

# *Supporting Leadership Competencies in Nursing*

*The McGill Nursing Collaborative for Education and Innovation  
in Patient- and Family-Centered Care*

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# Table of Contents

Building Leadership Competencies .....	3
1. Background.....	3
2. Leadership .....	3
2.1 Nurse Educators & Students .....	4
2.2 Nurse Managers .....	5
3. Nursing Leadership Competencies .....	6
<b>3.1 Local</b> .....	7
<b>3.2 National</b> .....	7
<b>3.3 International</b> .....	9
Summary .....	9
<b>Table 1: Summary of Recommended Leadership Competencies</b> .....	10
4. Collaborative Leadership Objectives.....	11
5. Leadership Framework .....	11
6. Collaborative Leadership Activities .....	13
7. Methods .....	14
<b>7.1 Design</b> .....	14
<b>7.2 Participants</b> .....	14
<b>7.3 Measures</b> .....	14
<b>7.4 Data Analysis</b> .....	14
References .....	15
Appendix A: Faculty of Medicine Faculty Roles & Competencies .....	18
Appendix B: Principles of Strengths-Based Nursing Leadership.....	19
Appendix C: RNAO Core Competencies .....	20
Appendix D: AONE HealthCare Leadership Competencies .....	21
Appendix E: ACEN Nursing Leadership Competencies .....	22
Appendix F: ANA Leadership Competencies for Nurse Leaders .....	23
Appendix G: WHO - Management, Leadership and Advocacy .....	28
Appendix H: AOME – Educational Management & Leadership .....	30
Appendix I: Summary of Competency Frameworks Recommendations (1).....	31
Summary of Competency Frameworks Recommendations (2) .....	32
Appendix J: Surveys .....	33

# Building Leadership Competencies

## 1. Background

The next decade will bring a Canadian health system different from the one now in many ways. Many of those changes have been driven by new knowledge and new technology, increasingly influenced by global and regional dynamics. Other key challenges to our health system include a growing population of clients with chronic conditions, complex legal, financial and leadership changes that has accompanied the reorganization of services and advances in technology such as pharmacogenetics and bioinformatics that will alter costs and methods of healthcare treatment (Meyer, 2011, Sullivan, 2017). Lastly, the aging baby-boomer population and anticipated healthcare provider shortages will oblige health leaders to provide more healthcare services with fewer resources. In addition, current and future healthcare priorities and trends are focusing on; linking health to social determinants and supporting health promotion and community-based care, as well as acute illness care, envisioning health as a human right and engaging the public to be heard and involved in the future system and a growing focus on addressing the needs of vulnerable populations.

The changes in society, including the differences in composition of today's population such as cultural, gender and generational differences, including the nursing population impacts the healthcare system and require nursing to adjust and adapt to the changes (Sullivan, 2017).

Nurses are charged with maintaining and improving quality of care, managing with limited resources, working with professionals and interprofessionally with various generations and cultures, adapting to technological advances and preparing for constant changes (Sullivan, 2017). These changes require nurses who are committed, involved, flexible and innovative. The nurses of today must be a coach, teacher and facilitator (Sullivan, 2017). Now, more than ever, we need knowledge, expertise and the capacity of nurses to bring solutions to our health-care challenges and future directions (CNA, 2009). These challenges and changes require nurses to exercise leadership in all domains including; clinical care, management, education, researcher and policy-makers (CNA, 2009). This requirement also needs a steady supply of visionary and energetic nursing leaders at all levels as well including faculty members, nurse managers and students (Reyes, 2014). Team, patient and system outcomes all benefit when nurses in all areas and levels maximize their leadership potential (CNA, 2009).

## 2. Leadership

A **leader** is anyone who uses interpersonal skills to influence others to accomplish a goal. The leader is important for promoting high levels of performance and achieving quality outcomes. A **manager** in contrast, is an individual employed by an organization who is responsible and accountable for efficiency achieving the goals of the organization (Sullivan, 2017). As with leaders, managers require a set of interpersonal skills to achieve their goals, however a manager

has authority, responsibility and power defined by the organization. All good managers are also good leaders – both roles can be learned and skills gained can benefit either role (Sullivan, 2017). Leadership can be formal or informal. **Formal leadership** is practiced by a nurse that has legitimate authority by an organization, it requires personal skills yet is reinforced by organizational position. **Informal leadership** can be practiced by any nurse who may not necessarily have a specified management role. A nurse whose ideas have influenced the efficiency of the workflow has exercised leadership. (Sullivan, 2017). Leaders in today's healthcare environment value collaboration and teamwork. Contemporary leadership theories echo these values and include quantum leadership, transactional leadership, and transformational leadership and shared leadership (Sullivan, 2017).

There are various leadership approaches relevant to nursing practice, however a relationally-focused style is one that is; employee-orientated with a focus on improving relationships, helping people, increasing cooperation and teamwork as oppose to a task-orientated leadership style. Relational leadership involves; building relationships and trust, creating an empowering work environment, creating a culture that supports knowledge development and integration, leading and sustaining change, balancing the complexities of the system and managing competing values and priorities (Sellgreen, 2008). A relationally-focused or relationship-orientated leadership style have been associated with outcomes such improved workplace environment, staff wellbeing, job satisfaction and patient safety (Wong, Cummings et al. 2013). As per RNAO, an integrative literature review on transformational leadership found that staff who worked with transformational leaders had a greater sense of affiliation, more intellectual stimulation, viewed their leader as approachable and felt their interactions were of higher quality (RNAO, 2013). “We know that staff RNs sense of empowerment can be enhanced through transformational leadership behaviors perceived to be displayed by the middle-level nurse manager (CNA, 2009). The RNAO suggests that transformational leadership practices are important for all roles and all levels within nursing (RNAO, 2013).

## 2.1 Nurse Educators & Students

Nurse educators are the keystone to the future of leadership within nursing, as they prepare the future generations of nurses entering into the healthcare system (Meyer, 2011). Educators, from academics to clinical nurse educators instill the expectation that nurses can be and must be leaders. Leadership begins when students are taught the meaning of ethical nursing practice that continues throughout the career. It also involves making links from the individual to populations, from the local to global context and making the lifelong commitment to political action for system change (CNA, 2009).

Nursing is a dynamic and challenging profession requiring engaging and inspiring role models (Scully, 2015). Faculty members are challenged to become leaders, as they must use innovation and creativity to design more efficient and effective learning environments for students in order to meet the current challenges facing the nursing profession (Patterson and Krouse, 2015). Nurse educators must assume leadership roles in various levels of institutional governance and work

collaboratively with faculty members and other faculties to create a dynamic learning environment, one that achieves significant student learning outcomes and that is responsive to the healthcare's current and future challenges (Patterson and Krouse, 2015).

