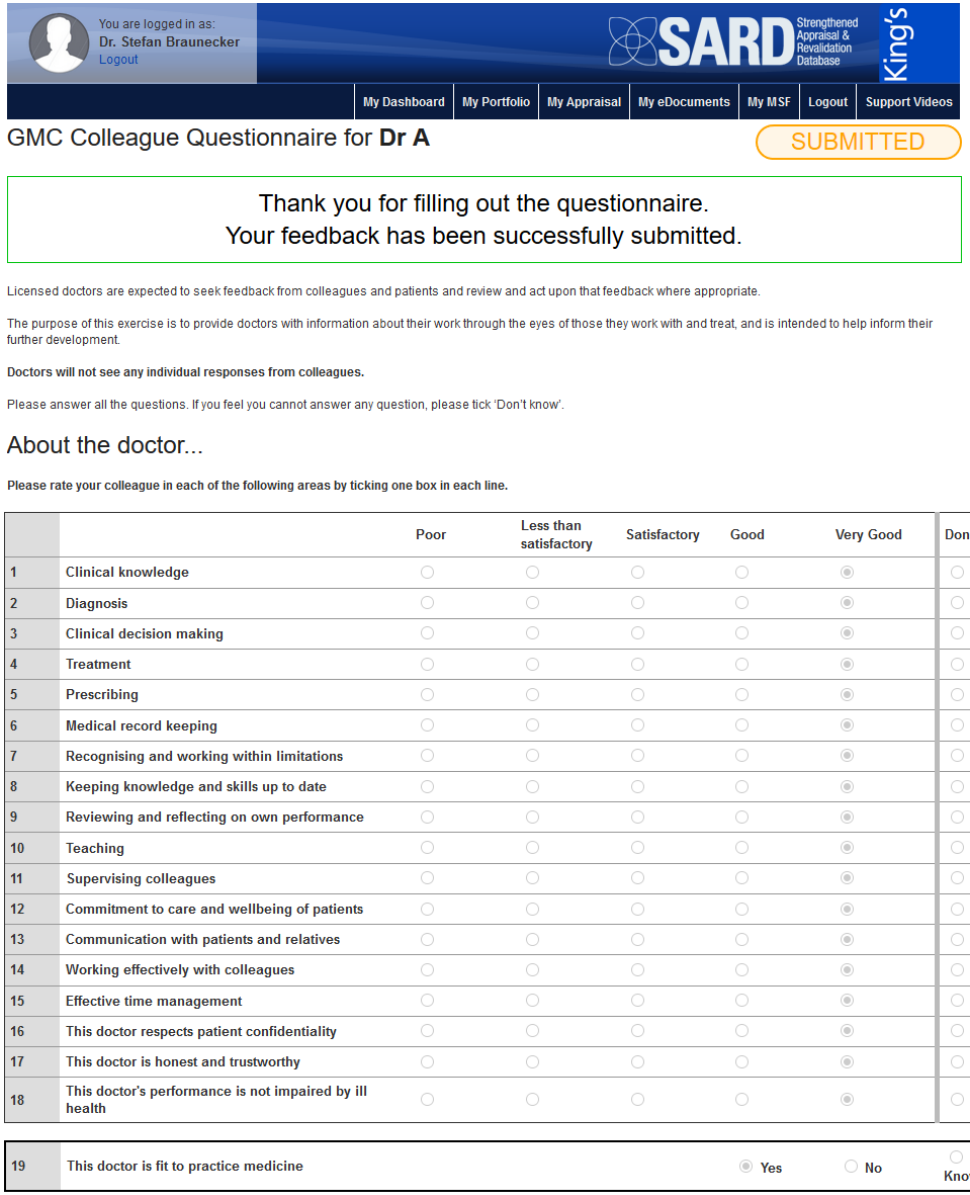
Give Colleague Feedback

If the links above don't work, please copy and paste the following text to your browser's address bar:

Our mailing address is:
SARD JV Limited
Suite 2B, 25-27 Westow Street
London, SE19 3RY
Telephone: 0208 771 4153

Support and queries regarding this email
Please contact us via support@sardjv.co.uk

Entwicklung der eigenen Person



You are logged in as:
Dr. Stefan Braunecker
Logout

SARD Strengthened Appraisal & Revalidation Database
King's

My Dashboard | My Portfolio | My Appraisal | My eDocuments | My MSF | Logout | Support Videos

GMC Colleague Questionnaire for **Dr A**

SUBMITTED

Thank you for filling out the questionnaire.
Your feedback has been successfully submitted.

