

From Belbin Roles to Kangaroo Tail Stew: Reflections on a Leadership Odyssey

My decision to apply for the Laidlaw programme was relatively last minute. For a couple weeks I weighed up if it was the right choice for me, and simply the fact that there was a leadership focus in the second summer of cast a doubt in my mind about applying. Fundamentally I was limited by a belief that a leader was born, not constructed. For this reason, and to not build up expectation, I didn't tell anyone that I was applying. I already believed myself to be on the backfoot prior to discussing the project with my potential supervisor and our Microsoft teams call had to be rescheduled three times because it fell during Christmas holiday. Thankfully she still checked her emails during this time, or I wouldn't be writing this essay at all. During this call in which we discussed the parameters of the project, she mentioned how several other applicants had already reached out, toured the labs in person, and that I should expect a highly competitive application process. So, when I received an email back from the Laidlaw team saying that I had gotten an interview, despite it landing on my birthday I was delighted.

Since then, the Laidlaw programme has been a transformative journey that has provided me with invaluable experiences in both research, leadership, and self-discovery. As the scholarship began in my first year of university, it marked my first real exposure to leadership training as the primary objective, rather than a skill acquired incidentally in pursuit of other more salient goals. It was in our first session in Hospital House, a stunning Baronial country house in Arbroath that overlooked the North Sea, in which we received results from the DISC behavioural assessment (we had completed these prior to coming). Unsurprising to myself, I was categorised between D (dominance) and C (conscientiousness). And whilst these two traits may initially seem antagonistic and the idea of having my personality traits categorised by a somewhat superficial system, the profiling aligned with my picture of myself as a results-oriented but also systematic and analytical leader. Someone who cares profoundly about reaching an outcome but is not willing to sacrifice on quality to get there. The DISC profile was also instrumental in highlighting personal weaknesses, or at least temptations for use of a better word, which I have experienced first-hand when being placed in a team, notably questioning those in positions of authority and changing things too quickly in a project without taking courtesy to involve everyone in a more productive discussion. The highlight of this test for me, however, was how it redefined leadership in with a more digestible and ostensive discussion. It confirmed to me that the google definition of leadership ("the action of leading a group of people or an organisation") is incomplete, not flawed, but certainly only going down one corridor in what takes a labyrinth to define.

During another of the training weekends, we had the opportunity to complete Belbin team role questionnaires, which outlined a system of nine unique personality and characteristic features that contribute to group dynamics. Placed into small teams to discuss our preferences for the roles, we went down the avenue of discussing how we each believed ourselves to encompass many if not all the roles listed. We reflected on how external and internal stressors, such as competency, played a large factor in affecting our propensity to adopt each of the various roles, and that looking at a holistic picture of a leader and team player, going beyond just professional life was often an oversight in the frameworks we engaged with. A standout point was witnessing these roles develop in real-time within our group, reinforcing the relevance of the Belbin model, nonetheless. This session helped me identify how in medicine-related group work I often find myself adopting roles such as coordinator (a person who can effectively organise and delegate tasks) and monitor evaluator (an individual providing objective analysis and critical thinking), meanwhile when discussing more abstract observations on leadership theories, a step further out of my comfort zone, as in many of these weekends, I more fluidly adopted a role such as that of the team worker.

But despite these leadership training sessions, it was the research experience that inspired my Laidlaw application, and I viewed the leadership in action (LiA) project as a necessary condition to this. Even from the very application the leadership and research components came split and amongst many of the scholars this led to a clear present bias in our applications. With the research summer preceding the leadership one, many of our applications were inspired by the prospect of the former and overlooked the latter. But it has been these leadership training weekends interspersed between the two years, in which the interconnectedness of research and leadership has been revealed that have had some of the most lasting impact. During my research project, investigative work provided the evidence-based foundation for decision-making, while leadership skills guided effective teamwork and communication within the lab setting. In fact, before even leading any of my own

experiments in the lab I was tasked with giving a presentation to the research group consisting of a brief overview of the background science and what direction I thought the project could go in. So, whilst independent work was crucial in conducting a thorough literature review, I heavily relied on harnessing strong communication with members of the lab group in identifying gaps in my knowledge and indicating to me what the seminal papers to investigate were. So, whilst the merits of collaboration and effective teamwork, all important leadership skills, could seem banal in the leadership weekends, it was this moment in which the teaching transcended plain rhetoric. And such a distinction between the bipartite framework of the scholarship became eroded. Progressively, I came to appreciate the dual-faceted nature of the scholarship, as both research and leadership skills complemented each other – and the emphasis on leadership has left me better prepared to contribute meaningfully and make a greater impact in healthcare.

