

# **Singapore Allied Health Virtual Conference: Growing AHP Leaders with ONE Healthcare**

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# Exercising Leadership

*Leadership is a function rather than a role and involves the process of influencing others and facilitating individual and collective efforts to accomplish shared objectives.*

*Heifetz Ronald & Gary Yukl*



Going beyond  
looking to the **top**  
for answers



Being **involved**  
and **influencing**  
groups,  
stakeholders, and  
relevant players to  
be part of the  
'solutioning team',  
**regardless of**  
**your position**



Owning  
leadership is  
**everyone's**  
**responsibility**



Being clear about  
**what you stand**  
**for** and your  
**values**

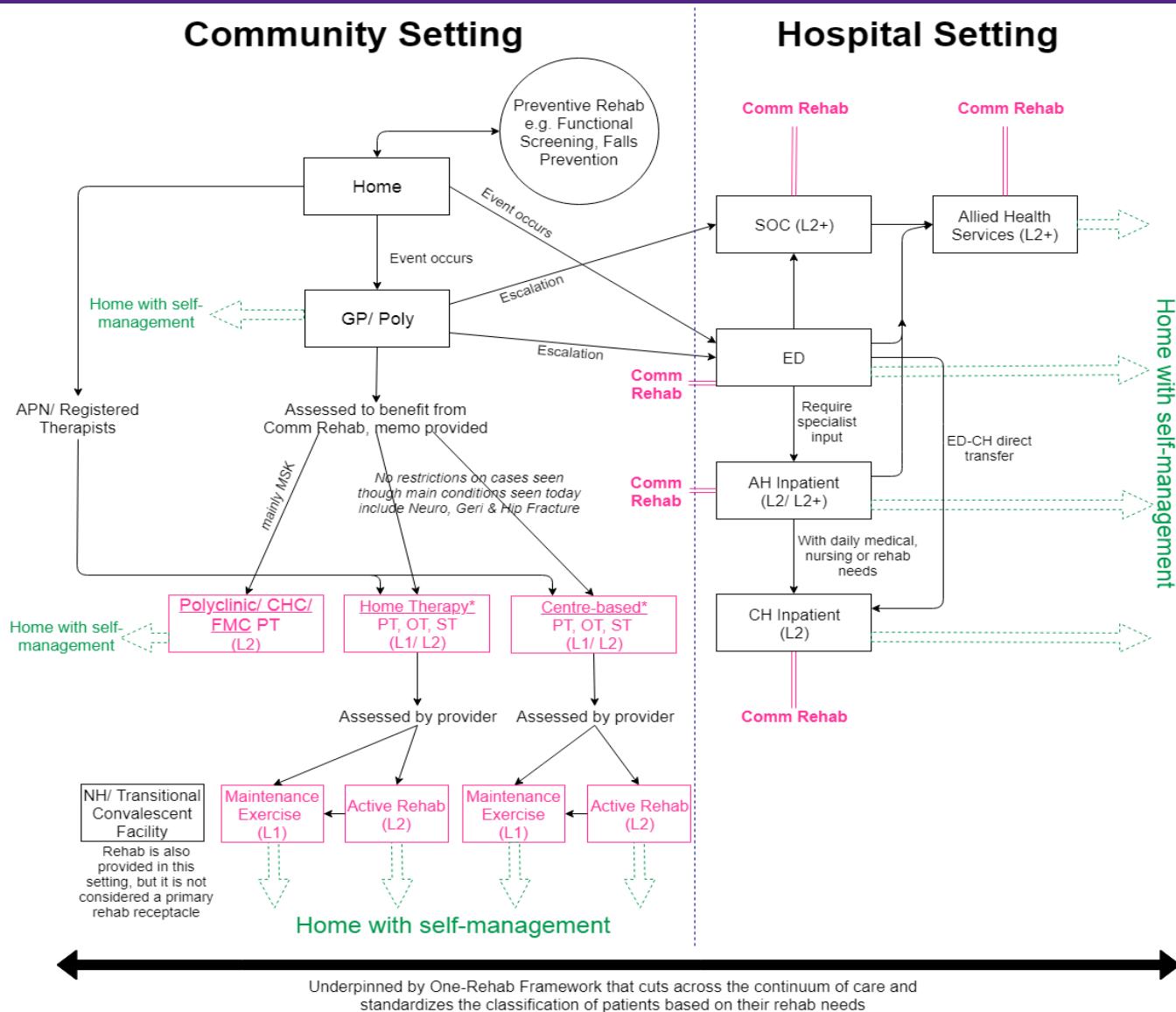


Owning your  
**personal**  
**development**  
throughout your  
**leadership**  
**journey**

