

Outline of the Multi-dimensional Clinical Leadership Development Model

Table 1 Five E's Approach to Learning (NHS 2006)

Examine:	<i>Self-assess prior to commencement of programme</i>
Education	<i>Learning through formal approaches</i>
Experiences:	<i>Opportunity to try things out</i>
Exposure:	<i>Activities where you learn from others</i>
Evaluation:	<i>Reviewing the effectiveness of your learning</i>

Examine: Self-assessment: Prior to commencement of the programme participants were required to:

- Complete the following leadership self- assessments and have received feedback from a facilitator: The NHS Leadership Qualities Framework (LQF) (NHS 2006) 360° appraisal; and the Myers Briggs Type Indicator (MBTI) (The Myers and Briggs Foundation 2013).
- Identify a transforming community services or Quality, Innovation, Productivity and Prevention (QIPP) (DH 2010b) project that they would be developing whilst on the programme.

Education: Formal taught aspects of the programme. The formal taught sessions were used to introduce the participants to broad concepts of leadership .To ensure that the participants could clearly relate the session content to the qualities expected of the contemporary healthcare leader working within the community setting, the content of the taught sessions were targeted against the domains of the Leadership Qualities Framework (NHS 2006) (see example below)

LQF Dimension: Setting Direction	LQF Dimension: Personal Qualities	LQF Dimension: Delivering the service
Approaches to leadership and management	Emotional Intelligence	Project management skills
Current Health care policy	Leading teams	Stakeholder analysis
Business planning	Talent management	Improvement methodologies
Learning organisation to support long term service improvement	Effective communication and leading with integrity	Marketing health care services; partnership working
Organisational behaviour and culture		

Experiences: *opportunity to try things out.* The programme model used a combination of work based leadership activities, experiential learning and action learning/reflective groups to close the gap between what is taught in the classroom to the realities of healthcare leadership, thus dissolving the theory practice gap through the practice of learning by doing.

- The participant's healthcare organisation became a legitimate learning organisation, thus providing an efficient and cost effective mode of facilitating healthcare practitioners continuing professional leadership development (Marshall 2012:277).

Exposure: *learning from others.* A core component of leadership development is for individuals to learn from each other and this often takes the form of coaching and mentoring, networking (Hartley and Hincksman 2003) and reflecting on and in practice.

- Participants were provided with opportunities to partake in a one to one coaching session to improve their leadership performance.

Evaluation: *opportunity to review effectiveness of what individuals have learned.* Evaluation is a key concept of leadership development (Leigh et al. 2012, Leigh et al. 2013). Programme evaluation consisted of:

- Structured learning opportunities whereby participants reflect on their self-assessments completed at the start of the programme.
- Presentation of the students learning journey and advancement of the transforming community services (QIPP) project