For new graduates, leadership involves learning how to delegate and also supervise others. As new graduates move through their career, advanced leadership skills will involve precepting, mentoring and administrative duties such as scheduling and being in charge (RNAO, 2013). There are concerns however that younger nurses may not be attracted to leadership positions, as the younger generations seek more work/life balance and these positions are characterized by high demands, long working hours and inadequate supports (RNAO, 2013). In addition, practicing nurses complain that new graduates are inadequately prepared to practice due to insufficient clinical and patient management skills. Today, there is an ever increasing demand from both patients and families and policy-makers for high-quality and cost effective healthcare, stressing new nursing graduates. The transition from student to graduate nurse can be extremely stressful and challenging and is characterized by feelings of anxiety, insecurity, inadequacy and instability, and has been coined as transition shock (Duchscher, 2009). These challenges times for new graduates contribute to the fact that many new recruits change their employment or plan to leave nursing altogether.

Recommendations to better prepare nursing student leaders and for new graduates to meet the realities of the healthcare system suggest the critical importance of bridging educational curricula with the ever-changing and escalating workplace expectations (Duchscher, 2009). Nurse educators can implement strategies to decrease the stress of transition of new graduate to nursing practice that can help distill the many desired leadership traits in novice and experienced nurses (Butler, 2005). Nurse leadership most significant contribution for leaders today is to develop the leadership skills of others to support them to grow (RNAO, 2013).

## **2.2 Nurse Managers**

Managers are essential to the organization. The manager's duties are difficult as they must balance the needs of patients, the organization, employees, physicians and self (Sullivan, 2017). Nurse Managers need a specific body of knowledge and skills to perform their duties, yet few have the necessary training or education to be managers. Frequently, they will rely on the experiences of former supervisors or learn while on the job, indicating the existence of a gap between what managers know and what they need to know (Sullivan, 2017).

Leadership and management co-exist as interdependent skill sets, whether they are managing human, fiscal, policy, time, material or other resources (CNA, 2009). Exerting effective management skills is part of being an effective leader. Nurse Managers, as either clinical leaders or administrators are charged with creating and maintaining practice environments that support high-quality professional practice and help nurses feel safe, respected and valued and ensure these environments benefit the people receiving health care-services (CNA, 2009, AONE, 2015). Leadership is fundamental to the work environment of nurses and their leaders, who are under increasing pressure to perform as organizations focus on reducing costs to the system (RNAO,

2013). Nursing management are responsible for setting operational goals, establishing action plans, allocating resources, organizing and staffing and solving problems and monitoring outcomes (Sellgren, 2008). Nursing leadership at the manager level seeks to produce necessary changes by developing a vision of the future and creating strategies to achieve that vision. Today, success as a manager necessarily involves practicing leadership skills (Sellgren, 2008). As per Sullivan (2017), competencies for Nurse Managers include; thinking critically, making decisions and solving problems, communicating effectively, delegating successfully, building and managing teams, handling conflict and time-management.

### **3. Nursing Leadership Competencies**

Faculty need leadership knowledge and skills to be able to prepare undergraduate and graduate nursing students for the current and future health care environment. Critical to the creation of meeting these needs is the development of a faculty who can keep pace with the wealth of emerging information and respond to the current and future challenges to the healthcare system.

Nursing leadership is about critical thinking, action and advocacy. It encompasses mentoring, coaching, supporting, rewarding and attracting other leaders at all levels (CNA, 2009). Nursing leadership also involves contributing to the translation of research into clinical practice and the dissemination of nursing knowledge. As nurse educators are the keystone to the future of leadership within nursing, supporting faculty members to build leadership competencies is a critical element in the preparation to role model leadership behaviours. Nursing education must be at the forefront of the movement to apply evidence-based leadership developments models within the faculty, as well as in the student education (Cleeter, 2011).

Therefore, faculty members need to have a necessary foundation to carry out their roles and responsibilities successfully. Definitions of faculty development, although limited, have been found in the literature. Earlier definitions focus on development of faculty as teachers. This has been since expanded to be more comprehensive and include faculty development for members multiple roles'; teachers, scholars, professional and person. Program development has focused on utilizing resources to create an environment whereby each faculty member can achieve their fullest potential as a member of the clinical and academic community (Cleeter, 2011).

However, many schools of nursing do not offer a comprehensive formalized faculty development program, and nurse educators have indicated a lack of formal leadership training and insufficient education or experience for their positions. This is of importance as the literature shows that academic leadership has been shown to affect faculty satisfaction and retention and promote healthy work environments (Siddique, 2011).

Literature reveals that faculty development offered within a school tended to center around offerings from campus available activities based on individual interest or formal orientation programs for new faculty members. This is limited and the literature also recommends that leadership training for nurse educators should be formalized (Sherman, 2007).

In summary, teachers, scholars, professionals and students in nursing need leadership development to face current and future challenges in health care. The McGill Collaborative vision is to create a nursing leadership environment within the McGill network that aligns leadership development among all key stakeholders (nursing students, academic and clinical faculty, practice and administrative leaders). The environment engages and supports all nurses in being effective and resilient nurse leaders that champion change, innovate, promote capacity/capability development in themselves and others, demonstrate impact within their work context and lead professional issues.

Then, the McGill Collaborative join their efforts to offer Faculty Development activities to increase leadership competencies among current and future nurse leaders. This Collaborative Leadership project will contribute to the knowledge of how partner organizations from Academic and Clinical sites increase capacity for leadership development of healthcare managers, teachers (Faculty members) and emerging leaders.

A scan of the literature was done to identify recommended leadership competencies among faculty members. Various leadership competency frameworks were found including leadership competencies as identified by key organizations/well-known nursing organizations (local, national, international). This section will end with a summary of main competencies across the frameworks found from the literature.

### **3.1 Local**

**McGill University:** The Faculty of Medicine (FOM) have established the Faculty Development Office (FDO) in 1994, with the goal of supporting its faculty members towards excellence in teaching and learning, leadership, management and research. As with supporting faculty members towards building teaching and learning competencies, the FOD offers a leadership development program on a yearly basis. Every two year, two faculty members from the Ingram School of Nursing (ISoN) participate in the FOD's leadership development program.

The FOM have also defined faculty roles and competencies for its educators. There are competencies for educators' multiple roles including; teacher/educator, leader and researcher. For leadership competencies, it includes; Lead Change, Manage self (personal effectiveness, time management), work effectively in a team, manage conflict and being an effective mentor (FOM, 2017). See Appendix A.

