



# CHN Leadership Institute



## Members

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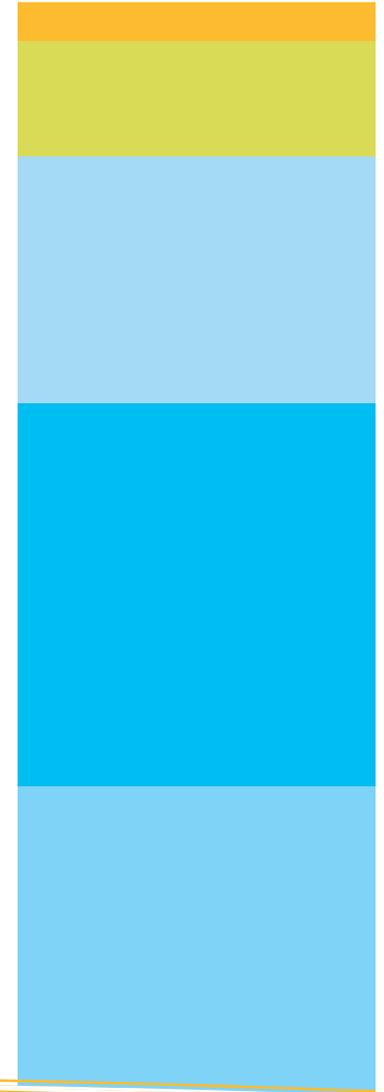
Abiola “Abbie” Olatona,

Audrey Danaher

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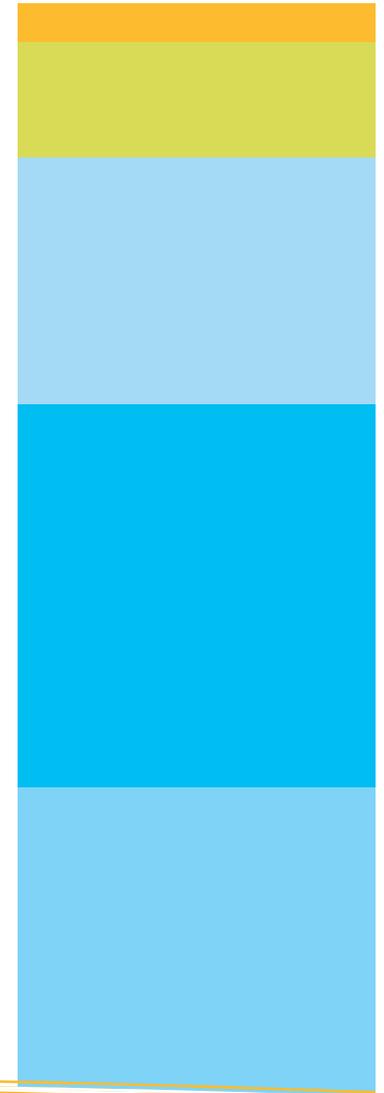
Jacquie Dover