# Clinical Leadership (Jackson et al., 2014)

- Effective clinical leadership is a requirement of optimal hospital performance, including system performance and timely care delivery, and is an integral component of the healthcare system.
- Clinical leadership is not the exclusive domain of any particular professional group – all members of the healthcare team have the potential to influence, and can therefore exercise leadership.
- Clinical leadership is more patient-centred and emphasises collective and collaborative behaviours.
- Collective and collaborative leaders: AHPs have the potential to influence the patient outcome as parts of teams and across a variety of care settings.

# AHPs' potential to influence across the care continuum



# Clinical Leadership: Characteristics & Attributes

Characteristics	Foci	Attributes
Leadership as Situational	Context-specific Diagnose microsystem issues	Directly involved in care Custodian of care processes & microsystems Reflexivity
<i>Leadership as Skill-Driven</i>	<i>Challenge the process &amp; affect change</i> <i>Innovative problem solving</i>	<i>Clinical passion &amp; credibility</i> <i>Expert knowledge</i>
Leadership as Value-Driven	Faith & respect Heightened sense of responsibility	Courage Professional identity Positive attitude toward own profession
Leadership as Vision-Driven	Translate broader vision into point-of-care delivery Interpret managerial agenda for clinicians Provide challenging goals	Strategic view Drive Sees improvement opportunities Understands improvement techniques
Leadership as Collective	Complementarity Constellation of co-leaders	Enabling others to act Advocacy skills Approachable Works well in team
Leadership as Co-Produced	All have responsibility to lead Interdependent Interaction with others Networked	Effective communicator Able to influence others to act Inter-personal skills Able to lead a team
<i>Leadership as Exchange Relationships</i>	<i>Modelling the way</i> <i>Inspiring a shared vision</i>	<i>Capacity to enlist colleagues</i> <i>Role model</i> <i>Provides support</i> <i>Motivator</i> <i>Empowers others</i> <i>Supports others, e.g. coaching, mentoring</i>
Leadership as Boundary Spanning	Spans collegial, bureaucratic, interdisciplinary boundaries Links across point-of-care microsystems	Ability to work across teams Systems knowledge

# What Motivated our AHP Leaders?

- ***She was a reluctant leader and feels that leadership was needed and not just having a person take over a leadership role because they are the most senior.*** Patient care is extremely important to her and is what drives her in her career.
- Also felt that people gave up because they didn't have authority and making change happen - ***shouldn't/needn't depend on authority. Innovative ideas do not usually originate from big orders.***
- 23 years in healthcare. Had no ambition to lead and was put in leadership roles very early on. Practicing physio for 5 years and had to manage a department; then had to lead a clinical support team which spanned a lot of professions. Different teams have different expertise/different commonalities and experiences – how to marry them? ***Is self-directed and thinks that constant reflection is important.***
- Also made the point that when working in multi-disciplinary team, even if Doctors are most powerful, all in the team essentially want the same thing, but ***it takes initiative, motivation and drive to want to improve things i.e. if you bring the evidence to the Doctors and ask the right questions, they will be open to change*** (she mentioned an example where she had convinced a Doctor to make changes to a programme of care that improved quality of life)

# AHP Leadership: What Does It Take?

“***Leadership requires the courage to speak up*** – as part of a multi-disciplinary team, this often means ***the courage to challenge a senior consultant***. She has learnt effective ways to challenge and feels learning how to do this is an important success factor in working effectively in a multi-disciplinary team”

“**EQ** – she has seen very smart people who do not have the interpersonal skills to manage relationships with other professions. Ability to build strong relationships in a team”

“Needs **resilience and ability to respond to challenge**”

“The distinction between her level and the next level up is **exposure to working groups, decision-making at a national level rather than cluster level**”

# Leadership Priority Shifts

## BEYOND

## TOWARDS

*Expert as leader*

*Expert leader*

Valuing and recognising leadership as different from but as important as clinical excellence

*Developing leaders*

*Developing leadership*

Leadership as a process, not a position; team-based working; valuing different perspectives and expertise; working collaboratively across healthcare institutions and clusters

