The Staff College Command, Management, and Leadership for Healthcare Professionals (CLMHCP)

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Executive Summary

The one-week leadership development programme run by The Staff College (TSC) and the Joint Services Command and Staff College (JSCSC) at the Defence Academy (DA) in September 2016 for 40 healthcare professionals called the Command, Leadership, and Management course for Healthcare Professionals (CLMHCP) was subject to an independent review by an external specialist. The external researcher designed the evaluation piece based on the best available evidence, collected and analysed the data, and wrote this report. Data was collected via questionnaires pre-programme, after each of the first four days of the programme, on the final day, and six months following its completion. Based on an outcomes-based theoretical model that was designed as part of the author's PhD thesis, participants selected their own goals at the individual, organisational, and clinical levels.

Findings are that 29 of 30 participants in the questionnaire on the final day (PPE[1]) and all respondents in the six-month follow-up questionnaire (PP) reported that they would recommend the programme to others. 90 per cent of respondents rated the programme "excellent" (5/5) in the PPE and 100 per cent did so in the PP. Participants justified their ratings in open-ended questions by citing the high calibre speakers and lectures, the syndicate small-group discussions with NHS and military leaders, the venue itself (the DA), and the contacts made during the week. The lecture that was considered the most important was that on self-awareness and the best rated was the one on mindfulness. The syndicate session that was concerned the most important and the best rated was the dark side of leadership. Reasons for highly rated lectures were their perceived relevance to the participants, that they enhanced participants' understanding, and the quality of the delivery. Syndicates were said to be valuable because of the opportunity to share knowledge and hear different perspectives.

[1] For the abbreviation, name, and description of each evaluation piece, please see the appendix.

In terms of participants' **personal development**, there were significant reported increases in confidence pertaining to knowledge of leadership theories and approaches, as well as the ability to apply them in a workplace setting. 82 per cent of participants claimed in the PPE to have met all three personal goals that they set for themselves at the outset of the programme and 11 per cent of the remaining 18 per cent conceded that they needed to actually apply their learning in an organisational setting before they could verify that they had achieved their goals. The most common skill that participants felt that they developed was self-awareness. They also reported achieving organisational outcomes in three areas: increased understanding of leadership and vision, developed teamwork skills and formed networks, and felt equipped and motivated to implement change at their workplace and improve patient outcomes. At the clinical level, participants reported increased self-confidence, greater emotional intelligence, self-awareness, and understanding of team dynamics, having developed team leadership skills and having formed a network, and finally, feeling committed to implementing a new project and advocate change. Participants expected that these improvements would lead to benefit to their patients.

The final thoughts that emerged stressed the importance of having time to reflect and a request for more. Participants also mentioned the value of meeting and listening to others and a request for more interaction with the military personnel who were following the same programme as part of their own leadership development. There was also some debate surrounding the optimal utility of the final presentation project. Overall, the CLMHCP programme was outstandingly well evaluated and drew successfully on principles of adult learning using an outcomes-based approach that participants reported equipped them to improve the quality of care and patient outcomes at their workplace. Key features were the world-class calibre of the faculty and facility, the outcomes-based approach including having participants select their own goals, and the syndicate sessions guided by NHS and military leaders to discuss, debate, and consider the relevance of the lecture content to their organisational situation.

1) Background to the Evaluation of the CLMHCP

An independent researcher from the University of Cambridge was commissioned by The Staff College: Leadership in Healthcare (TSC) to evaluate the week-long leadership development programme at the Defence Academy (JSCSC) that took place in September 2016 for 40 healthcare professionals called the Command, Leadership, and Management for Health Care Professionals. The purpose of the evaluation was to investigate the programme's effectiveness, its impact on delegates, and the outcomes that can be achieved by this type of intervention. It was introduced as an outcomes-based approach to leadership development, which involves having participants select their own goals at all three levels, which serve to focus and motivate participants with these goals always at the forefront. The design of the evaluation was based on a theoretical model of optimal leadership development designed as part of Jaason Geerts's (JG) PhD dissertation. This model drew upon the findings of a recent systematic literature review on leadership development for doctors that was conducted by JG in collaboration with a Health Education England fellow of Medical Education. This review is being submitted for academic publication.

