GP Supervisor Guide

Team Leadership

in General Practice

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About this guide

Behind every general practice is a team working together to provide excellent clinical care to patients, to have a happy team and also to run a successful business.

The team refers to the GPs, GP supervisors, practice nurses, reception staff, practice managers and GPs at different stages of training, and can include allied health and other professionals from local health networks. Each team member has a different personality, skill level and set of interests.

This guide provides practical tips and guidance to ensure you have an effective team with outcomes that benefit the clinical care of the patients, the staff and the business.

General Practice Supervision Australia (GPSA) is supported by funding from the Australian Government under the Australian General Practice Training (AGPT) program.

GPSA produce a number of relevant guides for GP supervisors and practices, visit www.gpsupervisorsaustralia.org.au/guides to view additional guides.

> **"The example from the senior people in the practice is what sets the bar about what is acceptable and what's not acceptable."**
>
> *– Dr Ken Hazelton, Principal and GP Supervisor at 76 Prince Medical, Orange, NSW.*

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Contents

1. **Leadership** in today's general practice setting

Jim Collins wrote in the Harvard Business Review that the highest level of leadership requires a person with both fierce personal resolve and genuine personal humility.[1] These are team leaders who are prepared to defer to the team for successes and take responsibility for problems that arise.

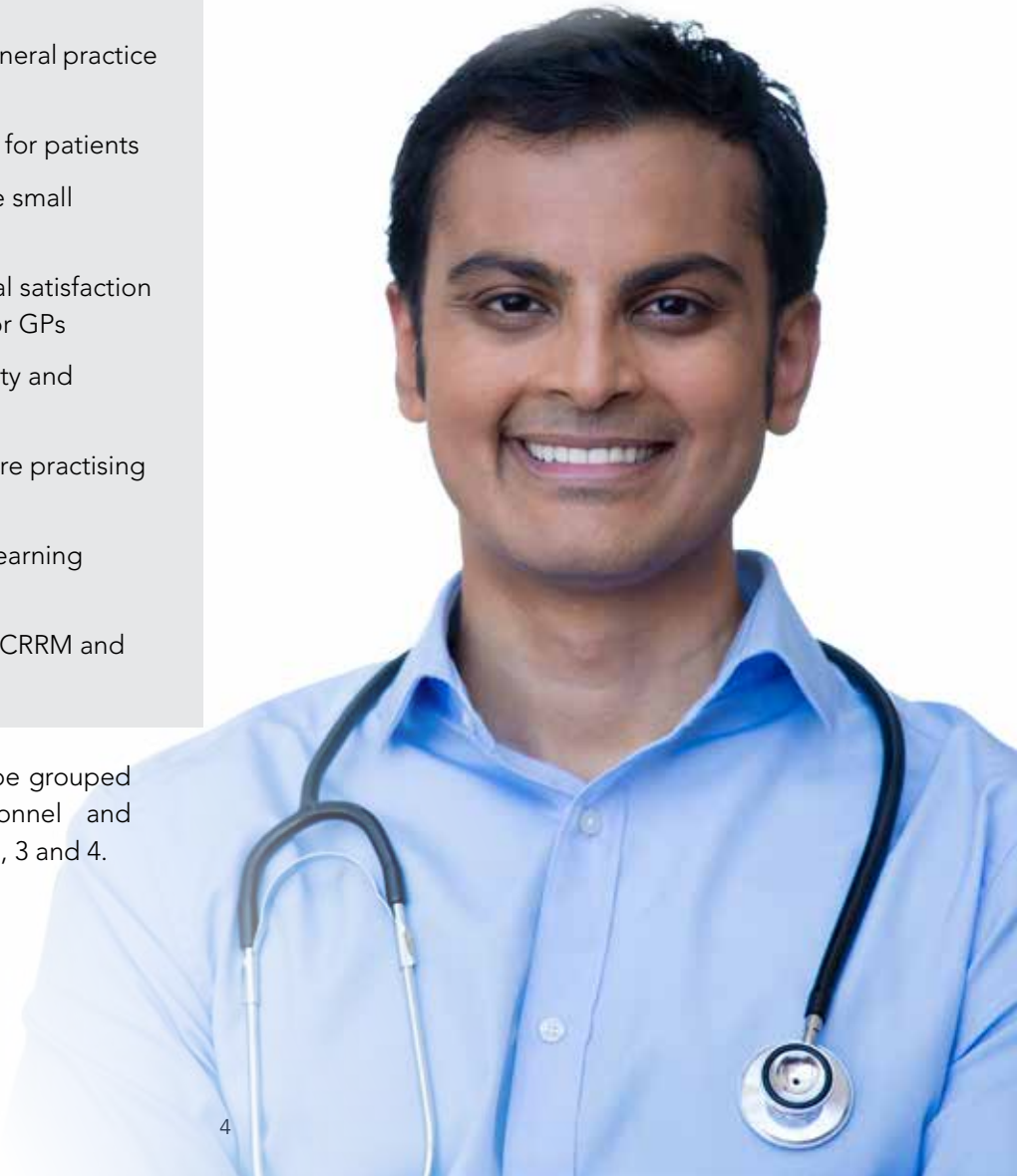
This is as true for general practice as any other business or organisation. Leadership is required in general practice because GPs have so many different roles as well as their demanding clinical role.

