

Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program: **From Development to Delivery**



S **B** Strengths-Based
N **H** Nursing and
Healthcare



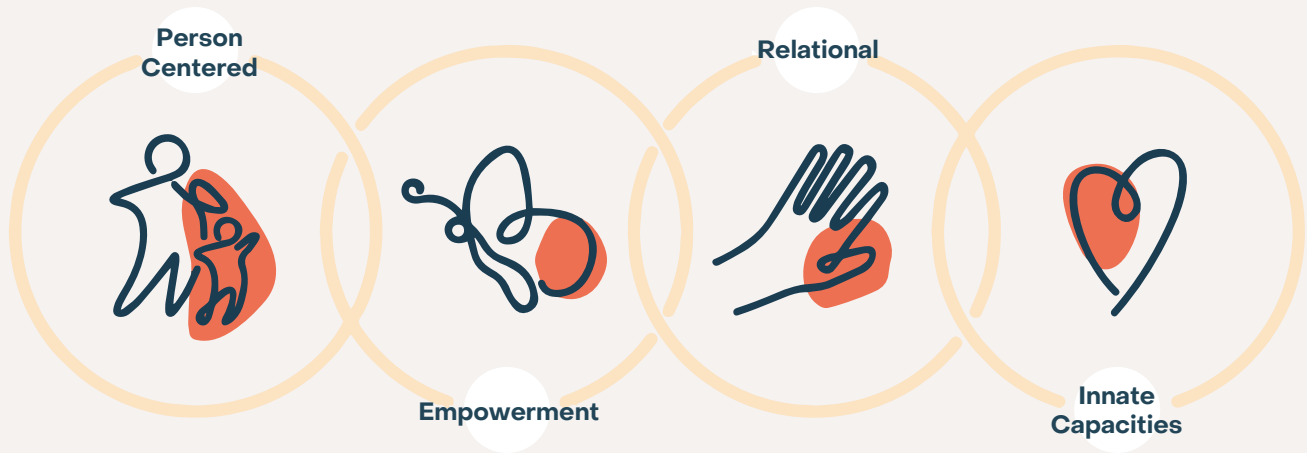


Figure 1: L.N. Gottlieb's SBNH Leadership Foundations (2020).
Ingram School of Nursing, McGill University.

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“It is important to remember that healthcare is human care and human care requires investing in relationships. Investing in relationships, be it with patients, families, colleagues, is what gives meaning and purpose to your work and brings with it the greatest satisfaction.”

- Professor Laurie Gottlieb, RN, PhD, ScD (hon), FCAHS, FCAN, principal Investigator

Acknowledgments

The Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program was supported by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the Canadian Institutes of Health Research (CIHR) (PWP – 159070).

The SBNH-L Program was developed and delivered as part of the research partnership *Transforming Nurses' Work Environments Through a Strengths-Based Leadership and Management Training Program* (2018–2024) led by principal investigator Laurie Gottlieb. This program would not have been possible without the commitment and dedication of our partners, our working committees, and dozens of individual researchers, faculty members, mentors, and staff. Their collective commitment to this program was truly remarkable. Individual contributions to the SBNH-L Program are highlighted throughout this document.

Summary

The Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program was developed and delivered as part of principal investigator Laurie Gottlieb's research partnership *Transforming Nurses' Work Environments Through a Strengths-Based Leadership and Management Training Program* (2018–2025) thanks to the support of a CIHR and SSHRC Partnership Grant. This unique, online, six-month program was grounded in Gottlieb et al.'s Strengths-Based Nursing and Healthcare Leadership approach (2021) and Hubley et al.'s *Ways of Being and Doing for SBNH-Leaders* (2021). This leadership program enabled participants to develop their knowledge and skills required to create equitable, culturally safe workplace cultures and environments that honour, develop, mobilize, and capitalize on the strengths of individuals and their team.

The SBNH-L Program was delivered to 121 participating staff from five Canadian healthcare institutions in two cohorts. The first cohort was

delivered from September 2021 to March 2022, and the second cohort from May 2022 to October 2023. Participants included nurse managers, nurse leaders, nurse educators, nurses, other healthcare leaders/managers, and those in advanced practice roles.

This program, which was accredited for up to 61 hours of continuing nursing education, included a six-day training component, a six-month mentorship component, and the support to advance a capstone change project in the workplace. Through the program's active-learning approach and story-sharing educational strategy, participants learned leadership skills and strategic approaches to promote effective and resilient teams.

Dozens of individual researchers, faculty members, mentors, staff, and working committees contributed to the delivery of this program. The Integrated Training Program Committee and its subcommittees conceptualized, developed, and oversaw the program to ensure its integrity. Twenty-seven faculty members, who were senior leaders in nursing and healthcare, developed and delivered the program's twelve training modules, while thirty-two mentors delivered the mentorship component. As this program was situated within a larger research partnership, an Evaluation Committee was responsible for designing and implementing the evaluation research, while an Executive Committee oversaw the overall execution and integrity of the research partnership. The collective efforts of this group resulted in the successful delivery of the SBNH-L Program and the creation of the program outputs detailed in this report.

Background

In 2016, Dr. Laurie Gottlieb of the Ingram School of Nursing, McGill University was awarded a Healthy and Productive Work Partnership Development Grant jointly funded by the Canadian Institutes of Health Research (CIHR) and by the Social Sciences and Humanities Research Council of Canada (SSHRC) for the project *Transforming Nurses' Work-*

Life Environments Through Training Clinical Leaders and Managers in Strengths-Based Nursing Using Innovative Forms of Story-Sharing (2016–2018). This partnership development grant brought together host institution McGill University and partner institutions Concordia University, Holland Bloorview Kids Rehabilitation Hospital, and the Hospital for Sick Children. With this grant, the partners conducted two major activities. First, they collected story-sharing audio visual materials by embedding two videographers on location at partner institution Holland Bloorview Kids Rehabilitation Hospital in Toronto in 2017, which was led by local investigator Dr. Marilyn Ballantyne. These materials were analyzed, edited, and developed into a library of materials for use in the pilot training program. Secondly, the partners developed a Strengths-Based Leadership and Management (SB-L/M¹) training program which integrated the philosophy, principles, and pragmatics of SB-L/M, SBNH, and best practices of leadership and management. In 2018, this pilot training program was delivered to a group of sixteen participating staff members from Holland Bloorview Kids Rehabilitation Hospital and the Hospital for Sick Children in Toronto. This program was evaluated by fifteen of the participants, with results demonstrating the program's impact (Huble et al., 2022).


The current Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program was developed and delivered as part of the follow-up research partnership led by principal investigator Laurie Gottlieb, entitled *Transforming Nurses' Work Environments Through a Strengths-Based Leadership and Management Training Program* (2018–2025). This research partnership was jointly funded by CIHR and SSHRC through a Healthy and Productive Work Partnership Grant. This research partnership retained the original partner institutions from the partnership development stage and scaled

up to include the Canadian Nurses Association and three Montreal-based clinical partners, namely, Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre-Ouest-de-l'Île-de-Montréal, CIUSSS de l'Ouest-de-l'Île-de-Montréal, and McGill University Health Centre.

During this phase of the research partnership, the partners undertook an extensive refinement of the pilot training program based on the pilot evaluation findings and further development of the Strengths-Based Nursing and Healthcare Leadership approach. Given the arrival of the COVID-19 pandemic, the partners also transitioned the Strengths-Based Nursing and Healthcare Leadership Program from an in-person

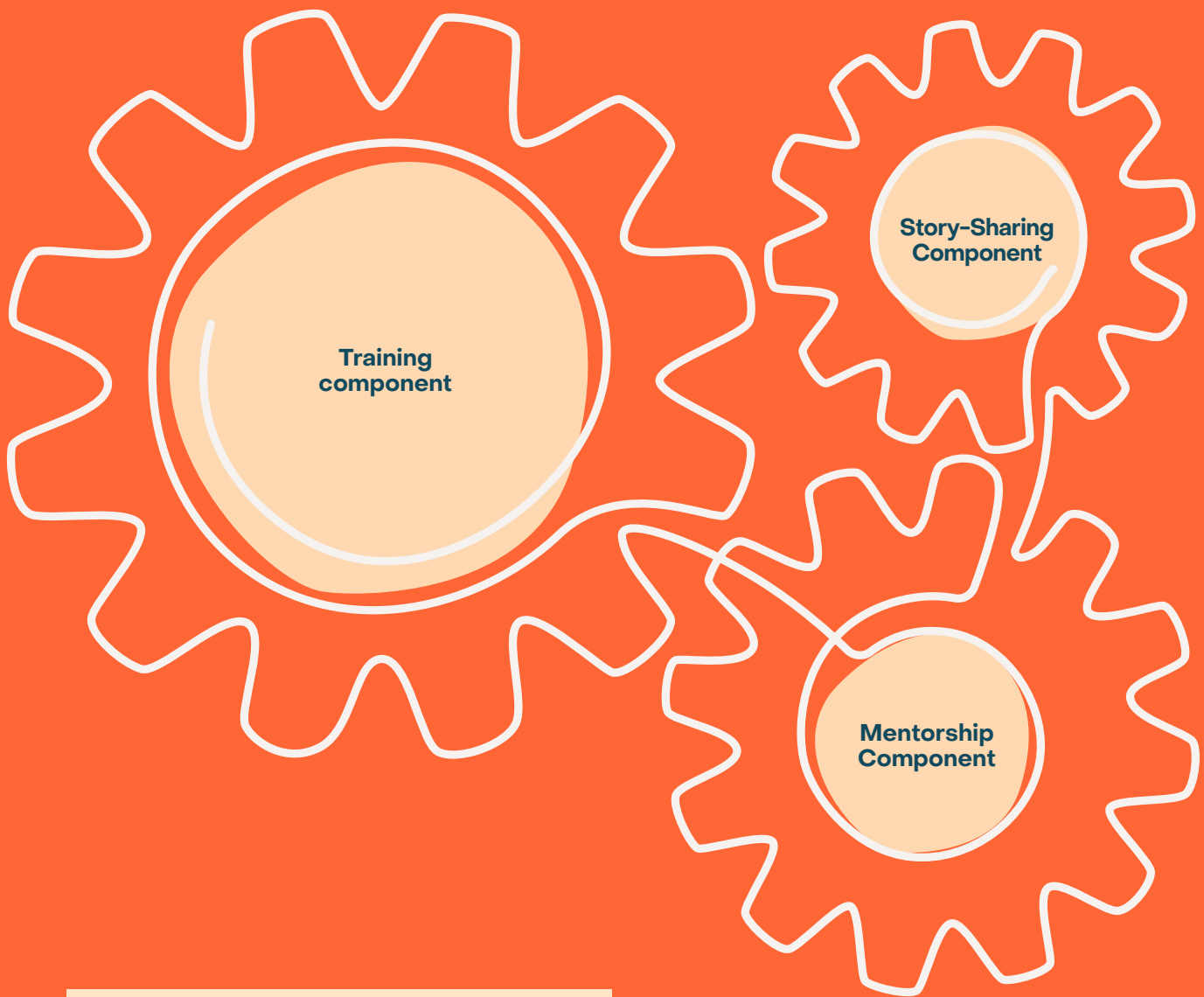
intervention to an online one, combining asynchronous and synchronous delivery methods. While additional on-site story-sharing collection with a film crew had been planned at The Hospital for Sick Children in Toronto and at St. Mary's Hospital Centre of CIUSSS de l'Ouest-de-l'Île-de-Montréal in Montreal, these activities were cancelled due to pandemic-related constraints. Instead, the partners re-edited and created new story-sharing materials from the audio-video footage collected during the 2017 partnership development grant. These materials, as well as a catalogue of narrative and story-based materials from various media sources, were integrated into the SBNH-L Program to facilitate story-sharing and reflection amongst participants. Ultimately, the six-month online SBNH-L Program was delivered to a first cohort of 55 participants from September 2021 to March 2022, and to a second cohort of 66 participants from May 2022 to October 2022. To understand their experience as well as the impact and effectiveness of the SBNH-L Program, all participants of the program were invited to participate in robust mixed-method evaluation activities with a pre-test and post-test design.

¹ Strengths-Based Leadership and Management (SB-L/M) training program was the original name given to the pilot program. The name of the program was changed to Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program to be consistent with the name given to this value driven approach, renamed Strengths-Based Nursing and Healthcare (SBNH).

A portrait of Christina Clausen, a woman with shoulder-length brown hair and blue eyes, smiling warmly. She is wearing a teal-colored top and a necklace with a square pendant. The background is a dark, neutral color.

“Looking through an SBNH lens, [the SBNH-L Program] not only reminds us, but also asks us, what our core values are and to what extent are we living those core values in the way we work with others, the way we care for patients.”

