





Developing Leadership Competencies for advancing PHN practice workshop

CHNC Conference June 28, 2018

CHN Leadership Institute, Standards and Competencies Standing Committee

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CHN Leadership Institute

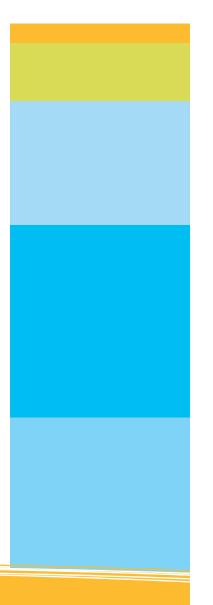


INFIRMIÈRES ET INFIRMIERS EN SANTÉ COMMUNAUTAIRE

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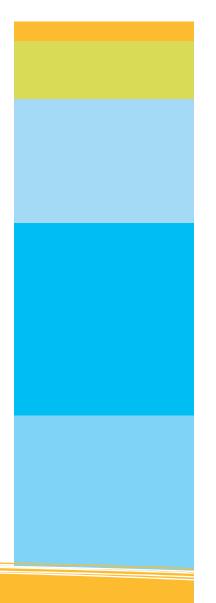




Participant Outcomes



- Become familiar with PHN leadership definitions, best evidence and competencies
- Become aware of leadership development opportunities for PHNs
- Learn about the LEADS framework within leadership development
- Identify how to use the ORCA tool to support practice change
- Reflect on personal learning needs and action for leadership development



Community Health Nursing Leadership Institute

Purpose

to develop and implement a continuing education program on leadership amongst community health nurses and to collaborate to support quality community health nursing education and practice by building capacity

Strategies

- > Workshop/preconference
- Mentorship program
- > Webinars

Subcommittee of CHNC Standards and Competencies Standing Committee





Setting the stage

Why leadership?

How is it described?

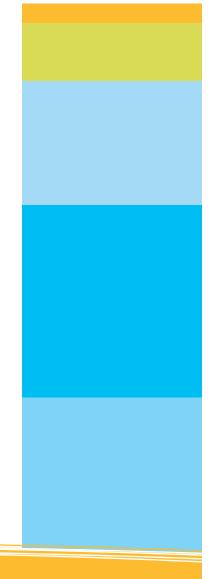
- Public health leadership
- Nursing leadership
- Public health nursing leadership



Why leadership?

- Leadership is an essential element for quality professional practice and practice environments (CNA, 2009)
- Leadership is a shared responsibility community health nurses in all domains of practice and at all levels can enhance their leadership potential (CNA, 2009)
- Blueprint for Action (CHNC, 2012) identified nursing leadership as necessary to support CHN practice and provide a voice for the profession – an imperative for a robust future
- Leadership Competencies for Public Health Practice in Canada: Leadership Competency Statements Release 1.0 (2015) now exist





How is leadership described?

- Leadership is one of the categories of the Public Health Agency of Canada's (PHAC) Core Competencies for Public Health in Canada: Release 1.0 (2008)
- Leadership is included in the discipline-specific competencies for public health nurses (CHNC, 2009)
- Public health/community health nurses "are leaders of change to systems in society that support health" (Canadian Public Health Association, 2010, p. 6).





How is leadership described?

- PHNs are called upon to use their relationship with individuals, families, aggregates and communities to take action on the determinants of health (e.g., Cohen & Reutter, 2007; Falk-Raphael & Betker, 2012; Smith 2007)
- Public health nurses work at the "intersection where societal attitudes, government policies, and people's lives meet...(and)...creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to change the societal conditions contributing to poor health " (Falk-Rafael, 2005, p. 219)



Public health leadership

"the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge" (PHAC, 2010).



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Speed Networking – Round #1



Introduce yourself "For me, leadership is..." OMMINITY

HEALTH NURSES

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"I apply it in my work when...."

Project Partnership and Description









In 2013 the partners received funding from the Public Health Agency of Canada (PHAC) for a 3-year project to develop interdisciplinary leadership competencies for public health practice in Canada for the seven key public health disciplines.





