Jon and Mark recording 31 08 - FINAL

[00:00:00] **Cheryl:** Welcome to the podcast from Cambridge University Medical Education Group, or CUMEG for short. This is a podcast from the University of Cambridge Clinical School, focusing on medical education. We discuss a range of topics that medical educators are dealing with. I'm your host, Cheryl France, head of CUMEG.

Today we welcome two colleagues from the University of Cambridge Clinical School, Dr. John Fistein, Leadership and Management Theme Lead, and Dr. Mark Lillicrap, Associate Professor of Medical Education Practice.

Today we'll be talking about leadership and the relevance of having excellent leaders in the medical community.

Welcome to you both. It's wonderful to have you chatting with us today. I'd like to start by giving you the opportunity to introduce yourselves. So, as there's two of you today I'm going to start with you, Jon. Thank you for joining, and it'd be really helpful if you could start by telling us more about your background and your role at the clinical school.

[00:00:58] **Jon:** Pleasure to be here. Thank you, Cheryl. So, I am, as you said, the Leadership and Management Theme Lead here at the clinical school. That's part of the wider professionalism strand of teaching, which looks at some of the so called non-technical skills. My personal background, I qualified some years ago, in 1996, and since then I've been doing a variety of sort of research and managerial roles across healthcare and research, including at the Medical Research Council.

I'm also one of the senior founding fellows of the Faculty of Medical Leadership and Management. Currently, aside from my teaching here and a bit of teaching in Oxford, I am Chief Medical Officer of a data related organisation, which is based in London. I've spent quite a few years working on various national projects, just trying to reform various parts of bits of medical profession and particularly things around health informatics.

[00:01:52] **Cheryl:** Interesting. Ooh, thank you for that. Mark, we'll now go over to you. I know you've been on our previous podcast series, but for the benefit of our audience, I think it would be really helpful if you could start by telling us more about yourself and your roles, especially in relation to leadership.

[00:02:08] **Mark:** Sure.

Yeah, most of my experience in leadership has been in educational leadership. So obviously here at the university I’m the curriculum lead here, and I'm involved with the senior leadership team within the within the school here. I've got previous experience of postgraduate educational leadership as well, having previously worked as a director of medical education at another hospital locally. So that's my experience of leadership. But I've also been involved over the years locally, regionally, nationally and internationally with providing leadership training courses for future leaders, largely within, again, educational leadership roles.

[00:02:46] **Cheryl:** Oh, interesting. Fantastic.

Well, I'm really looking forward to today and learning more about this topic. So I think in terms of that, it will be helpful to explore what we mean by leadership and how this relates to leadership, specifically in a medical setting whether that be in an actual hospital setting or data setting relating to medicine and or educational settings.

I think that would be really useful to understand that. So, John, would you be kind enough to kind of tell us a little bit more about that?

[00:03:17] **Jon:** Yeah, certainly. So, I mean, I can start at various different levels, but I think one of the things I would say, and I'll say it book ending, you know, my thoughts about this really; is that when people often think about leadership, they often think about leadership as a kind of a grand thing, you know, a great military leader or a great political leader, all the things that, you know, charisma and bringing people along and all these sorts of things.

And actually quite often really leadership is much more quiet than that. And it's really a set of things to do with, you know, understanding what gets the best out of yourself and the other people that you work with. And people often forget, particularly in medicine, that medicine really is a team pursuit, you know, the days of a solitary doctor, let alone the fact that they work with other doctors, but of course, you know, other health professionals as well. Those days are over. It's not just a solitary pursuit. And somehow you know, we need to really educate the medical students, the doctors, about how to do that as effectively as possible. And, you know, there's a whole range of knowledge, skills, and attitudes that, you know, we'll talk about a bit later. Various frameworks around this that can be learned, can certainly be taught, and can be practiced.

So it's not just that some people are sort of born with an innate ability to lead and others don't have that and so they're written off forever. These are things that, you know, you can practice all the time. And these kind of quiet skills are things that people need to use all the time. I think it's a thing that, you know, we try to get across to the medical students here, the clinical students that, you know, the ability to understand actually what motivates you and drives you and how that would, you know, affect others potentially, what motivates them. You know, you're sitting on the ward, you're sitting in the GP, you're sitting in theatre, all of these things about the interplay of different people. So how do you work out who actually decides what's going to be done and what your role is within that? So let's say it's kind of a quiet thing. I mean, we'll expand on that much more.

