

# End of Leadership Placement: some reflections

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At the start of my placement, I remember being excited yet a little overwhelmed by having a split placement. I worried that I would find it difficult to go between the two and divide my focus evenly.

My weeks consisted of 3 days working on leadership projects and 2 days going into a community service setting. On the clinical days I was able to negotiate with my educators to go out and see patients with physiotherapists. I have been lucky enough to see a range of patient cases; these include MND, Miami J collar change due to a C1 fracture, post Covid and pneumonia deconditioning, stroke, MS, Trigeminal neuralgia and Fibromyalgia. I have gone on to use resources such as in house fact files to specialised association websites to learn more about these different conditions. It has also been a great experience to take part in a collar change and to lead a functional assessment, I feel more confident and comfortable to now carry this out and will continue to practice and develop my skills on future placements. I was initially worried that I wouldn't have the opportunity to get much hand on experience due to being on a split placement but actually I have worked with clinicians that have been really supportive of my wish to get involved wherever appropriate. I have also supported a patient in rolling, transfers, sling use, hoisting and mobilising which was fascinating allowing me to be hands on but also to do so working on making sure their dignity remained intact and they felt respected. I have learnt from this that being confident and honest in asking about areas I would like to develop my skills has enabled me to have more opportunity and so I will take this approach to my next placement and use this approach when deciding and discussing objectives. I have found it very interesting to see how different clinicians interact with patients, different styles in different situations and have noticed how clinicians are able to adapt to the patients. This observation has allowed me to think about how on future placement and in future practice to consider my approach when working with patients from being able to use appropriate language to being able to refocus a patient on the aims of the visit but also never to lose the person centred approach and to always consider the patient's wishes and goals. I have also learnt about the importance of team work in a community setting. There are many cases that require an MDT approach to meet the needs of the patient, it has been interesting to learn about OT equipment and how we can tailor programmes for patients that fit into using them functionally and also to attend a training event on orthopaedic equipment looking at pieces used in both primary and community settings.

Receiving my clinical feedback was really valuable to me as we were able to talk about what I had done well, feedback from the clinicians I had spent time with and also to look at ways to improve and further develop my clinical skills. I was very grateful to receive positive feedback and I feel proud that I have demonstrated professionalism throughout and that this has been noted. Although receiving good feedback was pleasing I did think about the opportunities to enhance some of the clinical skills and that perhaps I would've done better if I had more patient interaction but also trying to be realistic and not hard on myself as this is not a full clinical placement and so I know I did the

best I could in the given opportunities but look forward to more clinical experience where I can work more closely with patients.

Three things I have taken from my clinical days are;

1. Be aware of MDT roles and how you work together to ensure the patient has the best services and outcomes.
2. The importance of appropriately triaging patients to ensure they are all seen in a manner that follows prioritisation to help both patients and the workforce.
3. In a community setting you see a wide range of conditions and through this can use a wide range of approaches but also the value in seeing a patient in their own setting and helping them gain or maintain independence and increasing their quality of life.

Working on multiple projects and having a clinical side of the placement too has at times been overwhelming, especially working on joint projects which has thrown up challenges in terms of managing different timetables and pinning time together to work on them. Despite the initial difficulties, I have learnt how to manage my time and how to be proactive in asking for time and keeping to deadlines which has helped me develop my professionalism but also allowed me to be calmer and enjoy the process instead of feeling stressed. I have also learnt a lot about working closely with others, and how despite having different learning styles and personalities that you can produce some really amazing resources and ones that you may not have achieved by working on alone and I note how diversity enhances creativity. I feel more prepared to work jointly on projects in the future and have spent a lot of time looking at how I learn, how I work alone and with others including things that cause me to feel stressed and things that inspire me. I am also learning in greater depth about how to work with others and to take time to consider not only my impact on them but them as a whole and to consider their different styles and to look for their strengths and not see barriers. In particular I have been reading a book on emotional intelligence that has areas that focus on making compromises, in particular, something that stuck out was to decide whether the topic was greater than the importance of maintaining relations, understanding group dynamics, listening for feelings and understanding emotional triggers. This has allowed me to explore these areas and think about how to use them when working with others, both patients and colleagues and I will continue to think about and develop my emotional intelligence so I can work as effectively as possible. I have loved being able to learn about the different roles people fulfil within leadership and have witnessed some very inspiring and sincere examples of leaders that are truly invested in others and developing them. I hope to use my observations and learning to lead others and myself from now on and to always take time to think being considerate of others but also myself. This placement has allowed me a safe and supportive environment to grow and to develop my skills and understanding and those that I can use forever. This has been an immense journey of discovery that has re-ignited my passion for people and for all things that lead to productive and yet harmonious outcomes and that I will continue to work at so I can become a compassionate and effective leader and clinician.

Three things I have taken from my leadership days;

1. We can all be leaders if we embody the values and concepts of leadership
2. The best leaders are those that can adapt to suit multiple situations whilst still possessing compassionate behaviours
3. That I can achieve so much more than I thought I could, I am starting to believe in myself and I'm really proud of who I am becoming.

**Angie Hulst**