DU CANADA

Review: Public Health Leadership Competencies Development

Environmental Scan
 Literature review
 On line survey
 Focus groups
 National Delphi Process



Literature Review: Top Qualities of Public Health Leaders

From the literature we learned:

Knowledge areas

- Population and public health
- Determinants of health
- Values and ethics
- Health demographics and outcomes
- Inequality, inequity and social justice
- Emotional intelligence
- Self-awareness
- Understand position within the larger health and social system



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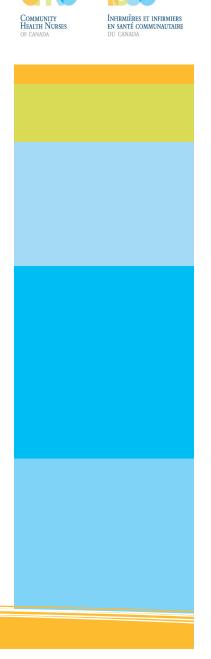
COMMUNITY

HEALTH NURSES

Literature Review: Skills (cont. 2/3)

Skills

- Communicate clearly and transparently
- Supports, empowers, builds capacity
- Has systems/critical thinking skills
- Builds consensus, mobilizes, has negotiation /mediation skills
- Uses evidence-based decision-making
- Organizational and political savvy
- Able to manage change
- Supports cultural change
- Shares vision



Literature Review: Behaviour (cont. 3/3)

FIRMIÈRES ET INFIRMIER:

Behaviours

- Serves as a catalyst, builds partnerships, coalitions, and shares leadership
- Is accountable
- Demonstrates drive, motivation, forward thinking
- Engenders rapport and trust
- Models and mentors
- Practices self reflection
- Takes risks, is passionate, confident and assertive

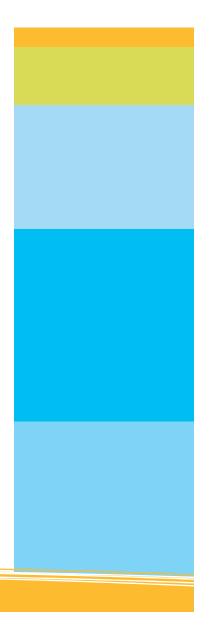
Leadership Competencies Public Health Practice

FIVE domains and 49 competency statements

- 1.0 Systems Transformation
- 2.0 Achieve results
- 3.0 Lead Self
- 4.0 Engage others
- 5.0 Develop Coalition









LEADS: Caring Environment Framework

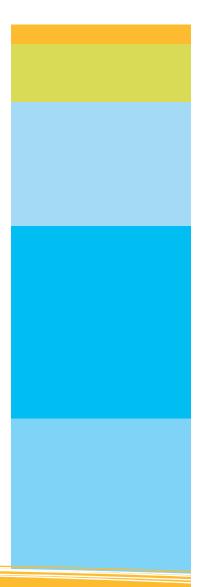
Five Leadership Domains

- L Lead Self
- ► E Engage Others
- A Achieve Results
- D Develop Coalitions
- S –Systems Transformation

LEADS: Caring Environment Framework

- Lead Self Resiliency Being self aware of impact on others – Demonstrate character
- Engage Others Effective succession planning People management – Working across silos – Clear communication– Build teams
- Achieve Results Set Direction-Measure Outcomes Time and resources for effective planning – Sustainability
- Develop Coalitions Build partnerships and networks– Socio-Political navigation – Innovation / creative thinking – Mobilize Knowledge
- Systems Transformation –Demonstrate systems/critical thinking-Encourage and support innovation -Orient to the future-Champion and orchestrate change



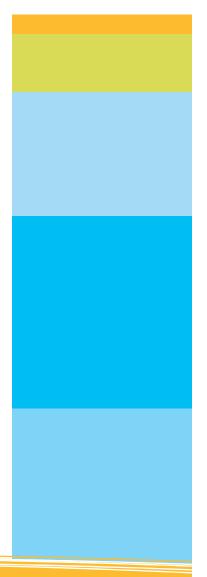


Comparison of the LEADS Framework with PH Leadership Competencies

- Leads Self
- Leadership Competencies for PH: 8 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies for PH:
 - 3.1 Abide by the ethical codes of their respective disciplines, and also to ethics relevant to public health practice