Andrea Baumann



# 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



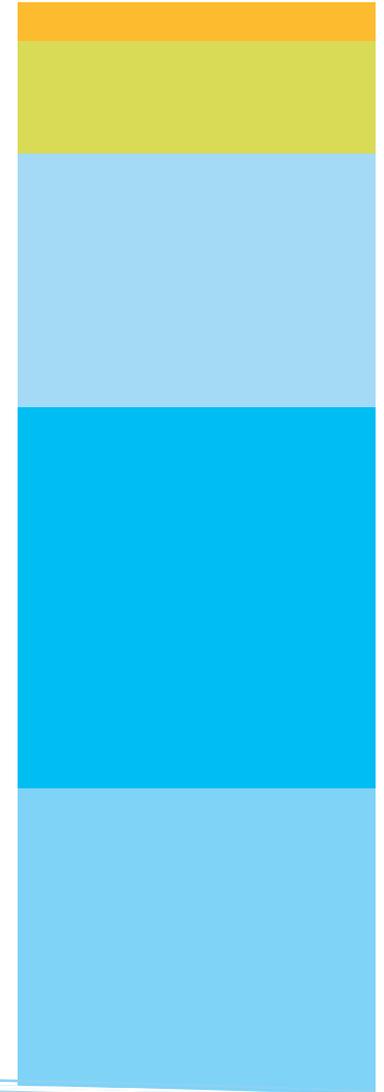
## ***Purpose***

- 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

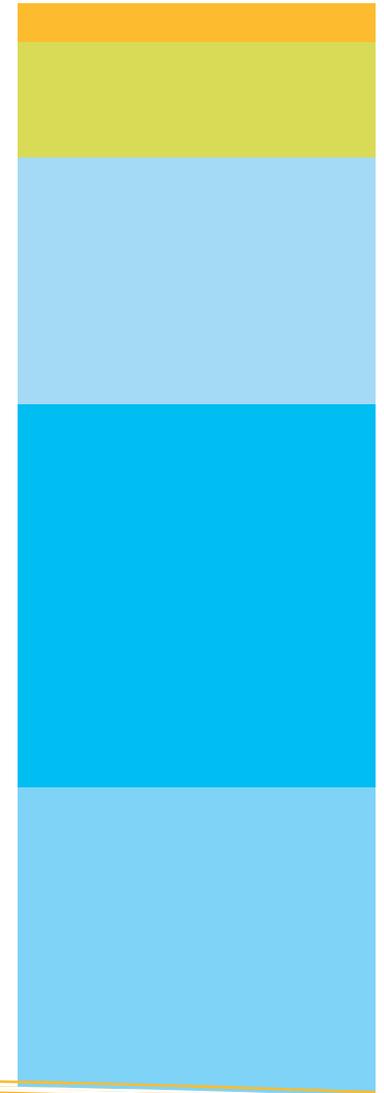
Subcommittee of CHNC Standards and Competencies Standing Committee





# 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)

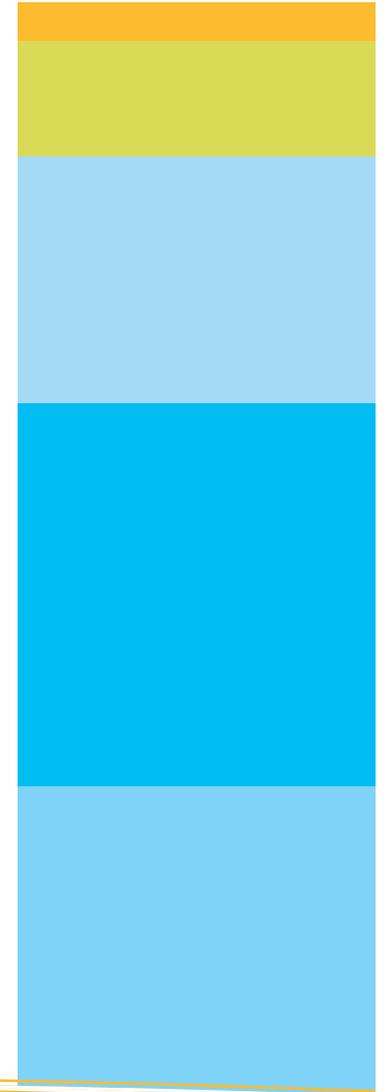


- ▶ Leadership is included in the discipline-specific competencies for public health nurses (CHNC, 2009)
- ▶ Public health/community health nurses “are leaders of change to systems in society that support health” (Canadian Public Health Association, 2010, p. 6).



# How is leadership described?

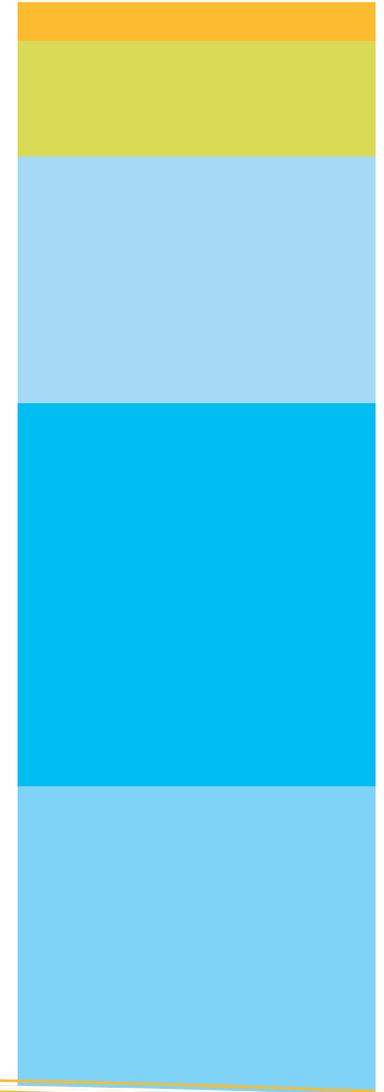
- ▶ PHNs are called upon to use their relationship with individuals, families, aggregates and communities to take action on the determinants of health (e.g., Cohen & Reutter, 2007; Falk-Raphael & Betker, 2012; Smith 2007)
- ▶ Public health nurses work at the “intersection where societal attitudes, government 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)