Disclaimer

Although TSC was helpful in facilitating the evaluation process, there was no involvement in the content, analysis, or description of the findings by any TSC or JSCSC faculty in any way that would bias the results of this independent report.

Theoretical framework

As mentioned earlier, the design of the evaluation piece centred on two theoretical findings: a theoretical model presented in the PhD surrounding outcomes-based leadership development and this report's author's modified and extended version of Knowles's (1984) principles of adult learning, which was also included in his PhD. Outcomes-based development stems from the premise that the currency of success in leadership development is *application* – that things are intended to be better at one's place of work because of one's participation in leadership development. This is manifested chiefly by achieving outcomes. These outcomes are typically separated into those at the individual, team, organisational, and benefit to patients levels, following Kirkpatrick's (2006) model of training evaluation. When these outcomes form the heart of interventions, the impact of the experience is maximised by providing focus and motivation. Similarly, Knowles's first principle of adult learning is self-direction, which suggests that when

participants are involved in selecting their own goals, specific to their leadership and organisational situation, the effectiveness of the development is optimised. Finally, there is good evidence that those who have specific and challenging goals produce better outcomes that those who do not (Latham & Locke, 1983). Taken together, this demonstrates that the optimal leadership development design involves an outcomes-based approach where participants are involved in selecting their own goals at all three outcome levels.

2) Application to the CLMHCP

Based on the best available research, CLM delegates were asked to complete a pre-programme questionnaire anonymously (called "pre"). This involved self-ratings of items such as their confidence in their leadership skills, as well as asking them to set their own goals at all three levels of outcomes (individual, organisational, clinical). Hard copy questionnaires were completed anonymously and submitted directly to the principal researcher (JG).

After each of the first four days, delegates completed an evaluation of each of the various development activities (lectures etc), as well as whether and in what ways each related to enabling them to achieve their goals.

Delegates also completed a questionnaire on the final day of the course (a Post-Programme Evaluation, or PPE/post) that asked them, among other things, to rate the programme overall in achieving its goals. The same questions that were included in the pre-programme questionnaire were repeated for comparative purposes (pre to PPE/post), including a request that participants volunteer their original goals, while still keeping them anonymous. They were asked whether they had met their goals and if they had not, they were asked why. Another question was whether any sessions in particular stood out as contributing to their leadership development. 30 participants completed this survey.

Finally, delegates were sent a follow-up questionnaire six months after the intervention (henceforth referred to as PP for post-post) to discuss the extent to which they were able to successfully apply their learning to their workplace, as well as retrospective critiques of the programme. Six participants completed this online survey.

3) CLMHCP – Findings Regarding the Programme

29 of 30 delegates who completed the PPE (last day of the programme) and all the respondents in the PP (six months following the programme) reported that they would recommend the programme to others. Interestingly, the only one who answered "no" in the PPE still rated the programme 4/5 ("satisfactory") for the second question and said she/he made 85 per cent progress towards her/his personal goals.

Would you **recommend** this programme to others?		
	POST	**POST-POST**
Rating	**N = 30 n (%)**	**N = 6 n (%)**
Yes	29 (97%)	6 (100%)
No	1 (3%)	0

Overall, the programme was rated "excellent" (5/5) by 90 per cent of the delegates and "satisfactory" by three participants (the remaining ten per cent) in the PPE. In the PP, all six rated the programme "excellent." No one in either questionnaire rated it "poor" or "unsatisfactory." Common themes in the PPE of why participants gave certain ratings were the calibre of the speakers (n = 12), the DA venue itself (n = 6), the content of the course (n = 6), and the contacts they made (n = 4). The one outlying opinion was that the timetable could be reorganised, but it was not stated in what way(s).