And I suppose having bookended it with a quiet thing, I think, unfortunately, I probably should just say one thing about medical leadership is what it isn't or what it shouldn't be, that there have been so many, even recent examples in the news of failures of leadership Where people have said, well actually, okay, something is wrong here with the culture or with the way people are interacting with each other. Patients are actually genuinely harmed as a result of that. That's a failure because sometimes in medicine, we all focus on, you know, fixing what's wrong rather than focusing on what's right. If we have to focus on, if we have to, you know, advocate for leadership as a thing to do, looking at the failures that have happened.

 The Letby case is the more recent and unfortunate one. This nurse that is just going through her sentencing process at the moment for she's just been convicted of various baby murders. Apologies for introducing that without the warning. But one of the things that they were saying that they're saying about it right now, and it's very live is that, well, the doctors tried to call it out, but somehow there was an adverse management culture that didn't really allow it to happen.

So, you know, I'm reporting what I read in the press about this, but these are examples of whole situations that really shouldn't have happened in the first place and so much of it is about the culture and interpersonal side of things.

[00:06:7] **Cheryl:** So I think now I'll switch to you, Mark, and just say, can you help us to understand?

So we have talked about, you're going to talk about some of this, but these theories that the practicalities behind how do we get somebody into a good leadership person role?

[00:07:17] **Mark:** Yes. So I probably, let's go back to some of the stuff that John's just highlighted. So in terms of. Helpful definition to start us with is is leadership is the ability to influence and guide followers to change and that's exactly I would echo John's point.

That's not about the individual leadership is about a group. It's about a team. And increasingly, we are aware that it's about a group of people providing that influence to serve to support change. So it's about influence. So we can view three domains of leadership and broad brushstroke domains, which can be quite helpful.

So there's something about strategy and vision setting and influence that is an important component of leadership. The second thing is it's about guidance, and that's to do with how do you then translate that into practice? And that's about practical organization, management skills, goal setting, translating the vision into the practical domain.

And then the third broad area is about your followers. And that requires emotional intelligence. That's about supporting your followers. It's about social relationships. And again, picking up what john's already highlighted. That's about the interactions. So if we view those three broad domains, we've got vision setting, management and social relationships.

And when you look at all the various Healthcare frameworks models that are put together the one in the UK from the NHS Leadership Academy picks up nine dimensions of what leadership is, which can be easily then summarized around management, vision, social. So if we looked at that particular framework, management is about evaluating information, connecting services, influencing for results. Vision setting is about sharing the vision, inspiring purpose, holding to account. And the third domain is around social. Lead with care, engage your team, developing capability within your, within your team. So that's quite a helpful way of conceptualizing leadership. And for each of us as individuals with leadership roles, being aware of where we fit into that kind of matrix can be really helpful.

So, I think they're my first two aspects I'd pick up around the practicalities and the theories. So the first of which is that definition of three areas in terms of leadership around strategy, around management, and around social interaction. And the dimensions that underpin that, that other frameworks identify.

We then have to think again, picking up on John's point, how does that then translate into practice? So having conceptualized that, and what I find quite helpful is the work from business research from people like David McLennan, Robert Hogan, Robert Kaiser, which is described as the leadership chain. And if we take in reverse, what John just highlighted around leadership. You start off with in terms of you as the individual. What are your personality types? What are your values? What drives you as an individual? Because that then influences the leadership style that you are going to adopt. And when you understand what your leadership style is going to be, that then influences the culture of the team, the organization, the group that you work with and the climate in terms of how somebody experiences that culture, and that then influences the performance and the team. In our case, healthcare, that's about patient care, but it can also be about change and how you implement change within an organization. So knowing that leadership chain can be quite a helpful way of conceptualizing what goes on and can be really helpful when we think about helping somebody to develop leadership skills.

Which areas do we look at? Let's look in terms of who are you as a leader? What are your particular characteristics? What does your personality bring? How's that going to work? If you look at those three domains we started with around vision, management and social, most of us are strong in one of those domains, possibly two, you know, the work of people like David Pendleton show none of us are strong in all three.