The reference to 'team' throughout this guide relates to any person who works with one or more people within a practice to achieve a common goal. That includes GPs, GP supervisors, practice nurses, reception staff, practice managers and GPs at different stages of training. It can also include allied health and other professionals from local health networks.

Although GPs spend the majority of their time in one-to-one contact with patients and away from their wider team, the benefits that an effective team can deliver should not be underestimated.

Effective team leadership in general practice is crucial to:

- Providing safe clinical care for patients
- Running a financially viable small business
- Facilitating the professional satisfaction for all staff, including senior GPs
- Ensuring the personal safety and wellbeing of colleagues
- Ensuring all practitioners are practising safely and ethically
- Meeting team members' learning needs
- Adhering to GP college (ACRRM and RACGP) standards.



Each of these factors can broadly be grouped into three areas: clinical, personnel and business, as described in sections 2, 3 and 4.

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Teaching demands

Teaching practices are taking on increasing numbers of GP registrars and other learners to meet the rising demand for training the next generation of family doctors. Teaching and mentoring learners, and managing different levels of learners, requires a particular set of leadership skills and expertise.

GPSA's The New Supervisor Guide outlines how to help prepare your doctors and practice to deliver a valuable supervision experience.

Download a copy at https://gpsupervisorsaustralia.org.au/download/2162/

Leading a part-time team

The way that people work together, both within the corporate world and in general practice, is changing. Part-time roles, job sharing and working from home or working remotely from colleagues is forcing leaders to find new ways to ensure the communication links between team members remain open and the vision stays in focus (see section 5).

In particular, part-time working arrangements are now commonplace in general practices. The ability to work part time is a unique quality of general practice and plays a part in attracting the next generation of family doctors to the specialty. However, this also means that there are team members working for the same practice who are never in the office at the same time.

Between consulting at the same time as your colleagues, navigating competing clinical demands and other time pressures, spending time with your team can be difficult to schedule. This is when effective leadership becomes even more important to keep a team operating cohesively.

Practice manager's top leadership tips

Bonnie Finch is the Practice Manager at a 76 Prince Medical in Orange, NSW. Her team comprises seven GPs, including a GP registrar, three practice nurses and five administrative staff. To keep the practice running effectively, she says team members need to meet regularly, be given an opportunity to contribute to decisions and to show leadership in their specific areas. She says GPs can show good leadership by:

- Clearly communicating practice goals, targets and ethical standards.
- Engaging in constructive conversations when having a clinical discussion.
- Enforcing clear and efficient systems that everyone can work within.

As the practice manager, Bonnie sees her leadership responsibilities as:

- Clearly communicating changes.
- Praising staff for things well done.
- Always being available to help when required.
- Ensuring that there are documented systems in place for the staff to refer to if there is confusion or uncertainty.

Weekly clinical meetings for GPs and nurses, and monthly meetings for administrative staff, help the team to work effectively. These meetings are important, particularly in busy times of high stress, as that is when lapses in leadership and communication can occur, Bonnie says.

"The meetings help everyone to be on the same page and working towards the same goal," Bonnie says. "This also provides them with an opportunity to participate in decision-making and to discuss things that are working and things that aren't."

"Having discussions around topics, rather than strictly being given orders, allows team members to feel as though their input is valuable to the team," she adds.

2. **Communication** and feedback

Effective communication underpins successful leadership from a clinical, personnel and business perspective. While there is awareness about the need for effective communication, many organisations – including general practices – sometimes struggle to ensure that the messages are given, received, understood and then responded to appropriately.

Effective communication is needed in general practice to keep patients safe, staff satisfied and engaged, and business running efficiently. It also helps team members to understand their own roles and each other's roles, providing clarity about who needs to do what and by when in order to achieve the common goal.

Getting your message across - the basics

When delivering a message that your team needs to understand and/or respond to, consider these four steps:

1. **Understand your message.** Make sure you understand what it is you want to share with your team. Are you the right person to be delivering this message? Is it clear? Is it practical? Is it achievable? Is it time sensitive?
2. **Deliver your message.** Make it clear who is receiving the message and why. Specify who needs to take action in response to the message. Don't send your message to people if it's irrelevant to them – this wastes time and creates confusion.
3. **Check your message has been received and understood.** Ask your team to confirm they have received and understood the message. Provide an opportunity for feedback, questions or confirmation.
4. **Follow up**. If the message relates to a change, follow up with recipients that the change has taken place.

The coordination of annual flu vaccinations is a practice-based example of when these four steps are important, as different team members need to receive and understand different messages. Consider how important good communication is when carrying out these tasks.

- The administration team needs to set up clinic times, advertise these to patients and ensure GPs and nursing staff are allocated.
- All staff need to be notified these are occurring and when.
- Specific information needs to be conveyed to clinical staff (i.e eligibility for government-funded vaccines and safety information).
- Safety information needs to be given to clinical staff.

"We attempt to have an active and encompassing social program to help keep the 'vibe' as we call it. This can be lunches, dinners as well as the annual conference, which spans a weekend and draws on all the skills of our various team members."

– Dr Ashley Hayes, GP Supervisorand Medical Educator, Creswick Medical Centre, Victoria.

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Ways to communicate in a practice

You may already have some tried and tested methods that you use to deliver messages to your team. Emails, newsletters, notices put up in meals/break areas and in pigeon holes, telephones and the practice intranet are all great ways to deliver messages, especially when team members work part time or do not have extensive face-to-face contact.

There are some simple ways you can open up opportunities for communication, both formal and informal, within your practice. These methods also work when working within part-time teams.