– Christina Clausen, RN, PhD,
co-investigator



Program Description

A philosophy and value-driven approach to leadership derived from Strengths-Based Nursing and Healthcare (SBNH) (Gottlieb, 2013) and the principles of Strengths-Based Nursing and Healthcare Leadership (Gottlieb et al., 2012).

The Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program helps participants to acquire the knowledge and skills required to create equitable, culturally safe workplace cultures and environments that honour, develop, mobilize, and capitalize on the strengths of individuals and their team.

This unique, online, six-month program is grounded in Strengths-Based Nursing and Healthcare Leadership concepts, principles, and values that aim to assist participants to acquire a SBNH-L identity and mindset and that becomes their leadership style. SBNH-L is derived from Strengths-Based Nursing and Healthcare (SBNH), a value-driven philosophy and approach to guide clinicians, leaders, educators, and researchers. SBNH is grounded in concepts of person and family centered care, relationships, empowerment, innate and acquired capacities (strengths); and operationalized through eight core values (Gottlieb, 2013).

This program aims to help participants to develop the knowledge and skills necessary to create healthy, productive workplace environments for their teams and to foster generative and healing environments for patients and families. It is a program that helps participants to drive a culture of innovation and change that seeks to improve quality care outcomes for the populations that they serve. Throughout this program, participants learn leadership skills and strategic approaches required of SBNH-Leaders that promote effective and resilient teams which in turn optimize system performance. Participants strive to acquire an SBNH-L identity embodied in their leadership style and reflected in their ways of being and doing (capabilities) grounded in the core values required for Strengths-Based Nursing and Healthcare Leadership (Huble et al., 2022).

PROGRAM CONCEPTUALIZATION:

This unique leadership program consists of three key components:

1. Story-sharing Component:

- Story-sharing materials: The creation and curation of innovative, story-based multi-media materials, to be integrated into the SBNH-L Program's training component (#2).
- Story-sharing facilitation approach: a reflective-practice process to facilitate story-sharing, an educational strategy grounded in narrative pedagogy, to be integrated throughout the training and mentorship components (#2 and #3) (Durrant, M & Gottlieb, L.N. in press).

2. Training Component:

- A 12-module training course with active learning activities to enable participants to grow their understanding of the SBNH Leadership approach and to develop the knowledge and skills necessary to create healthy, productive work environments.

3. Mentorship Component:

- A small-group mentorship program delivered over six-months to support participants in deepening their understanding of SBNH Leadership, in consolidating and sustaining their learning, and in integrating and implementing their learning into the workplace.

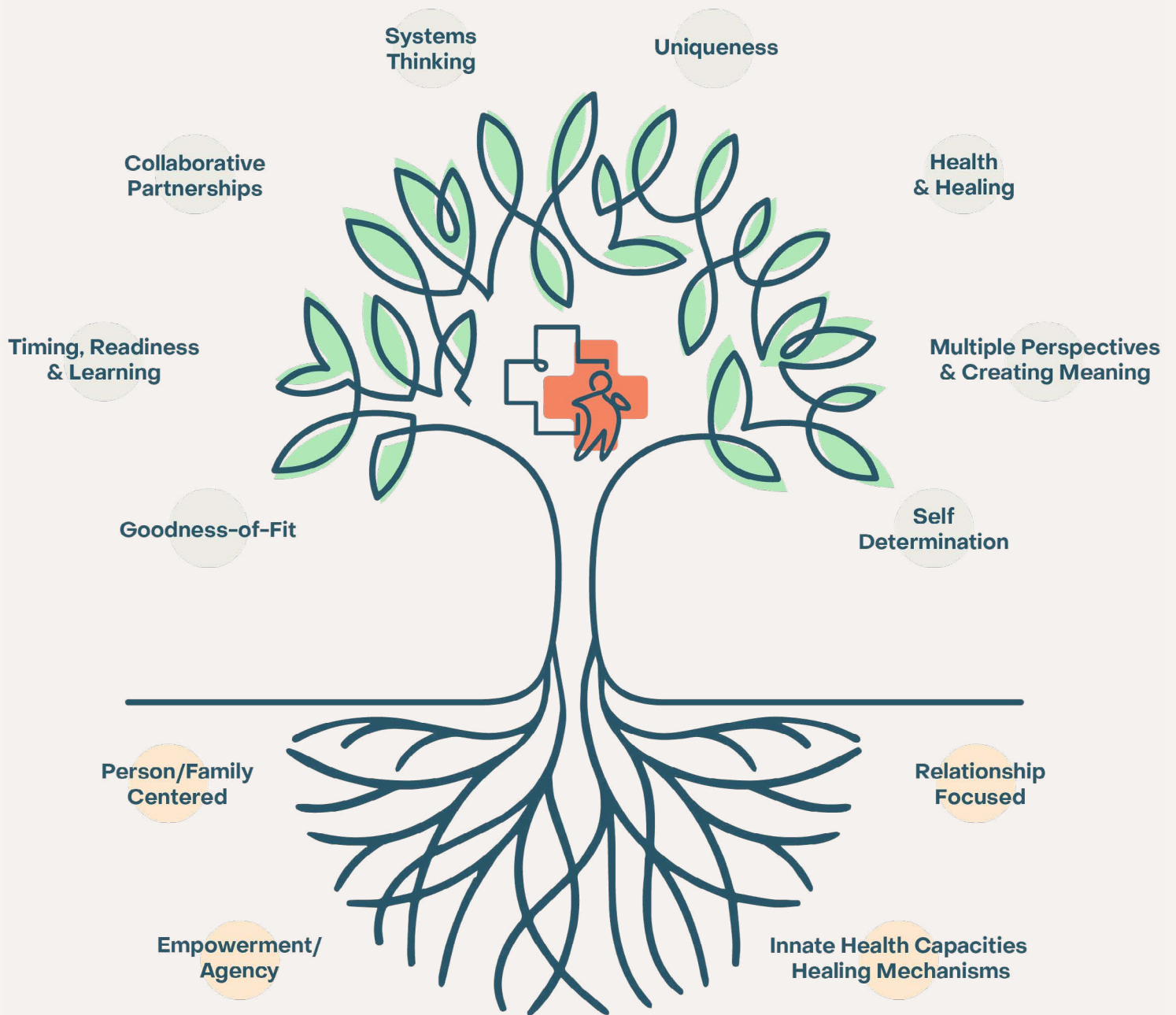


Figure 2: L.N. Gottlieb's SBNH Leadership Tree (2021) illustrating the Strengths-Based Nursing and Healthcare Leadership values and foundations.

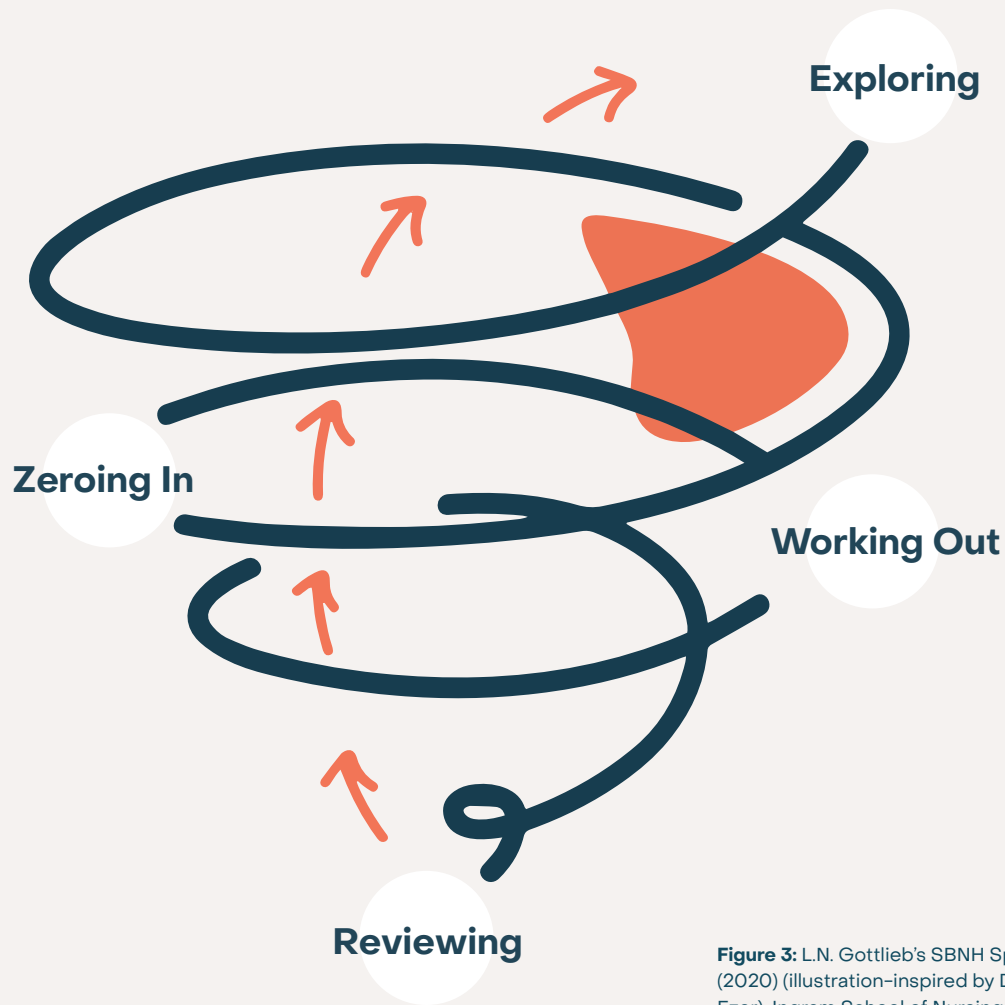


Figure 3: L.N. Gottlieb's SBNH Spiralling Process (2020) (illustration-inspired by D. Moudarres, H. Ezer). Ingram School of Nursing, McGill University.

LEARNING OUTCOMES:

According to Gottlieb et al. (2021), the SBNH-L Program includes the following learning outcomes:

By the end of this program, learners will be able to:

1. Integrate SBNH foundations, values, and qualities into their leadership vision, day-to-day interactions, and decision-making.
2. Recognize, develop, support, and mobilize potential strengths within themselves and within others.
3. Set and communicate expectations and standards of what constitutes knowledgeable, compassionate, safe, equitable, high-quality patient and family-centered care.
4. Leverage resources, structures, and processes to implement SBNH cultures and environments.
5. Establish an equitable SBNH Leadership approach that strives to create a culture of belonging through a commitment to lifelong learning about equity, diversity, and inclusion. (p. 2)

See Appendix 1 for the Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline.

Program Delivery and Structure

PARTICIPANTS

This program was delivered to two cohorts of 55 participants and 66 participants, respectively, for a total of 121 participants. Participants were recruited for Cohort 1 in the summer of 2021 and for Cohort 2, in the spring of 2022 from the following five partnering healthcare institutions: Two in Toronto, Ontario, Canada, namely, Hospital for Sick Children, Holland Bloorview Kids Rehabilitation Hospital, and three sites in Montreal, Quebec, Canada, namely, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, CIUSSS de l'Ouest-de-l'Île-de-Montréal, and the McGill University Health Centre. Participants were recruited amongst the following staff types: nurse managers, nurse leaders, nurse educators, nurses, other healthcare leaders/managers, and those in advanced practice roles. Each participating institution was responsible for conducting their own participant recruitment and selection. All participants received six days of paid release time from their employer to attend the SBNH-L Program's training component.



PROGRAM TIMELINE

COHORT 1:

Cohort 1 of the SBNH-L Program included six training days delivered in three segments of 2 consecutive days each, with a three-weeks gap between Segments 1 & 2, and a six-weeks gap between Segments 2 & 3. Small group mentorship began after the first week of training and ran for a total of 6 months. Throughout the training and mentorship, participants were encouraged

to advance a change project in their workplace to implement their learnings. The program culminated in a final celebration event.

The below figure provides a visual overview of the program timeline for cohort 1.



Figure 4: SBNH Leadership Program Cohort 1 Timeline.

COHORT 2:

For the second cohort, the team consulted with former participants, faculty, and co-investigators at the participating institutions to collect feedback regarding the program schedule. Two changes were made to the training component timeline. First, the two consecutive training days per segment were restructured to run one day per week with the goal of addressing Zoom fatigue concerns raised by participants and faculty from Cohort 1, as well as participant release concerns raised by co-investigators. In addition, because recruitment for Cohort 2 had originally been scheduled to launch at the height of COVID-19's Omicron wave in

Ontario and Quebec, the partners reached a collective decision to delay recruitment and program launch by six weeks and to condense the program's training component to a weekly schedule. This decision was made so that the training dates would not coincide with the peak of Omicron or with the summer vacation period that would make it difficult to secure participant release time. All other elements of the program timeline remained unchanged.