So we need a team. And so you want to work with people who bring something that you don't. But in order to Recruit people who have different strengths to you. You've got to know what your own strengths are, and a lot of leadership training is about understanding what your strengths are and what your weaknesses are, where you're going to need to work with other people, and having the humility to accept that you are not going to be the one person who is the leader and that comes back to where we started.

It's those quiet elements of leadership and acknowledging that you need other people. And it's interesting when you look in the business literature, when people have looked at what makes successful companies it's often the quiet leaders who recruit a team of other people around them in order to deliver an effective culture and therefore effective outcomes that are the ones that appear at the top of things like the FTSE 100.

[00:12:30] **Cheryl:** Absolutely. Thank you for bringing that into such a good summary, because I think you're right. It isn't about one person, and that's what we've been talking about. From the beginning.

[00:12:40] **Mark:** Yes.

[00:11:57] **Cheryl:** You know, you've got a whole group, particularly when you're talking about medicine. We're not solely working as one individual. It's usually quite a big team.

[00:12:49] **Mark:** Yeah,

[00:12:50] **Cheryl:** And I think that's important to say, particularly when you're looking at newer clinicians or clinicians that are coming up or other health care providers or managers who are thinking, I want to go into leadership roles.

[00:12:18] **Mark:** Yes.

[00:13:02] **Cheryl:** What does that mean? Well, actually, let's reflect on yourself first.

[00:13:05] **Mark:** Yes. Who are you? Yeah. What drives you? What are your values? And, you know, personality tools can actually be helpful. There's a variety of them that are out there that can give you that bit of insight. Personally, I think the big five can be quite helpful; Canoe or Ocean.

And there's work that's done that has shown how that then translates into particular styles of leadership, whether you're more command and control, whether you're a visionary leader, an affiliative leader, a democratic leader. There's a degree of correlation between particular personalities and particular ways that you will adopt.

As a leader, and you need to know that you need to have that insight because not all of those styles are positive, and you can have a negative impact on your team and your organization in terms of the culture, because of the style you adopt and having that insight can be really helpful.

[00:13:16] **Cheryl:** Yeah, I think that's a really good point is just. Self-reflection I think is really important and we don't always do it. And a lot of people can be afraid of it and it's about saying, don't be afraid of it. Let's embrace it and see what works for you and for others within the team that you're in. So I think that's really positive to say, let's look at this in a different way.

Thank you for that. So now that we have a better understanding of like the definition of leadership and some of the theories behind that and the need to reflect on ourselves, I think that's really helpful to help us to understand what we need to do to develop excellent leaders in healthcare.

Now, thinking about that and someone, who might have experience or expertise in a specific area of medicine, for example, and saying, well, I'm at the top of my game here. So therefore I am that leader. We're kind of challenging that a bit today and saying, okay, well, how do you assist those sorts of people to say, well, actually, how could you be a better leader and to get to that role? Jon, could you help us to answer that question?

[00:15:11] **Jon:** Yeah, I can try. I mean, what I would say is, you know, in a sense by the time somebody has got to one of those senior roles, and they haven't thought about this, it's almost too late, so my mantra is really, you know, it's like the old thing about the best time to plant an oak tree is 30 years ago, and the second best time is now. And it's a little bit like that, really.

The best thing in terms of developing leadership skills amongst doctors, particularly, who we think about here, is to start early. That's why we focus on, you know, medical leadership as part of the curriculum here. And, you know, what I would say is that, you know, there's this idea of, I think it's an interesting question, a broad one, which I often ponder about what is valued in medicine and how that sort of changes over time.

Because I think, you know, there still is a bit of a hangover from the sort of like, dare I say it, the 50s and 60s where technology was new and; well, x rays were invented a little bit before, but you know, you get the general idea. So we all value the science over everything else, and everything else is kind of easy sometimes, and that's not really the case.

And I think, you know, that leads sometimes to this quaint thing that used to be called the Peter Principle, where people do very, very well at a technical discipline, and they get to a certain level, but then they realize they actually suddenly have a whole set of other responsibilities that they just have no training for, and, you know, that causes a lot of trauma for them.

I think we could do better for such people, hence starting earlier. You know, more generally, and that's, as I say, it's lovely to say that we could have fixed you 30 years ago, sort of thing. It's not very helpful, but I think, you know, one of the things that I would say to anybody is that, firstly, the sort of things that Mark was talking about, all of these you know, these different domains that make up leadership, they aren't, as I said before, things that are instilled in people at birth or, or before, the things that can be learned.