At the ISoN, using Laurie Gottlieb's Strengths-Based Nursing Leadership approach, various leadership competencies have been outlined and explained (Gottlieb, 2012). See Appendix B.

### **3.2 National**

**Canadian Nursing Association (CNA):** In 2008, Huston published an article defining essential nurse leaders' competencies for the year 2020, approved by the CAN (Huston, 2008). These competencies include; a global perspective or mindset regarding healthcare and professional nursing issues, technology skills which facilitate mobility and portability of relationships, interactions and operational processes, expert decision-making skills rooted in empirical science, the ability to create organization cultures that permeate quality healthcare and patient/worker

safety, understanding and appropriately intervening in political processes, highly developed collaborative and team building skills, the ability to balance authenticity and performance expectations and being able to envision and proactively adapt to a healthcare system characterized by rapid change and chaos.

**Registered Nursing Association of Ontario (RNAO):** The RNAO has created a Best-Practice Guideline (BPG) for promoting health work environment (RNAO, 2013). The Healthy Work Environments project has produced several other BPG's such as developing and sustaining nursing leadership. This BPG outlines nursing leadership competencies including; demonstrating and modeling integrity and fairness, demonstrating care and respect and personal care for others, creating a sense of presence and accessibility, effective communication, manage conflict, build and promote collaborative relationships, demonstrate passion and respect for the profession of nursing and demonstrate role competence. See Appendix C.

**American Organization of Nurse Executives (AONE);** The AONE has identified competencies specific for nurse executives. Nurse leaders in executive practice set the vision for nursing practice in the delivery of safe, timely, efficient, equitable and patient-centered care. The competencies detail the skills and knowledge and abilities to guide nurse leaders. The competency domains for healthcare leadership are; communication and relationships management, knowledge of the healthcare environment, leadership, professionalism and business skills and principles (AONE, 2015). See Appendix D.

**Accreditation Commission for Education in Nursing (ACEN);** the ACEN provides recommendations for what is needed for health executives and senior leaders to effectively lead health system transformation in Canada. They offer the following recommendations to strengthen leadership; balance national vision and strategy with local flexibility, tap into expertise to develop executive leadership capacity and accelerate change, and foster executive leadership continuity and success planning. Part of the ACEN's recommendation is to develop avant-garde executive leadership competencies. After their review and synthesis of recent literature on professional competencies, they propose the following leadership competencies; **global awareness and interoperability, public policy acumen, rapid response capacity, state-of-the-art communication and information technology savvy and innovation** (Meyer, 2011). See Appendix E.

**National League for Nursing (NLN) – Academic Leadership;** The National League for Nursing (NLN) Excellence in Nursing Education Model shows eight core elements in nursing education to achieve excellence. One of these elements is well-prepared faculty who function as academic leaders. These leadership competencies include; Evidence-Based Teaching, Advance the Profession, Citizens of the Academy, Curriculum Design, Implementation and Evaluation, Provide Leadership to Transform & Re-vision Nursing Education, Mentor Neophyte (New) Educators, Build the Science of Nursing Education, Teaching Skills for Diverse Groups of Learners and Advisement and Counseling Skills (NLN, 2017).

**American Nurses Association (ANA);** The ANA Leadership Institute has defined leadership competencies for nurses based on seminal work of the ANA, foundational elements of the nurse



profession and evidence-based leadership theories and research (ANA, 2013). The ANA leadership competency framework consists of three levels; leading yourself, leading others and leading the organization. The individual nurse leader competencies are; communication, conflict, diversity, employee development, relationships, business acumen, change, decision making, problem solving, project management, influence, systems thinking and vision and strategy. See Appendix F.

### **3.3 International**

**World Health Organization (WHO); Nurse Educator Core Competencies:** The WHO, through a consultative process, has developed the nurse educator core competencies to enable educators to attain high quality education and produce effective, efficient and skilled nurses to meet population health needs (WHO, 2016). There are 8 competency domains and each has knowledge, attitude and behaviours and skills for each domain. For the literature scan, the core competency for “Management, Leadership and Advocacy” has been outlined. (See Appendix G).

**The Academy of Medical Educators (AoME):** The AoME has developed a “Professional Standards Framework” for the following practice domains; designing and planning learning, teaching and facilitating learning, assessment of learning, educational research and scholarship and educational management and leadership (AoME, 2014). There are three levels of standards/expectations that describe the activities that should be assessed to evaluate performance for each domain. The educational management and leadership domain has been outlined. (See Appendix H).

## **Summary**

The main competencies across the frameworks found from the literature have been summarized and presented in an excel sheet (See Appendix I). In addition, the summary highlights how many frameworks recommend a specific competency. See below.

**Table 1: Summary of Recommended Leadership Competencies**

<b>Leadership Competencies</b>	<b>Recommended</b>
Collaborative + Communication Skills	1,2,3,4,5,6,7,8
Organizational Management, create environments for safety + development	2,3,5,8,9,10
Lead Self, Model integrity, demonstrates competence in decision making	1,3,4,5,8
Systems Thinking, Assess + Intervene in Broader Context /Macroenvironment	2,3,5,6,9
Knowledge of the Health Care Environment + Changes	3,5,6
Global Perspective + Awareness	3,6
Be an Effective Mentor	1,7

<b>Legend</b>	
<u>Organization</u>	<u>#</u>
FOM	1
SBN-L	2
C.N.A	3
RNAO	4
AONE	5
ACEN	6
NLN	7
ANA	8
WHO	9
AoME	10

## 4. Collaborative Leadership Objectives

1. Connect more than 80 collaborative partners through the exchange of knowledge, tools, resources and harmonize learning on leading among the collaborative partners by June 2018.
2. Create and innovate leadership development initiatives that strengthen leadership skills and knowledge and that can be applied for immediate impact in one's context by June 2018.
3. Promote a common language around leadership that is pertinent to all nursing leaders among the three collaborative sites (MUHC, Jewish, McGill) by June 2018.
4. Develop a community of nurse leaders within the McGill environment to identify leadership learning needs for 2018-2019 training by June 2018.
5. Expand access to leadership tools and resources that are available in the McGill network by June 2018.
6. Develop a nursing leadership research program that involves contribution among the three collaborative partners by 2018.

## 5. Leadership Framework

The Five Practices of Exemplary Leadership Model of Kouzes and Posner (2012) is well known in leadership literature. This Leadership Model regroups five core practices: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and last but certainly not least, Encourage the Heart. One model, **LEADS** has been recently supported-adopted by different lead organizations in health care such as Accreditation Canada (LEADS Canada, 2017). LEADS is a leadership capabilities framework representing the key skills, ability and knowledge required to lead at all levels of an organization and health systems. It aligns and consolidates the competency frameworks and leadership strategies that are found in the health sector. The framework builds on literature on leadership and leadership development in the health care sector (CHLnet, 2015).