Keep team members in the loop about outcomes from team meetings and clinical training sessions by:

Email newsletter: This does not need to be complex, and can even be in the form of an email with bullet points detailing the main issues.

Circulate meeting minutes: Documenting meeting minutes will help confirm to team members the agreed meeting outcomes and keep team members who could not attend in the loop.

Digitally record clinical meetings and other important staff meetings and make them available: This helps keep team members who could not attend informed and provides staff who did attend with an opportunity to revisit the content.

All-in staff meetings: Holding all-staff meetings, perhaps once a month, will provide a great base for the team to get together, have some healthy discussion about work and interesting cases their team members have seen.

Make time for meetings

Face-to-face meetings that offer a comfortable and relaxed environment can provide the team with a sense of collegiality. They also provide an ability to immediately seek and respond to feedback or ask questions.

It's important to formalise practice meetings to make sure there are extended periods where people get a chance to talk about problems or issues. However, there are barriers to holding regular face-to-face team meetings in general practices. Time spent away from consults costs money and meeting during lunch breaks impinge on often much needed personal downtime.

Sometimes practices accept the cost and time implications because face-to-face meetings can help to build a cohesive team. Some practices may recognise this and pay staff to be at meetings, others make it clear to new staff about the meeting obligations and commitments when they first join the practice.

Face-to-face meetings that are held before hours or after hours give team members who work on different days the opportunity to connect with each other in person. For these meetings, your team will appreciate being provided with drinks or some light snacks.

Other opportunities for getting teams together and boosting team spirit could include a night out at a local restaurant, even just a couple of times a year. Often the conversation will return to work, but sometimes providing a relaxed setting can help people network and talk more easily.

Effective feedback

Feedback can provide your team members the re-assurance, correction and guidance they need to develop their clinical and inter-personal skills. It's important to note that feedback is a two-way dialogue – the recipient needs to be given an opportunity to provide input about the work being reviewed and respond to the feedback.

An example of a feedback formula that promotes two-way dialogue is Pendleton's rules.[2] Note that Pendleton's rules are quite prescriptive and may be best used during planned or formal review sessions. You can adjust accordingly to your style, as long as the key components remain the same.

Pendleton's rules

1. Check the team member wants and is ready for feedback.
2. Let the team member give comments/ background to the material that is being assessed.
3. The team member states what was done well.
4. The team leader states what was done well.
5. The team member states what co uld be improved.
6. The team leader states how it could be improved.
7. An action plan for improvement is made.

For more information about providing effective feedback, including practical examples between learners and GP supervisors, see GPSAs Best Practice for Supervision in General Practice and Giving Effective Feedback in General Practice Guide.

Download a copy at:
www.gpsupervisorsaustralia.org.au/guides

Difficult conversations

Every team leader, particularly as employers, practice principals or GP supervisors, will likely at some stage need to have a difficult conversation with an employee. These conversations could be in response to professional and personal issues, as well as business decisions.

A team leader may need to have a difficult conversation with a team member in response to:

- complaints from patients or staff about negative behaviour, poor attitude or inappropriate demeanour
- unusually slow or rapid patient turn around
- sub-standard clinical work
- risky behaviour, for example a team member working outside their clinical expertise
- a regular pattern of lateness to work and meetings
- business decisions that impact on employment and salaries.

When these issues arise in the workplace, a team leader must address it quickly to deliver a resolution. Team members aware of a problem or who are impacted by it will appreciate decisive action before the situation gets worse.

Seven steps to approaching a difficult conversation

There are simple ways to help prepare for and carry out a difficult conversation. The following steps have been prepared by the Australian Government Fair Work Ombudsman and are an excellent guide.[3]

Note that as these steps are being carried out, it is important to make sure that the receiver of the message is open to listening. That will happen best if they feel a degree of rapport and safety. Make eye contact with them and check that your posture or stance is not aggressive (arms crossed, hands on hips). Reflect back important words that are used – these words must be the team member's words exactly, not paraphrased. This will show them you are paying attention to what they are thinking and what is important to them, and help to create a sense of safety and trust.

Seven steps to approaching a difficult conversation

1. PREPARE FOR THE CONVERSATION

- Write down the key points you need to cover. This will help you keep the conversation on track and explain the issue clearly.
- Ask yourself what outcome you want. Think about whether it is realistic.
- Check your facts before approaching the employee. Gather any documents you need, and come prepared with any examples.
- Arrange a time and place to speak with the employee. It is best if you have the conversation face-to-face in private. Try to choose a time when you won't be rushed or interrupted.
- Tell the employee what the conversation will be about so they have time to prepare too.
- Let the employee bring a support person if they want to.

2. START BY EXPLAINING THE SITUATION CLEARLY, BASED ON THE FACTS

- State the problem or issue at the beginning of the conversation. Avoid unnecessary small talk.
- Stick to the facts, rather than opinions, and give examples where possible.
- Explain the impact that the issue or their behaviour is having on the business or team.
- Focus on the issue, not the person. It helps if you use words like 'the behaviour', 'the situation', rather than 'you'.

3. LISTEN TO THE EMPLOYEE AND CONSIDER THEIR POINT OF VIEW

- Invite the employee to share their point of view and listen to what they have to say.
- Even if you're convinced that you're right, try to keep an open mind - there may be other issues or facts you don't know.
- Acknowledge the employee's feelings and be willing to consider an alternate solution.