*Leading institutions*

*Leading health ecosystems*

Thinking and working beyond healthcare institutions and in partnership with all who can contribute to the health of the people of Singapore



# The ONE Healthcare Leadership Framework



# How the leadership qualities support the leadership shifts

- Towards expert leader

- Nurturing others
- Proactively delivering results
- Visionary leadership
- Courageous conversations
- Brave decision-making

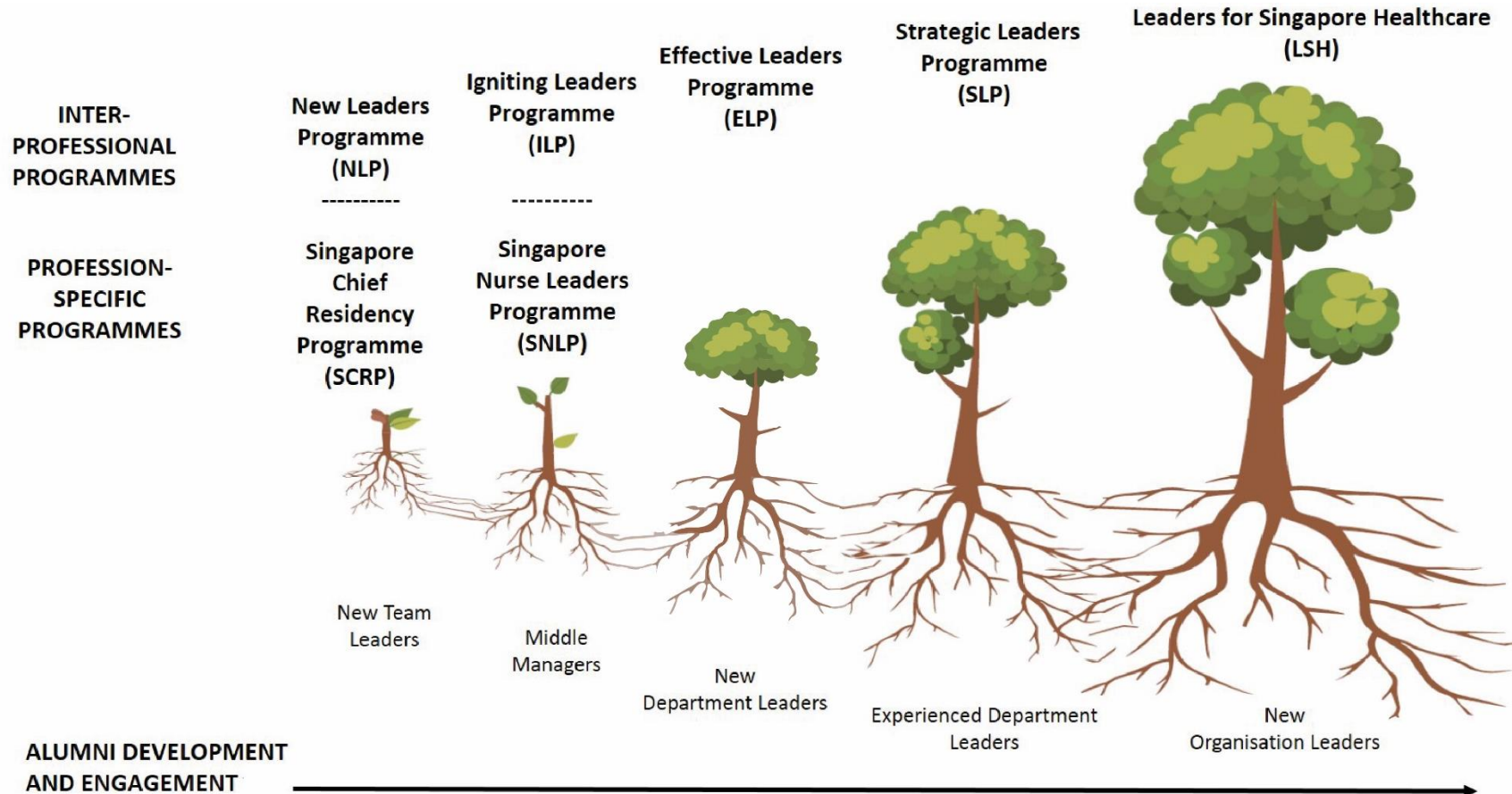
- Towards leadership

- Collective leadership
- Collaborative working

- Towards health eco-system leadership

- Cultivating networks and partnerships
- Driving transformation
- Holistic/systems thinker