Licensed doctors are expected to seek feedback from colleagues and patients and review and act upon that feedback where appropriate.

The purpose of this exercise is to provide doctors with information about their work through the eyes of those they work with and treat, and is intended to help inform their further development.

Doctors will not see any individual responses from colleagues.

Please answer all the questions. If you feel you cannot answer any question, please tick 'Don't know'.

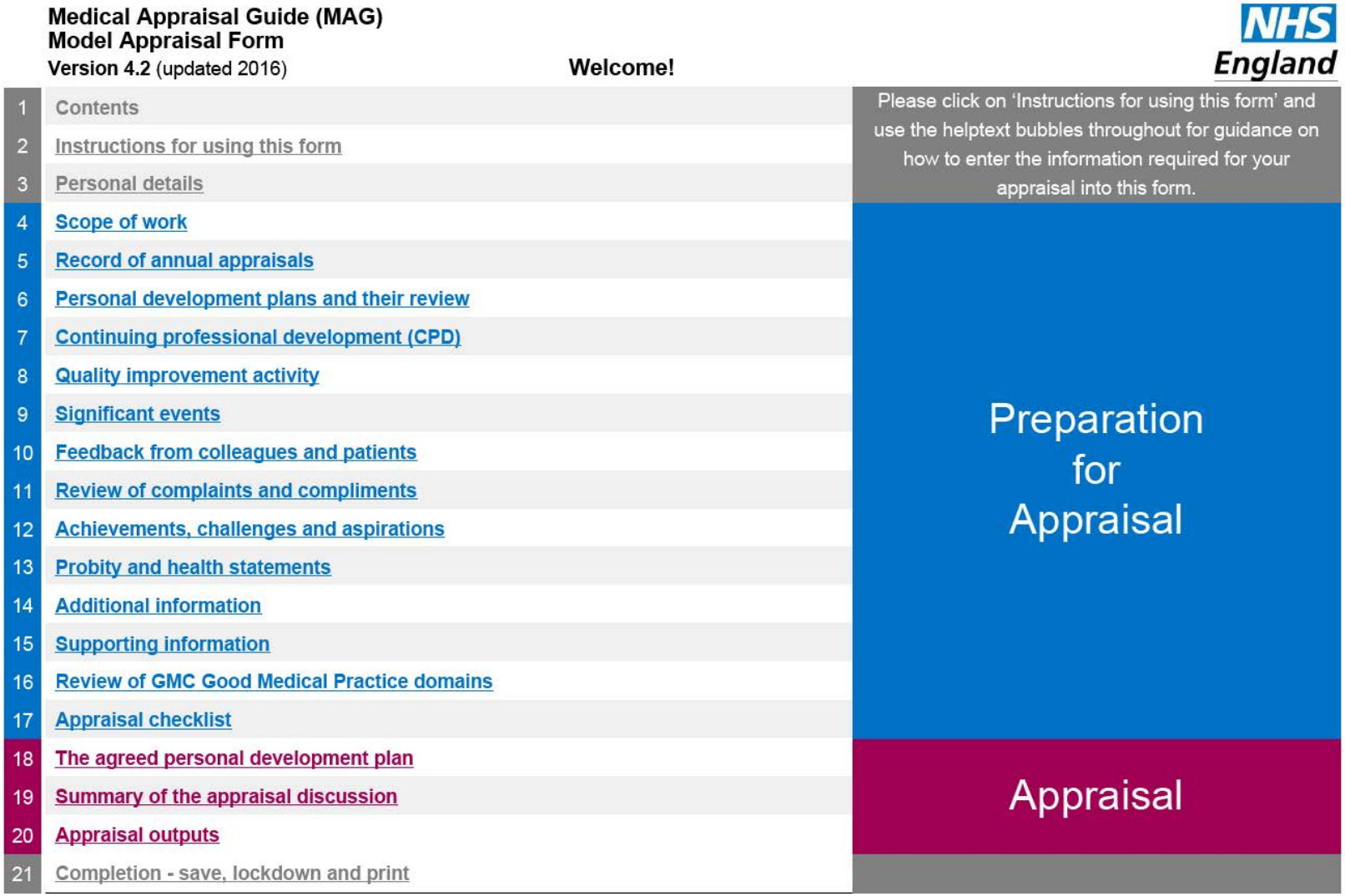
About the doctor...