The predominant PPE sentiment regarding the programme overall is reflected well in this response: "interaction with great colleagues in fantastic facilities, excellent speakers on a range of relevant topics."

In the PP (six months following), there were three responses to explain the rating of the programme. All three cited the quality of the speakers and facilitators and two mentioned the discussion groups, with one describing them as "world-class seminars." Other explanations were the quality and organisation of the programme and the calibre of participants.

Overall, how would you **rate** the programme?		
	POST	**POST-POST**
Rating	**N = 30** **n (%)**	**N = 6** **n (%)**
1 **Poor**	0 (0%)	0 (0%)
2 **Unsatisfactory**	0 (0%)	0 (0%)
3 **Uncertain**	0 (0%)	0 (0%)
4 **Satisfactory**	3 (10%)	0 (0%)
5 **Excellent**	27 (90%)	6 (100%)
Mean	4.9	5
SD	0.3	0

Effective Sessions: Quantitative

The feedback on the programme components has been divided into lectures and syndicate sessions. Participants were asked to rate the importance of each topic and the quality of each session.

a) Importance of the Sessions

Lectures

The assessment involved ratings of the importance of the topic according to the following scale: 1 – not at all important, 2 – not important, 3 – not sure, 4 – important, 5 – very important.

The best rated lecture topics were self-awareness (mean of 4.96) and the dark side of leadership (4.93). The topics considered the least important were military leadership (4.45) and unconscious bias (1.82).

Syndicate Sessions

Of the syndicate sessions, those deemed the most important were the dark side of leadership (mean of 1.21) and the session on the participants' group projects (1.22). The lowest ratings were the fireside chat (2.2) and critically analysing concepts (1.41).

b) Session Ratings

Participants were asked to rate each session according to the following scale:

1 – poor, 2 – not satisfactory, 3 – unsure, 4 – satisfactory, 5 – excellent.

Lectures

The best rated lectures were developing mindfulness (mean of 4.88) and unconscious bias (4.86). The lectures that received the lowest ratings were the introduction to wicked problems (4.04) and the keynote speech (Cressida Dick) (4.59).

Other (Teambuilding and Syndicate Sessions)

The two **teambuilding** sessions were well rated, with means of 4.42 and 4.50 respectively. As for the **syndicate** sessions, the highest rated were the dark side of leadership (mean of 4.50) and the one concerning the group project (4.41). The lowest rated were the fireside chat (3.88) and critically analysing concepts (4.24).

Effective Sessions: Qualitative

Participants were also asked if any sessions stood out as contributing especially to their leadership development. In response, two resounding champions emerged, which were the high calibre of lectures overall (n = 12) and the follow-up syndicate sessions (n = 12). It is interesting that despite the pervasive praise for the lectures, there was relative heterogeneity in terms of which lectures were deemed to be the best, with 11 different ones mentioned and none more than four times. This could potentially suggest a variety of interests and needs among adult learners.

Participants were also asked to comment on *why* they felt the sessions were particularly effective. The recurring comments in the PPE for both lectures and syndicate sessions were the high quality of content (n = 5) and facilitators (n = 3). In terms of **lectures**, the responses can be grouped into three categories: those related to relevance (n = 6), participants' understanding (n = 7),

and delivery (n = 6). In terms of relevance, three participants mentioned that the topics and examples were relevant and three suggested that they had a practical application and were capable of being used to influence outcomes. As for understanding, four participants reported that the lectures added to their understanding and two commented that they enjoyed the variety of speakers and the different perspectives. Finally, in terms of delivery, participants described the lectures as engaging (n = 2), fascinating and inspiring (n = 2), and authentic (n = 1).

The comments about the **syndicate sessions** focused on the value that the discussions added, extending beyond just theory to share knowledge and perspectives (n = 3). One person mentioned that she/he learns best through this medium and another endorsed the benefit of having had a chance to reflect.