Comparison: Engage Others (cont. 2/5)

- Leadership Competencies in PH: 17 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH: 4.2,4.10, 4.11

Not in Leadership Competencies for PH: LEADS capability –Build Teams



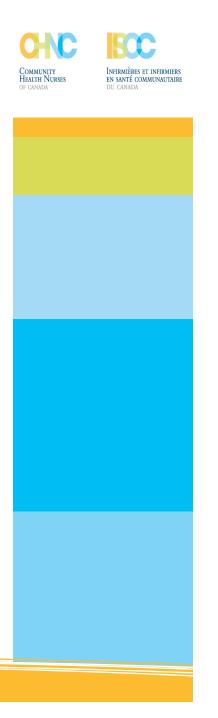


Comparison: Achieve Results (cont. 3/5)

- Leadership Competencies in PH: 6 competencies
- LEADS: 4 Capabilities

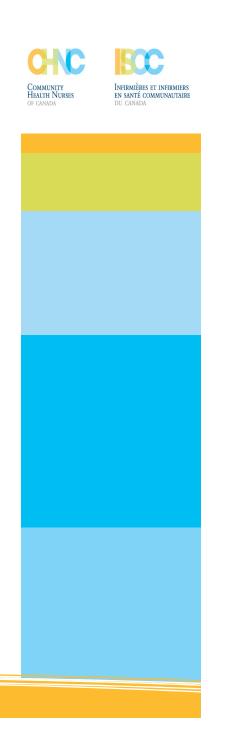
Unique to Leadership Competencies in PH:

2.5 Champion public health principles, actions & interventions



Comparison: Develop Coalitions (cont. 4/5)

- Leadership Competencies in PH: 9 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH: 5.6 ... shared leadership
- Notion of public health practice: 5.7, 5.8,5.9 (Vollman, 2017)



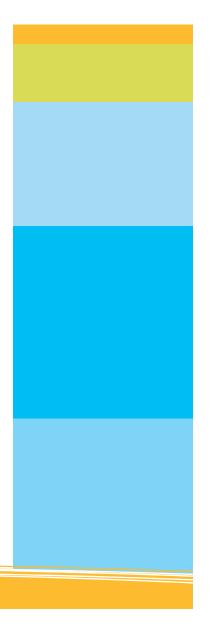
Comparison: System Transformation (cont. 5/5)

- Leadership Competencies in PH: 9 competencies
- LEADS: 4 Capabilities
- Unique to Leadership Competencies in PH:

1.9 Adapt to rapidly changing PH sector and health systems















Think about....

A leadership experience where you felt successful or were challenged.

As we go through the PH Leadership competencies, use the worksheet to indicate how your example demonstrated or could have demonstrated the competencies.



Organizational Readiness to Change Assessment Tool (ORCA)

- Measure organizational readiness to implement leadership competencies
- Consists of 3 major scales that measure:
 - Evidence
 - Context
 - Facilitation

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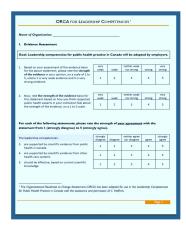
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Using Organizational Readiness to Change Assessment Tool (ORCA)

Before Using ORCA Tool, consider:

Who to assess

- # of respondents
- Theory behind the tool



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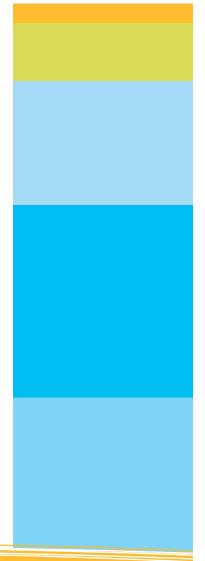
HEALTH NURSES

Using Organizational Readiness to Change Assessment Tool (ORCA)

Instructions

- > Pick one organization in your table.
- Complete the evidence sub-scales assessment (items 1-9) and context sub-scales (items 10-16).
- For each scale, add all scores in each subscale and divide by the # of items in that subscale to get the average subscale score value of 1-5.