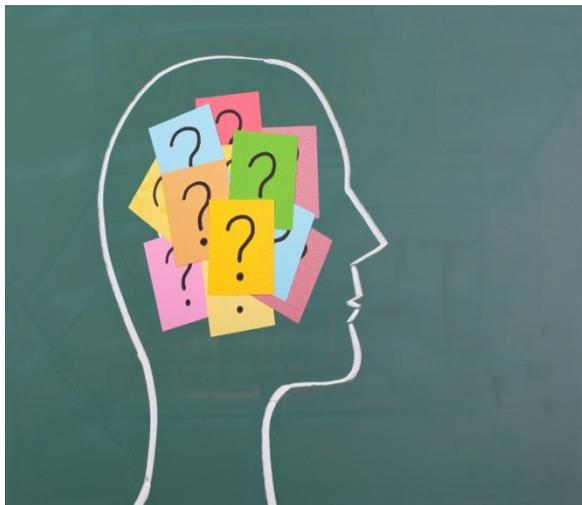
# Public health leadership ....



“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).

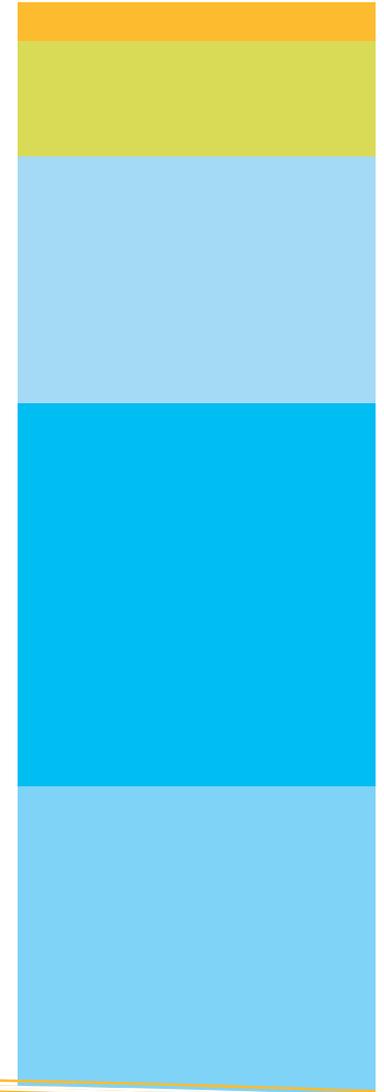


# Speed Networking – Round #1



**Introduce yourself**  
**“For me,  
leadership is...”**

**“I apply it in my  
work when....”**



# Project Partnership and Description



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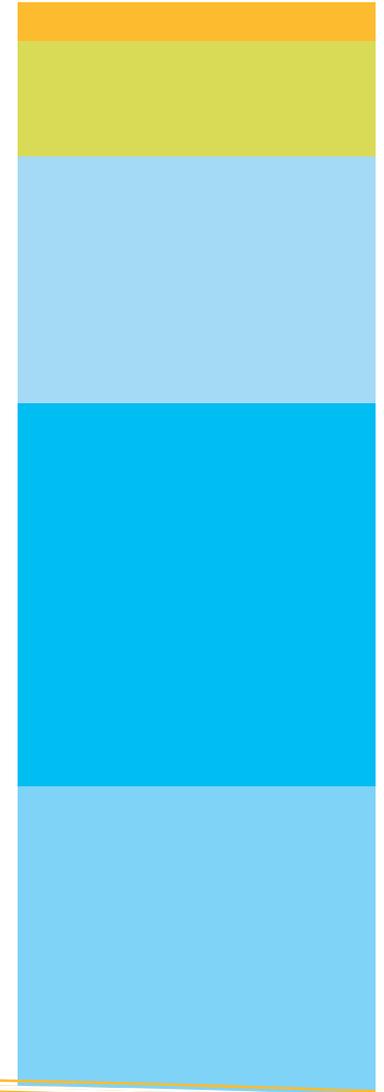


In 2013 the partners received funding from the Public Health Agency of Canada (PHAC) for a 3-year project to develop interdisciplinary leadership competencies for public health practice in Canada for the seven key public health disciplines.