Post-Post Questionnaires

The six-month follow-up questionnaire included a repeat of the question regarding sessions that stood out as being particularly effective. There were three responses. Two mentioned group work and discussions, including mention of the NHS and military Directing Staff (DS's). Two mentioned outstanding lectures (leadership in a crisis and military leadership), while the other mentioned the dark side of leadership, which was the second highest rated lecture in terms of importance.

The reasons offered for the answers above were that participants found it interesting to learn the theory behind leadership practice, the importance and usefulness of the topic (for the dark side of leadership), an affinity for group work in general, and that the group discussions were well structured.

4) Personal Development

As demonstrated in the tables below, participants reported a significant increase in confidence in their knowledge and ability to apply it to their workplace situation. From the first day to the last, there was a 45 per cent increase in reports that they were "very confident" **applying leadership skills in their professional context**. Not one participant answered "unsure," "not confident," or "not at all confident" to this question, which is a drop of eight participants from the first survey. Similarly, the six PP respondents reported feeling "very confident" (n = 3) and "somewhat confident" (n = 3) in applying leadership skills, which is a 35 per cent increase in the

former from the pre-survey and a 12 per cent drop in the latter. No one reported feeling unsure, not confident, or not at all confident.

Question 3) To what extent are you confident applying leadership skills in your professional context?														
	PRE		**POST**		**POST-POST**		**Net Change: Pre to Post**			**Δ: Pre to Post-Post**		**Δ: Post to Post-Post**		
	N = 34		**N = 30**		**N = 6**									
Rating	**n**	**%**	**n**	**%**	**n**	**%**	**Movement**	**Δ (#)**	**Δ (%)**	**Movement**	**Δ (%)**	**Movement**	**Δ (%)**
1 Not at all confident	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 Not confident	3	9	0	0	0	0	⇩	-3	-9	⇩	-9	=	0
3 Unsure	5	15	0	0	0	0	⇩	-5	-15	⇩	-15	=	0
4 Somewhat confident	21	62	12	40	3	50	⇩	-9	-22	⇩	-12	⇧	10
5 Very confident	5	15	18	60	3	50	⇧	13	45	⇧	35	⇩	-10
Mean	3.2		4.6		4.5		⇧	1.4				⇩	0.1
SD	0.8		0.5		0.55		⇧	-0.3				⇧	0.05

With regards to the table above, it is noted that the PPE percentage of "very confident" ratings is ten per cent higher than the post-post and the "somewhat confident" ratings were ten per cent higher in the latter. It is impossible to determine whether these reflect the small sample of the PP or a change in participants' confidence, which makes it worthy of further investigation.

In terms of their **knowledge of different leadership theories**, in the PPE there was a reported 41 per cent increase in those who reported feeling "very confident" and a 12 per cent increase in "somewhat confident" ratings. Again, no one felt "unsure," "not confident," or "not at all confident," despite the fact that 18 participants reported this initially. Finally, every participant who reported feeling "not confident" in the initial questionnaire reported a higher confidence in the PPE and the PP questionnaire, which is a 24 per cent increase.

The six PP respondents reported feeling "very confident" (n = 4) and "somewhat confident" (n = 2), which is an increase in the former of 67 per cent and a decrease in the former of eight per cent. Likewise, there were no ratings of "unsure," "not confident," or "not at all confident."