Analyzing the Results of the **Organizational Readiness to Change Assessment Tool (ORCA)**





Results

- > High (4-5)
- Moderate (3)

> Low (1-2)

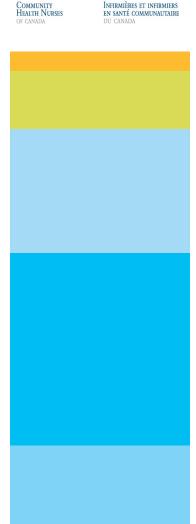
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r			Mariana - Italia		
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					agree
are supported by scientific evidence from public health in Canada	1	2	3	4	agree 5
		2	3	-	-

Public Health Leadership Workforce Development Survey: Results (1 of 6)

PHN Response rate: n= 87/338 (26%)

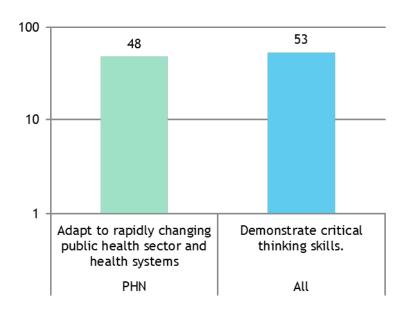
Demographics

- Distribution of Respondents: 9
 Provinces/ Territories (mostly Ontario & Manitoba)
- Level of practice: Front line (39%,), Middle Management (23%)



Public Health Leadership Workforce CHC Development Survey: Results (2 of 6)

Domain 1: System Transformation



Most common development strategy

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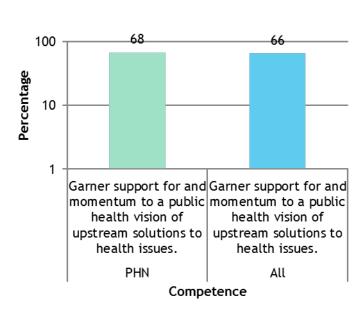
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 External partnership committees/workgroups/ Coalitions

Most common barriers

- Resources, time & competing demands
- Limited experience

Public Health Leadership Workforce Development Survey: Results (3 of 6)



Domain 2: Achieve Results

Most common development strategy

Evidence based decision making

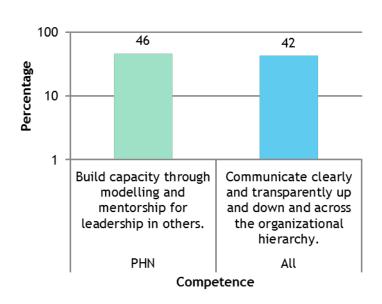
Most common barriers

- Resources, time and \succ competing demands
- Lack of role models



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Public Health Leadership Workforce COMMUNITY HEALTH NURSES **Development Survey: Results (4 of 6)**



Domain 4: Engage Others

Most common development strategy

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Continuing education

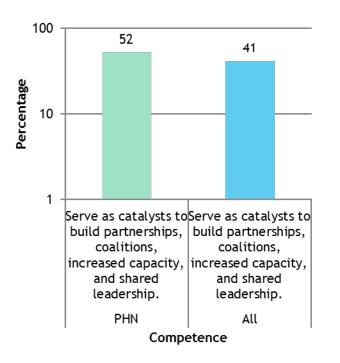
Most common barriers

- Resources, time & \geq competing demands
- Lack of leadership \geq opportunities

Public Health Leadership Workforce Chic Development Survey: Results (5 of 6)



Domain 5: Develop Coalition



Most common development strategy

 Networks/Community Groups/ Coalitions

Most common barriers

- Time & competing demands
- Lack of organizational support

Public Health Leadership Workforce CMC Development Survey: Results (6 of 6)

Examples of Successful Organizational Development Strategies

- Internal professional development opportunities
- Leadership positions
- Participation in community/provincial groups

Additional Helpful Strategies

Conferences, workshops

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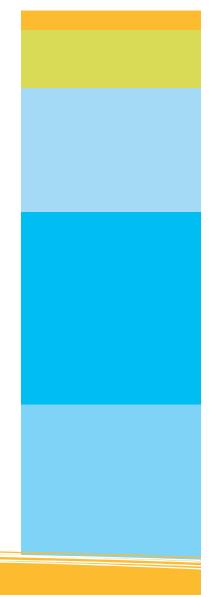
- Organizational support
- Mentoring
- Resources