The LEADS framework consists of the following principles;

**Systems Transformation:** Successful leaders;

- Demonstrate Systems/Critical Thinking: They think analytically, questioning and challenging the status quo, identify issues, solve problems and implement effective processes across systems and stakeholders
- Encourage and Support Innovation: Create a climate of continuous improvement and creativity aimed at systemic change
- Orient Themselves Strategically to the Future: Scan the environment for ideas, best practices and emerging trends that will shape the system
- Champion and Orchestrate Change: Actively contribute to change processes that improve service performance

**Achieve Results;** Goal-orientated leaders;

- Set Direction; Inspire vision by identifying, establishing and communication clear and meaningful expectations
- Strategically align decisions with vision; Integrate organizational missions and values with valid evidence to make decisions
- Take Action to implement decisions; Act in a manner consistent with organizational values to yield effective public-centered service
- Assess and Evaluate; Measure and evaluate outcomes, hold themselves accountable for results.

**Engage Others;** Engaging leaders;

- Foster the Development of Others; support and challenge others to achieve goals
- Contribute to the creation of Health Organizations; create engaging environments where others have meaningful opportunities to contribute and ensure that resources are available to full their expected responsibilities
- Communicate effectively; Listen and encourage an open exchange of information and ideas
- Build Teams; Facilitate environments of collaboration and cooperation to achieve results

**Lead Self;** self-motivated leaders;

- Are Self Aware; Aware of own assumptions, values, principles, strengths and limitations
- Manage themselves; they take responsibility for their own performance and health
- Develop themselves; Actively seek opportunities and challenges for personal learning, character building and growth
- Demonstrate character; Model qualities such as honesty, integrity, resilience and confidence

**Develop Coalition;** collaborative leaders;

- Purposefully build partnerships and networks; Create connections, trust and shared meaning with individuals and groups
- Demonstrate a commitment to service; facilitate collaboration, cooperation and coalitions among diverse groups and perspectives
- Mobilize knowledge; employ methods to gather intelligence, encourage open exchange of information and use of quality evidence to influence action
- Navigate socio-political environments; they are politically astute.

According to Touchette (2017), contrary to the model of Kouzes and Posner (2012), the LEADS model focuses more on the emotional and behavioral aspects that managers must develop in order to demonstrate good management leadership (CCHL, 2017). The LEADS model is therefore transferable to the findings of this study, that the precise identification of affective and behavioral aspects facilitates the use of the transformational leadership of nurse managers in a context of organizational change. In this sense, the LEADS model is also recommended for nurse managers who want to promote the use of their transformational leadership in a context of organizational change. The LEADS model supports the development of a leader and a successful

organization where collaboration is the key to their success (Dickson and Tholl, 2014). The LEADS framework address the nursing leadership competencies as identified by the literature.

## 6. Collaborative Leadership Activities

Developing leadership competencies that are valued across the nursing profession and relationally-focused leadership styles can be developed through various interventions such as mentoring, coaching and active learning (Meyer, 2011).

Part of the Collaborative's Leadership Strategic Plan is to offer the LEADS series in the fall of 2017 and winter 2018 to develop leadership competencies. The LEADS framework represents the key skills, ability and knowledge required to lead at all levels of an organization. It aligns and consolidates the competency frameworks and leadership strategies that are found in Canada's health sector. The framework builds on literature on leadership and leadership development in the health care sector. This framework is used by the National League for Nursing and by the Canadian College of Health Leaders (LEADS Canada, 2017, NLN, 2017).

The Leadership program will be offer in two formats during Year 1 by **LEADS** Team

- Format 1 (Fall 2017): A group of ISoN Faculty members and Collaborative partners (N=40) will be oriented to the **LEADS** program (3 full days: October 16<sup>th</sup>; November 7<sup>th</sup>; December 8<sup>th</sup> 2017). This format is more intensive. Upon completion of the program, participants will be awarded a certificate of completion for the LEADS learning series which is the pre-requisite for participation in the LEADS Internal Facilitator certificate program. These members will be able to stimulate discussion about what needs to be taught, in the following year, including how the content should be delivered to increase Faculty leadership capabilities.
- Format 2 (Winter 2018): A group of ISoN members and collaborative partners (N=40) will be oriented to the **LEADS** program (4 half days; Jan 19<sup>th</sup>, Feb 23<sup>rd</sup>, March 23<sup>rd</sup>, and April 27<sup>th</sup> 2018). These members will be able to stimulate discussion about what needs to be taught, in the following year, including how the content should be delivered to increase Faculty leadership capabilities.

The overall goal of this initiative for the first year 2017-2018 is to evaluate the LEADS program workshops among Ingram School of Nursing members and their partners and to identify their perception of their skills, ability and knowledge required to lead at all levels of an organization and health systems. This initiative is link to collaborative Objective 2: Create and innovate leadership development initiatives that strengthen leadership skills and knowledge and that can be applied for immediate impact in one's context by June 2018.

# 7. Methods

## 7.1 Design

A descriptive study design will be used. It involves a mixed-method approach (qualitative and quantitative) for an expanded analysis of the material gathered and better methodological triangulation (Brewer and Hunter, 1989). The study will be conducted among participants from the the Ingram School of Nursing, McGill University and their partners.

## 7.2 Participants

After each LEADS workshop, each participant will be ask to complete an evaluation tool with likert scales questions and open questions.

## 7.3 Measures

The surveys (see appendix J) to be used for the evaluation contain validated tools and open-ended questions which are based on on: (a) Kirkpatrick Model's four levels of training evaluation, consisting of Reaction, Learning, Behavior and Results (Kirkpatrick & Kirkpatrick, 2006) and (b) a review of the relevant literature.

## 7.4 Data Analysis

Descriptive statistics (proportion, means, SD) will be performed monthly. Statistical Process Control Charts. Qualitative data arising from the open questions will be analyzed using the method proposed by Miles and Huberman (1994) inVivo software. According to Miles and Huberman, analyzing gathered data involves three concurrent activities: data reduction, data display and conclusion drawing/verification.