4. MANAGE YOUR EMOTIONS

- Approach the situation rationally and objectively. Remember that being angry or defensive won't help to resolve the issue. It is important to:
  - Stay calm.
  - Talk slowly, at an even tone and volume.
  - Be clear and concise.
  - Focus on the issue, not your feelings or the person involved.

5. HELP THE EMPLOYEE MANAGE THEIR EMOTIONS

- The employee may react emotionally, especially if the specific issue you raise takes them by surprise. In this case, it's important to not give in or make a promise you can't fulfil just to diffuse the employee's emotional reaction.
- Listen and show genuine interest in what the employee has to say. This may involve expressing support or reassurance where you can.

6. REACH AN AGREEMENT ON HOW TO MOVE FORWARD AND CLOSE THE CONVERSATION

- Close the conversation by agreeing on action points and next steps.
- Gain the employee's commitment to the agreed actions. You can do this by asking questions like 'how do you feel about that?' or 'what do you think about this way forward?'
- Make a time to follow up with the employee. This will allow you to check if the agreed steps have been taken and see whether the employee needs any further support or assistance.
- Thank the employee for listening and openly discussing the issue.

7. AFTER THE CONVERSATION, DOCUMENT THE DISCUSSION AND FOLLOW UP

- Document the discussion you had and any agreements you have made.
- Include the date and time, and who was present.
- Always be professional at work and keep communication lines open with the employee.
- Take the steps you have agreed on and remember to follow up with the employee to make sure the issue has been resolved.

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GP supervisor training resources

The Fair Work Ombudsman offers a free online 'Difficult Conversations' course, which takes between 20 and 30 minutes. Visit the How we will help section of the Fairwork website: fairwork.gov.au

Regional training organisations may be able to offer guidance on having a difficult conversation, particularly with a GP registrar.

Both the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) offer training resources for GP supervisors which contain useful information for leading learners and other team members.

CASE STUDY

Workshops to help address grey areas

Dr Tess van Duuren, Bowral Street Medical Practice, says that while providing clinical feedback is quite natural for GPs and GP supervisors, they often struggle to give feedback on behaviours and attitudes because sub-standard performance in these areas are harder to "pinpoint".

"It's easier to give clinical feedback because it's usually black and white," Dr van Duuren says. However, she notes that giving feedback on behaviours touches on more "grey areas" and is therefore more challenging.

The College(s) run specific training to help GP supervisors boost their managerial and leadership skills in this area. Contact your College to see what professional development opportunities in leadership and feedback are available.

Dr van Duuren says that it is difficult for GP supervisors, particularly often as employers, to get honest feedback on their teaching and management skills, even though most would welcome it. "All GP supervisors want to know about their teaching and to be better informed…and yet it remains a difficult area."

3. Clinical **leadership**

A desire to provide excellent clinical care to all patients is at the heart of a GP's motivation. Most GPs meet this commitment every day on a patient-by-patient basis.

In what ways do your team members see you excel in your clinical work? What examples of clinical excellence have your team members displayed that continually raise the bar?

Strategic clinical leadership

Clinical leadership also involves setting a strategic direction – the bigger picture – to ensure your practice can provide clinical care to excellent standards.

At a strategic level, clinical leadership activities will include:[4]

- Participating in setting the safety and quality agenda, and taking responsibility for leading the implementation of that agenda.
- Taking a substantial role in determining priorities for allocation of resources to support best practice patient care.
- Acting as champions for clinical and systems improvement.
- Attaching organisational and professional status to involvement in safety and quality activities.
- Taking the lead in prioritising, designing and implementing improved processes of care.
- Ensuring training and organisational support are available to encourage clinical involvement in improvement activities.

Clinical leadership - all day, every day

The practice team, including GPs at different levels of training, will constantly look to GP supervisors and senior GPs to set an example in clinical excellence.

GPs can show day-to-day clinical leadership by:

- Working within the scope of their ability and seeking advice from others when their skills and expertise cannot meet a patient's need.
- Identifying and taking appropriate responses to instances where clinical work or processes do not meet best practice standards.
- Reporting and responding to near-misses, including those experienced themselves.
- Participating in continued professional development – seeking new information, studying, keeping up to date with professional associations and health networks.
- Asking colleagues about their experiences with patients – sharing information and talking about their own clinical experiences.

"The things I value in a medical team leader are leadership by example, particularly with clinical excellence and ethical standards. It is important they also have an open door to team members"

– Dr Jayne Crew, past GP registrar and associate at 76 Prince Medical Centre, Orange, NSW.

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Responding to near-misses

Every practice and every GP, regardless of their stage of training, will likely at some point experience a 'near-miss' – a situation where a patient could have been harmed.

A near-miss can be an unsettling experience and force you to ask some hard questions of yourself. It's natural that you might feel embarrassed, ashamed or confounded by the experience. It could be tempting to keep it to yourself. This is not the approach a good clinical leader would take.

It's important to have a culture in which there are regular presentations of near-misses. They need to be shared with colleagues and strategies put in place to prevent them happening again.

A good clinical leader will create a blame free culture where team members feel comfortable talking about and reporting near-misses. You can help do this by focusing on why the near-missed happened – was it process, procedure, or behaviour? – rather than on the person who experienced the near-miss.

Everyone has something to learn and team members will appreciate being informed. A debriefing and learning session on one doctor's near-miss might bring a new element of education to the practice. It may prevent another doctor having the same near-miss or highlight a procedural failing that needs to be addressed.