Question 4) How confident are you in your knowledge of different leadership theories?													
	PRE		**POST**		**POST-POST**		**Net Change: Pre to Post**			**Δ: Pre to Post-Post**		**Δ: Post to Post-Post**	
	N = 34		**N = 30**		**N = 6**								
Rating	**n**	**%**	**n**	**%**	**n**	**%**	**Movement**	**Δ (#)**	**Δ (%)**	**Movement**	**Δ (%)**	**Movement**	**Δ (%)**
1 Not at all confident	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 Not confident	8	24	0	0	0	0	⇩	-8	-24	⇩	-24	=	0
3 Unsure	10	29	0	0	0	0	⇩	-10	-29	⇩	-29	=	0
4 Somewhat confident	14	41	16	53	2	33	⇧	2	12	⇩	-8	⇩	-20
5 Very confident	2	6	14	47	4	67	⇧	12	41	⇧	61	⇧	20
Mean	3.29		4.47		4.67		⇧	1.18		⇧	1.38	⇧	0.2
SD	0.91		0.91		0.52		⇧	-0.4		⇧	-0.39	⇩	0.01

With respect to the table above, the change from the PPE to the PP was an increase in "very confident" by 20 per cent and a decrease in the same margin for "somewhat confident."

Finally, in the PPE there was a 37 per cent increase in those who were "very confident" **selecting from different leadership approaches** and applying them. One person reported being unsure. No one selected "not confident" or "not at all confident," which is a decrease from the 20 who recorded one of these on the first day.

In the PP questionnaire, three respondents reported feeling "very confident" (50 per cent) and the remaining three felt "somewhat confident." This represents a 46 per cent increase in the former from the first questionnaire and a 15 per cent increase in the latter. Likewise, no one reported feeling "unsure," "not confident," or "not at all confident."

Question 5) To what extent are you confident in your ability to select from different leadership styles or approaches and apply them in different situations?													
	PRE		**POST**		**POST-POST**		**Net Change: Pre to Post**			**Δ: Pre to Post-Post**		**Δ: Post to Post-Post**	
	N = 34		**N = 30**		**N = 6**								
Rating	**n**	**%**	**n**	**%**	**n**	**%**	**Movement**	**Δ (#)**	**Δ (%)**	**Movement**	**Δ (%)**	**Movement**	**Δ (%)**
1 Not at all confident	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 Not confident	9	26	0	0	0	0	⇩	-9	-26	⇩	-26	=	0
3 Unsure	11	32	1	3	0	0	⇩	-10	-29	⇩	-32	⇩	-3
4 Somewhat confident	12	35	15	50	3	50	⇧	3	15	⇩	15	=	0
5 Very confident	2	6	13	43	3	50	⇧	11	37	⇧	46	⇧	7
Mean	3.8		4.6		4.5		⇧	1.21		⇧	1.29	⇧	0.08
SD	0.8		0.56		0.55		⇧	-0.35		⇧	-0.36	⇧	-0.01

With regards to the table above, there was a seven per cent increase from the PPE to the PP questionnaire in "very confident" ratings and no change in the "somewhat confident" ratings.

Personal Goals

In the PPE, 82 per cent of participants stated that they met all their goals. Not one participant wrote a negative comment or claimed to have not met any goals. One, for example, said "No, [I have not met all my goals], but I am confident that I have the skills/tools to achieve them." Three delegates explained that it would only be possible to say that certain goals had been met after applying them to the workplace and another said that one goal was part of a "lifelong development for [her/him]."

In the PP questionnaire, only one of six respondents reported having met all of her/his goals, four reported "partially" meeting them, and one answered "not at all." Participants explained the reasons for only partially meeting their goals in the following ways: one reported to be working on "creating the space" to move into, another said that putting the goals into practice is an iterative process, and the last (who answered, "not at all") asserted that there is limited opportunity in her/his organisation to progress, which suggests there is an organisational culture issue at the workplace, rather than flaws in the programme. The slight decrease from the last day of the programme to six months later does reflect a common trend in the literature in terms of challenges associated with applying leadership learning in the workplace, particularly in a sustained manner. While there are factors that can contribute to this effort, they largely relate to the workplace organisations' efforts, rather than those an external provider can offer and manage.