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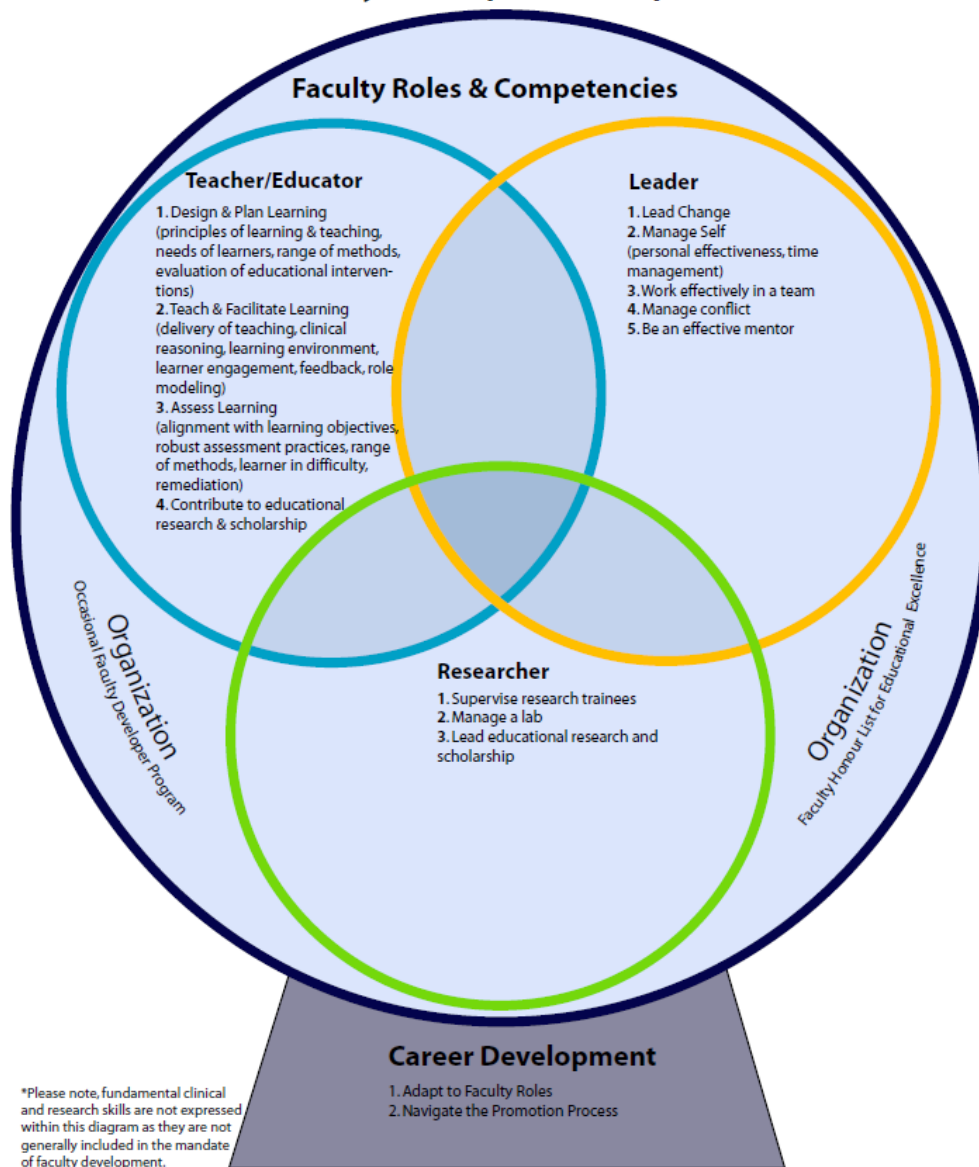
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# Appendix A: Faculty of Medicine Faculty Roles & Competencies

(FOM, 2016).

Faculty Development Office  
Faculty of Medicine, McGill University

## Faculty Development Blueprint



\*Please note, fundamental clinical and research skills are not expressed within this diagram as they are not generally included in the mandate of faculty development.

\* Adapted from Academy of Medical Educators 2014

# Appendix B: Principles of Strengths-Based Nursing Leadership

(Gottlieb, 2012).

SBN-L work with the whole appreciating the interrelationship among its parts; has a vision, through communication and action, impart the vision. See the macro, while dealing with the micro.

SBN-L recognize the uniqueness of staff, nurse leaders and the organization; Each person brings unique set of strengths and limitations, leaders build communities with different sets of skills, develops strengths through training, education and experience.

SBN-L creates work environments that promote nurse's health and facilitates their development; builds healthy workplaces, to feel physically and emotionally safe and secure, treats nurses as assets to be developed, create opportunities for development, invest in people and relationships.

SBN-L understands the significance of subjective reality and created meaning. Leaders examine and entertain different viewpoints, strives to understand multiple positions, find common ground, understand different viewpoints give rise to the most creative and innovative solutions, leaders celebrate and encourage diversity.

SBN-L values self-determination. Leaders create conditions to further develop skills of autonomy, competency and relatedness by providing positive and meaningful feedback and opportunities to exercise and engage in choice.

SBN-L recognizes that person and environment are integral, nurses function best in environments where there is 'goodness of fit' that capitalizes on their strengths. Leaders create opportunities that best utilize strengths, leaders place nurses in positions or create positions that align with nurse's passion and skills, provides opportunities, support and resources to perform at their best and to realize their potential.

SBN-L creates environments that promote learning and recognizes the importance of readiness and timing. Leaders transform learning environments where knowledge, information, self-awareness and research are valued. Encourage self-reflection and mindful practice. Recognize that nurses need mentors and preceptors to assist them. Put in structures to encourage ongoing learning and anticipate and prepare staff for change.

SBN-L invests in collaborative partnerships. Partnerships are built on negotiated goals, shared power, openness and respect. Bring each partner's respective talents and expertise to meet goals. Leaders invest in relationships and learning to trust oneself and partners.

# Appendix C: RNAO Core Competencies

(RNAO, 2013).

Core Competencies	Sample Behavior
Nurse leaders demonstrate and model integrity and fairness	Reflect on own values and goals, share them openly Set clear, high performance standards Take responsibility and admits mistakes openly Keep commitments Consistently display ethical behavior Gather data and look at all sides of issues Make policies and practices explicit and transparent and apply them consistently
Nurse leaders demonstrate care and respect and personal concern for others	Seek and acknowledge multiple perspectives and opinions Listen without judgement or criticism Seek to understand what matters to others and respond appropriately Share knowledge of system issues and perspectives and problems openly and honestly Acknowledge the value of others and celebrate their successes Respect and model work-life balance
Nurse leaders create a sense of presence and accessibility	Communicate and make personal contact frequently Maintain visibility and accessibility to others
Nurse leaders communicate effectively	Communicate clearly, openly, honestly and frequently Listen interactively and demonstrate understanding of the opinions of others Develops and use skills in cross-cultural communication
Nurse leaders manage conflict effectively	Understand the constructive and destructive effects of conflict Acknowledge and address the conflict, develop and use a range of conflict resolution skills
Nurse leaders build and promote collaborative relationships and teamwork	Seek and acknowledge broad input Recognize the legitimacy of other's interests and discuss how interests are aligned Explore uncertainties and fears Build consensus Give and receive help and assistance Evaluate effectiveness of working together
Nurse leaders demonstrate passion and respect for the profession of nursing, its values knowledge and achievement	Demonstrate strong commitment to caring, justice, honesty, respect and integrity Advocate for quality care and quality practice settings placing patients/clients first Acknowledge and promote nurse's contribution to patient/client organizations and communities
Nurse leaders demonstrate role competence	Maintain and apply current knowledge of nursing science, leadership and other relevant knowledge Address concerns and issues Participate actively in decision-making opportunities Take responsibility for actions and outcomes Communicate success to create confidence

# Appendix D: AONE HealthCare Leadership Competencies

(AONE, 2015).