# Healthcare Leadership College

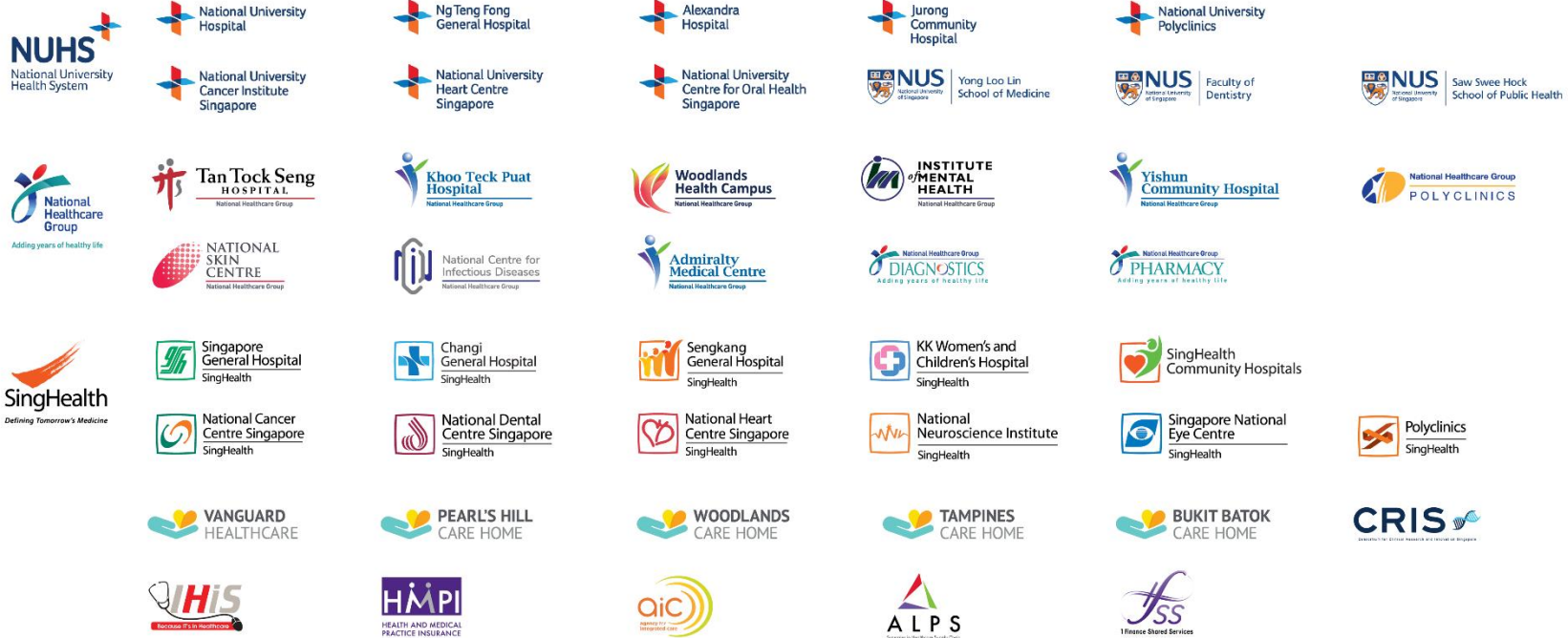


# Lessons of Success Study (McCall , Eichinger & Lombardo): Leadership can be Learned

- 16 sources of learning from 616 key learning events: Learning takes place in formal settings, in experiences, and through relationships.
- 70% Challenging assignments, 20% Learning from others, 10% Learning from coursework.

Experiences (70%)	Relationships (20%)	Formal training (10%)
On-the-job experiences	Executive Coaching	Training classes
Small group work	Formal/informal mentoring	Seminars & workshops
Stretch assignments/increased responsibilities in current roles	360/Multi-rater feedback	MOOCs
Meetings & presentations with senior leaders	Involvement in professional associations	Executive education programmes
Job shadowing	Participation in committees	Graduate programmes
Cross-functional team assignments	Peer discussion/learning groups	Professional reading
Outside usual work responsibilities		Podcasts, Wikis, Blogs

# Thank You



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