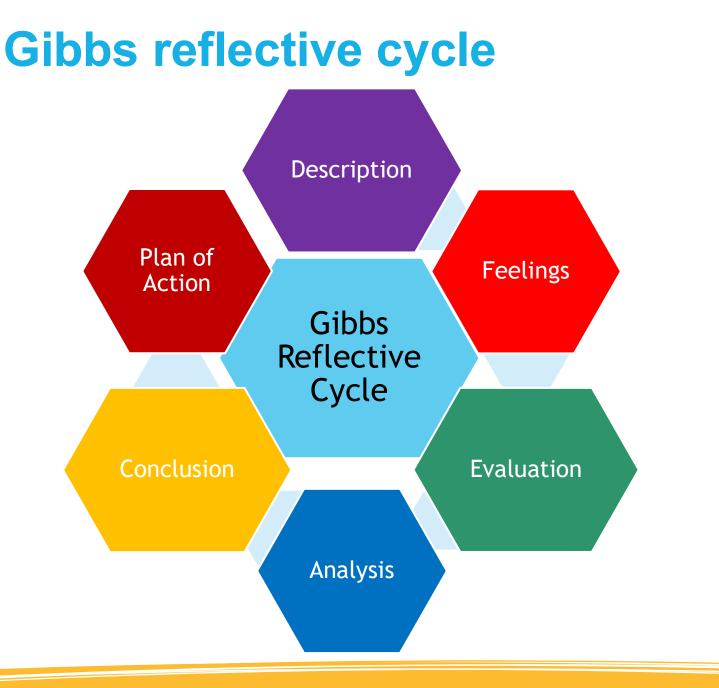
The importance of Reflection

"Reflective practice constitutes an important part of learning in nursing. A key assumption in the literature on reflection is that it will enhance competence" (Mann, K., Gordon, J. & MacLeod, A. (2009) Reflection and reflective practice in health professions education: a systematic review. Adv. in Health Sic Educe, 14:595-621.)

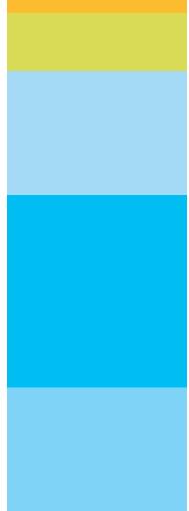
Gibbs reflective cycle (Gibbs, G. (1988). Learning by Doing: A Guide to Teaching and Learning Methods. Oxford: Oxford Further Education Unit)











Leadership Mentoring Program: Mentee Self-Assessment (sample)



INFIRMIÈRES ET INFIRMIERS EN SANTÉ COMMUNAUTAIRI

Mentee Leadership Self-Assessment (PH Leadership Competencies)

1.0 Systems Transformation

Public health leaders:

- 1.1. Demonstrate understanding of knowledge transla
- ▶ 1.2. Demonstrate understanding of how to guide cha
- 1.3. Demonstrate systems thinking skills
- ▶ 1.4. Demonstrate critical thinking skills
- 1.5. Demonstrate innovation and creativity
- 1.6. Advocate for and guide change
- ▶ 1.7. Demonstrate drive and motivation
- 1.8. Demonstrate forward thinking
- 1.9. Adapt to rapidly changing public health sector and health systems

What a	re my learning needs?
	1.1
	1.2
	1.3
	1.4
	1.5
	1.6
	1.7
	1.8
	1.9



Leadership Mentoring Program: Mentor Self-Assessment (sample)

Mentor Leadership Self-Assessment (PH Leadership Competencies)

1.0 Systems Transformation

- Public health leaders:
- > 1.1. Demonstrate understanding of knowledge translation
- > 1.2. Demonstrate understanding of how to guide change
- ▶ 1.3. Demonstrate systems thinking skills
- ▶ 1.4. Demonstrate critical thinking skills
- 1.5. Demonstrate innovation and creativity
- > 1.6. Advocate for and guide change
- ▶ 1.7. Demonstrate drive and motivation
- 1.8. Demonstrate forward thinking
- > 1.9. Adapt to rapidly changing public health sector and health systems

What a strengt	re my leadership hs?
_	1.1 1.2 1.3 1.4 1.5 1.6 1.7
	1.8 1.9





EN SANTÉ COMMUNAUTAIRE



Leadership Mentoring Program: Mentee Self-Assessment (sample)

Lead Self:

Self- motivated leaders..