Communication and Relationship Building	<ul style="list-style-type: none"> <li>Effective communication</li> <li>Relationship management</li> <li>Diversity</li> <li>Community Involvement</li> <li>Medical/Staff relationships</li> <li>Academic relationships</li> </ul>
Knowledge of the Healthcare Environment	<ul style="list-style-type: none"> <li>Clinical Practice Knowledge</li> <li>Delivery Models/Work Design</li> <li>Health Care Economics and Policy</li> <li>Governance</li> <li>Evidence-Based Practice/Outcome Measurement and Research</li> <li>Patient Safety</li> <li>Performance Improvement/Metrics</li> <li>Risk Management</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>Foundational Thinking Skills</li> <li>Personal Journey Disciplines</li> <li>Systems Thinking</li> <li>Succession Planning</li> <li>Change Management</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>Personal and Professional Accountability</li> <li>Career Planning</li> <li>Ethics</li> <li>Advocacy</li> </ul>
Business Skills	<ul style="list-style-type: none"> <li>Financial Management</li> <li>Human Resource Management</li> <li>Strategic Management</li> <li>Information Management and Technology</li> </ul>

# Appendix E: ACEN Nursing Leadership Competencies

(Meyer, 2011).

Global awareness and interoperability; the ability to dialogue with other leaders and identify healthcare and health profession issues across diverse cultures and markets.

Public Policy Acumen; the ability to assess the broader policy context to position healthcare on the policy agenda and influential stakeholders in adopting change. This competency enables leaders to secure political will necessary to address broad determinants of health and systemic nature of healthcare issues.

Rapid Response Capacity; the ability to use short-term, highly responsive strategy implementation skills. To provide care in a rapidly changing healthcare industry.

State-of-the-art communication and Information Technology Savvy: ability to apply work design processes to virtual communication modalities and to harness emerging information technologies. This competency facilitates the portability of relationships.

Innovation; ability to draw on executive competencies to strategically redesign health services to achieve an integrated health system in a manner that is responsive to the change context and consistent with core values.

# Appendix F: ANA Leadership Competencies for Nurse Leaders

(ANA, 2013).

Leading Yourself	Leading Others	Leading the Organization
Adaptability – Openness to influence, flexibility	Communication – Communicating effectively	Business Acumen – seeks broad business knowledge
Image – Executive Image	Conflict – Confronting problem employees	Change – Change management
Initiative – Motivates self	Diversity – Leveraging differences	Decision Making – decisiveness
Integrity – Builds Relationships	Employee Development – Developing and empowering	Influence – Strategic perspective
Learning Capacity – Knowledge of job, business	Relationships – Building collaborative relationships	Problem Solving – Getting information, making sense of it, problem identification
Self-Awareness		Vision and Strategy – Strategic Planning
		Project Management - Organizes

Competency Cluster	Description	Behaviours
<b>Communication</b>	Communicating effectively; expresses ideas clearly and concisely, disseminates information about decisions, plans, activities	Expresses ideas fluently and eloquently Prevents unpleasant surprises by communication important information Encourages direct and open discussions about important issues Writes clearly and concisely Conveys ideas through lively examples and images
<b>Conflict</b>	Confronting problem employees; acts decisively and with fairness when dealing with problem	Can deal effectively with resistant employees Acts decisively when faced with a tough decisions such as laying off, even

	employees	<p>though it hurts him/her personally</p> <p>Moves quickly in confronting a problem employee</p> <p>Is able to fire or deal firmly with loyal but incompetent people without procrastinating</p> <p>Correctly identifies potential performance problems early</p> <p>Appropriately documents employee performance problems</p>
<b>Diversity</b>	Leveraging differences; works effectively with people who differ in race, gender, culture, age or background, leverages the unique talents of others to enhance organizational effectiveness	<p>Promotes policies that are sensitive to the needs of a diverse workforce</p> <p>Works well with people who differ in race, gender, culture or age</p> <p>Leverages the unique talents and viewpoints of others</p> <p>Hires people with a diversity of skills and backgrounds</p> <p>Respects employees regardless of their position or background</p>
<b>Employee Development</b>	Developing and empowering; offers constructive feedback, delegates work and encourages individual initiative	<p>Delegates work that provides substantial responsibility and visibility</p> <p>Acts as a mentor, helping others to develop and advance their careers</p> <p>Supports the decisions and actions of direct reports</p> <p>Utilizes others' capabilities appropriately</p> <p>Develops staff through constructive feedback and encouragement</p> <p>Encourages individual initiative in determining how to achieve broad goals</p>
<b>Relationships</b>	Building collaborative relationships; builds productive working relationships with co-workers and external parties	<p>Gets things done without creating unnecessary adversarial relationships</p> <p>Uses good timing and common sense in negotiating, makes points when time is ripe and does it diplomatically</p> <p>When working with a group over whom he/she has no control, gets things done by finding common ground</p> <p>When working with peers from other functions or units, gains their cooperation and support</p> <p>Tries to understand what other people think before making judgements about them</p> <p>Quickly gains trust and respect from clients</p> <p>Can settle problems with external groups without alienating them</p>
<b>Business Acumen</b>	Seeks broad business knowledge; has an understanding of the business that goes beyond own limited area; seeks to understand both the products/services and the financial aspects of the organization	<p>Has a solid understanding of our products and services</p> <p>Knows how various parts of the organization fit together</p> <p>Knows the business</p> <p>Understands the financial side of the business</p>