And, of course, To learn, you have to recognize the value of these things, and you also have to be intelligent and aware of the impacts that you have about it. So I think, you know, we can be more encouraging at all levels, really, of saying, look, actually, what is your personal style? How are you interacting with others?

We're all here working together trying to get the best out of a team to give the best experience for a patient as they're going through a particular patient journey. I could be the best diagnostician in the entire world and leading treatment, but actually, without a whole team of people around me, the patient's not going to get in front of me. The treatment isn't going to be organized, and the patient might have a terrible experience, and so, kind of like, you know, almost; a clean set of strikes or whatever in terms of giving the patient the room. So we need to actually just encourage people to think about that.

[00:17:39] **Mark:** And a useful framework, if you have somebody coming to you saying, well, I want to get involved in leadership actually here in the UK, we have the Faculty of Medical Leadership and Management, the FMLN.

And they've produced standards that give you a bit of a guide in terms of areas to reflect on and the four areas that they highlight are yourself. So it comes back to that first point in terms of who are you as a leader, what drives you. The second is, your team roles. How do you work within a team?

What's your team ethos? As a second area to look at. The third is around corporate responsibility and understanding how you fit in to the culture of the organization that you work in. And the fourth domain of reflection is system leadership. How do you work within the whole healthcare or education system?

And I think that standards framework that the FMLM have produced is quite a useful way to direct somebody to start that conversation. Looking at those four areas. Yeah. John, I know you're involved a bit with the FMLM.

[00:18:36] **Jon:** Well, that's right. Yes, I mean, that's right. And to be fair, there are lots of frameworks that are out there.

But what I would say as well is that there are standards in the framework that exist. They are useful at guiding people towards the sort of things they should be thinking about. You know, really, it would be extraordinary if somebody hadn't thought about team working, you know, even subconsciously.

Well, every time I go in the ward, I really irritate all the nurses and the physios and so on.

[00:18:59] **Cheryl:** But you'd hope they'd recognize it.

[00:19:00] **Jon:** You'd hope it would cross their mind that probably they ought to think about how they interact and are they getting the best out of that, that group of people. So the frameworks that are there are useful to point people in the general direction.

But one thing I think that is really important, and I've said this sort of implicitly a couple of times, is that, although these things are learnable, teachable, they're not just point skills, they're not the sort of thing you can go, here's a course that ticks four out of the five bits of the FMLM framework because a couple of them around the system sort of merge together, or split out I should say, you know, and so therefore I can do leadership now.

Well I've suddenly become the medical director, I've never thought about this before, I've spent all of my time, you know, bullying people merrily, but suddenly I'm the medical director, so I'll go in a course and I'm cured for it. It doesn't work like that, so the frameworks are helpful. to point people and courses that help to point people in the direction.

But, you know, the biggest thing that we can do, I think, as I say, is really encourage people to reflect. So yeah, medical revalidation, I go through it myself, it gets a lot of flack, but it's a good opportunity to reflect on your Interaction with your colleagues, for example.

[00:19:29] **Mark:** And one of the things certainly I found running leadership courses is the thing that people find most useful is how do I learn from the experiences?

I've had being in a space that is safe where you can share your own experiences. You can bounce ideas off people who are facing similar issues. Because it is that cyclical process and that ability to reflect with peers who are going through similar struggles who are dealing with similar issues can often be one of the most beneficial things of going on a leadership course, much as the understanding yourself and team roles could be healthy discussions..

[00:19:47] **Jon:** Absolutely right. As long as they take it away with them, because it's not, I mean, this is a thing. I mean, you know. My sort of semi frustration over the years in this domain has been sort of twofold. One is that, well, actually medical leadership is only for those chosen few who will become the medical director.

I very quickly pounce on people when they say, of course, yes, you'll be the medical directors of tomorrow. So you need to learn those leadership skills now before then. Well, actually, no, when you're on the ward or in the GP surgery or doing public health or pathology today, you will need those skills. So learn them now.

[00:20:34] **Cheryl:** I would agree. And I think it's great that you've talked about this and the fact that. You're working with the students of today to talk about your leadership skills and styles, because that is important. And it doesn't matter if you're going to be that medical director, because actually the person who's the Head of the GP surgery or even the ward at that time, they need that skill.