# Review: Public Health Leadership Competencies Development



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



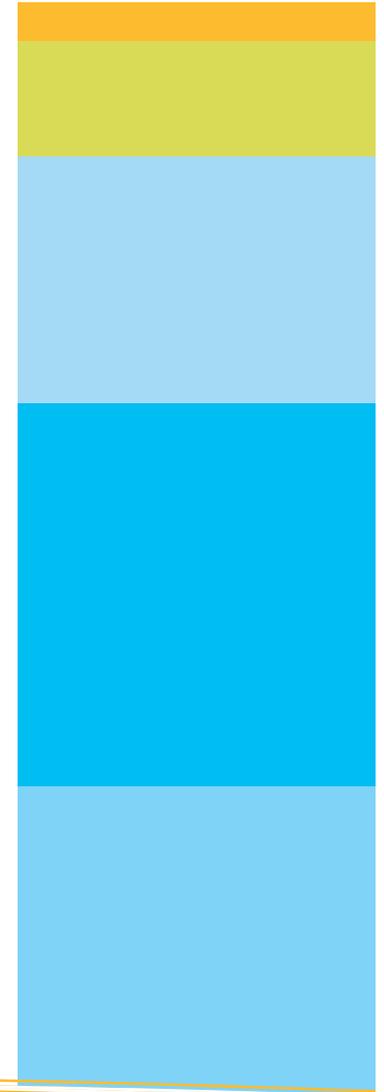
# Literature Review: Top Qualities of Public Health Leaders