<b>Change</b>	Change management; uses effective strategies to facilitate organizational change initiatives and overcome resistance to change	<p>Leads change by example</p> <p>Accepts change as positive</p> <p>Adapts plans as necessary</p> <p>Takes into account people's concerns during change</p> <p>Effectively involves key people in the design and implementation of change</p> <p>Adjusts management style to changing situations</p> <p>Effectively manages others' resistance to organizational change</p> <p>Adapts to the change external pressures facing the organization</p> <p>Is straightforward with individuals about consequences of an expected action or decision</p>
<b>Decision Making</b>	Decisiveness; Prefers quick and approximate actions in many management situations	<p>Does not hesitate when making decisions</p> <p>Does not become paralyzed or overwhelmed when facing action</p> <p>Is action-orientated</p>
<b>Problem Solving</b>	Getting information making sense of it, problem identification; seeks information and can create order out of large quantities of information, gets to heart of problem	<p>Seeks information energetically</p> <p>Probes, digs beneath the surface, tests the validity of information</p> <p>Creates order out of large quantities of information</p> <p>Is a keen observer of people, events and things</p> <p>Defines problems effectively, gets to the heart of problem</p> <p>Spots problems, opportunities, threats and trends early</p> <p>Is logical, data-based, rational</p>
<b>Project Management</b>	Organizes; sets priorities, is able to help employees do the same	<p>Organizes tasks and projects effectively</p> <p>Prioritizes projects and tasks logically</p> <p>Is good at helping employees prioritize tasks</p> <p>Is a good coordinator of employees and projects</p>
<b>Influence</b>	Strategic perspective, understands the viewpoint of higher management and effectively analyzes complex problem	<p>Does his/her homework before making a proposal to top management</p> <p>Works effectively with higher management (presents to them, persuades them, stand up to them if necessary)</p> <p>Links responsibilities with the mission of the whole organization</p> <p>Once the more glaring problems in an assignment are solved, can see the underlying problems and patterns that were obscured before</p> <p>Understands higher management values, how higher management operates, how they see things</p> <p>Analyzes a complex situation carefully, and then reduces it to its simplest</p>

		<p>terms in searching for a solution</p> <p>Learns from the mistake of higher management (does not repeat)</p> <p>Has a solid working relationship with higher management</p>
<b>Systems Thinking</b>	Acts systemically, understands the political nature of the organization and works appropriately within it, effectively establishes collaborative relationships and alliances throughout the organization	<p>Understands the political nature of the organization and works appropriately within it</p> <p>Considers the impact of his/her actions on the entire system</p> <p>Establishes strong collaborative relationships</p> <p>Deals effectively with contradictory requirements or inconsistencies in the organization</p>
<b>Vision and Strategy</b>	Strategic planning, develops long-term objectives and strategic, translates vision into realistic business strategies	<p>Regularly updates plans to reflect changing circumstances</p> <p>Translates his or her vision into realistic business strategies</p> <p>Weights the concern of all relevant business functions when developing plans</p> <p>Develops plans that contain contingencies for future changes</p> <p>Successfully integrates strategic and tactical planning</p> <p>Articulates wise, long-term objectives and strategies</p> <p>Develops plans that balance long-term goals with immediate organizational needs</p>

<b>Adaptability</b>	Openness to influence, flexibility,	<p>Listens well</p> <p>Takes ideas different from own seriously and from time to time changes mind</p> <p>Accepts criticism well, easy to give feedback on performance</p> <p>Is a participative manager, shares responsibility and influence with direct reports</p> <p>Collaborates well with others</p> <p>Is flexible, good at varying his or her approach with the situation</p> <p>Thinks in terms of trade-offs, doesn't assume a single best way</p> <p>Creates a good give-and-take with others in conversations, meetings</p> <p>Does let power or status go to head</p>
<b>Initiative</b>	Motivates self- is focused and self-disciplined	Is self-disciplined – stays on task even if difficult

		<p>Has a strong work ethic – creates a productive atmosphere</p> <p>Is energetic – stays active, moving, productive</p> <p>Is determined – committed to success</p> <p>Is involved – is there when needed</p>
<b>Image</b>	Executive image, communicates confidence and steadiness during difficult times, adapts readily to new situations	<p>Communicates confidence and steadiness during difficult times</p> <p>Projects confidence and poise</p> <p>Adapts readily to new situations</p> <p>Commands attention and respect</p> <p>Accepts setbacks with grace</p>
<b>Integrity</b>	Builds relationships, has credibility and is trustworthy in the eyes of co-workers	<p>Is trustworthy – produces trust in employees</p> <p>Has credibility in the eyes of employees</p> <p>Keeps relationships with employees strong</p> <p>Treats people fairly and with consistency</p>
<b>Learning Capacity</b>	Knowledge of job, business, excels at his or her professional function, is a quick study, understands financial information	<p>Is a good general manager</p> <p>Is effective in a job with a big scope</p> <p>In a new assignment, picks up knowledge and expertise easily, a quick study</p> <p>Is at home with graphs, charts, statistics, budget</p> <p>Understands cash flows, financial reports and corporate annual reports</p> <p>Shows mastery of job content excel at his or her function or professional speciality</p>
<b>Self-Awareness</b>	Self-awareness; has an accurate picture of strengths and weakness and is willing to improve	<p>Admits personal mistakes, learns from them and moves onto correct the situation</p> <p>Does an honest self-assessment</p> <p>Seeks corrective feedback to improve himself or herself</p> <p>Sorts of out his or her strengths and weakness fairly accurately</p>

# Appendix G: WHO - Management, Leadership and Advocacy

(WHO, 2016).

Competency	Learning and Teaching Domains
Nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programs and shape the future of education institutions.	Cognitive Domain (Knowledge of); Leadership theory and educational management Curriculum design and development Timetabling and scheduling
Incorporate the mission and strategic plan of the parent institution with the goals of the nursing program when proposing and managing change	Change management Interdisciplinary collaboration Advocacy strategies
Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice.	Organizational operation/function Attitude and Behavior to;
Demonstrate effective and efficient human and financial resource management	Integrate interpersonal values of respect, collegiality, professionalism and caring to build positive organizational climate Foster the development of positive learning environments for students and faculty
Engage in quality reviews to assess strengths and weakness of the program based on criteria, and use the results for benchmarking and ongoing progress	Demonstrate integrity, courage, perseverance, vitality and creativity Develop collegial working relationships with clinical agency personnel to improve clinical teaching and learning practice
Use a variety of advocacy strategies to promote nursing education and practice	Engage in self-development and continued learning Display confidence in debate and presentation
Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.	Psychomotor domain (skills and ability to): Develop nursing curricula integrating the institutional vision, mission and philosophy, current health-care trends and community needs. Develop the clinical aspect of curricula, integrating the complex, dynamic, multicultural health-care environment. Efficiently manage time and resources. Work in multidisciplinary, interdisciplinary team to address health-care

	<p>and educational needs.</p> <p>Create and maintain community and clinical partnerships that support educational goals.</p> <p>Provide organizational leadership at various levels of institutional governance.</p> <p>Enhance the advocacy and the visibility of nursing identity and its contributions to the academic community.</p> <p>Implement and manage organizational change.</p> <p>Mentor and support colleagues.</p> <p>Act as a team member, communicate and make inclusive and collaborative decisions.</p> <p>Demonstrate a leadership role outside institutions, e.g. with government and professional associations.</p>
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# Appendix H: AOME – Educational Management & Leadership

(AoME, 2014).