Which of your **personal goals** do you feel that you have met?		
	POST	**POST-POST**
Rating	**N = 30 n (%)**	**N = 6 n (%)**
All	23 (82%)	1 (17%)
Partially	0	4 (67%)
"2/3"	1 (4%)	0
Other	3 (11%)	0
No, but …	1 (4%)	0
Not at all	0	1 (17%)

Knowledge Developed (post-post only)

The six-month follow-up questionnaire included a question about knowledge that participants had developed over the course of the programme. There were three responses, which were: understanding the theory behind her/his knowledge, the importance of humility, and understanding people's motivations.

Skills Developed

In the PPE, the most frequently mentioned skill developed was greater self-awareness (n = 7), followed by increased communication and listening skills (n = 6), having developed people skills and relationship building skills (n = 4), and reflective learning (n = 4).

The PP questionnaire revealed two responses: "leadership is game-changing, management is not" and understanding methodologies of organisation.

Of the two participants in the post-post questionnaire who said that there were skills they did not develop over the course, both provided explanations. The first stated that she/he does not agree that everything can be met over the course of the week-long programme. The response continued: "[the programme] sparks where you may have CPD gaps" for further development. The respondent reported having since sourced a mentor to help develop these skills and behaviours. The second respondent mentioned an "ingrained cultural resistance within my organisation" as the

reason, which is the same person who cited a lack of opportunity to progress for a previous question.

Behaviours Changed

The PP questionnaire asked: "What leadership behaviours do you now put into practice in your current role that you developed over the course of the programme?" There were three responses. The first was, "my behaviour has not changed but my confidence in my approach has." The second was, "inspiring and more engaging - from the front," along with having broadened her/his sphere of influence. The third was collaborative leadership.

Organisational Outcomes

Participants were asked on the final day of the programme in what ways participation in the programme had increased their ability to meet organisational outcomes. Bearing in mind that these had not yet been implemented, the responses can be grouped into three categories: those related to understanding, team, and action. There were eight **understanding** learnings at this level, including being able to distinguish between leadership and management (n = 1), understanding higher level leadership issues (n = 2), and having developed a clearer strategic approach or vision (n = 2). As for **team** outcomes, eight were reported. These are having developed a cohesive team (n = 4), having developed a new network (n = 3), and having gained the ability to build trust across the organisation (n = 1). Finally, seven **action** outcomes were listed, such as having pledged to tackle the organisation's wicked problem (n = 1), feeling equipped to provide greater integrated care (n = 1), being committed to form a clinical network to increase patient outcomes (n = 1), being motivated to inspire their staff (n = 1), and being determined to look for a new project to introduce (n =1).

Post-Post Questionnaire

There were three responses to the question of organisational outcomes in the PP survey. The first person reported that as a result of increased confidence, she/he has obtained new contracts which will increase the number of employees. The second cited an increase in the sphere of influence to meet organisational goals, highlighting her/his own CPD requirements, and highlighting the styles of those around her/him so as to work with them better. The third listed personal resilience and inter-departmental networking as outcomes.

Clinical Outcomes

Similarly, in the PPE, participants were asked in what ways the CLMHCP programme prepared delegates to meet their clinical (benefit to patients) goals. The more than a dozen reported clinical outcomes that they expected to be able to influence, which can be grouped into four categories: increased confidence, emotional intelligence, team leadership, and action. In terms of **confidence**, there were two reports of an increase in confidence that were thought to facilitate better patient outcomes, as well as one delegate who mentioned finding her/his voice in a wider arena that would help get results. The **emotional intelligence** outcomes (n = 5) involved improved self-awareness (n = 2), "understanding the reason why we all do what we do" (n = 1), a better understanding of team dynamics, and finally, an increased ability to build trust. **Team leadership** outcomes accounted for ten reports and included having developed effective team leadership (n = 4), an increased ability to improve teams (n = 3), and having formed a clinical network that can help improve patient outcomes (n = 3). Finally, as with the organisational outcomes, there were **action-oriented** reports (n = 4). One delegate stated a willingness to advocate change, another to develop services with the central goal of improving patient care, and two others mentioned being committed to implementing a new project at work. One participant best summarised the most frequent sentiment regarding clinical outcomes by saying: "improved leadership will translate to a better functioning team which in turn will benefit patient care."