*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

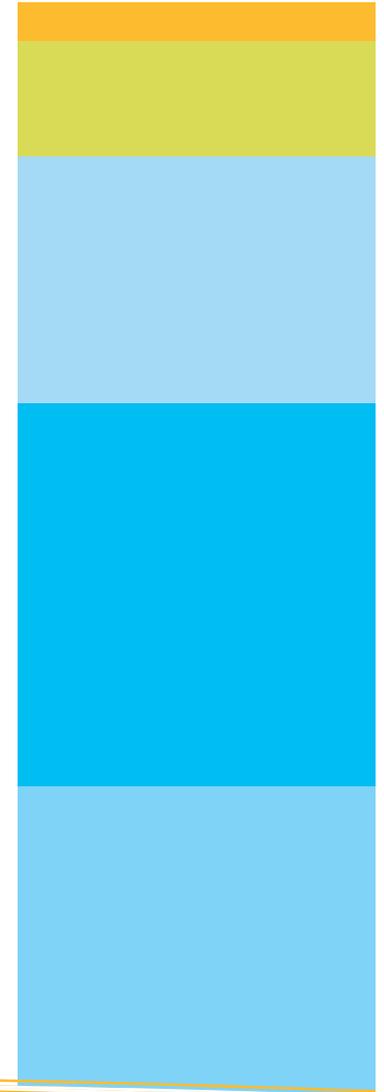


# Literature Review: Skills (cont. 2/3)



## Skills

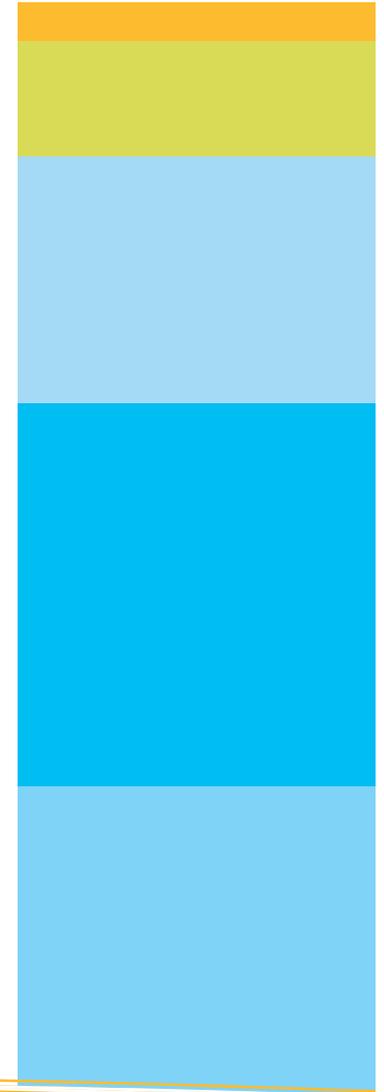
- ▶ Communicate clearly and transparently
- ▶ Supports, empowers, builds capacity
- ▶ Has systems/critical thinking skills
- ▶ Builds consensus, mobilizes, has negotiation /mediation skills
- ▶ Uses evidence-based decision-making
- ▶ Organizational and political savvy
- ▶ Able to manage change
- ▶ Supports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



# Literature Review: Behaviour (cont. 3/3)

## 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

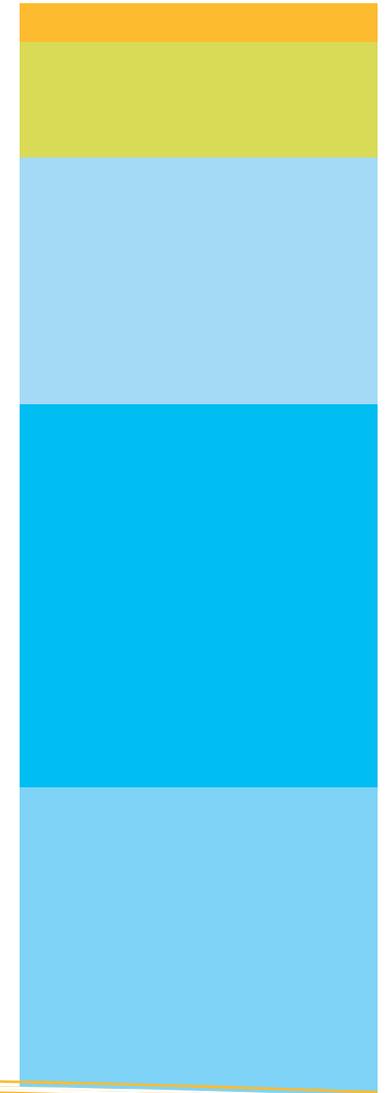


# Leadership Competencies Public Health Practice



**FIVE domains and 49 competency statements**

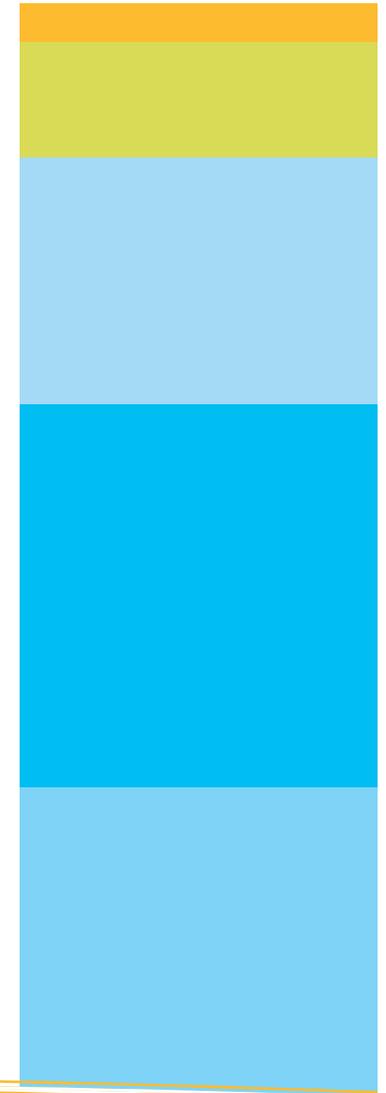
- 1.0 Systems Transformation
- 2.0 Achieve results
- 3.0 Lead Self
- 4.0 Engage others
- 5.0 Develop Coalition