Note: If you discover a near-miss, you need to be prepared to make changes as a result. The search for causes without subsequent improvements can be demoralising to team members and failure to remedy an identified issue raises ethical issues.[5]

TABLE 1: 10 STEPS TO IMPROVING CARE USING NEAR-MISS ANALYSIS

Phase 1 Preparation	1. Foster a just and open culture so that people have confidence to examine how to improve. 2. Identify a near-miss where error(s) may have caused harm, but didn't. 3. Tell someone about the incident, so that they can help with the improvement.
Phase 2 Analysis	4. Prioritise whether the incident will be systematically analysed. 5. Analyse causes both direct and root causes, so that the sources of error can be fostered. 6. Identify potential safeguards that mitigate likelihood or reduce the impact of error(s).
Phase 3 Improvement	7. Implement safeguards to reduce the likelihood of recurrence of the error(s). 8. Review the impact of corrective actions. 9. Maintain vigilance about the potential for error, to ensure a safe environment. 10. Share insights and information about the events, the causes and the improvements addressed.

Source: Adapted from Phimister et al, Oktem, and Battles and Lilford, cited in Clinical Risk management in general practice: A quality and safety improvement guide and educational resource for individual- or group-based learning. Melbourne: The Royal Australian College of General Practitioners, 2014.

Reviews and peer reviews

In many practices, administration staff have a routine annual performance appraisal and GP registrars have External Clinical Teaching Visits (ECTVs), appraisal of their learning plans and other formative assessments. However, GP appraisals and peer reviews are a relatively rare occurrence in general practice.

A review process for GPs provides a chance to reflect on how your team of GPs work. Reviews also help you to become and remain more aware of their strengths and weaknesses. The review process does not have to be time intensive or complicated and does not have to take a strictly formal approach. It can include feedback, anonymous if you wish, from team members working in different roles, such as GPs, practice managers, practice nurses and reception staff. This can help identify instances for how these team members can work better together and essentially help each other do their jobs to the best of their capabilities.

GP peer reviews improve self-development and teamwork

East Brunswick Medical, Melbourne

A combination of annual GP peer reviews and weekly clinical team meetings is helping the doctors, nurses and administration staff at East Brunswick Medical to maintain clinical and professional excellence and to work as a team.

The inner city practice has been running annual peer reviews for GPs since 2007. The process is now firmly embedded in the practice and supported by its team of eight doctors, most of whom work part-time.

Dr Angela Rutherford founded the practice 28 years ago as a solo practitioner and is now one of three practice principals. She says the idea for GP peer reviews partly stemmed from a desire to address the disparity between the administration staff, which had regular performance reviews, and GPs who had no equivalent performance assessment.

"It just became obvious that, really, doctors aren't above all of those processes, particularly since we were working towards the concept of having a team-based approach to patient care where everyone needs to inter-relate with everyone else," Dr Rutherford says.

She adds that while doctors and the practice took part in three-yearly Australian General Practice Accreditation Limited (AGPAL) assessments, the practice wanted "a process that enabled doctors to review their performance in line with their peers."

Guided by a commitment to treat all doctors equally, regardless of their experience, the practice developed a 'round robin' peer review process where GPs review each other.

Names are picked out of a hat (with some "editing" to ensure that a mix of senior and newer doctors review together) to determine reviewers and reviewees. A doctor's performance is reviewed by two other GPs (one takes notes and the other compiles a report). Reception staff also provide feedback on doctors through a confidential questionnaire.

The reviewer chooses five of the reviewee's recent patient medical records and assesses them for compliance with practice accreditation criteria. For example: Is the reviewee using computer systems properly? Are they recording adequate handover notes? Is their patient follow-up appropriate?

The review takes about an hour and preparation for it another hour. All doctors participate, although those new to the practice can observe the process in their first year and participate the following year.

Dr Rutherford says GPs recognise the benefits of taking part in the process. "We have very strong positive feedback for it," she says. "It's an opportunity for doctors to look at their practise in a way that normal day-to-day work doesn't allow them to and to get their colleague's input."

She says the process helps the team to be aware of the areas where they can sometimes lapse into bad habits. It also helps to improve cross-working relationships between administration, the two practice nurses and GPs by making sure

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GP peer reviews improve self-development and teamwork cont.

that staff can perform to their full capabilities.

Practice nurses, for instance, have a lot of professional skills and we need to be open to ways of how to use them," Dr Rutherford says. "We tend to encourage our nurses to work independently. Often a nurse will be seeing a patient for wound dressing, but they will need a doctor to check if antibiotics are needed. We need to know that the doctor will prioritise this and not leave the nurse and the patient waiting."

"Administration staff need to have time available to work across all doctors. If one doctor asks for a lot of time from them, this could mean they cannot service other doctors," she adds.

The review process builds on the practice's weekly clinical group meeting held during lunch, which the practice provides. Attendance is expected as part of the doctors' "engagement" with the practice and absent doctors can Skype into the meeting if they choose.

"You can't underestimate how important they [the meetings] are. As the practice grew… and we started working in a big group we realised that relying on chats in the corridor for communication was inappropriate."

"It is an opportunity for doctors to present cases where they are concerned there might have been a critical incident or near-miss," Dr Rutherford says.

She notes that older doctors often report more problems than their younger colleagues in these meetings. She says building a culture of trust and making it clear that meetings are focused on "problem solving" rather than punitive measures is important to help younger doctors feel confident to start sharing their near miss experiences.