## Domain 5: Educational Management & Leadership

Element	Standard Level 1	Standard Level 2	Standard Level 3
Education Management	<p>Manages personal educational time and resources effectively</p> <p>Understands and delivers intended educational outcomes</p>	<p>Manages educational programs and resources, individuals and/or financial resources at a local level</p>	<p>Manages educational programs and resources, including individuals and/or financial resources beyond the local level</p>
Educational Leadership	<p>Understands and takes professional responsibility for own role in local education</p>	<p>Leads educational projects or programmes locally</p> <p>Supports the educational development of others within a local team, faculty or department</p>	<p>Demonstrates advanced ability to communicate, lead, develop, integrate and formulate a wide range of educational intervention's and programmes</p> <p>Has an impact on medical education beyond immediate geographical locus</p> <p>Contributes to educational policy and development at a national or international level</p> <p>Successfully discharges senior roles in medical education</p>
Educational Governance	<p>Understands the roles and responsibilities of statutory and other regulatory bodies in the provision and quality assurance of medical education</p>	<p>Is involved in the provision and quality assurance of medical education</p>	<p>Is involved in the development of effective educational standards or governance frameworks</p>

# Appendix I: Summary of Competency Frameworks Recommendations (1)

McGill Faculty of Medicine - Faculty Development Roles + Competencies (2017)	SBN-L Strengths-Based Nursing Leaders (Gottlieb, 2012)	CNA Nurse Leaders (2009)	RNAO Nurse Leaders (BPG) (2013)	AONE Nurse Executive (2015)
Lead Change	1. SBN-L work with the whole appreciating the interrelationships among its parts; shared vision, see the marco while dealing with micro.	1. Global Perspective; or mindset regarding healthcare and professional nursing issues	1. Nurse leaders demonstrate and model integrity and fairness	1. Communication and Relationship Building; effective communication, relationship management, influencing behaviours, diversity, community involvement and staff relationships + academic relationships
Manage Self (personal effectiveness, time management)	2. SBN-L recognize the uniqueness of staff, nurse leaders and organization, leaders build communities with different skills and strengths	2. Technology Skills, facilitate mobility and portability of relationships, interactions and operational processess	2. Nurse leaders demonstrate care and respect and personal concern for others	2. Knowledge of the Health Care Environment; knowledge of clinical practice, delivery models, healthcare economics, governance, evidence-based practice, patient safety, performance improvement, risk
Work effectively in a team	3. SBN-L creates work environments that promote health and development, creates oppurtunities for development, invests in people	3. Expert Decision-Making, rooted in empirical skills	3. Nurse leaders create a sense of presence and accessibility	3. Leadership; foundational thinking skills, personal journey disciplines, systems thinking, succession planning, change management
Be an effective mentor	4. SBN-L understands the significance of subjective reality and created meaning, leaders encourage and celebrate diversity	4. Organization Culture; that permeates quality healthcare and patient/worker safety	4. Nurse leaders communicate effectively	4. Professionalism; personal and professional accountability, career planning, ethics, advocacy
	5. SBN-L values self-determination, create conditions to develop skills and engage in choice	5. Political Processess, understand and intervening appropriately	5. Nurse leaders manage conflict effectively	5. Business Skills; financial management, human resource management, strategic management, information management and technology
	6. SBN-L recognizes that person and environment are integral, creates a goodness of fit that capitalizes on strengths	6. Collaborative + Team Building, highly developed skills	6. Nurse leaders build and promote collaborative relationships and teamwork	
	7. SBN-L creates environments that promote learning and recognize the importance of readiness and timing	7. Balance authenticity and performance expectations	7. Nurse leaders demonstrate passion and respect for the professional of nursing, its values knowledge and achievements	
	8. SBN-L invests in collaborative partnerships	8. Envision and adapt to a healthcare system characterized by rapid change + chaos	8. Nurse leaders demonstrate role competence	

# Summary of Competency Frameworks

## Recommendations (2)

ACEN Nurse Leaders (Meyer, 2011)	NLN Academic Leaders (2017)	ANA Leadership Institute (2013)	WHO Management, Leadership, Advocacy (2016)	AoME
1. Global Awareness + Interoperability; dialogue with leaders, identify health issues across diverse culture and regions	1. Evidence-Based Teaching	1. Leading Yourself 1.1 - Adaptability 1.2 - Executive Image 1.3 - Initiative 1.4 - Integrity 1.5 - Learning Capacity 1.6 - Self-Awareness	1- System management skills and leadership to develop desired nursing programs and shape future of education institutions	1- Education Management (manages resources, delivers educational outcomes, financial resources)
2. Public Policy; ability to assess the broader context, position healthcare on agenda, influence change, secure political will	2. Advance the Profession	2. Leading Others 2.1 - Communication 2.2 - Conflict 2.3 - Diversity 2.4 - Employee Development 2.5 Collaborative Relationships	2 - Incorporate the mission and strategic plan of parent institution with the goals of nursing program and changes	2- Educational Leadership (leads projects, supports educational development in faculty)
3. Rapid Response Capacity; skills to response to rapidly changing healthcare industry characterized by fragmentation + turbulence	3. Citizens of the Academy	3. Leading the Organization 3.1 - Business Acumen 3.2 - Change Management 3.3 - Decision Making 3.4 - Influence 3.5 - Problem Solving 3.6 - Vision and Strategy 3.7 - Project Management	3 - Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice	3- Educational Governance (understands roles and responsibilities of regulatory bodies, involved in assurance of quality education)
4. State of the Art Communication, information technology savvy, harness emerging information technologies, portability of relationships	4. Curriculum Design, Implementation and Evaluation		4 - Demonstrate effective and efficient human and financial resource management	
5. Innovation, redesign health services to achieve an integrated health system that is responsive to changing context and consistent with core values	5. Provide Leadership to Transform + Re-vision Nursing Education		5 - Engage in quality reviews to assess strengths and weakness of the program	
	6. Mentor Neophyte (New) Educators		6 - Use a variety of advocacy strategies to promote nursing education	
	7. Build the Science of Nursing Education		7 - Identify opportunities for positive change and manage the change at individual and organizational levels	
	8. Teaching Skills for Diverse Groups of Learners			
	9. Advisement and Counseling Skills			



# Appendix J: Surveys