# LEADS: Caring Environment Framework

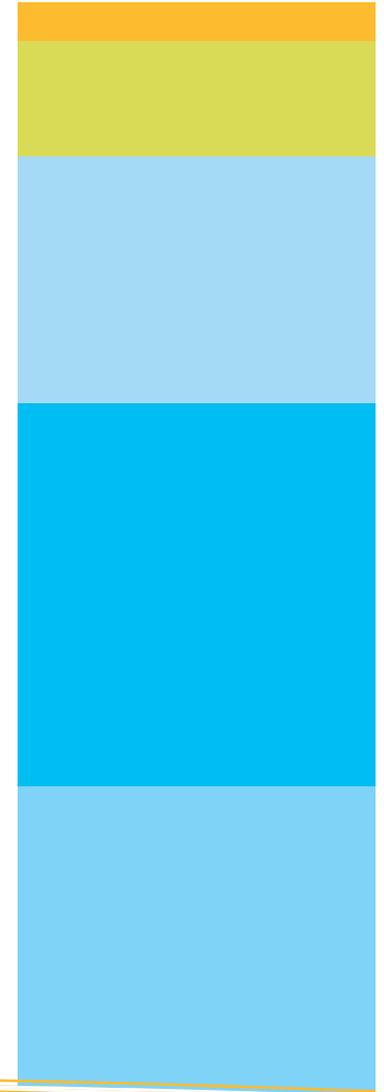
## Five Leadership Domains

- ▶ 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



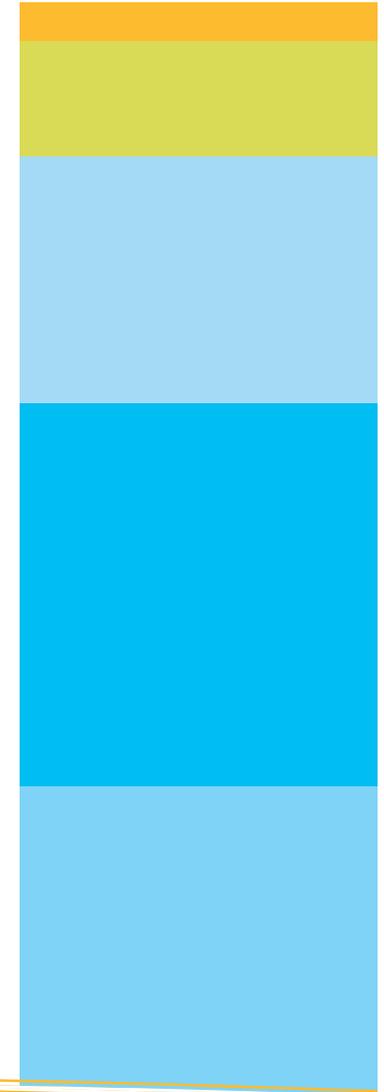
# Comparison of the LEADS Framework with PH Leadership Competencies



## *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

(Vollman, 2017)



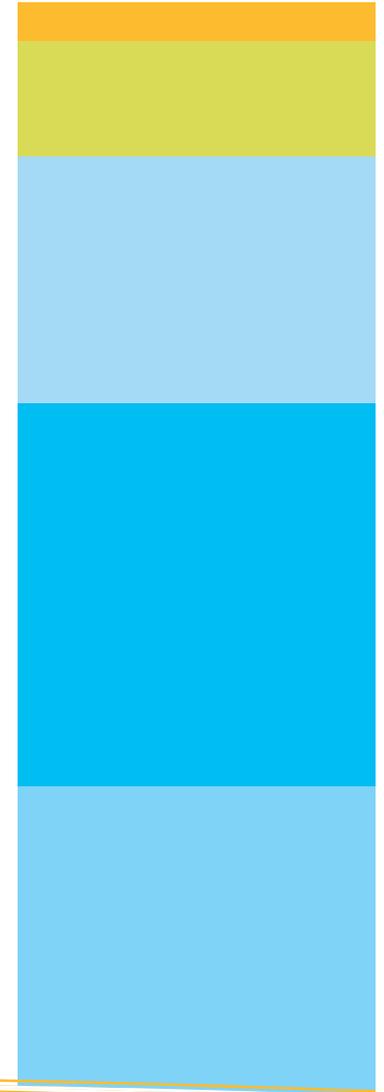
# Comparison: *Engage Others* (cont. 2/5)