Taking a small leap in time, I write my essay as I near the end of my LiA. Six weeks ago, I travelled 40 hours from continental Europe to remote Western Australia, was nearly detained in Manilla airport during transit, and now write comfortably sat on the veranda overlooking a newly built hospital hub having returned from a dip in the Timor Sea where the beach had recently reopened following restrictions due to a recent crocodile sighting. If that sentence feels slightly overwhelming, take it as an insight to the wonder my mind is in at the places that the Laidlaw program has transported me since that initial application. The Laidlaw scholarship thus far has surpassed simply being the CV bolstering opportunity I thought it would be. And whilst the snowball effect it has had in that regard has been significant it has been the personal enrichment that has impacted me the most. In fact, it has led to a whole frameshift in what career opportunities I would like to follow in the future. I felt relatively confident in the fact that a career in oncology was for me: it is the specialty with the most funding for research in clinical practice, is advancing rapidly with developments in AI, and cancer represents one of humanities grand challenges of our time. And despite this, my experience with Lions Outback Vision has realigned my purpose with what initially inspired me to pursue medicine – tackling health inequalities and outreach practices.

A large chunk of my leadership project involved working with a non-profit called Lions Outback Vision (LOV), taking part with their vision van service in leading the diabetic retinopathy (DR) screening to the Pilbara region of Western Australia (WA). This is just one of many services LOV possesses in an arsenal of innovative solutions to tackle the discrepancies in healthcare that Aboriginal Australians suffer in comparison to White Australians. The challenge is that WA is so vast that if it were its own country, it would rank 10th largest by size. The vision van overcomes this problem by providing a specialist mobile eye care clinic that runs on a circuit three times a year across the entire state, providing anything from simple reading glasses to eye laser procedures. It also encounters some of the socio-political tensions head on by parking in purpose-built mining towns (often constructed without federal funding but solely by large mining companies such as Rio Tinto and BHP) and liaising with local Aboriginal Medical Services that provide transport for the local indigenous people from community to the van. A dichotomy in health was obviously apparent, with aboriginal patients often presenting with much later stage eye disease and poorer visual acuity – and a cultural sensitivity was required in engaging with Aboriginal patients who often held great suspicion over modern medicine, surgery and the risks that come with it. It was not uncommon for patients to be discarding all their medication opting for traditional bush medicine instead. Negotiating with these patients required a lot of care and one of the lessons I learnt was that honest intrigue can go a long way in establishing meaningful conversations and connections with people whom you have a lot of differences with.

One of the crucial cogs in the workings of the van was an Aboriginal liaison officer (ALO). Accompanying her in advocating to a local primary school and an Aboriginal Medical Service that we were in town and encouraging diabetic patients or those with vision issues to come in led to the exciting prospect of being invited out to a local community. As a matter of chance, the annual National Aboriginal and Islanders Day Observance Committee (NAIDOC) week fell during my stint on the van and myself and the ALO were invited to come along to meet the elders of the local community. During this lunch I had the opportunity of sitting down with the elders over a hot bowl of Kangaroo tail stew and advocated on behalf of the vision van, trying to encourage greater uptake. We gradually moved onto other topics of conversation, and I vividly remember a sudden shift when I mentioned that I was originally Portuguese. It was at this point that our chat shifted, and they engaged much more, showing great interest in where I was from and asking lots of questions about Portugal. Equally they were much more open and passionate in talking about their past, being a part of the Stolen Generation, and their memories growing up in missions away from their family and Country. It felt like an invisible wall of tension had come down and I would go as far to say as that I made some friends that day. It was an unforgettable moment seeing how

the differences in our culture were acceptable and exciting – and reinforced how the true barrier in social cohesion in Australia lay deep rooted in generations of trauma and a trend of disingenuous apology.

I can conclude here by that my LiA has been a defining chapter of life going beyond just my professional development as I realise now that there are other unique ways of practicing medicine that are just as exciting, and possibly more impactful and fulfilling that I cannot overlook, which has made the whole experience invaluable. Whilst I thought the Laidlaw programme would narrow my career focus going into the future, I am grateful that it has only broadened it.

At this point I would like to extend my sincere thanks to Lord Laidlaw, Susanna Kempe, and the whole of the Laidlaw team back at St Andrews for facilitating this inspiring programme. Additionally, I am in eternally grateful to the team here at LOV including but not limited to: Angus Turner and Christine Stott for the help in organising this project; Dinnu Devarapalli, Aksh Handa, Shilpa Kulkarni, Kerry Woods, and Alex Ramirez for their support and mentorship throughout my stay with the van; and James Wiffen, Yachana and Vaibhav Shah, for all their guidance and instruction at the Kimberley hub.



FIGURE 1 - A SELFIE OF MYSELF AND JOYCE, ONE OF THE WAKATHUNI ELDERS I MET AT THE NAIDOC LUNCH AND LATER SAW ON THE VAN