Post-Post Questionnaire

Two participants listed clinical outcomes that they had achieved. The first reported understanding the NHS better and the way in which it operates as an outcome. As reinforcement, the respondent added that they are developing a social prescribing model at their place of work that they hope will be replicable. The second reported better communication skills.

The fact that only two of six respondents offered clinical outcomes could potentially suggest that these targets need to be more clearly explained, along with examples, and possibly selected ahead of time.

5) Other Leadership Development Insights

As part of the PPE, participants were asked if they had any insights about what makes leadership development programmes most effective. The most common response, with six reports,

was best summarised by one participant, who stated, "the opportunity to stop and reflect (which rarely happens at work)." The second most common response was the ability to meet and listen to other people and their perspectives (n = 5), as one stated: "to broaden your horizons and how you might learn skills to influence beyond your personal sphere." The other responses were the importance of putting learning into practice (n = 3), the importance of discussion, not focused solely on concepts (n = 2), and networking (n = 2). In terms of comparisons to other leadership development programmes, one participant asserted: "This was deeper, more robust, and with more relevant application to issues we incur in the NHS."

Post-Post Questionnaire

Two responses were offered. The first is that keeping the NHS and Well North delegates separate for the project led one respondent to claim that it did not promote new thinking and that the groups remained siloed. This is an interesting contrasting opinion to the good evidence that leadership training for existing teams and those from the same organisations is highly effective.

The second respondent claimed that she/he used the performance feedback from the course organisers to instigate change at work.

Other Additional Insights

As part of the PPE, participants were given a chance to offer any final thoughts on effective leadership development. The most common responses were a request for more time for reflection (n = 7), including two references to "an hour a day," a request for more interaction with the military and other syndicates (n = 6), and that the presentation at the end was a distraction (n = 4). In reference to the latter, one participant stated that the presentation was an excellent medium to focus and learn collectively.

Post-Post Questionnaire

Two responses were provided for effective ways to **measure** leadership. The first was to add 360-degree feedback to help isolate evidence of improved leadership. The second was to include the process of selecting potential projects before the intervention, implementing the project, assessing it, getting feedback, and then participating in the intervention.

6) Relevance to the Academic Literature

The findings of this study mirror recent findings of the best available evidence of optimal leadership development for doctors.

These include evidence that:

- Leadership development can lead to **increased confidence** in participants' knowledge and skills that can be applied to the workplace. Increased **self-efficacy** is also linked to predicting leadership behaviour and distinguishing leaders from non-leaders, as well as to predicting leadership effectiveness
- Developing participants' **self-awareness** is a worthwhile goal for leaders at any level
- In the PPE, participants reported good success in achieving their **personal goals** for the programme, which builds on the knowledge that having specific and challenging targets produces better results
- **Organisational** and **clinical outcomes** can be achieved by way of leadership development. Given that leadership is not a solitary enterprise, application at these levels are vital outcomes of leadership development for healthcare professionals
- **Outcomes-based leadership development** is highly effective. Having participants set their own goals at all three levels at the outset provides focus, motivation, and relevance to the programme and its individual components. The CLMHCP encouraged participants to consider these priorities and reflect on the relevance of each session to these desired outcomes
- **Incorporating the Principles of Adult Learning** (originally by Knowles (2006) and extended by Geerts (2017)) enhances the experience and impact of leadership development programmes. The fact that participants volunteered to attend echoes Knowles's pre-condition that when participants are **motivated to learn** and develop, outcomes are improved. Similarly, the first principle is that adult development should be **self-directed**. Having participants select their own goals according to their personal leadership and organisational situation addresses the first principle. Likewise, the fourth principle is that programmes should be **outcome-based**, which was addressed by virtue of participants choosing goals at all three levels at the outset. This also enhances the **relevance** and **practical** nature of the

programme (principle three) and **builds on their experience** (principle two). These two principles were further enhanced by the nature and calibre of the lectures, syndicate sessions, and faculty, as asserted by the feedback from participants. Participants were encouraged to include a **measurement** component in their goals (principle five). Finally, the programme culminated in a summative presentation to describe solutions to a wicked problem, which attempted to add an **application** component to the intervention (principle six). Thus, the CLMHCP programme included elements of all six principles of adult leadership development.