Please rate your colleague in each of the following areas by ticking one box in each line.

		Poor	Less than satisfactory	Satisfactory	Good	Very Good	Don't Know
1	Clinical knowledge	○	○	○	○	◉	○
2	Diagnosis	○	○	○	○	◉	○
3	Clinical decision making	○	○	○	○	◉	○
4	Treatment	○	○	○	○	◉	○
5	Prescribing	○	○	○	○	◉	○
6	Medical record keeping	○	○	○	○	◉	○
7	Recognising and working within limitations	○	○	○	○	◉	○
8	Keeping knowledge and skills up to date	○	○	○	○	◉	○
9	Reviewing and reflecting on own performance	○	○	○	○	◉	○
10	Teaching	○	○	○	○	◉	○
11	Supervising colleagues	○	○	○	○	◉	○
12	Commitment to care and wellbeing of patients	○	○	○	○	◉	○
13	Communication with patients and relatives	○	○	○	○	◉	○
14	Working effectively with colleagues	○	○	○	○	◉	○
15	Effective time management	○	○	○	○	◉	○
16	This doctor respects patient confidentiality	○	○	○	○	◉	○
17	This doctor is honest and trustworthy	○	○	○	○	◉	○
18	This doctor's performance is not impaired by ill health	○	○	○	○	◉	○

19	This doctor is fit to practice medicine	◉ Yes	○ No	○ Don't Know

Entwicklung der eigenen Person



Medical Appraisal Guide (MAG)
Model Appraisal Form
Version 4.2 (updated 2016)

Welcome!

NHS England

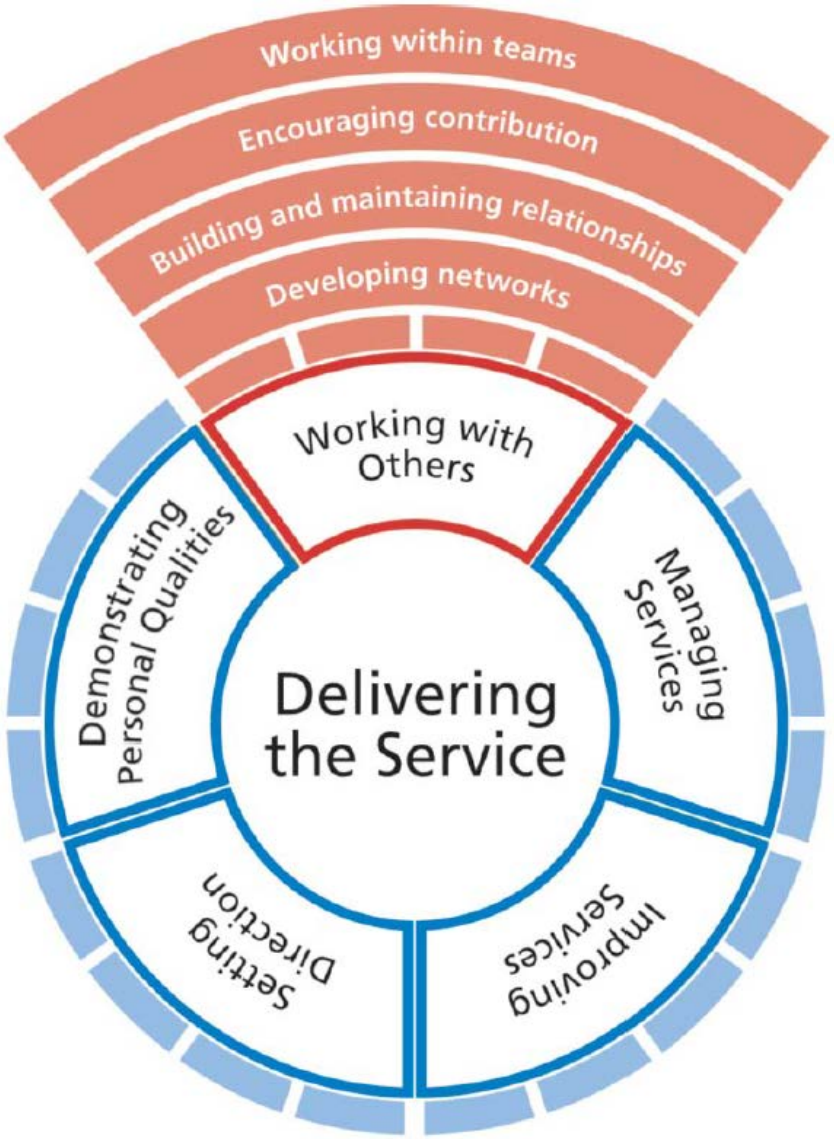
1	Contents	Please click on 'Instructions for using this form' and use the helptext bubbles throughout for guidance on how to enter the information required for your appraisal into this form.
2	Instructions for using this form	
3	Personal details	
4	Scope of work	Preparation for Appraisal
5	Record of annual appraisals	
6	Personal development plans and their review	
7	Continuing professional development (CPD)	
8	Quality improvement activity	
9	Significant events	
10	Feedback from colleagues and patients	
11	Review of complaints and compliments	
12	Achievements, challenges and aspirations	
13	Probity and health statements	
14	Additional information	
15	Supporting information	
16	Review of GMC Good Medical Practice domains	
17	Appraisal checklist	
18	The agreed personal development plan	Appraisal
19	Summary of the appraisal discussion	
20	Appraisal outputs	
21	Completion - save, lockdown and print	