The below figure provides a visual overview of the program timeline for Cohort 2.

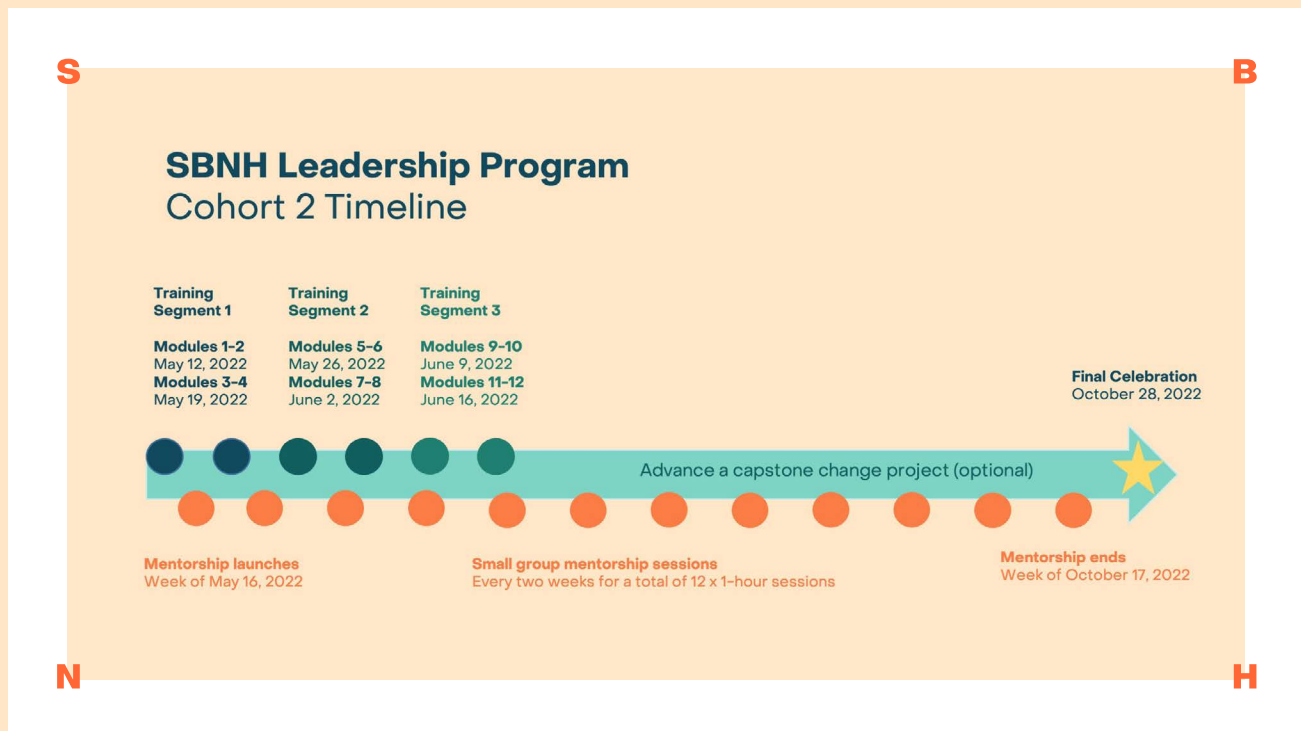


Figure 5: SBNH Leadership Program Cohort 2 Timeline.

PROGRAM ELEMENTS:

Training:

Overview:

The program includes 12 training modules delivered over six days, online. The modules were grouped into three segments of four modules each: Segment 1 (Modules 1–4): Laying the foundations. Why use a Strengths-Based approach?, Segment 2 (Modules 5–8): Skilled know-how to foster creative SBNH Leadership, and Segment 3 (Modules 9–12): Putting it all together to the SBNH Leader you want to be (see Appendix 1: Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline) (Gottlieb et al., 2021). Each module included one hour of asynchronous (independent online) pre-learning plus a three-hour synchronous session with cohort participants and faculty connecting over Zoom.

Pedagogical approach & strategies:

Silberman et al.'s **active learning** pedagogical approach underpins the SBNH-L training component (2015). The training modules also integrate Durrant and Gottlieb's **story-sharing facilitation approach**. This unique educational strategy uses cinema verité, stories, and arts-based activities to facilitate reflection and deepen learning within the context of each leader's experiences (in press).

Pre-Learning on MyCourses, McGill's Learning Management System:

The pre-learning is meant to be a primer to help participants prepare for the synchronous sessions. Each module contains an introduction to the content and learning objectives, a welcome message from the module faculty, various pre-learning activities, as well as suggested readings and resources for participants to review, whether during the program or in the future. Although participants

could choose which readings to do before each module, participants were encouraged to acquaint themselves with the core concepts to be covered in the modules prior to each session and, when possible, to complete the pre-learning activities which are part of their respective in-session module. Importantly, participants retain access to MyCourses indefinitely after the program ends so that the readings, resources, and activities can continue to be valuable resources for ongoing learning. It should be noted that the pre-learning on MyCourses was originally designed to be mandatory. However, given that the SBNH-L Program was delivered during the early phases of the COVID-19 pandemic, this expectation was modified to build in greater flexibility and to facilitate overall participation in the program.

Synchronous Sessions:

The six synchronous training days are comprised of a three-hour morning module, a one-hour lunch break, and a three-hour afternoon module. These full-day sessions provide the foundational knowledge of the SBNH Leadership Program. These synchronous modules deepen understanding of the SBNH-L approach and provide important tools and activities that help participants integrate, deepen, and embody SBNH as their leadership style (Durrant & Gelsomini, 2021).



“I am hoping that the clinicians who have raised their hands to participate in this project feel empowered, come away with tools that will help develop their leadership, and create fertile ground for Strengths-Based environments to emerge.”

**- Beverley-Tracey John, RN, MSc. A,
co-investigator.**

Mentorship:

All SBNH-L Program participants participated in a mentorship experience over a six-month period. Mentorship is an essential component of the SBNH-L Program because it facilitates knowledge uptake and the application of core concepts into day-to-day leadership practice. Our unique mentorship component is designed to ensure that Strengths-Based Nursing and Healthcare Leadership concepts, foundations, and values become a way of being and doing, and in this way become an embodied way of leading and managing. Throughout the mentorship sessions, mentors encouraged story-sharing amongst participants to facilitate reflection and deepen learning (Fréchette et al., 2021).

Participants met with their mentor and a small group of 2-3 program participants for one-hour every two weeks over a period of 6 months, virtually.

Capstone Change Project:

As participants moved through the modules and mentorship, they also had the opportunity to work on a capstone change project. The capstone change project is meant to advance SBNH or SBNH-L within their clinical setting which has the potential to benefit their patients, staff, unit, or organization. This project begins with the participant identifying an idea grounded in SBNH-L from their own work context that they would like to move forward. Throughout the mentorship period, participants were guided to explore possibilities and identify workable solutions to advance their projects. Participants who decided to undertake a change project had the opportunity to share their ideas and progress during *Module 12: Capstone Change Project Presentations* and to showcase their project results in the form of a virtual poster as part of the final celebration (Durrant & Gelsomini, 2021).

It should be noted that the capstone change project was originally designed to be mandatory. However, given that the SBNH-L Program was delivered to nursing and healthcare staff during the COVID-19 pandemic, this expectation was modified to make it optional in order to reduce the demands on participants.

Final Celebration:

At the end of the six-month program, when the formal mentorship period had concluded, participants were invited to attend a 1-hour closing celebration to celebrate their success and share their change project results. At this event, executive leadership from each of the participating institutions gave institutional remarks to highlight the importance and impact of the SBNH Leadership Program at their institution, and to acknowledge the tremendous investment of local participants, faculty, mentors, and research team members.

PROGRAM ACCREDITATION

The SBNH Leadership Program was approved for a maximum of 61 hours of accredited continuing nursing education by the Continuing Nursing Education (CNE) Office of the Ingram School of Nursing, McGill University, Montreal, Canada.

After the final celebration, all participants received a certificate of attendance which included a confirmation of their accredited hours. Accredited hours were calculated on an individual basis depending on attendance records from the program, for up to a maximum of 61 hours.

Program Testimonials

“Participating in this course gave me new perspectives, new ways of looking and acting on the different situations we see in our nursing practice. It was enlightening.”

– Paulette Morris, RN, BSN, MeD, participant

“This has been a very inspiring and empowering program. SBNH has taught me that every problem/conflict is an opportunity to grow,”

– Kathy Kana’an, RN, participant

“The capstone [change project] was what helped me 'connect the dots' between the philosophy and leadership change management. I believe as nurses we do integrate a Strengths-Based approach to care but to connect it with leadership is another layer of complexity and consideration... one that is possible.”

– Participant

“The mentoring sessions were a gift for me, reminding me of the importance of nursing leadership and my own purpose in life. Thank you for creating this program.”

– Isabelle Caron, MSc.N, mentor

“SBNH/SBNH-L gives us a vocabulary and a compelling voice. During the pandemic, I’ve been so impressed by the commitment of the partners, mentors, and mentees to continue this work. SBNH/SBNH-L keeps us centred on what is important in healthcare, and what is important in nursing and interprofessional care.”

– Catherine Oliver, N, BA, MSc(A), mentorship consultant

“[SBNH Leadership] is a way of thinking and a way of doing. It helps us re-think and re-imagine possibilities. It’s value-driven, it’s a philosophy, an approach. It guides us.”

– Michele Durrant, RN, MSc, training and learning consultant





Training and learning consultant Michele Durrant (right) with student.



From left to right: Executive Committee members Bruce Gottlieb, Tina Gelsomini, Laurie Gottlieb, Mélanie Lavoie-Tremblay

Program Team and Committee Structures

The SBNH-L Program was developed, delivered, and evaluated thanks to the research project's working committees as well as the individual work of dozens of faculty, mentors, staff, and researchers. The following section provides an overview of the team and committee structures responsible for various aspects of the program and the accompanying evaluation research.

EXECUTIVE COMMITTEE

The Executive Committee supports principal investigator Laurie Gottlieb with maintaining overall integrity of the research partnership and executing the research goals. Their responsibilities include coordinating and liaising with working committees to drive activities forward, anticipating issues and considering possible solutions, trouble shooting and bringing forth issues to the relevant working committees, resolving conflicts, maintaining clear communication and transparency throughout all arms of the project, overseeing the day-to-day operations, and engaging with stakeholders. This committee meets weekly for two hours.

Members include:

- Laurie Gottlieb, principal investigator of the research partnership and co-chair of the Integrated Training Program Committee
- Mélanie Lavoie-Tremblay, co-investigator of the research partnership and co-chair of the Evaluation Committee
- Bruce Gottlieb, co-investigator of the research partnership and co-chair of the Knowledge Mobilization and IP, Agreement, and Ethics Committees
- Christina (Tina) Gelsomini, project officer of the research partnership

INTEGRATED TRAINING PROGRAM COMMITTEE

This committee, reporting to the Executive Committee of the research partnership, was responsible for the overall development of the program outline (see Appendix 1: Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline), which includes the SBNH Leadership definition, the overarching program outcomes, and the training component curriculum including segment descriptions and outcomes as well as module titles and learning objectives (Gottlieb et al., 2021). This committee was also responsible for developing the ways of being and doing for SBNH Leaders (Hubley et al., 2021), for integrating the program's key components, and for conceptualizing the program's overall structure. During delivery of the program, the training committee was responsible for making major decisions on the program's structure and for providing feedback on program delivery and overall quality. This committee meets monthly. Members include:

- Co-Chairs: Pam Hubley and Laurie Gottlieb
- Committee Members: Christina Clausen, Catherine Oliver, Michele Durrant, Tina Gelsomini (staff member), Erica Blekkenhorst (staff member), Sarah Brown (staff member)
- Ad hoc members: Natalie Oldfield (online course designer)

The Integrated Training Program Committee created three sub-committees that reported back to them. These included: Remote Learning Subcommittee, Instructional Design and Program Delivery Subcommittee, and Mentorship Subcommittee.