"What often happens in the meetings is that one doctor reports an issue and it's something that another doctor experienced last week, or last year, and so there are learnings that can be shared."

The peer reviews and opportunities for sharing clinical insights during team meetings improve the doctors' awareness of areas that they sometimes fall short in and can prevent problems from escalating, Dr Rutherford says.

"The process itself really provides a bit of a safeguard because we've got a platform for recognising problems," she says. "Often before a review, doctors tend to say: 'I'm aware that this is an issue in my practice' or 'while preparing for this I realised there have been a few gaps'."

The practice as an organisation needs to function well for patients and assessing a GP's contribution, in addition to their clinical skills, to this functionality is important, Dr Rutherford says. "Inquiries, appointments and follow up need to be handled well – this involves a lot more than what GPs learn in clinical training."

"It just became obvious that, really, doctors aren't above all of those processes, particularly since we were working towards the concept of having a team-based approach to patient care where everyone needs to inter-relate with everyone else."

4. **Leading** people

It has long been said that an organisation's biggest asset is its people. This is certainly true for general practices, where the main service provided stems purely from the personal skills and expertise of you and your team members.

The practice team is a valuable resource, and you need to make sure team members are nurtured and happy in their roles. But how do you do this? How do you work with different personalities, ideas and experiences?

Emotional intelligence

Each person will have their own thoughts on what makes a good leader. However, it is widely recognised that effective leaders possess a high degree of emotional intelligence, a term developed and explored by psychologist and author Daniel Goleman.

Emotional intelligence relates to a person's 'softer' and inter-personal skills that enable them to better understand and manage their own personal traits in order to lead effectively. A high degree of emotional intelligence is a more important factor in leadership than intellectual capacity or technical skill.[6] Table 2 explores the components of emotional intelligence.

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TABLE 2: COMPONENTS OF EMOTIONAL INTELLIGENCE

Components	Definition	Hallmarks
Self-awareness	Ability to understand your moods, emotions and drivers, as well as their effect on others.	Self-confidence Realistic self-assessment Self-depreciating sense of humour
Self-regulation	Ability to control or re-direct disruptive impulses and moods. Propensity to suspend judgment - to think before acting.	Trustworthiness and integrity Comfort with ambiguity Openness to change
Passion	Passion to work for reasons that go beyond money or status. Propensity to pursue goals with energy and persistence.	Strong drive to achieve optimism, even in the face of failure Organisational commitment
Empathy	Ability to understand the emotional make up of other people. Skill in treating people according to their emotional reactions.	Expertise in building and retaining talent Cross cultural sensitivity Service to clients and customers
Social skill	Proficiency in managing relationships and building networks. Ability to find common ground and build rapport.	Effectiveness in leading change Persuasiveness Expertise in building and leading teams

Source: Daniel Goleman, 'What makes a leader?, Harvard Business Review, January (2004), 82-91

Looking at Table 2, ask yourself how you fare in each of the components. Think about some examples. Do these components reveal what your strengths are? Do they highlight an area you need to develop?

Examples of emotional intelligence strengths and weaknesses

Dr Ling's passion for his work and commitment to his patients to provide the best care is second to none. He goes above and beyond to care for his patients. But he gets frustrated by red tape or when glitches in referral processes or test results occur. He often speaks rudely and abruptly to reception and nursing staff who have to relay this information to him.

Dr Ling's 'motivation' is great. However he needs to improve his ability to 'self regulate'.

Dr Jones' is a GP registrar who is confident and clear about the way she likes to work. She knows her clinical limits and happily defers to a more experienced doctor if needed. But she sometimes struggles to build a rapport with team members, particularly those whose ideas and working styles differ from hers.

Dr Jones' 'self awareness' is well developed. However, she could improve her ability to build and maintain rapport.

Let your staff lead

Everyone in a general practice has the potential to be a leader in his or her own area of expertise. Part of a leader's skill will be to create a supportive environment for staff members to flourish, gain confidence and hone their expertise.

Providing a stimulating work environment will help keep your team engaged. Is there a proficient practice nurse who could start running wound dressing or immunisation learning sessions for GP registrars? Do you have a qualified GP who wants to explore a passion for writing by contributing to medical journals? Do you have a capable and enthusiastic GP registrar who is ready to take a step up and see more complex patients? Is there a medical student who wants to undertake a research project and present to your practice?

It's important to look for opportunities for your team to develop. Here are some pointers.

- Ask them if they want any training or skill development.
- Keep an eye out for professional development opportunities for them.
- Invite them, where practical, to join you attending an industry conference.
- Set goals for them as part of the review process.
- Are they seeing a broad mix of patients? Share the experience of seeing a patient with an interesting or unusual presentation.

Teaching is a great example of how you can help your team to develop expertise in special interests areas, such as skin cancer, musculoskeletal medicine or mental health. For instance a GP who wants to develop counselling skills may do extra training, then be accredited to provide focused psychological treatments by Medicare. The practice could facilitate specified sessions for this with longer appointments at a time when other staff are available to handle any walk in emergencies or extra patients.

CASE STUDY

Course encourages GP self reflection

Jan Dent, Senior Project Officer (Leadership), at the Health Education and Training Institute (HETI) says that while GPs are technically very proficient, some lack the managerial skills needed to lead a team effectively.

"General practices don't always have the leadership and management strategies in place that other modern contemporary workplaces do," Ms Dent says. "They often struggle with assertive communication needed to address a difficult team member."