Entwicklung der eigenen Person

Educational Supervisor

- Übersicht über die Entwicklung
- Plant und organisiert weitere
- Feedback
- Beschwerden
- Advokat
- Plant weitere Entwicklung
- Bespricht nächste Schritte

Clinical Leadership Competency Framework



Zusammenarbeit mit Anderen

Umsetzung:

- Einladung von Junior Doctors zu MDTs
- Kollaboration mit lokalen Netzwerken
- Initiierung und Leitung von MDTs
- Einladen von anderen Fachabteilungen in die Behandlung von Patienten
- Kollaboration mit anderen Ärzten (Kardiochirurgie)
- Respekt anderer Spezialisierungen (Anäst./Chiru.)
- Ermutigung anderer zur Entscheidungsfindung
- Team training
- Wahrnehmung verschiedener Kompetenzen
  Nurse-led ward round
- Cross-agency working

Rotationen

Berufserfahrung

Consultant in Anaesthesia & Intensive Care
Frimley Park Hospital NHS Foundation Trust
März 2017–Heute • 11 Monate

Specialist Registrar
King's College Hospital NHS Foundation Trust
Aug. 2016–Jan. 2017 • 6 Monate
Denmark Hill

Intensive Care Medicine, including 2 months Liver ICU

Senior Registrar
Royal Brisbane & Women's Hospital Foundation
Feb. 2016–Juli 2016 • 6 Monate
Queensland, Australia

Intensive Care Medicine

Specialist Registrar Retrieval & Pre-Hospital
CareFlight Group
Aug. 2015–Jan. 2016 • 6 Monate
Queensland, Australia

Retrieval Doctor
Royal Flying Doctor Service of Australia
Aug. 2015–Jan. 2016 • 6 Monate
Queensland, Australia

Specialist Registrar
Imperial College Healthcare NHS Trust
Mai 2015–Juli 2015 • 3 Monate
Charing Cross Hospital

Head & Neck Anaesthesia

Specialist Registrar
Chelsea and Westminster Hospital NHS Foundation Trust
Feb. 2015–Apr. 2015 • 3 Monate

Paediatric anaesthesia

Specialist Registrar
Imperial College Healthcare NHS Trust
Aug. 2014–Jan. 2015 • 6 Monate
St Mary's Hospital