Self-Awareness:

- Is aware of own assumptions, values, principles, strengths
- and limitations

Develops Self:

 Actively seeks opportunities and challenges for personal learning, character building and growth

Manages Self:

Takes responsibility for own performance and health

Demonstrates Character:

Models qualities such as: honesty, integrity, resilience, and confidence

Leads Self				
What are my learning				
needs?				
	Self-Awareness			
	Develops Self			
	Manages Self			
	Demonstrates			
	Character			





Leadership Mentoring Program: Mentor Self-Assessment (sample)

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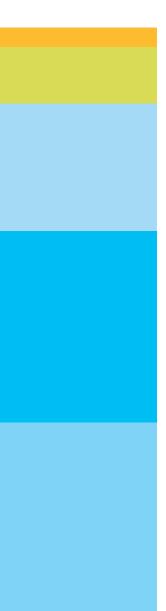
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Demonstrates Character:

 Models qualities such as: honesty, integrity, resilience, and confidence







Leadership Mentoring Program Guide

- Goal: to promote community health nursing leadership capacity through mentorship
- Literature Summary: 11 elements of a successful mentoring program
- Application Process
- 12 sessions with Coaching and Mentoring Activities
 - Self- assessment tools
 - Learning plan
 - Meeting outlines eg. how to prepare for meetings?
 - Guiding questions
 - Tips for Coaching



Leadership Mentoring Program: Professional Development Resource

- Professional Development is integral to professional practice
- On-the-Job Learning aligned with each competency
- List of graduate programs, key websites and articles
- Adapted from the Ontario Association for Public Health Nursing Leaders



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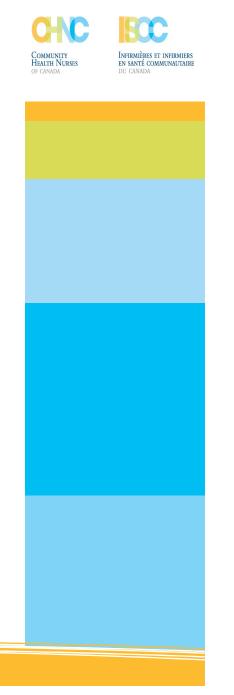
HEALTH NURSES

INFIRMIÈRES ET INFIRMIERS

EN SANTÉ COMMUNAUTAIRE

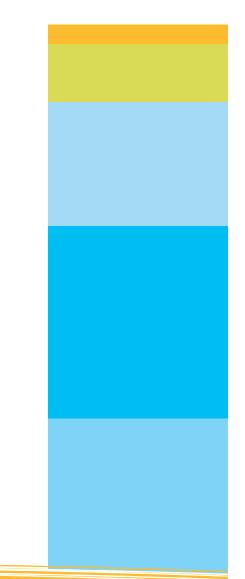
15 Gets You 5 Crowd Sourcing

- One card per person
- Write clearly, "what idea do you have about implementing leadership competencies in your practice?
- No name on index cards
- 3 rounds of scoring 1 to 5









Scoring 15 Gets You 5

1 = adequate

2

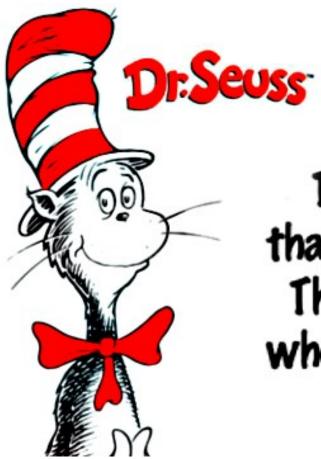
3

4

5 = exemplarily







Today you are Yo that is TRUER than There is NO ONE a who is YOUER than



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