[00:20:50] **Jon:** It's not even the head of the GP surgery. I mean, I think we all have. Well, I have a very vivid memory of my first day on the ward, and suddenly it was 'Hey Doctor, can you do this for me?' and what do I do here? And you sort of think; hang on a minute, you know, have I really been prepared for that? People are looking to me for what I would now probably call quote, leadership.

And I, you know, you sort of bumble through a bit and say, you know, well, I think we can do this, but surely we should be supporting people in that moment. Because when we put on now the proverbial white coat or the actual white coat in my day, people look to you for that.

[00:21:20] **Cheryl:** Absolutely, at that moment in time, you are that leader and you need to be able to give the best at that time.

So I think it's great to hear that we are doing this with the medical students of today. And then I think it's interesting to talk about being able to on a course, go to somewhere else where you're able to have a safe environment to talk and to reflect and think about yourselves, because I think that's important too.

And sometimes you might in a communication like that in a safe place, you might go. Actually, I dealt with X not in a great way. How would I do that differently? How could I do things more proactively next time to be a better leader or person for that fact, you know? I think that's really good to hear that you can have those sorts of conversations as well.

[00:22:09] **Mark:** And once we understand that bigger concept of leadership, actually, we all have a leadership role. It brings you John Quincy Adams great quote about leadership is if your actions inspire people to change, to learn more, to do more, become more. You are a leader. Leadership is about identifying a need for change, and it doesn't matter.

what your role is, you will spot things that you think, actually, I need to be involved with changing this. And that's where leadership starts.

[00:22:38] **Cheryl:** Yeah, I think that's brilliant. I like that summary. So I think going with that, sometimes when we, we think about organizations as a whole, so we think of the NHS, National Health Service here in England is massive.

And it does go through some really big changes from time to time. Mark, are there any rules or ways that organizations thinking about change and leaders within those organization. Is there a way that we could assist them to think about how can we manage this change?

[00:22:12] **Mark:** Yes, it's simple answer. I mean, let's go back to that leadership chain.

You start off with who are you as a leader? What's your personality? What are your values that influences the style of leadership that you will adopt that itself will influence the organizational culture and climate, but that will then influence change and the organizational that performance. And so when we start thinking about that final bit of the change, the of the chain, which is the change there was some really useful frameworks.

Again, the bottom frameworks are always slightly artificial, but one that certainly I find quite helpful for getting us to think about this is John Cossar's work with his sort of seven step model of how you manage change. And you have your first three elements are about how do you create a climate where change can happen?

And he describes you've got to create a sense of urgency. You've got to build a guiding coalition. Get with you some other people who share your concerns, who want change to happen. And then articulate your vision. So you get a group together you decide how can we action this so that you come up with a vision.

So that's your first step. And what Cossar's work shows is you then need this sort of investment of energy. To jump to the next level because you're now going to try and influence other people within your team and within your culture. And for that, you need to get your communication right. So he describes communication for buy in. So you start drawing other people into your vision. You have to enable action; work out what might be the things that are stopping the change from happening and enable that to happen. And then create some short term wins. So that you can see that this is working. And so, so you start off by creating your vision.

You then enable the action to occur and the change to be started. And then the next step, which requires another investment of energy is to make it stick. And how do you make it stick within the culture? And that brings us back to the work of somebody who's been on the podcast before, Rikka Hoffman. So in series one, she looked at some of her research where, how do you make sure change sticks? Because norms get in the way.

[00:25:11] **Cheryl:** Absolutely.

[00:25:11] **Mark:** And how do we change the norms? And so Cossar's model gives us a bit of a framework for those discussions. It's just a model. But it's based on his work in multiple business settings and education settings and things. So it, it's not without evidence backing it, but it, neither is it an absolute framework.

But it's a good way of starting thinking about, I want to implement change, how do I do that? And it links in with quality improvement kind of processes, PDSA cycles and things, all link in with what's being discussed in that seven-step model.

[00:25:48] **Cheryl:** Which is really helpful. And I think that was important to say, you know, there is this whole element of how does it stick?

It's easy to say we're going to make change and then find six months later, it's all back to exactly how it was. And when we're thinking about quality improvement, we're thinking about health care and, you know, going back to the very beginning of our discussions. You don't want a culture that is not where reporting can happen.