General Duties Anaesthesia, including Major Trauma, Eyes, Vascular

Specialist Registrar
University College London Hospitals NHS Foundation Trust
Mai 2014–Juli 2014 • 3 Monate
National Hospital for Neurosurgery & Neurology

Neuro Anaesthesia & Critical Care

Specialist Registrar
Royal Brompton & Harefield NHS Foundation Trust
Feb. 2014–Apr. 2014 • 3 Monate
Royal Brompton Hospital

Rotationen

Specialist Registrar
Dorset HealthCare University NHS Foundation Trust
Feb. 2012–Jan. 2014 • 2 Jahre
Royal Bournemouth & Poole Hospitals

Anaesthesia
including 3 months Critical Care

Specialist Registrar
University Hospital Southampton NHS Foundation Trust
Feb. 2011–Jan. 2012 • 1 Jahr

Anaesthesia
Cardiac, Neuro, Paediatric, General
and 3 months Critical Care

Registrar
Portsmouth Hospitals NHS Trust
Dez. 2010–Jan. 2011 • 2 Monate

Acute Medicine

Senior House Officer
Portsmouth Hospitals NHS Trust
Dez. 2008–Nov. 2010 • 2 Jahre

Anaesthesia
including 3 months Critical Care

Senior House Officer
Portsmouth Hospitals NHS Trust
Aug. 2008–Nov. 2008 • 4 Monate

