

## About this document

This document is designed to take you through a practice-based scenario to help you reflect on what you might do if faced with a similar situation. It can be used to guide your thoughts and prompt discussion with your colleagues. Working through this document counts towards your continuing professional development (CPD). Your reflections on this document are not assessed and you do not have to send your responses to the RCSLT.

You can work through it on your own, with a colleague or supervisor, or in groups, e.g. as part of an RCSLT Hub or Clinical Excellence Network.



**Please note that the guidance given in this document is not exhaustive and does not constitute legal advice.**

## Scenario



**Every time you attend a meeting with certain colleagues, you feel overshadowed and intimidated by their behaviour. You have some good ideas which need to be shared but you tend not to talk as you feel anxious. You also feel like they do not listen to you when you do speak up. This is a key decision making meeting in your department/team/service and it is important that you communicate effectively.**

**What do you do in this scenario?**

## Issues to consider and next steps...

Think about the scenario and its implications. Jot down your initial thoughts about issues you may need to consider. If you are in a group, you may like to record on a whiteboard or flipchart.



What steps do you think you need to take next?

## Prompts for consideration

- **How easy is it for colleagues to get to know you? Are you consistent, warm, approachable, authentic, etc.?**
- **Before people decide what they think of their message, they will decide what they think of you. How could your behaviour be influencing people's opinions?**
- **What barriers do you put up which may be preventing colleagues from connecting with you?**
- **How does your preferred communication style (i.e. extrovert, introvert, activist or theorist) improve or impede communication with others?**
- **What can you do to ensure your communication is clear and aligned to the group's vision?**
- **How could you use coaching and inquiry to communicate with this group?**
- **How can you use your wider network to connect with this group?**
- **What transferable skills do you currently use when forming working relationships with patients, relatives, support staff, etc.? How can you use these to effectively build a relationship with this group?**

## Prompts for consideration

- What are the reasons their behaviour may be like this (their context, emotions, etc.)?
- What support do you need so that this behaviour does not feel personal?
- We all move between different levels of being and behaving according to the situation. How does your behaviour change when you meet these colleagues?
- What do you need in order to be more resilient so you can stay connected to this group?



## Possible next steps



- 1. Connect with an ally who has a positive relationship with this group. What can you learn from their approach?**
- 2. Map out the circles of influence. Put your energy into the circle of control within the group or within the network around the group.**
- 3. Ask for feedback from colleagues about how you 'land'. You may want to gather some 360° feedback about how others perceive you when they first meet you, versus once they are more familiar.**
- 4. Ask for coaching or mentoring to build the personal skills and resilience required to work and build relationships with people who may challenge you.**
- 5. Practice the 'art of powerful questions' and/or 'appreciative inquiry' as models of coaching you can use to influence.**

## Key concepts

<p>Presence/how I land</p>	<p>Video: '<a href="#">The Second Circle</a>' – Patsy Rodenburg '<a href="#">Change starts with me</a>' – NHS Horizons Video: '<a href="#">Victim Empowerment</a>' (Stages of development of self) – Bradbury, 2015</p>
<p>Clarity and vision</p>	<p>Video: '<a href="#">Great Leaders Inspire Action</a>' – Simon Sinek 'Presenting Yourself with Impact at Work' – Gill Graves, 2010*</p>
<p>Awareness of self and others</p>	<p>'<a href="#">How to bridge the perilous gap between impact and intent</a>' – Rockwell (2018) <a href="#">Myers Briggs Personality Types Leadership Style</a> – Mind Tools*</p>
<p>Authority (including congruent values and behaviours)</p>	<p>'<a href="#">The power to make a difference</a>' – NHS Horizons <a href="#">Five ways to project confidence in front of an audience</a> – Gallo (2017), Harvard Business School</p>
<p>Empathy</p>	<p>Video: '<a href="#">Emotional and Social Intelligence in Leadership</a>' – Key Step Media '<a href="#">Leaders who get their teams</a>' – Goleman, 2017</p>

\*there may be a cost associated with this resource, either because it is a book or because an account is required to access it.



## Sources of further information

Here are some links to further information:

- [‘Transactional Analysis’](#) – Eric Berne
- Video: [‘How to build and rebuild trust’](#) – Frances Frei
- [‘Developing leadership by managing unconscious behaviour’](#) – Bradbury & Moyes (2012)
- [‘Presence: how to use positive energy for success’](#) – Patsy Rodenburg\*
- [‘The Three Levels of Leadership’](#) – Scouller\*
- Video: [‘The Power of Vulnerability’](#) – Brene Brown
- [‘The Power to Make a Positive Difference’](#) – NHS Horizons
- [Kolb Learning Styles Inventory](#)
- [‘How leaders can improve their thinking agility’](#) – Sostrin (2017)
- [‘Influencing for results’](#) – NHS Leadership Academy
- [‘How to bare your neck like a leader’](#) and [‘You judge others by the stories you tell yourself about them’](#) – Rockwell (2018)
- [‘Personal resilience’](#) – NHS England
- Video: [‘Appreciative Inquiry’](#) – Townsin (2013)

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## Update your CPD diary

**Think about what this scenario has made you consider, reflect on or decide to do differently. Do a piece of reflective writing to cover what you've learned from this experience!**

**Having had a look at some of the linked resources, have any of your earlier responses changed? How will you incorporate this new knowledge?**