Remote Learning Subcommittee

This subcommittee, reporting to the Integrated Training Program Committee, was established in May 2020 in response to the COVID-19 pandemic and its anticipated impact on the implementation of the SBNH-L Program, which was originally intended to be delivered in person. This subcommittee had a time-limited mandate to develop a proposal for the remote delivery of the SBNH-L Program, which was approved by the Integrated Training Program Committee and Executive Committee and endorsed by the partners in fall 2020. Their proposal recommended the format, strategies, and best practices for the remote delivery of the SBNH-L Program, as well as the associated budget and resources. This subcommittee met every 2–3 weeks until completion of their mandate. Members included the following research team members, staff members, and online learning experts from McGill University:

- Chair: Annie Chevrier
- Subcommittee members: Michele Durrant, Maggie Latucca (McGill expert), Katherine Logue (McGill expert), Tina Gelsomini (staff), Erica Blekkenhorst (staff), Alexandra Logushova (staff)

Instructional Design and Program Delivery Subcommittee:

This subcommittee, reporting to the Integrated Training Program Committee, was established to operationalize the Remote Learning Subcommittee's proposal. This subcommittee was responsible for overseeing the instructional design of the training component, building the virtual program, managing and coordinating the execution of the program, bringing issues and possible solutions to the Integrated Training Program Committee, and ensuring the smooth and high-quality delivery of the program. This subcommittee met every 1–2 weeks

until completion of their mandate. Members included the following staff and consultants:

- Subcommittee members: Tina Gelsomini, Michele Durrant, Natalie Oldfield, Anna Adjemian, Alexandra Logushova (Cohort 1), Shadia Vargas (Cohort 2)

Mentorship Subcommittee:

This subcommittee, reporting to the Integrated Training Program Committee, was responsible for developing the mentorship component of the SBNH-L Program and the associated Mentorship Guide (Fréchette et al., 2021) and for overseeing the development and delivery of the SBNH-L mentor community of practice. Members included:

- Subcommittee members: Development phase: Julie Fréchette, Michele Durrant, Laurie Gottlieb. Implementation Phase: Catherine Oliver and Michelle Durrant in consultation with Laurie Gottlieb

Faculty

Faculty Selection:

The SBNH-L Program training modules were delivered by 27 committed faculty from across Toronto, Ontario, and Montreal, Quebec. Faculty members were invited based on their leadership style, experience, and expertise to co-develop and co-deliver one module. Please see Appendix 2 for the complete list of faculty members with their respective bios

Faculty Development:

Faculty attended an orientation day and various faculty development initiatives to broaden and deepen their understanding and capacity of SBNH Leadership.

Faculty Role:

Each 3-hour module was developed and delivered by a faculty member from Ontario and Quebec (see Appendix 1: Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline). Faculty worked closely with our training and learning consultant Michele Durrant, online course designer Natalie Oldfield, and administrative team to prepare their module's content and to align it with the SBNH-L approach.

Mentors

Mentor Selection:

The SBNH-L Program mentorship component was delivered by 32 committed mentors from across Ontario and Quebec. Mentors were nominated and selected based on their leadership, experience, and embodiment of SBNH. Please see appendix 3 for the complete list of mentors with their respective biographies.

Mentor Development:

All mentors attended an accredited mentor orientation day before the mentorship period began and participated in a SBNH-L Mentor Community of Practice throughout the six-month mentorship period to support them in their role as mentors. The community of practice included a mentorship portal housed on McGill MyCourses and monthly synchronous sessions co-facilitated by mentorship consultant Catherine Oliver and teaching and learning consultant Michele Durrant and attended on an ad-hoc basis by Laurie Gottlieb, Pam Hubley, Christina Clausen.

Mentor Role:

Each mentor was assigned a small group of 2-3 program participants and mentored them for a period of six months. Mentors met their small group virtually once every two weeks during the mentorship period.

EVALUATION COMMITTEE

The evaluation committee, reporting to the Executive Committee of the research partnership, was responsible for developing the evaluation design and protocol for the SBNH-L program; overseeing the implementation of the evaluation protocol; and liaising with the Integrated Training Program Committee to ensure that the evaluation protocol aligns with the SBNH-L Program and its intended outcomes. Members:

- Co-Chairs: Kathleen Boies and Mélanie Lavoie-Tremblay
- Committee Members: Christina Clausen, Julie Fréchette, Kimberley Manning



Program Outputs

LITERATURE REVIEWS

Castiglione, S. & Lavoie-Tremblay, M. (2021). An integrative review of organizational barriers and facilitators to large-scale transformations in healthcare. *JONA: The Journal of Nursing Administration*, 51(5), 264-270.

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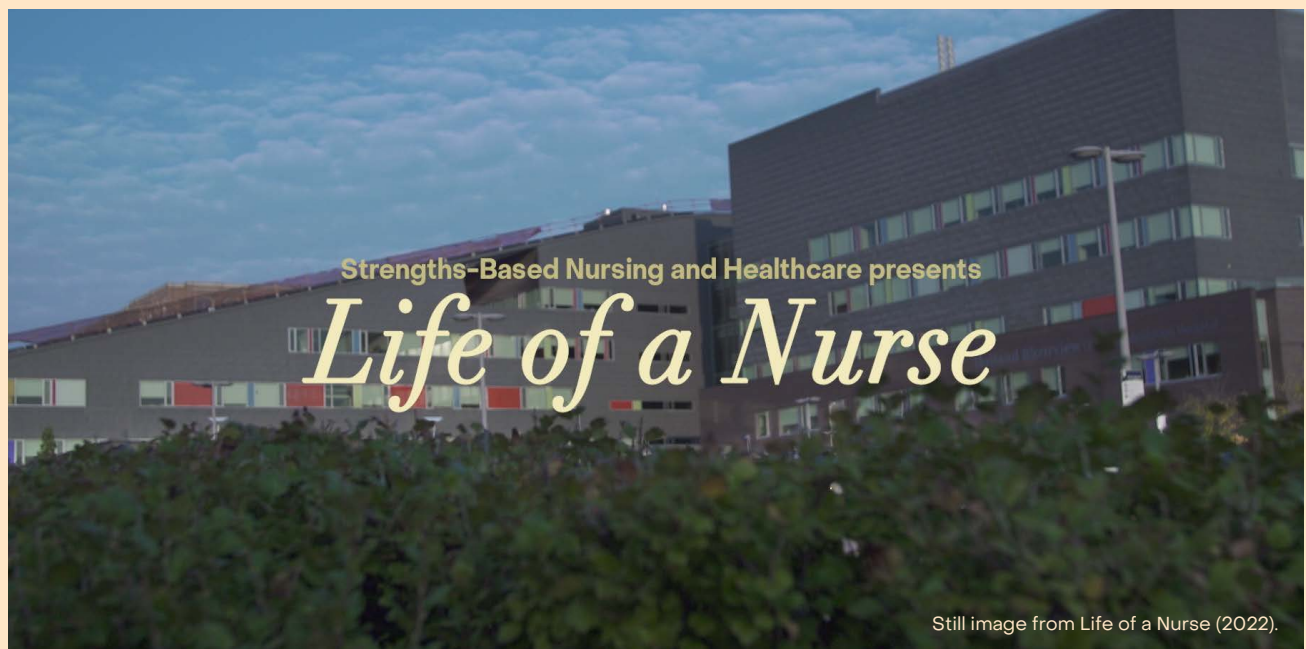
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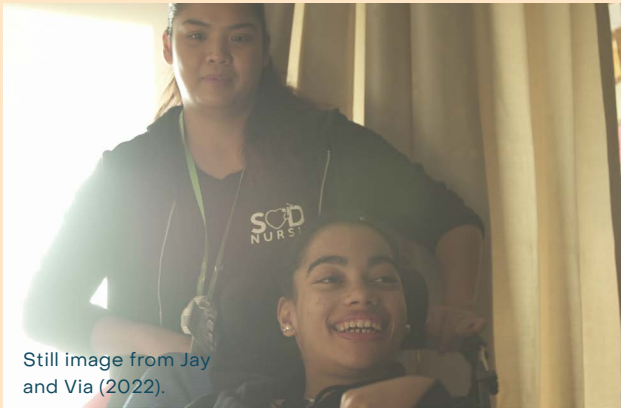
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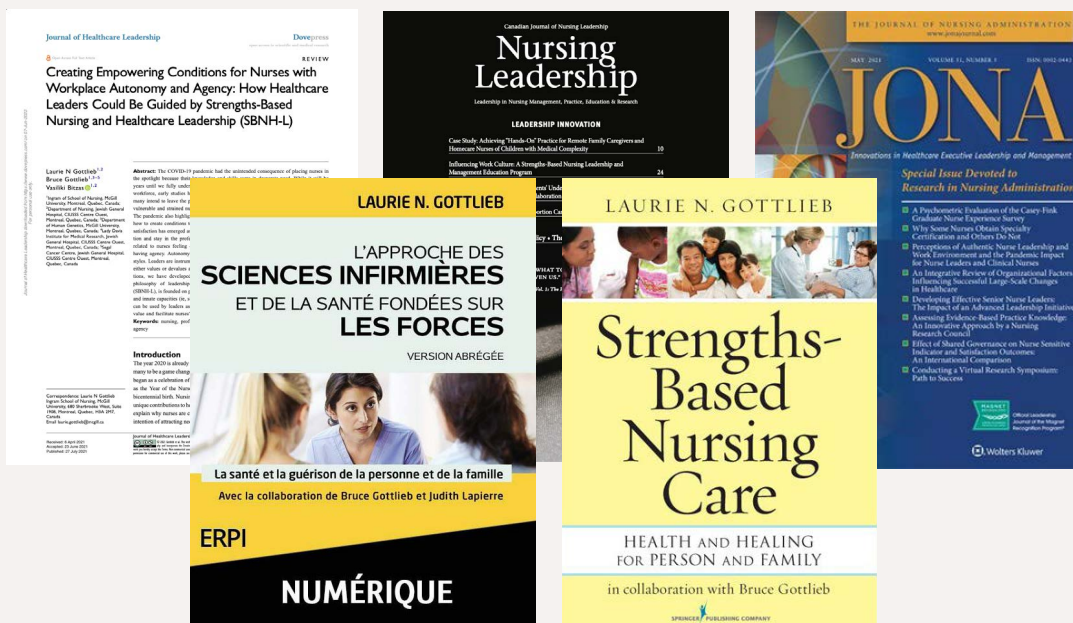
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Appendix 1

Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline (Gottlieb et al., 2021)

This appendix includes the complete *Strengths-Based Nursing and Healthcare Leadership (SBNH-L) Program Outline* developed by Laurie Gottlieb, Pam Hubley, Michele Durrant, Christina Clausen, and Christina Gelsomini (2021).

SBNH LEADERSHIP DEFINITION

SBNH Leadership (SBNH-L) is a unique, value-driven, embodied approach that guides leaders and managers to create equitable, culturally safe workplace cultures and environments that honour, develop, mobilize, and capitalize on the strengths of individuals and their team. SBNH leaders enable individuals, teams and organizations to provide knowledgeable, compassionate, safe, high quality person family centered care. SBNH Leaders have skilled know-how to bring about change.

The SBNH-L's underlying foundations of person-centered, empowerment, relationship-focused and innate capacities

are operationalized by eight core values. These values guide SBNH Leaders' actions. They include: systems-thinking; uniqueness; health and healing; multiple perspectives and creating meaning; self-determination; goodness-of-fit; timing-readiness-learning; collaborative partnerships.

SBNH Leaders strive to be humble, self-aware, authentic, open-minded, compassionate, courageous, credible, curious, creative, flexible, and resourceful. They have integrity, imagination, and operate from a growth mindset. They strive to be engaged, collaborative, systems-focused, solution-orientated, evidenced informed. These SBNH leadership qualities determine how the foundations and the eight core values are enacted to lead.

OVERALL PROGRAM OUTCOMES

By the end of this program learners will be able to:

1. Integrate SBNH foundations, values, and qualities in their leadership vision, day-to-day interactions and decision-making.
2. Recognize, develop, support, and mobilize potential strengths within themselves and within others.
3. Set and communicate expectations and standards of what constitutes knowledgeable, compassionate, safe, equitable, high quality patient and family centered care.
4. Leverage resources, structures, and processes to implement SBNH cultures and environments.
5. Establish an equitable SBNH Leadership approach that strives to create a culture of belonging through a commitment to life-long learning about equity, diversity, and inclusion.

MODULE 2 SBNH LEADERSHIP

Faculty: Pam Hubley, Connie Cameron, Bessy Bitzas

OBJECTIVES

1. Explain how each SBNH-L value can be applied within your leadership context.
2. Self evaluates how to create conditions for staff to feel empowered.
3. Use the spiraling process with the strengths-based value wheel to understand issues and complex challenges in context.
4. Self evaluates relationship skills (communication) to recognize the uniqueness of staff through: authentic presence, attentive listening to multiple perspectives, astute observational skills, attunement and ability to discern salience in a situation in the context of SBNH-L, with the goal of working collaboratively with people.
5. Self evaluates how to create conditions for staff to feel heard, safe, and empowered.
6. Develop a vision for your leadership approach.