- **Organisational culture can affect the application of learning following programmes** and is the most common factor that is said to inhibit learning transfer. As evidenced by one PP respondent, a lack of opportunities to progress and cultural resistance can stifle efforts to apply one's leadership to the workplace.
- **Interdisciplinary leadership development programmes for healthcare professionals can be effective.**
- **Teams that** undergo leadership development together experience improve teamwork skills and increase learning transfer to the workplace compared to individuals from separate organisations. Some participants who joined the CLM programme were indeed from the same team and many reported recognising opportunities to work collaboratively with other CLM delegates in the future.
- **Lectures** were used successfully according to their chief function, which is to disseminate theoretical and conceptual knowledge to equip participants to broaden their understanding.
- **Syndicate sessions and group discussions** build on the principles of adult learning and also create an opportunity to discuss, debate, and reflect on how learning applied to their professional context. Adult learners in particular benefit from this approach to using their own experience as an educational resource, as well as enabling them to profit from each other's different perspectives. In doing so, they are also afforded a chance to challenge their own biases and re-evaluate their approaches to situations, which can develop their self-awareness. The frequently mentioned importance of time to reflect is reminiscent of points in the literature that suggest that developmental activities are optimised when they are followed with

structured reflection. This enables participants to consolidate learning and particularly consider how it relates to their leadership situation, which is a key step towards actual learning transfer.

Finally, given that application is the preeminent focus of leadership development, it is interesting to consider the CLM presentation as the culminating activity of the course. Naturally, tangible application to one's workplace is the ultimate goal; however, in a condensed residential programme such as the CLMHCP, the space for such a concept would require increased coordination and commitment before and after the intervention to be possible.

Conclusion

Therefore, the CLMHCP offered participants an opportunity to develop their knowledge and skills, as well as to network with other motivated leaders, through the media of high quality lectures, follow-up syndicate sessions, and a final project based on a wicked problem. They were exposed to world class speakers, a world class facility, and top quality directing staff from the NHS and the UK military who facilitated discussion, debate, and potential applications to the workplace.

Findings indicate that the programme was extremely positively rated. They also suggest that as a result, participants experienced a significant increase in confidence of their leadership knowledge and skills and perceived ability to apply them to their workplace. Delegates also claimed to have met, in large part, most of their personal goals and developed leadership skills that they had identified at the outset as valuable to them. A large number of participants also asserted feeling prepared to achieve organisational and clinical outcomes as well, which are the ultimate goal of leadership development for healthcare professionals.

Four key themes that emerged are the effectiveness of designing a leadership programme as much as possible in alignment with the principles of adult learning, the advantages of an outcomes-based approach, the appreciable advantage of developing self-awareness, and the key role that structured reflection time can play in leadership interventions.

Appendix

Abbreviation	Name	Completed When	Response Rate
Pre/Baseline	Pre-Programme	The evening before the programme began	34 (85%)
Day 1	Delegates' Questionnaire, Day One	Following the first day of the programme	29 (73%)
Day 2	Delegates' Questionnaire, Day Two	Following the second day of the programme	29 (73%)
Day 3	Delegates' Questionnaire, Day Three	Following the third day of the programme	29 (73%)
Day 4	Delegates' Questionnaire, Day Four	Following the fourth day of the programme	24 (60%)
PPE	Post-Programme Evaluation	Following the final day of the programme	30 (75%)
PP	Post-post	Six months following the programme	6 (15%)