

9 Nov 2018

MANAGING PEOPLE IN AN ICU SETTING

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CHADWICK CONSULTING.

# MANAGING PEOPLE IN AN ACUTE SETTING

9 NOVEMBER 2018

## Timetable

TIMINGS	STRUCTURE	DETAILS
09.00 – 09.10 (10 minutes)	Welcome and overview	Introduction to Chadwick Consulting - <a href="http://www.chadwickconsult.com">www.chadwickconsult.com</a>
09.10 – 12.45 (3 hours 30 minutes with a morning coffee break)	Know yourself to lead yourself	<p>Long gone are the days of a highly qualified senior registrar being ever present on the ward. Your workforce now ranges from ANPs, to Fy1s to CMT medics. How do you manage them well, ensuring the unit stays safe, trainees are taught, and yet remain sane at the end?</p> <p>Never has effective leadership been so important to clinical excellence and patient safety.</p> <p>This session will help you discover your leadership style through competitive and intellectually challenging group assessments. These have been tailored for intensivists in association with leadership experts Giant Worldwide.</p> <p>Compete at the highest level to find out if you're a Pioneer, a Nurturer, a Connector, a Creative or a Guardian, and what impact this has on how you manage your colleagues, juniors and your own career path.</p>
12.45 – 13.45	Lunch	
13.45 – 14.25 (40 minutes)	The value and danger of bias to the future of acute care	Bias and gut instinct help you make and manage decisions on a day-in, day-out basis, either on the shop floor or in a managerial role. They are an essential part of who you are and why you are excellent physicians. The average acute care doctor makes hundreds of decisions over 24 hours. It is estimated that acute care necessitates

approximately 180 steps per patient, per day. [1]

Inherent in medical training is a focus on identifying patterns and forming judgements. This is why senior clinicians spot diagnoses a junior may miss

If an MRCP question starts “this 25-year-old surfer...” you probably know the answer is melanoma. If a patient comes in with dark glasses and two teddy bears, you think about calling psychiatry. If a family walks in with arms folded and writes your name on a notepad, you know they will need careful management.

But what are the dangers of bias? And when does bias hold back care both locally and nationally? We want to talk about bias in real, nitty gritty terms. How does it operate, what are your personal risk-points and why does it matter?

14.25 – 14.35      Break

14.35 – 15.15      Avoiding burnout in an age  
(40 minutes)      of digitalisation

Burnout is the buzzword of the moment with a growing awareness that doctors who are predisposed to be A\*\*\* strong personality types meet all the risk-profile markers for the condition. In fact, current rates of burnout are at 40% [2].

Based on your personality profile, what are your key pressure points in your professional and personal life? What is your digital footprint, and how are you integrating rest into your schedule to ensure you deliver clinical excellence over the long-game?

15.15 – 15.25      Break

15.25 – 16.15  
(40 minutes)

Managing millennial  
trainees

Though you wouldn't say it in public - do you secretly find it *very* frustrating that your juniors turn up at best 5 minutes before the day starts? Worse, do you no longer hope they'll know the ventilator settings or blood results; are you simply happy when they know the names of patients in each bed?

This session will help you approach, manage and train Generation Snowflake – harnessing their drive, values and potential in language they understand. Building on your understanding of your own personality type gained in the morning sessions, this session will help you give effective feedback that doesn't result in complaints – and fit the progressive priorities of their portfolio approach to work and work/life balance with the demands of the workplace.

16:15 – 16:30  
(15 minutes)

Closing remarks, questions  
and finish

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## References

[1] Gawande A The problem of extreme complexity. In: Gawande A (ed). *The checklist manifesto*, New York, NY: Henry Holt and Company, 2009, pp. 15–31.

[2] PG Brindley Psychological burnout and the intensive care practitioner: A practical and candid review for those who care. July 18, 2017. <https://doi.org/10.1177/1751143717713088>