MODULE 3 SITUATING SBNH LEADERSHIP WITHIN THE HEALTH CARE SYSTEM

Faculty: Isabelle Caron, Karen Spalding (cohort 1), Mike Villeneuve (cohort 2)

OBJECTIVES

1. Explain why a system approach is critical to SBNH leadership.
2. Describe a system approach from micro, meso and macro levels and how it is relevant to their role.
3. Use system thinking to understand issues and develop situated solution focused approaches.
4. Develop insights to how one influences and is influenced by context (physical, emotional, relational, social, political environment, and power structures and dynamics).

MODULE 4 BUILDING SBNH LEADERSHIP CREDIBILITY AND CREATING CONDITIONS FOR SBNH PRACTICE ENVIRONMENTS

Faculty: Erin Vandeven, Lee-Anne Pires, and Rosetta Antonacci

OBJECTIVES

1. Identify how to build credibility and accountability to influence others.
2. Explain the importance of a growth mindset for SBNH leadership.
3. Evaluate conditions that facilitate or hinder SBNH practice.
4. Demonstrate a growth mindset through a case study and highlight how to manage people through engagement, compassion, empathy and capitalizing on their strengths.

Segment 2: Skilled know-how to foster creative SBNH Leadership

This segment will help you build your capabilities as a change leader. All managers and leaders require an understanding and an ability to: communicate effectively and resolve conflict; foster equitable workplace environments; and innovate and improve the quality of care delivered to patients and their families. Applying wise practices and using tools from communication theory, change management, quality improvement, and implementation science can facilitate a creative resolution to challenging problems faced in an uncertain and high-pressured environment. Effective SBNH Leaders use multiple strategies to implement and sustain change.

By the end of this segment learners will be able to:

- Acquire the skills of a situation-responsive SBNH Leader.
- Use communication to influence others, build credibility, and lead change.
- Employ strategies and tools (e.g., attentive listening, collaboration, creativity, coaching, advocacy, and accountability) to lead change effectively and manage daily interactions.

- Identify differences in experience and implicit and explicit biases in your workplace, and how they impact on individual patient and staff experiences.
- Locate and articulate concepts of psychological and cultural safety.

MODULE 5 EFFECTIVE COMMUNICATION

Faculty: Jackie Hubbert & Annie Chevrier

OBJECTIVES

1. Recognize the attributes and essential qualities for SBNH-L communication.
2. Develop skills of attunement, attentive listening, authentic presence.
3. Recognize attitudes and behaviours that interfere with effective communication.
4. Practice strengths-based forms of communication including appreciative conversations.
5. Use strategies for preventing and de-escalating conflict.
6. Use strategies to promote healthy, productive workplace environments.

MODULE 6 LEADING CHANGE

Faculty: Joanne Maxwell & Marie Claire Richer

OBJECTIVES

1. Understand change through the senses and emotional bodily experiences.
2. Facilitate change.
 - a. Assesses own staff unit/organizational needs with attention to exclusion and marginalization.
 - b. Prepare one's teams for change.
 - c. Design and manage conditions to maximize success for change.
 - i. Develop strategies to create and maximize "goodness of fit" environments for staff.
 - d. Describe the change process and present transparent accountability measures
 - e. Translate theory into actions.

- f. Ongoing evaluation of change initiatives and modifies plans accordingly
3. Use creative solutions to understand and manage complex problems.
4. Create learning and meaning through change.

MODULE 7 CONTINUOUS QUALITY IMPROVEMENT

Faculty: Rick Wray & Alain Biron

OBJECTIVES

1. Describe dimensions of quality in health care as defined by the Institute of Medicine.
2. Evaluate competing values and how one could reconcile these in order to make the patients values a priority when possible.
3. Review how patient safety and quality improvement frameworks align with SBNH-L philosophy and approach.
4. Critique how patient safety quality improvement frameworks within a SBNH-L lens can improve patient and staff outcomes.
5. Use the Model for Improvement to define a project aim, identify evaluation measures, identify changes that may result in improvement and use of the PDSA cycle to test change(s) within a team environment.

MODULE 8 IMPLEMENTATION SCIENCE

Faculty: Bonnie Fleming-Carroll & Sonia Castiglione

OBJECTIVES

1. Review a process for implementation change in practice settings to facilitate uptake of SBNH using an implementation science framework.
2. Appraise evidence and context to plan for sustainable change using an implementation science framework
3. Develop competencies and skills necessary for the role of facilitator/coach/supporter to enable and sustain change.
4. Design opportunities for knowledge exchange and translation, and approaches to integrate evidence into practice.



Professor Laurie Gottlieb (right) with student

Segment 3: Putting it all together to be the SBNH Leader you want to be

All leaders take time to develop their style, capabilities and build confidence. Practical knowledge (i.e., experience) and theoretical knowledge coupled with reflective and experiential learning can help you become the leader you want to be. This segment will help you to explore leadership ideas that are unique to your role and discover strategies that are relevant to your leadership challenges.

By the end of this segment the learner will be able to:

- Reflect on their growth as an SBNH leader and their newly acquired capabilities.
- Evaluate their practice environments through an SBNH lens.
- Design a plan to shift organizational cultures through the micro, meso, macro levels in order to build an SBNH environment.
- Demonstrate personal vulnerability in the context of SBNH Leadership.
- Celebrate belonging to a community of SBNH leaders.

MODULE 9 PROFESSIONALISM & COLLABORATIVE PARTNERSHIPS

Faculty: Mary McAllister & Christina Clausen

OBJECTIVES

1. Define professionalism in healthcare, including core attitudes and values and its relevance in the context of SBNH-L.
2. Describe how SBNH-L can promote professionalism of nurses and other health care professional's vis a vis their unit, organization and profession.
3. Analyze the concept of power in the context of the social contract and its role in impacting the nature of collaborative partnerships and teamwork.

4. Analyze how to build effective partnership in the workplace.
5. Use reflective practice to promote self-awareness, accountability, and explore one's abilities to cultivate a safe and equitable SBNH workplace environment.

MODULE 10 WHAT CONSTITUTES A HEALTHY WORKPLACE ENVIRONMENT

Faculty: Marilyn Ballantyne & Beverley-Tracey John

OBJECTIVES

1. Identify key factors that affect workplace culture.
2. Determine how leaders influence SBNH workplace cultures through vision, values, relationships, processes and structures to create psychological and physically safe, equitable, and compassionate environments.
3. Describe steps and strategies to create a SBNH workplace culture.
4. Illustrate how indicators of SBNH uptake and culture shift in the workplace are apparent.

MODULE 11 EQUITY, DIVERSITY AND INCLUSION IN A WORKPLACE

Faculty: Kimberley Manning, Erin Ziegler, Alessandra Borromeo (cohort 1), Karen Sappleton (Cohort 2)

OBJECTIVES

1. Locate and deepen your personal understanding of equity, diversity and inclusion through a SBNH-L lens.
2. Describe psychological and physical safety in the context of the workplace and its importance.
3. Develop strategies that fosters a safe and equitable workplace environment.
4. Reflect upon what constitutes healthy and unhealthy workplace environments.

5. Develop a baseline understanding of institutional discrimination and implicit and explicit bias and how they determine access to health, equity and power.
6. List strategies to provide space to allow for multiple voices to be heard.
7. Create strategies to promote agency, accountability, and equity.

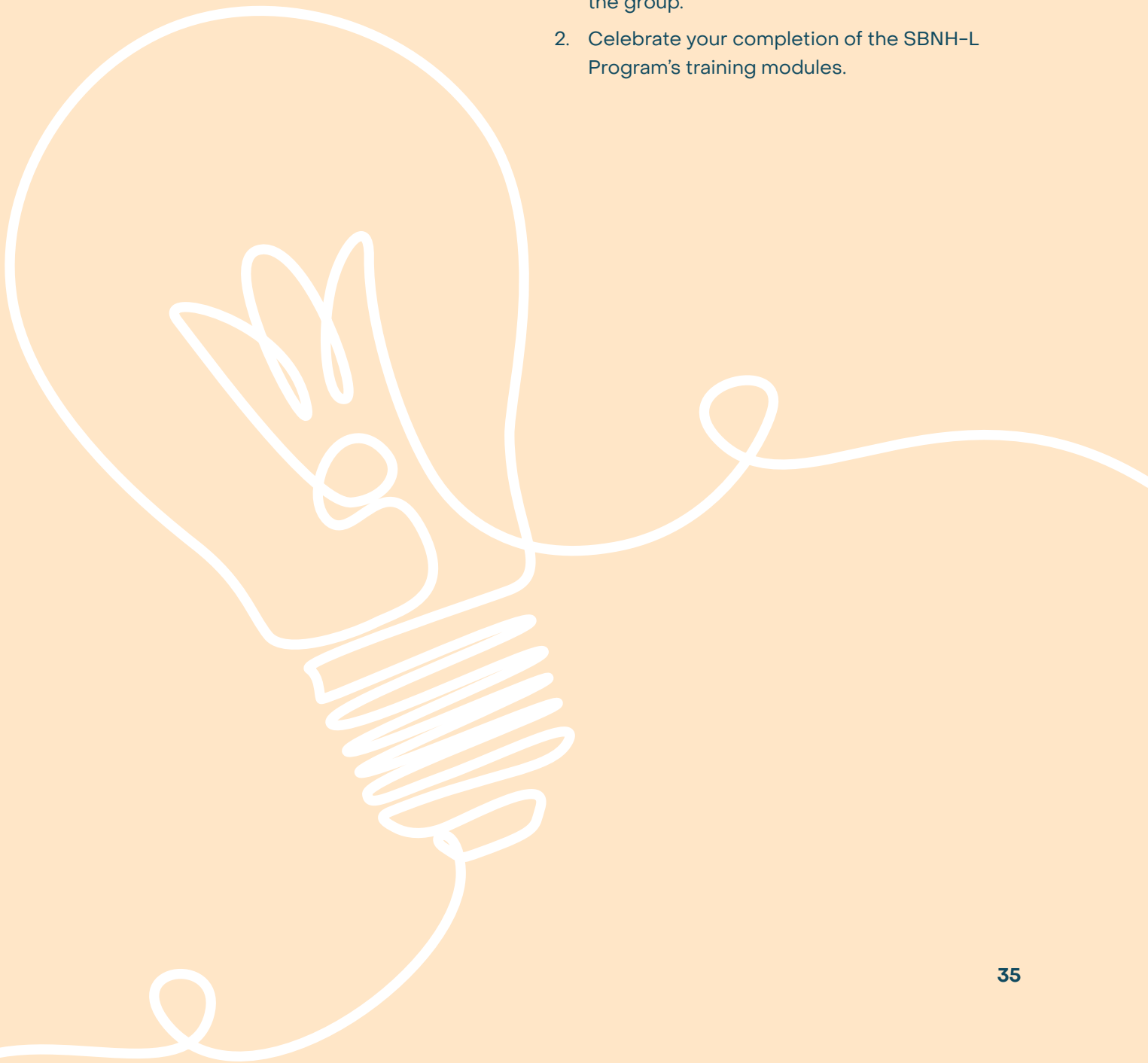
MODULE 12 CAPSTONE CHANGE PROJECT PRESENTATIONS

Faculty: Laurie Gottlieb, Pam Hubley, Michele Durrant, Christina Clausen

- Guest Facilitators, cohort 1: Connie Cameron, Annie Chevrier, Valerie Frunchak, Lee-Ane Pires, Catherine Oliver
- Guest Facilitators, cohort 2: Marilyn Ballantyne, Josée Lizotte, Mary McAllister, Catherine Oliver

OBJECTIVES

1. Present your capstone change project to the group.
2. Celebrate your completion of the SBNH-L Program's training modules.



Appendix 2

SBNH-L Program Faculty

Rosetta Antonacci, RN, BScN, MScAdm

Rosetta graduated with her DEC from Vanier College, BScN from the University of Ottawa, and MScAdm from Université de Laval. Prior to taking on a full-time position at McGill University she worked at St Mary's Hospital Center for over thirty years, where she held the role of Nurse Manager of the Clinical Teaching Unit, Acute Medicine and Cardiology, for 14 years. She has an extensive clinical background in oncology and emergency medicine. She is passionate about her profession and shares that with all students. She is enthusiastic, energetic, and committed to supporting students in their journey. She loves to teach future generations the beauty of the nursing profession.

Marilyn Ballantyne, RN, PhD, FCAN

Marilyn is an Adjunct Scientist in the Bloorview Research Institute, at Holland Bloorview Kids (HB) Rehabilitation Hospital. Marilyn retired as Chief Nurse Executive and Clinician Investigator at HB in 2020, where she led the implementation of Strengths-Based Nursing and Healthcare. Marilyn's leadership is grounded in strengths-based philosophy, effective workplace environments and system partnership. Marilyn brings excellence in pediatric acute care

and rehabilitation settings; strengths-based leadership training, advanced practice and nurse practitioner education; and leading patient-oriented research. She is an Adjunct Professor at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

Alain Biron, N. PhD

Alain is the Director of Nursing at the McGill University Health Centre (MUHC) and Assistant Professor at the Ingram School of Nursing, McGill University. In the past ten years, Alain has led many system-wide clinical practice improvement projects with a particular interest in using data to drive change. He has published on quality improvement, patient engagement, and patient safety.