- ▶ 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

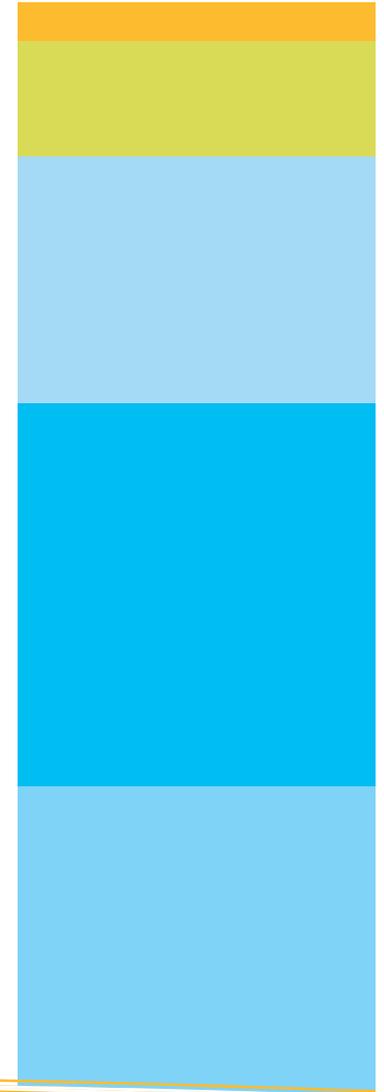
(Vollman, 2017)



# Comparison: *Achieve* *Results (cont. 3/5)*

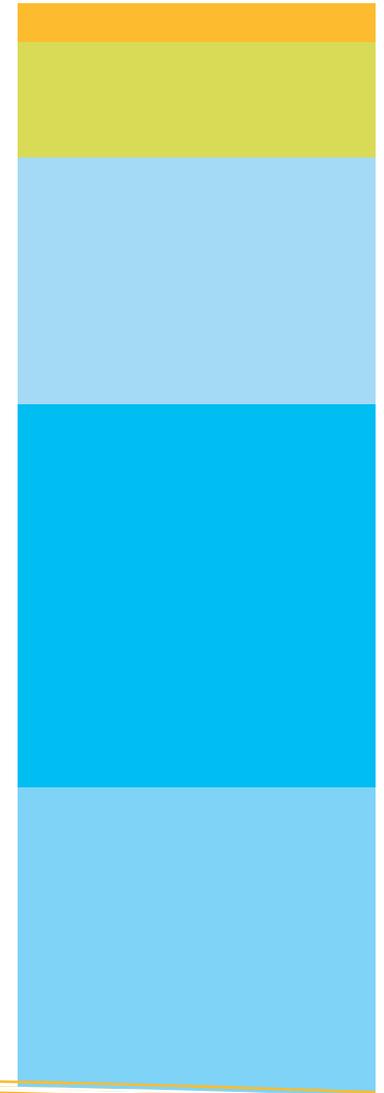
- ▶ Leadership Competencies in PH: 6 competencies
- ▶ LEADS: 4 Capabilities
- ▶ Unique to Leadership Competencies in PH:  
2.5 Champion public health principles,  
actions & interventions

(Vollman, 2017)



# Comparison: Develop Coalitions (cont. 4/5)

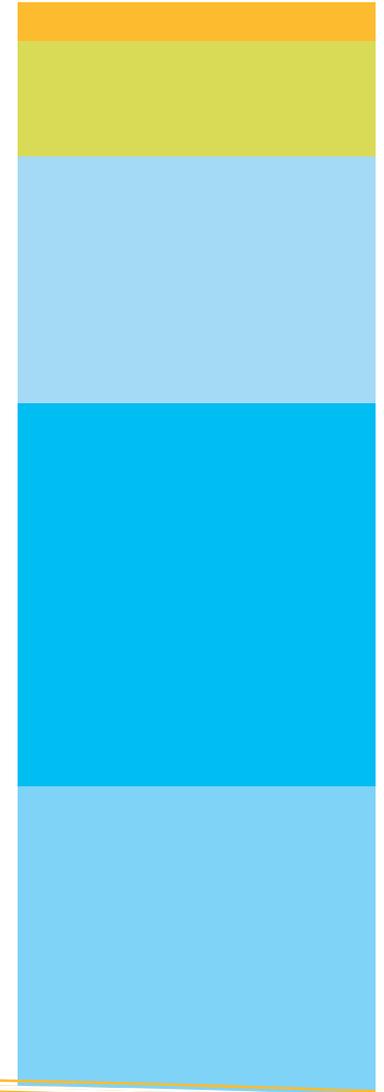
- ▶ Leadership Competencies in PH: 9 competencies
  - ▶ LEADS: 4 Capabilities
  - ▶ Unique to Leadership Competencies in PH:
    - 5.6 ... *shared leadership*
    - *Notion of public health practice: 5.7, 5.8, 5.9*
- (Vollman, 2017)