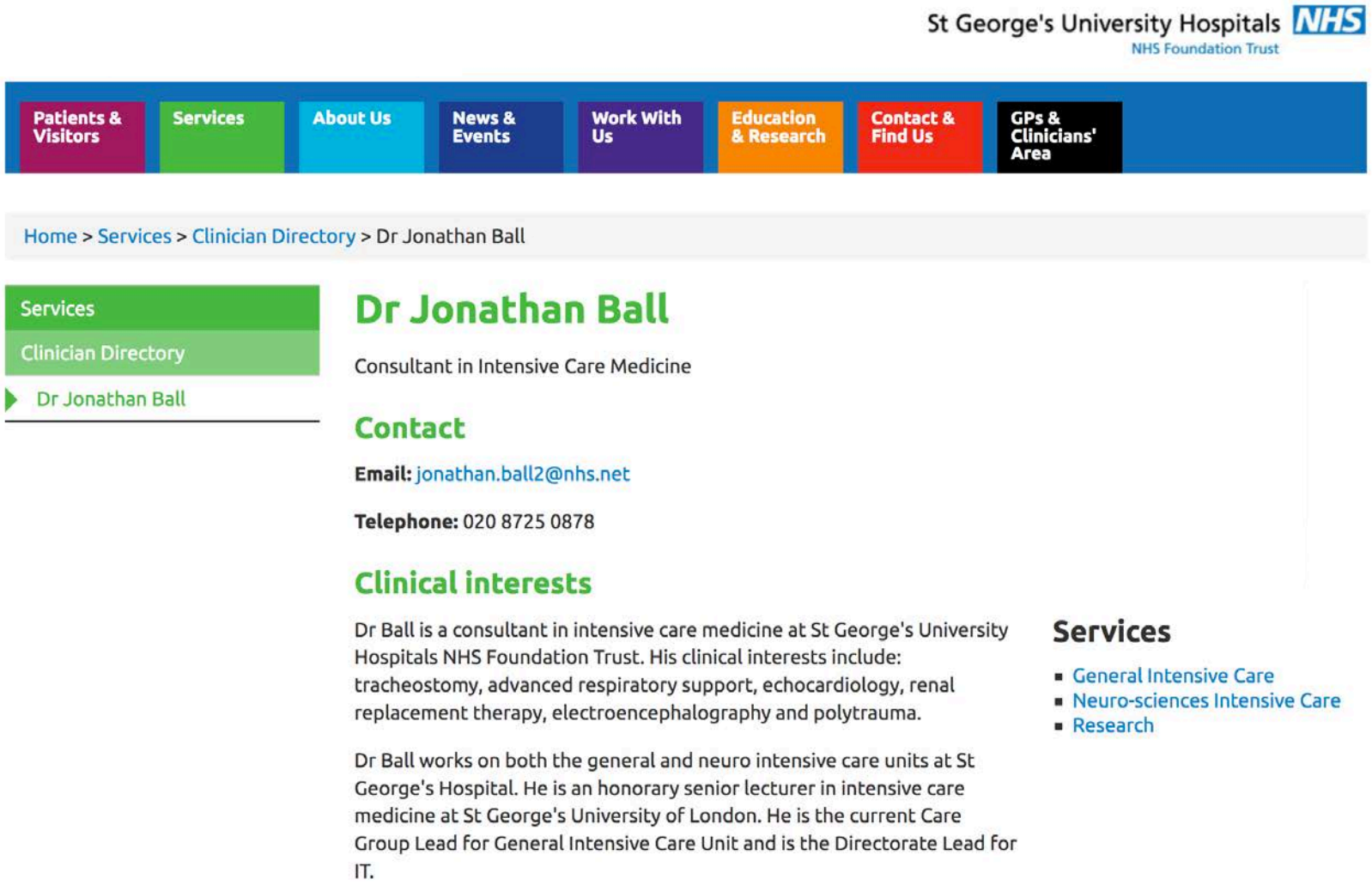
Respiratory Medicine
Acute Medicine

Senior House Officer - FY2
Royal Surrey Hospital, Guildford
Aug. 2006–Juli 2007 • 1 Jahr

Accident and Emergency
General Medicine
General Practice

Pre-Registration House Officer
St. Mary's Hospital, London
Aug. 2005–Juli 2006 • 1 Jahr

Rotationen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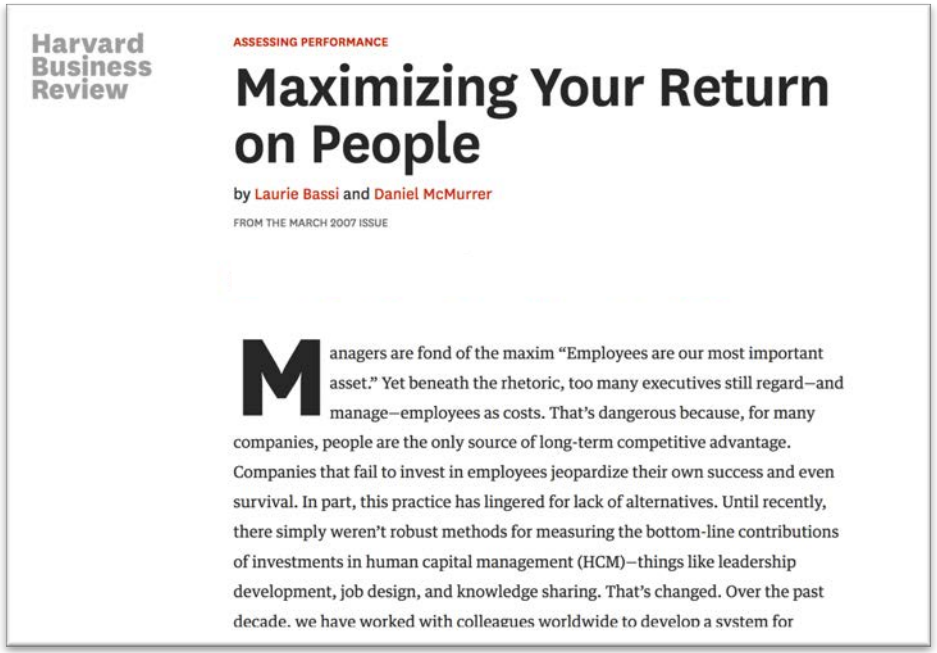
GPs & Clinicians' Area
Home > Services > Clinician Directory > Dr Jonathan Ball
Services
Clinician Directory
Dr Jonathan Ball
Dr Jonathan Ball
Consultant in Intensive Care Medicine
Contact
Email: jonathan.ball2@nhs.net
Telephone: 020 8725 0878
Clinical interests
Dr Ball is a consultant in intensive care medicine at St George's University Hospitals NHS Foundation Trust. His clinical interests include: tracheostomy, advanced respiratory support, echocardiology, renal replacement therapy, electroencephalography and polytrauma.
Dr Ball works on both the general and neuro intensive care units at St George's Hospital. He is an honorary senior lecturer in intensive care medicine at St George's University of London. He is the current Care Group Lead for General Intensive Care Unit and is the Directorate Lead for IT.
Services
General Intensive Care
Neuro-sciences Intensive Care
Research