Vasiliki Bessy Bitzas, RN, PhD

Bessy is the Clinical-Administrative Coordinator for Palliative Care, Geriatrics and Family Medicine at the Integrated University Health and Social Services Center for West-Central Montreal. She received her PhD in Nursing from McGill University in 2014 and her thesis focused on the lived experience of patients transitioning to end of life care. Along with her administrative and leadership role, Bessy supervises Doctoral and Masters nursing students, is involved in various research projects, and is an Assistant Professor at the Ingram School of Nursing at McGill where she lectures on Strength Based Nursing amongst other topics.

Alessandra Rich Y. Borromeo, B.Sc., M.A.

Alessandra is an internationally educated nurse with 15 years of clinical and leadership experience in the Philippines, UK, and Canada. She has worked extensively on quality management projects and the creation of positive work environments through diversity appreciation education. She believes in transparency and shared governance as key elements to successful organizations. As a transwoman of colour, she continuously advocates for LGBTIQ2S+ rights and migrant minorities.



*“There’s a perfect fit between
SBNH and leadership, and that
philosophy of preparing the
next generation.”*

- Alain Biron, N, PhD, co-investigator

Connie Cameron, RN, MN

Connie is a Registered Nurse and is the Program Manager for Professional Practice and Quality at SickKids (The Hospital for Sick Children, Toronto), and an Adjunct Lecturer in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. Progressing through many project leadership and practice development roles, Connie is committed to the design and delivery of programs which enhance and advance practice to better enable quality, safe, and outstanding care for patients and families.

Isabelle Caron, MScN

Isabelle is the Associate Nursing Director of the CIUSSS Centre-Ouest (West-Central Health Care & Social Services) of Montreal. She holds a Masters in nursing from the University of Montreal, and a bachelors from the Université Laval. She has over 20 years of experience in nursing management, overseeing care in medicine, neurology, mental health, geriatrics, palliative care, oncology, critical care, rehabilitation, infection control, and pandemic management. She worked as a faculty member at the Universities of Montreal and Laval, with research involvement in the fields of staffing, safety and quality, infection control, vaccination, geriatric care, family nursing, and recruitment and retention. She has a strong involvement in professional practice development.

Sonia Angela Castiglione, RN, MScA, PhD Student

Sonia is doctoral student and part-time faculty member at McGill University's Ingram School of Nursing. Sonia developed her expertise in knowledge mobilization after nearly a decade in a knowledge broker role at the McGill University Health Centre. Her close working relationship with nursing leaders and students in moving evidence into action inspired her doctoral research, which aims to explore how point of care nursing leaders engage in shared leadership to support the implementation of evidence-based practices on hospital units.

Annie Chevrier, N, MScA, CMSN(C)

Annie is an Assistant Professor, the Director of the Post-RN undergraduate program, and the Program Director of the Office of Online Education Initiatives and Continuing Education Nursing Initiatives at the Ingram School of Nursing (ISoN), FMHS, McGill University. She has been in leadership roles since 2010, as a CNS at the MUHC Medical Mission, and in director positions at the ISoN since 2013. She lead the development of the undergraduate post-RN program Online Modality. This will be the first online academic program to be launched at McGill. Annie obtained her Undergraduate [BNI] and Graduate Degree in Nursing [MScA] from McGill and has worked in Advanced Practice Nursing roles at the CIUSS ODIM and MUHC. She holds a Certification in Medical-Surgical Nursing from the Canadian Nursing Association [CNA]. She is the President of the Canadian Association of Medical and Surgical Nurses [CAMSN].

Christina Clausen, RN, PhD

Christina received her PhD in Nursing Administration from McGill in 2016 and currently serves as Site Coordinator for the McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care at the Jewish General Hospital, Integrated University Health and Social Services Centre in Montreal. The McGill Nursing Collaborative is a donor-supported (Newton Foundation) initiative intended to advance nursing research, education and practice between the nursing departments of the Jewish General Hospital (JGH) and the McGill University Health Centre (MUHC) as well as the Ingram School of Nursing (ISoN). Christina is dedicated to enhancing a strong and thriving community of nursing scholarship in Montreal that promotes a Strengths-Based approach. She has recently been a course director for the Office of Interprofessional Education (OIPE), Faculty of Medicine, McGill University and continues to support various nursing research, professional development and continuing education initiatives through the McGill Collaborative.

Michele Durrant, RN, MSc

Michele is a Learning and Training Consultant with the McGill Ingram School of Nursing, Partnership Grant, Transforming Nurses' Work Environments Through a Strengths-Based Leadership and Management Training Program. She is also Professor in the School of Nursing at Seneca College. Michele's interest and commitment is in advancing Strengths-Based Nursing Care through Strengths-Based Nursing Leadership.

Bonnie Fleming-Carroll, RN-EC/Paediatric, BSc., MN. CpedN(C)

Bonnie holds the position of Associate Chief of Nursing & Interprofessional Education and the Operational Director of Safe Access Management (COVID processes for the hospital) at the Hospital for Sick Children in Toronto. She is an adjunct lecturer for the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto and serves as the President of the Canadian Association of Paediatric Nurses. Bonnie's over 15 years of strategic and operational leadership focus on the advancement of Interprofessional collaborative practice through education and learning. Her expertise lies in strategy planning, needs assessment, context relevant curriculum, implementation, sustainability and evaluation. Her education role entails leading large organizational education programs, overseeing implementations of new practices, policies and systems, and overseeing a group of 25 Interprofessional education specialists. Both roles entail strategic and operational leadership, financial management, systems thinking, development, innovation, collaboration, conflict resolution, and critical decision-making. She is known for building capacity in others, advancing pediatric health care, child and family-centred approach, strategic and creative thinking. Bonnie received her BSc. and MN-NP from the University of Toronto. She is passionate about building capacity in people, organizations and systems to advance children's health.

Laurie Gottlieb, RN, PhD

Laurie N. Gottlieb is a Professor in the Ingram School of Nursing at McGill University, Montreal, Canada where she holds the Flora Madeline Shaw Chair of Nursing. She is the Nurse-Scholar-in-Residence at the CIUSSS-Centre Oest (Jewish General Hospital) in Montreal, and the Visiting Professor of Leadership at the Canadian Nurses Association. She was the former director of McGill University's Ingram School of Nursing and was the Editor-in-Chief of CJNR (Canadian Journal of Nursing Research), a position she held for 22 years. She earned her RN from the JGH, Baccalaureate and Master degrees in nursing and a doctorate in developmental psychology from McGill University. She is the developer of Strengths-Based Nursing and Healthcare (SBNH) that evolved from the McGill Model of Nursing, to which she was a major contributor.

Jackie Hubbert, R.N. BScN, MBA

Jackie is an Executive Director at the Hospital for Sick Children with key operational oversight and accountability for the the Labatt Family Heart Centre, Critical Care and Acute Care Transport. She has been a people leader for over 20 years and loves it. She supported the Provincial Council for Maternal and Child Health as the Interim Executive Director. Jackie manages frontline leaders and has ample opportunity to build strategy in her role. She is known for being objective, able to see to the heart of an issue and mentoring leaders. In the past year she worked on opening a COVID adult ICU at SickKids, as well as launching a virtual critical care program. Jackie sees people management as a spiritual endeavor and an act of service. She is a values-driven leader with over 20 years of experience providing business and strategic leadership focused on improving quality of care and the health of children and families.

Pam Hubley, RN, MSc, FCAN

A pediatric nurse for almost 30 years, Pam is the Vice President, Education & Academic Practice, and Chief of International Nursing at SickKids (The Hospital for Sick Children, Toronto). She is an Adjunct Professor in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. She has a keen interest in building capacity for children's health and creating professional practice learning environments that foster innovation through highly effective team collaboration.

Beverley-Tracey John, RN, MSc. A.

Beverley-Tracey, a 30 year veteran of the profession, is presently occupying the position of Director of Nursing at the CIUSSS-ODIM, since 2018. She began her career at St. Mary's Hospital, where she worked in various clinical environments and participated in initiatives aimed at improving patient care and promoting opportunities for professional growth within Nursing. Currently a fellow in the EXTRA program, Beverley-Tracey holds a B.Sc.N. from Ottawa University, a certificate degree in Organizational Management, and a M.Sc.A. from Laval University in Quebec. She is currently a part-time faculty lecturer in the Ingram School of Nursing at McGill University.

Kimberley Ens Manning, Ph.D.

Specializing in Chinese politics, gender and politics, and the well-being of transgender children, youth, and their families, Kimberley Manning analyzes the relationship between family ties and politics through the lens of feminist theory. Kimberley's current research and writing focuses on deepening equitable practices in health and education. She is an Associate Professor of Political Science at Concordia University, Montreal.

Joanne Maxwell, PhD Student, MSc, OT Reg. (Ont.)

Joanne is the Senior Director for Collaborative Practice and Clinical Education at Holland Bloorview Kids Rehabilitation Hospital,

overseeing the professional and interprofessional practice and ongoing professional development of the health disciplines. She has a clinical background in Occupational Therapy, is a certified Project Management Professional and certified Prosci Change Practitioner, and is actively involved in clinical research in healthcare transitions, clinical documentation and consumer health portals, and solutions focused coaching. Joanne is currently doing her PhD at the Institute for Health Policy, Management and Evaluation at the University of Toronto with a focus on client and family centred practice. She is known for her easy-going, calm nature and a passion for solution-focused practice. The past year she has supported initiatives around addressing social determinants of health (including the launch of a new Family Navigation Hub at Holland Bloorview), and developing robust education in equity, diversity and inclusion. She values Strengths-Based approaches in clinical practice and leadership, believing that it empowers those around us, and recognizes the strengths and resources others bring to every situation.

Mary McAllister, RN, BScN, MHSc, PhD, FCAN

Mary McAllister holds a Bachelor of Science in Nursing (University of Toronto), a Master of Health Science in Health Care Practice (Neonatology - McMaster University) and a Doctor of Philosophy (University of Toronto). Mary has held a variety of advanced practice and leadership roles in a wide range of settings within Canada and abroad and holds appointments at the University of Toronto. Most recently, Mary was the Associate Chief, Nursing Practice at The Hospital for Sick Children, Toronto, where she led large systems change. She is a strong advocate for relationship-based care and strengths-based approaches in health care and in interprofessional leadership practice.



“I hope that the program will create... opportunities for the next generation of emerging leaders who resonate with these ideas and have the energy to go forward in a health system that is constantly changing, that is under pressure, and that requires amazing leaders who are committed and dedicated to improving the health of our patients, families, and communities.”

- Pam Hubley, RN, MSc, FCAN, co-investigator

Lee-Anne Pires, RN, MSN

Lee-Anne is an Advanced Practice Nurse at SickKids with 25 years of clinical, education and leadership experiences. She works as a Professor in the School of Nursing at Seneca College. Lee-Anne is a strong advocate for strengths-based care, education and leadership and is passionate about instilling these values in others. As a Clinical Nurse Specialist in the Blood and Marrow Transplant/Cellular Therapy paediatric, adolescent and young adult patient population, she is a leader in education, program and policy development for novel therapies, such as CAR T and CRISPR. She is a nursing expert in the field of nursing practice in cellular therapies and an active mentor to new CAR T-cell programs both within Canada and abroad.

Marie-Claire Richer, N., MSc(a), MM, PhD

Marie-Claire Richer is the CEO of the Quebec Order of Nurses, the largest professional order in Quebec with its 80,000 members. She is also an Assistant Professor at the Ingram School of Nursing, McGill University. Senior manager for many years in the health care system, she has extensive experience in managing change in large organizations, while building bridges between practice and research — and vice-versa. Described as a humanist leader, she is skilled at recognizing and rallying the various areas of expertise of individuals to all work in the same direction.