In an area where it could be life or death. So it's really important that that those elements are taken care of and worked upon in an appropriate way. But as you say, there are different ways to do that.

So I think this has been really helpful discussion. We've talked about quite a bit. We've had lots of different aspects that in terms of leadership.

Are there any key messages that you would like listeners to take away from our discussion today or anything else that you'd like to add that we may have missed?

[00:26:46] **Jon:** I'm sure I've got a couple of thoughts really. I mean, the first thing almost goes without saying leadership in this context, how we define it, you know, but we've done it in many ways.

That's not quite. I mean, in terms of the detail, whatever we label it. All the things we've spoken about are really important in the context of medicine and delivering, you know, the best of care for patients and it's kind of encouraging that we have these kinds of discussions at all, to be honest with you, because several years ago, as I said, when I qualified, I'm not sure it was even mentioned once perhaps, has it ever mentioned for you?

[00:27:13] **Mark:** No.

[00:27:13] **Jon:** So I mean, it's good that the world is moving on is the first thing that I would say. And I'd just pick up on what Mark said that, you know, in our context, really, all of us are going to lead, Something at some point, and we just actually need to recognize this, and we need to enable people to develop so that they can do that as effectively as they can.

I use that word effectively a couple of times actually in my thoughts. I think for those individuals, yes, recognize frameworks that are out there, but just try to, and I know the people are busy, but try to take the time to reflect, observe, learn from your context and how you relate to it individually.

You know, what works well and what doesn't work well. Something really goes fantastically well in the clinical setting, what's made that happen? Something doesn't go quite so well, what can you learn from it? What can you learn from both of those particularly? And taking the time to learn. You know, as soon as you stop trying to improve things, well, you know, you're in a terrible place really because you don't notice. It's not that you just don't notice what can make things better, but you don't notice when things are going downhill as well. And everybody's got a bit of agency in that. So I think, you know, I'd always encourage everybody. So apologies if it sounds a little bit sort of, you know, abstract or wishy washy or, you know, just high level.

You can find the detail about models and about frameworks, you know, really almost anywhere really with an easy search. What I would say is take the time, as I say, to ask yourself, you know, how can you be most effective in your own context, motivating your team, ultimately we're talking about medicine, so delivering, you know, the best care for patients, and ask yourself particularly what kind of leader do you want to be and how do you become that?

Because there are lots of people that are out there that you can use as role models. You can observe how people are interacting with others. You know, I remember the fierce consultants and the nice consultants. You know, when I was a wee boy and you know, think, is that the kind of doctor or other clinician that you want to be?

And learn from how they interact and learn from yourself.

[00:29:07] **Cheryl:** Excellent. Thank you. Thank you so much. Mark, do you want to add to Jon's?

[00:29:12] **Mark:** Yeah, I mean, I just pick up sort of three key things that I would take away, which both of us have discussed. The first of which, coming back to John's very first point, leadership is not about the individual.

It's about a group. It's about a group implementing change. And seeing areas where there can be improvement and providing the influence and guidance to enable that change to happen. So it's not an individual activity, it's a team sport. Second thing, again, just picking up on what Jon just said, we need to understand ourselves to be an effective leader on be aware of the way that our behaviours are decision making approaches might influence the teams that that we work in.

And that reflective process can be a really helpful way of understanding your own leadership approaches. And the third thing I'd highlight is just picking up again on the change. Change is a key part of what leadership is. There are frameworks that are there to help us understand that process better and it's worth looking at those if you're looking at how are we going to go about implementing a change. And most importantly, again, how do we make a change stick once we've implemented something? So they'd be my three key take homes. Leadership is not about an individual, understand yourself to be an effective leader and understand the process by which you're going to make change happen and make change stick.

[00:30:56] **Cheryl:** Brilliant. Thank you. Thank you both. It's been wonderful to have both of you. Jon. Mark, thank you so much for being with us today.

[00:31:03] **Jon:** Pleasure.

[00:31:04] **Cheryl:** If listeners want to have further information about CUMEG or leadership, please visit the CUMEG at www.cumeg.cam. Ac.uk. If you'd like to listen to our previous podcasts, you will find these on our website or wherever you get podcasts.

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