Impact

- Kann ich dich Einladen einen Patienten anzuschauen? – Ja klar
- Respekt: Umgang mit anderen Disziplinen (Anästhesist – Chirurg)
- Offen für neue Ideen (auch von Juniors)
- QI - Ideen werden ausprobiert (gutes bleibt, schlechtes geht)
- Management-Kurse

Performance



Harvard Business Review

ASSESSING PERFORMANCE

Maximizing Your Return on People

by Laurie Bassi and Daniel McMurrer

FROM THE MARCH 2007 ISSUE

Managers are fond of the maxim "Employees are our most important asset." Yet beneath the rhetoric, too many executives still regard—and manage—employees as costs. That's dangerous because, for many companies, people are the only source of long-term competitive advantage. Companies that fail to invest in employees jeopardize their own success and even survival. In part, this practice has lingered for lack of alternatives. Until recently, there simply weren't robust methods for measuring the bottom-line contributions of investments in human capital management (HCM)—things like leadership development, job design, and knowledge sharing. That's changed. Over the past decade, we have worked with colleagues worldwide to develop a system for

Journal of Healthcare Leadership

Dovepress

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REVIEW

The importance of clinical leadership in the hospital setting

This article was published in the following Dove Press journal:
Journal of Healthcare Leadership
21 November 2014
Number of times this article has been viewed

John Daly[1]
Debra Jackson[1]
Judy Mannix[2]
Patricia M Davidson[1,3]
Marie Hutchinson[4]

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Abstract: In many areas of the developed world, contemporary hospital care is confronted by workforce challenges, changing consumer expectations and demands, fiscal constraints, increasing demands for access to care, a mandate to improve patient centered care, and issues concerned with levels of quality and safety of health care. Effective governance is crucial to efforts to maximize effective management of care in the hospital setting. Emerging from this complex literature is the role of leadership in the clinical setting. The importance of effective clinical leadership in ensuring a high quality health care system that consistently provides safe and efficient care has been reiterated in the scholarly literature and in various government reports. Recent inquiries, commissions, and reports have promoted clinician engagement and clinical leadership as critical to achieving and sustaining improvements to care quality and patient safety. In this discursive paper, we discuss clinical leadership in health care, consider published definitions of clinical leadership, synthesize the literature to describe the characteristics,

Performance

Bassi et al. & Daly et al.:

- Starker Zusammenhang zwischen Leadership Skills und Performance

Institute of work:

- Gutes Personalmanagement kann die Produktivität um 20% steigern

West et al.:

- Gutes Leadership und engagiertes Personal führt zu einer Senkung der Mortalität

Performance

- Von vorhergegangen Studien wissen wir: Umstrukturierung des Gesundheitswesens ist jedermanns Aufgabe

- Clinical Leadership betrifft alle Ausbildungsstufen: vom Auszubildenden/Studenten bis hin zum Direktor

Fazit für den Rettungsdienst

- Educational Supervisor (nicht nur während Ausbildung)
  - Hilfe bei Schwächen
  - Unterstützung von Stärken
  - Förderung von Wünschen und Interessen
- Daily Briefing (was willst du heute erreichen?)
- QI Strategien
- JC im Rettungsdienst
- 360° Feedbacks
- Annual Appraisal, auch für ältere Kollegen
- Netzwerke zum Austausch (Landwache vs. Großstadt)

Fazit

- Clinical Leadership führt zu einer Verbesserung des Arbeitsklimas und damit zu einer Verbesserung der Performance
- Clinical Leadership führt zu einer Verbesserung von Qualität und Sicherheit bei der Patientenversorgung
- Clinical Leadership betrifft alle Ausbildungsstufen: vom Auszubildenden/Studenten bis hin zum Direktor


Sewing seeds for a
great future