Karen Sappleton, MSED, MSW, RSW

Karen Sappleton, MSED, MSW, RSW, is the Senior Manager for Child & Family Centred Care, Health Equity in the Centre for Innovation and Excellence in Child & Family Centred Care at the Hospital for Sick Children (SickKids) in Toronto, Ontario. Prior to joining SickKids, Karen was an educator in New York City, specializing in learning disabilities and special education for K-12 students. She has held multiple roles in the hospital in her 17 years at SickKids, including clinical social worker, clinical research project manager, inter-professional education specialist, and transition specialist. For the last 9 years Karen has been manager of the Office of the Patient and Family Experience, the Family Centre, Interpreter Services Department, TDSB schooling

program, and the partnership with Ronald McDonald House Family Room. She is also the staff co-chair of the hospital Family Centred Care Advisory Council. These programs aim to provide equitable access, enhance communication, elevate patient and family engagement, and ensure delivery of services that promote positive, inclusive experiences for our very diverse patients and families. Karen has spent over 30 years of her life learning, unlearning, and teaching others about anti-bias, anti-racist, and anti-oppressive practices and continues to run many workshops, presentations, and sessions in the hospital and externally. One of Karen's goals at SickKids has been to promote dialogue and important discussions about how we as clinicians, educators, researchers, and administrators can provide just and fair services that embody child and family-centred care through anti-biased and anti-racist work.

Karen Spalding, RN, PhD

Karen's career has spanned more than 30 years. Before retiring after 18 years from her full-time academic position in 2021, Karen worked in a variety of nursing leadership roles for over 14 years at SickKids Hospital. Karen continues to hold an Adjunct Associate Professor position in the School of Nursing at Queen's University where she teaches in the Health Quality PhD program. Karen is certified as a career planning coach and her teaching and research interests include health systems, health policy, research methods, healthcare leadership and home and community care.

Erin Vandeven, BScN, MN

Erin Vandeven (she/her) is the incoming Associate Chief of Nursing Practice at SickKids Hospital. Erin is known as a change leader who helps individuals, teams and leaders, build and sustain cultures where practice and people will thrive. Erin's strengths include her creation of safe spaces for an evolving nursing workforce, her ability to make the theoretical practical, and her willingness to role model mindful presence and openness to change. Erin is also on a lifetime quest to bake the perfect chocolate chip cookie. She holds a BScN and MN, both from the University of Toronto.

Michael J. Villeneuve, M.Sc. RN FAAN

Mike Villeneuve has worked in health care for 44 years, starting as an orderly in 1978 and retiring as the chief executive officer of the Canadian Nurses Association in March 2022. He has been a registered nurse for 39 of those years, and has worked across all domains of nursing practice. Mike is proud to be a partner in the SBNH leadership initiative being led by Dr. Laurie Gottlieb and the McGill-based team. Mike's career fell roughly into two major phases, with the first half focused in and around clinical settings including neurosurgery, neuro-ICU, trauma, critical care, and plastic surgery at Sunnybrook Health Sciences Centre in Toronto. In those areas he worked as a staff nurse, nurse educator, nurse clinician, clinical nurse specialist and patient care manager, and also spent an exciting year working in primary care at God's Lake First Nation in Northern Manitoba. The past 22 years found Mike in Ottawa, where he held progressive roles in nursing and public policy with Health Canada, the Canadian Nurses Association and as principal of his own consultancy, Michael Villeneuve Associates. He served as chief executive officer of CNA 2017-2022, a role he called the absolute best job of his career, adding, "that's a pretty good way to go out!" During his years in Ottawa, Mike has worked to shift the narrative about nursing and by nurses, contributing ideas about nursing leadership, education, policy and practice. As CEO of CNA, he oversaw establishment of the Canadian Academy of Nursing to evolve a hub for nursing leadership in Canada. He strove to place nursing firmly at the centre of public policy deliberation and development, and one of the results of that strategy was the positioning of CNA in the Top 100 Lobbyists in Ottawa regularly since 2018. He also had a lead hand in CNA's work to combat racism and discrimination in nursing, now funded by CIHR for a rigorous study of this injustice and what solutions might be put in place to defeat it. Mike holds bachelor's and master's degrees from the University of Toronto, and in recognition of his contributions to nursing and health care, Mike was inducted as a Fellow of the American Academy of Nursing in 2019.

Richard Wray, RN, BA, MN

Richard Wray has held a variety of education and leadership roles in acute care paediatrics over a 40-year nursing career. He is presently the Director, Quality, Safety, and Infection Prevention (IPAC) at the Hospital for Sick Children. Richard holds a Master of Nursing degree from Ryerson University. He is a past president of Canada's national IPAC association and a former Board member of the Certification Board of Infection Control and Epidemiology. He is a surveyor with Accreditation Canada. His interests include behaviour change to influence outcomes and the measurement of organizational maturity related to quality improvement and patient safety.

Erin Ziegler, NP-PHC, PhD

Erin is an assistant professor with the Daphne Cockwell School of Nursing at Ryerson University and a practicing primary health care nurse practitioner. Erin's nursing experience is in pediatric acute care and primary care. The main focus of Erin's program of research is examining the barriers to accessing care experienced by vulnerable and marginalized populations. She is dedicated to incorporating the qualities of equity, diversity and inclusion into her work.

Appendix 3

SBNH-L Program Mentors

Rosetta Antonacci, RN, BScN, MScAdm

(See biography in Appendix 2: SBNH-L Program Faculty)

Luz Arroyave, Inf., MSc (A) Inf. (Éd)

Luz Arroyave is currently work as a Nursing Advisor (community component) at the CIUSSS West-Central Montreal, CLSC Metro site. Her role involves co-leading the general orientation for all the newly hired nurses and licensed practical nurses in the community health, planning and deploying with fellow team members mass vaccination campaigns against COVID-19 at Maimonides, researching and translating the best evidence-based findings into clinical practice via theoretical and practical workshops and web capsules for nurses and allied professionals. She is also the resource person for the CIUSSS West-Central regarding the national medical protocols of the Institut national d'excellence en santé et services sociaux (INESSS) and their related collective and individual adjustment orders. She holds a Master of Science Applied in Nursing- concentration Education at McGill University where she has also been an invited lecturer for the inter-professional global health courses.

Marilyn Ballantyne, RN, PhD, FCAN

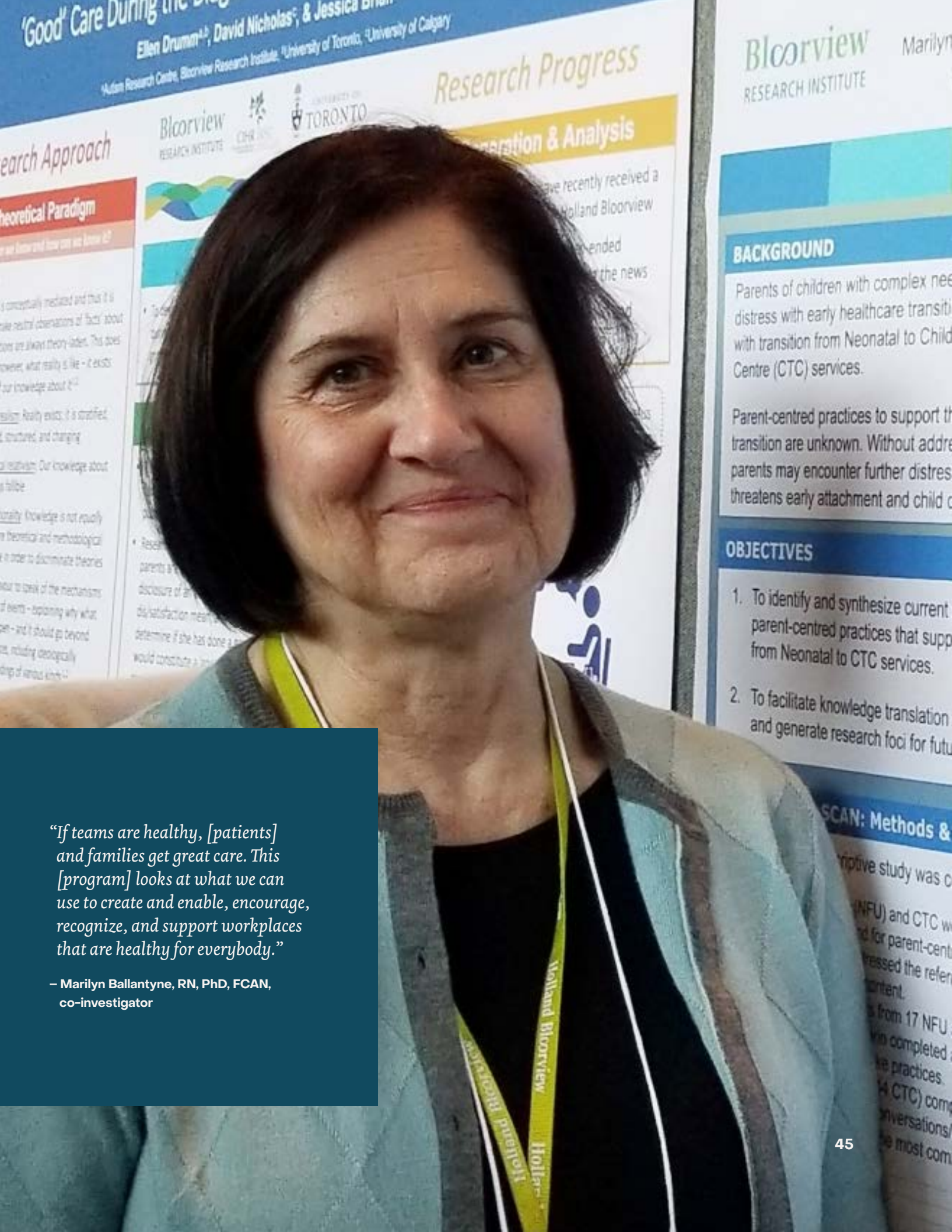
(See biography in Appendix 2: SBNH-L Program Faculty)

Renata Benc, RN. B.A. , M.Sc(A) CON(C).

Renata Benc is the Conseillère cadre/ clinical nurse consultant for cancer care at the JGH/ CIUSSS. After working on the in-patient units, she held advanced practice nurse role for cancer care clinics, as well as Clinical nurse specialist for the rad-onc clinic for many years. She was part of the oncology team that presented at Nursing Grand rounds on SBN, and at the Whole person conference. Her passion is to empower the patients and their families throughout their journey, to provide support and role modelling to the nursing teams on best practice. She truly believes as nurses at the JGH/CIUSSS many nurses are already putting the SBN values into practice without realizing it. Becoming a mentor for the SBNH-L is a privilege and an opportunity to share the SBNH-L vision, to support a team member in their reflective practice, and application of the SBNH-L values.

Judy Bianco, BScN, MScN

Retired since 2017, Judy began practicing nursing in 1977 at the Jewish General Hospital in Montreal. She completed her BscN at the University of Ottawa in 2001. She developed an interest in Gerontological Nursing and was a Nurse Clinician with the Geriatric Consultation team. She was appointed Head Nurse of the Acute Geriatric Unit in 2001. She completed her MScN at McGill University in 2008. She continued in Nursing Administration and was appointed Associate Director of Nursing in 2010, responsible for various clinical services including Medicine, Geriatrics and the Emergency Room, a role she continued in until her retirement. Throughout her career she was committed to the professional development of nurses and nursing students, as a preceptor, mentor, clinical advisor, and faculty lecturer. She was most known for her enduring commitment to the care of older adults, where the theory and concepts of SBNH-L provided a framework for her clinical practice.



'Good' Care During the Transition
Ellen Drumm^{1,2}, David Nicholas³, & Jessica Brian¹
¹Autism Research Centre, Bloorview Research Institute, ²University of Toronto, ³University of Calgary

Research Progress

Bloorview
RESEARCH INSTITUTE

Marilyn

Research Approach

Theoretical Paradigm

...is conceptually mediated and that it is...
...take neutral observations of facts about...
...theory are always theory-laden. This does...
...however, what reality is like - it exists...
...our knowledge about it...
Realism: Reality exists, it is stratified...
...structured, and changing...
Pragmatism: Our knowledge about...
...is fallible...
Relativism: Knowledge is not equally...
...theoretical and methodological...
...in order to discriminate theories...
...to speak of the mechanisms...
...of events - explaining why what...
...and it should go beyond...
...including ideologically...
...steps of various kinds...
...Research...
...parents a...
...disclosure of a...
...dissatisfaction mean...
...determine if she has done a...
...would constitute a...

Generation & Analysis

...have recently received a...
...Holland Bloorview...
...ended...
...the news...
...and...
...as...

BACKGROUND

Parents of children with complex needs experience significant distress with early healthcare transitions with transition from Neonatal to Child Development Centre (CTC) services.

Parent-centred practices to support the transition are unknown. Without addressing these needs, parents may encounter further distress which threatens early attachment and child development.

OBJECTIVES

1. To identify and synthesize current parent-centred practices that support the transition from Neonatal to CTC services.
2. To facilitate knowledge translation and generate research foci for future studies.

SCAN: Methods &

...descriptive study was conducted...
...NFU) and CTC were...
...for parent-centred...
...addressed the refer...
...content...
...from 17 NFU...
...who completed...
...practices...
...14 CTC) completed...
...conversations...
...the most com...