HETI runs an eight-day course, divided into four two-day workshops and run over 10 months, for health professionals, including GPs. GPs are reimbursed at a rate of $1,000 per day for their attendance. "We realised, particularly for doctors in private practice, that GPs can't always afford to be away for their work."

GPs are required to bring along another member of their team, perhaps a nurse, practice manager or allied health professional. Together the pair develop and implement a project aimed at improving an area of their work, such as referral processes or education on a particular disease or health issue to a group of patients.

Ms Dent notes that the course, run by an adult educator and leadership coach, is voluntary and not remedial. "The program is not academic but involves a lot of self reflection," she says. This includes talking through the results from a 360 degree feedback exercise which includes responses from at least three colleagues. There is also an exercise to give attendees an emotional intelligence rating.

Part of the program looks at the generational differences between doctors and to understand how these differences can influence behaviour and attitudes. "We give the message that there is no generation that is better than another but rather recognise that each generation has different values," Ms Dent says. She notes that Gen Y doctors want and need to look for a mentor more than baby boomers have needed.

Although aware of the time and cost pressures in general practice, Ms Dent says that compared to other health professionals, GPs and practice principals have a good degree of flexibility in terms of working hours and can "set the agenda" when it comes to taking time for leadership development.

For more information visit the HETI website available at: www.heti.nsw.gov.au/Rural-and-Remote/Rural-Clinical-Team-Leadership/

Care for your team – and yourself

Your team members will appreciate you looking out for their professional development and wellbeing, but they also want to see you taking care of yourself. Of course you will have an unwavering commitment to your patients and your practice, and some weeks will be busier than others, but this doesn't mean you should be constantly working yourself into the ground.

Leaders who consistently work long hours and rarely take holidays could be inadvertently sending the message that this is the expectation of other team members. This could lead to team members feeling guilty when they finish work on time or feeling like they should be working longer.

- **Learn to trust – and delegate**

  Effective delegation can be harder in some practices than others, especially if there are not enough team members with appropriate experience to delegate to. However, it's part of a leader's responsibility to train their team to a trustworthy level so they feel comfortable delegating.

- **Learn to say 'no'**

  Is your patient list full? Are you struggling to keep to time? Then resist the urge to accept new patients. Make it clear to reception what your daily capacity is and the only exceptions for when you will see extra patients.

- **Find your own GP**

  Self treating and medicating is not an example of good clinical leadership. Find a GP, you might prefer them to be from another practice, who you think you could respect, build a rapport with and trust. They can be an excellent sounding board in times of stress and can help you to get a different but informed perspective.

Identifying struggling team members

Waiting for a complaint from patients or reception staff is not a desirable way to identify a struggling doctor. There are many reasons to make sure team members are managing their roles and can ask for help when needed. A struggling team member can affect the overall cohesiveness of a team and, in worst cases, impact on patient care as well as finance and general business operations.

Some team members will not hesitate to ask if they need help, but others resist asking for help and try to work things out for themselves until they are forced to seek assistance. This is not ideal. Here are some tips to helping to know how your team members are tracking.

- Schedule regular one-to-one time with your team members, either as a formal meeting or informal catch up over coffee. This will give them a chance to ask for help if needed.
- Let team members know that you are available and your door is open.
- Keep in check with the practice manager and front desk. They can advise of team members continually running late with patients or not keeping to schedule.
- Buddy up with another senior member of the team who can provide the same support for you and keep track of how you are going.

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What are the legal issues relating to supervision?

Apart from your normal professional indemnity insurance, you don't require any additional insurance to be a GP Supervisor.

However, GP supervisors CAN be held liable for their GP registrars, whether supervising on site or from a remote location.

Medico legal issues can arise if GP supervisors:

- Fail to make supervised doctors aware of circumstances in which they MUST contact the GP supervisor for advice
- Do not provide regular feedback or review, and/or are inaccessible to discuss supervised doctors concerns.
- Are unaware of their GP registrars' 'blind spots,' i.e. things they do not realise they don't know
- Fail to promptly and/or transparently deal with errors when they occur
- Have not confirmed with the supervised doctor their skill level and capability

5. Business leadership

Leading your team and your business is made easier when you know the purpose of your practice and how you and your team will fulfil that purpose. Some organisations – from corporates, to charities to small businesses – create a vision, mission and values to keep their purpose front and centre.

Having a vision can help any organisation to lead their team. It doesn't matter what sector you are in, what service you provide, how long your organisation has been operating or the size of your organisation. General practices are no exception.

Companies that enjoy enduring success have core values and a core purpose that remain relatively fixed while their business strategies and practices endlessly adapt to a changing world.[7]

It's important to note that these statements do not relate to financial goals and targets, but rather what the business stands for and why it exists, including core services and products.

Vision statement

The purpose of a vision statement is to stretch boundaries and comfort zones and enable the people within the organisation to have a sense of what could be.[8] It is absolutely essential for people actualising their best potentials in a company. Vision sets a self organising attractor in the mind which pulls one into the future.[8]

For example, Microsoft was founded in 1975 with a dream of "a computer on every desk and in every home". At the time, this vision would have been seen as an extremely ambitious, however, it was not impossible and thus gave the organisation something to strive towards.

Mission statement

A vision statement is often underpinned by a 'mission' statement, which outlines how the organisation plans to achieve its vision. It covers the 'who', 'how' and 'why'.