"If teams are healthy, [patients] and families get great care. This [program] looks at what we can use to create and enable, encourage, recognize, and support workplaces that are healthy for everybody."

— Marilyn Ballantyne, RN, PhD, FCAN, co-investigator

Christine Bouchard, N, BScN, MScA

Christine Bouchard is the clinico administrative coordinator of the MUHC Cancer Care mission. She is responsible for all activities for the inpatient Heme-onc-transplant and palliative care units, as well as the ambulatory services in apheresis, radiotherapy, treatment room (chemotherapy), clinic visits, supportive and palliative care services (day hospital and consult team), oncology test center and the cancer registry. She has been in leadership and management since 2004 (15 years as nurse manager of a neurosciences unit) and now about 3 years in this present role.

Connie Cameron, RN, MN

(See biography in Appendix 2: SBNH-L Program Faculty)

Isabelle Caron, MScN

(See biography in Appendix 2: SBNH-L Program Faculty)

Sonia Angela Castiglione, RN, MScA, PhD Student

(See biography in Appendix 2: SBNH-L Program Faculty)

Annie Chevrier, N, MScA, CMSN(C)

(See biography in Appendix 2: SBNH-L Program Faculty)

Emanuela Ciarlelli, N, BScN, MScA

Emanuela Ciarlelli is the Head Nurse of the Orthopedic Department at the Jewish General Hospital. She has been in a leadership & management role for 13 years. During that time, she put in place many patient centered initiatives that helped improve & optimize patient care and decrease length of stay. She is currently known for a high recruitment and retention rate throughout the CIUSSS. She is also a guest speaker for 2 BSN courses and 1 graduate MS(A) stream at ISON. In the past 2 years, due to COVID, their patient population changed in order to accommodate the influx of COVID patients admitted to hot

zones. This rapid change in patient population meant additional support for the staff, “just in time teaching”, creating champion nurses as resources, and many impromptu education sessions. Prior to COVID, she had 2 knowledge translation students that developed a wonderful SBNH education tool (poster & videos of personal accounts of SBNH) for nurses. This tool is presented to all new surgical nurses starting their orientation. In addition, she submitted her own personal story of strength to ISON during the second wave. Emanuela was inspired to become a mentor because she would like to help nurses better understand SBNH. During her graduate studies she had the opportunity to take the SBN course at ISON. During SBNH sessions held at the JGH with Dr. Gottlieb, she gained a better understanding of SBNH and would like to share this knowledge with nurses.

Christina Clausen, RN, PhD

(See biography in Appendix 2: SBNH-L Program Faculty)

Kim Colapinto, RN(EC)

Kim Colapinto has worked at the Hospital for Sick Children since 1998 in a variety of nursing roles, most recently as the Nurse Practitioner in the Neonatal Neurodevelopmental Follow-Up Clinic. She completed Cohort 1 of the Strengths-Based Nursing and Healthcare Leadership program and is keen to continue learning and growing in the strengths-based approach.

Julie Dallaire, B.Sc.Inf., M.Sc.Inf.

Julie works as a Nurse Practice Consultant with a focus on Nursing Informatics. She previously worked as an Advanced Practice Nurse in Respiriology for 12 years. She is known for her family-centered care approach, as well as providing support to nurses in the care of complex family situations. She is also known for pleural care, support of patient/family with sleep disorders, and rapid investigation of patients with lung cancer. Julie completed her Master's degree at

l'Université de Montréal under the supervision of Fabie Duhamel, using the Calgary Assessment and Intervention Model. She found that the Calgary and SBNH models owned compatible values that fit well together. She believes that humans always feel more confident/positive/prone toward a situation when they feel they have the capabilities to perform it with success, and applies this to her practice with patient/family care as well as the support and development of nursing staff.

Bonnie Fleming-Carroll, RN-EC/Paediatric, BSc., MN. CpedN(C)

(See biography in Appendix 2: SBNH-L Program Faculty)

Valerie Frunchak, RN, MSc.(A)

Valerie is a recently retired Nursing Leader with over forty years of experience nursing across Canada, in Alberta, British Columbia, New Brunswick, Nunavut and Quebec. She has enjoyed roles as a Team Leader, Head Nurse, and Associate Nursing Director in both clinical and professional practice domains. She participated in the development of the SBNH Partnership Grant as site director for the Jewish General Hospital. In her role as Nursing Director of Professional Practice, she was responsible for developing and supporting SBNH study groups, national conferences, academic papers and presentations sharing institutional initiatives and encouraging the adoption of SBNH as the nursing practice model for the department. In her role as coach and mentor for Clinical Nurse Specialists and Nurse educators, she utilized SBNH-L principles working with nursing professionals in her division – building on individual strengths, identifying unique needs, supporting and collaborating with leaders as they further developed essential skills in order to practice to their highest potential. Her strong belief in the essential role and place of nurses within the interprofessional team has driven her practice.

Fabienne Germeil, B.Sc.inf., M.Sc.

Fabienne is currently one of the Associate Directors of Nursing (Operational) of the CIUSSS West Island of Montreal. She has practiced as a middle manager for the last 18 years. She is known for her passion and professionalism towards the nursing profession. She values the patient experience, the quality of care and the emotional intelligence of each individual (patients, family and staff). This last year she has been playing a role in all aspects of the pandemic at a strategic and operational level to care for COVID positive patients and all hospital vaccination activities. She also plays a role as the Director of the Cancerology program in the CIUSSS and has made many representations to increase their services for the West Island population. SBNH-L has been shown in her practice by using the strengths of each member of her teams to advance many different dossiers. She has also used the Strengths-Based approach to give positive feedback and reinforce their confidence.

Heather Hart, RN, B.Ed., MSc(A)

Heather is an Assistant Professor at McGill University's Ingram School of Nursing (ISoN) where she is also co-chair of the ISoN Collaborative and co-chair of the Strengths-Based Nursing and Healthcare Advisory Board of the McGill Nursing Collaborative. She was an Assistant Director of Nursing of a long-term care facility for 7 years. She is known for being able to link theory and practice – able to find language to describe the work. Family nursing and palliative care are her comfort zones. Accomplishments in last year: Managed to get remote courses set up and running; helped with training nurses to go into CHSLDs; currently vaccinating. Supported her adolescent daughter through sec 4 and 5 in a pandemic. Heather's approach to education is through an SBNH lens – education being her main "practice" at this time. In her role as a mentor she hopes to offer herself in ways that are useful to others.



Mentor speaking at group meeting

Jackie Hubbert, R.N. BScN, MBA

(See biography in Appendix 2: SBNH-L Program Faculty)

Beverley-Tracey John, RN, MSc. A.

(See biography in Appendix 2: SBNH-L Program Faculty)

John Kayser, MSc(A), PhD, CSPSM(C)

John holds a PhD in Nursing from the Université de Montréal, and a Masters in Nursing from McGill University. He is also certified in Psychiatric and Mental Health Nursing Canada, and a member of the Motivational Interviewing Network of Trainers. He works as a Conseiller en soins infirmiers préceptorat pour la santé mentale et projets spéciaux at the CIUSSS de l'Ouest-de-l'Île-de-Montréal, and lectures yearly on evidence-based

nursing practice at McGill. He is inspired to become a mentor for the SBNH-L program by his desire to grow in his professional role, and to help plant the seeds of SBNH-L within his organization.

Micheline Khouzam, M.Sc.N

A nurse in advanced clinical practice at the McGill University Health Centre (MUHC), Micheline works at the Glen RVH site in the Mental Health/ Psychiatry mission. Her role on the Consultation/ Liaison service is focusing on patient care practices on units and out-patient clinic nursing teams. In collaboration with the nursing leadership, Micheline leads the development and implementation of care guidelines and protocols, and makes decisions in collaboration with nursing and medical managers in complex patient/family care situations. Micheline is often consulted on challenging patient/family

behavior care management. In the past couple of years she has worked closely with the women's health mission nursing leadership, developing more responsive services to women's mental health care needs. Her experience as a facilitator in reflective practice approach and her knowledge of SBNH-L shape and guide her everyday conversations and nursing practice.

Susan Komhyr Smith, RN, MHM

Susan Komhyr Smith is the Clinical Manager of the Outpatient Adolescent Medicine Programs and the Telepsychiatry Program at SickKids. She started her career as an RN in cardiology at SickKids, and has been with the mental health portfolio for the last 3 years. She has a Masters in Health Management, and has been a clinical manager for 5 years. She recently completed the SBNH-L Program, and found that many of the values in the program align with her leadership style and wanted to continue to grow her SBNH-L practice. She sees the opportunity to mentor in this program as an opportunity to collaborate with likeminded leaders. Over the course of the pandemic, there has been extensive pressure placed on mental health systems - including eating disorders, which she has been working with as part of a program re-design to meet the needs of the complex presentations of patients. She has extensive clinical practice experience in cardiology, pediatrics, and adolescent health.

Virginia Lee, N, PhD

Virginia Lee is the Manager for the Supportive and Palliative Care Programs and Services and Cedars CasSupport at the MUHC. This includes the outpatient palliative care consult service / day hospital, cancer pain, medical cannabis program, lymphedema, psychosocial oncology, cancer rehabilitation, and the Complementary therapies offered to support cancer patients. She is a graduate of and has a long time history with the Ingram School of Nursing, McGill University.

Research program is known for helping patient adjustment to life threatening events and the existential aspects in particular. She believes in the SBNH values and is still motivated to teach and integrate them into routine clinical care with the new challenges that evolve all the time.

Karine Lepage, B.Sc.Inf.

Karine is the Clinical-Administrative Coordinator in Oncology and Medicine at the Jewish General Hospital, Montreal. She has extensive experience in management, particularly in oncology, and a particular interest in interdisciplinary collaboration and quality of care, which was the subject of her Master's thesis. Her interest in quality of care and employee satisfaction in the workplace pushed her to advocate for the SBNH-L approach. She is known for asking questions and optimizing the procedures already in place, and holds a Lean Six Sigma Green Belt.

Marie Létourneau, RN, BScN, MScN

Marie Létourneau works as an advanced practice nurse clinician in respirology at the MUHC. Her role is to provide leadership support, improve quality of care in their mission using research and education, support practice change for their teams and to provide clinical support for nurses working with families with complex health situations. She uses SBNH to facilitated complex family case discussions with nurses and looks forward to supporting integration of SBNH-L into the practice of her mentees.

Josée Lizotte, MScN

Josée Lizotte has been a nurse for almost 25 years. She has recently been appointed to a nursing practice consultant position under the nursing directorate of the MUHC. One of her mandates is to implement SBNH across all of the MUHC sites. She is discovering every day that this philosophy fits with her personally and professionally. She has always noticed and worked

with the strengths of people around her. Her mantra is “we’re better together”! She is known for her enthusiasm and ability to mobilize. Josée is very passionate about the nursing profession and all the learning experiences it brings us. She has a DEC in nursing, as well as an undergraduate and masters in nursing from the Université de Montréal. She worked at the bedside in acute medicine and in surgery in Switzerland for many years. She has had the opportunity to explore many leadership roles and truly enjoyed every one of them, practicing SBNH without knowing it. She worked in HR as a nurse recruiter selecting and guiding nurses in an area of care that would fit their profile. She eventually became a nurse educator, teaching and supporting the integration and development of nurses. She also developed expertise in geriatrics and worked in an advance practice nurse in the French system (Lachine hospital and CIUSSS centre-sud where she was collaborating with a team of conseillères en soins to support the professional practice of nurses in 17 CHSLD). She then had the opportunity to lead ambulatory care services and the nursing resource center of the Neuro. She is looking forward to the mentorship experience.

Joanne Maxwell, PhD Student, MSc, OT Reg. (Ont.)

(See biography in Appendix 2: SBNH-L Program Faculty)

Mary McAllister, RN, BScN, MHSc, PhD, FCAN

(See biography in Appendix 2: SBNH-L Program Faculty)

Lee-Anne Pires, RN, MSN

(See biography in Appendix 2: SBNH-L Program Faculty)

Lia Sanzone, N, BScN., M.Sc.(A), M.Sc.Adm (Cert.)

Lia is the Director of the BScN Program at the Ingram School of Nursing (ISoN) at McGill University. Prior to joining McGill, she held leadership/ management positions at the CLSC Metro which was later amalgamated into the CSSS de la Montagne. She is known for the Nurse Mentorship programs that she has initiated for students (NPMP), the Nightingale Fellows Program, and for being a leader in SBNH. In the last year, she was promoted to Associate Professor and granted the Nursing the Future award for her role in mentorship. Since 1989, she has practiced using an SBNH approach in her clinical, educational and leadership roles.

Erin Vandeven, BScN, MN

(See biography in Appendix 2: SBNH-L Program Faculty)



Nurse participants in a group discussion

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