In his book, 'Unleashing Leadership', Hall quotes the CEO of Servicemaster, a major service provision company in the United States on the importance of a powerful mission:

"As a person sees a reason for a task that is personally satisfying and rewarding and has the confidence that the mission of the firm is in alignment with his or her own personal growth and development, a powerful force is unleashed that results in creativity, productivity, service quality, growth, profit and value.[9]"

Values

The third step in defining the vision and mission of your organisation is to develop a set of values. These will act as the principles that will guide the organisation and its team's actions and behaviours when carrying out its mission to achieve the vision.

Values are important because they give meaning to our lives, and meaning drives motivation. Higher order values such as beauty, justice, truth, fairness, contribution, trust, innovation, excellence openness, learning, discovery, create the higher motivational states for employees. The higher motivation occurs when employees receive through their work what Abraham Maslow[10] describes as "meta-pay" – working for compensation in terms of satisfaction and fulfilment of higher level needs wants and values – compensation that money cannot buy.

These meta-motivational values motivate people to authenticity and honesty, to be caring and supportive, to believe in themselves and others, and to create structures for a meaningful life and society and in their working environment.

EXAMPLE VISION, MISSION AND VALUES: AMNESTY INTERNATIONAL

Vision: "A world in which every person enjoys all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights instruments."

Mission: "In pursuit of this vision, Amnesty International's mission is to undertake research and action focused on preventing and ending grave abuses of these rights."

Core values: International solidarity' effective action for the individual victim, global coverage, the universality and indivisibility of human rights, impartiality and independence, and democracy and mutual respect.

"The very essence of leadership is that you have to have a vision. It's got to be a vision you articulate clearly and forcefully on every occasion. You can't blow an uncertain trumpet."

– Reverend Theodore Hesburgh

How to develop your vision, mission and values

Creating a vision, mission and values for your practice can be an inspiring and bonding experience for your team. There are no rules for how you do it, but it usually works best by getting your team together and asking for their thoughts.

Here's some pointers to get the discussion going:

- Why did they choose to work at the practice? What sets it apart from other practices? Why do they feel proud to work there? How can the practice do better?
- What is their vision for the practice? What's the optimal scenario?
- How do they achieve this optimal scenario? What do they need to do every day? Who do they need to work with to do it?
- What standards and behaviours do they need to set for themselves and expect to see in their colleagues in order to reach their vision? What is not negotiable?

TABLE 3: VISION, MISSION AND VALUES ATTRIBUTES

Vision	Mission	Values
1. Defines the future you want to create.	1. Must be short, precise and easily understood.	1. Needs to be linked to a behaviour and applicable to day-to-day work.
2. Is not a prophecy.	2. Describes the who, how and why.	2. Guides decision-making.
3. Is a rallying call to team members.	3. Must be brought to life each day as you apply it's principles when making decisions.	3. Should eventually become part of the culture.

Adapted from makeadentleadership.com

"We aim to maintain the family atmosphere of a small regional GP practice and work actively towards this with our social program, ongoing education of all staff about important issues (Brodie's Law, Confidentiality, Working with difficult patients)."

– Dr Ashley Hayes, GP Supervisor and Medical Educator at Creswick Medical Centre, Victoria

TABLE 4: EXAMPLE VISION, MISSION AND VALUES IN GENERAL PRACTICE

Vision	Mission	Values
1. For patients and their families to live long and healthy lives.	To inspire Mallee District residents to make positive health changes to their lives through focused care and tailored education that resonates.	Equality – all patients are equal. Affordability – anyone who comes to this practice will receive care. Adaptability – we go beyond a one-size-fits-all approach.
2. Be the most trusted and reputable family-run practice in Victoria.	To heal, nurture and comfort through clinical excellence and personal sincerity. Work with local health professionals to provide seamless service.	Personable – we see the person not the illness. Excellence – pursued for all patients. Inclusivity – our clinic is our patient's clinic.
3. Provide the best care for everyone, always.	To provide and maintain clinical excellence and make daily personal and team contributions to best practice standards.	Creativity – we seek and are open to new ways to provide best care. Continuous learning – we regularly improve our knowledge and learning to benefit patients. Equality – all patients receive equal care.

Tip - keep it short!

Don't overcomplicate your vision by making it too wordy or long. If your team can't recite it, it's probably not quite there yet. If you can keep it to less than 20 words – good!

These organisations outlined their vision in just a few words.

Oxfam A just world without poverty	**Human Rights Campaign (US)** Equality for everyone

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Leading the next generation of GP supervisors

The demand for passionate, engaged and competent GP supervisors will increase in line with rises in training numbers, particularly GP registrars. Some GPs will have a natural inclination towards teaching, however some will prefer to spend the majority of their time consulting.

It's important to realise that all learners and all GPs will have a different knowledge base. A culture of learning together and learning from each other renders the high-achieving learner less threatening. While the new GP registrar may have high levels of knowledge in some areas, the established GP will have clinical perspective, experience and wisdom – all valuable commodities to try to impart to a learner.

For GPs who are interesting in teaching, it is important that they have the appropriate skills needed to nurture the next generation of family doctors. Professional development, training and workshops will help boost teaching skills. GPs new to teaching might start by supervising a medical student, for perhaps one day a week, before increasing their teaching.

GPSA has a guide to help new GP supervisors, The New Supervisor guide available for download at https://gpsupervisorsaustralia.org.au/download/2162/

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