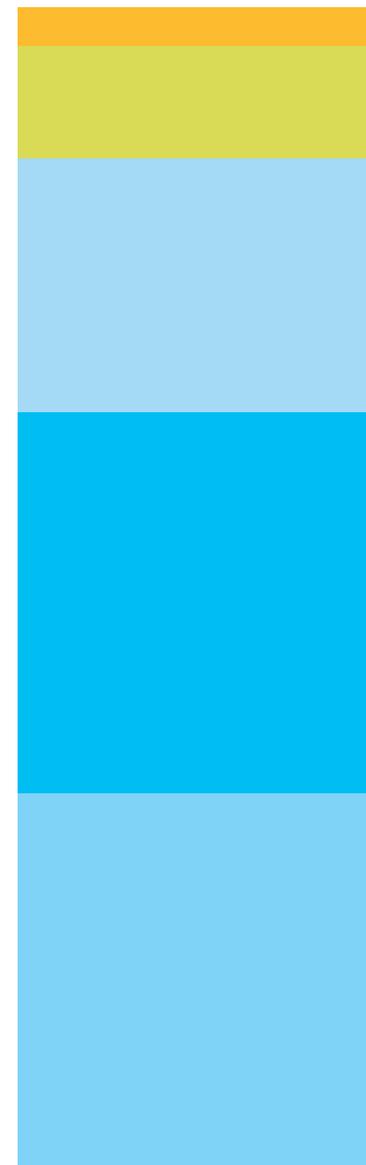


# Comparison: System Transformation (cont. 5/5)

- ▶ 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

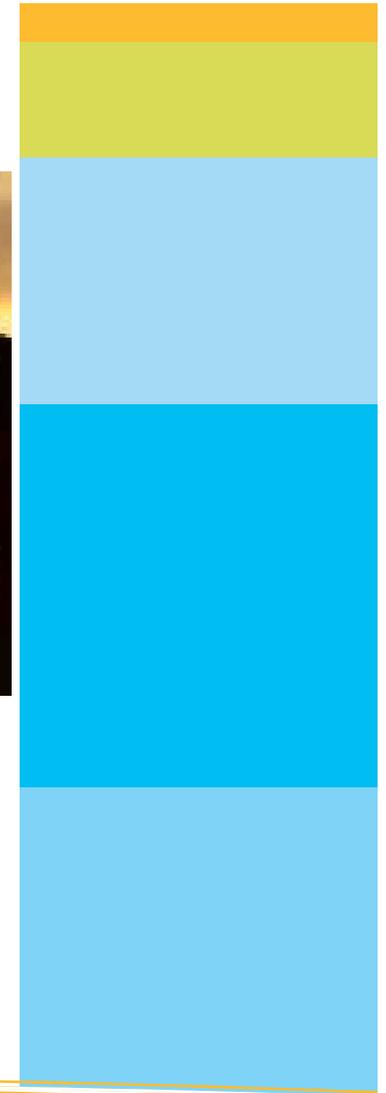
(Vollman, 2017)





# 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

ORCA FOR LEADERSHIP COMPETENCIES<sup>1</sup>

Name of Organization: \_\_\_\_\_

**I. Evidence Assessment**

**Goal: Leadership competencies for public health practice in Canada will be adopted by employers.**

1. Based on your assessment of the evidence basis for the above statement, please rate the **strength of the evidence** in your opinion, on a scale of 1 to 5, where 1 is very weak evidence and 5 is very strong evidence:

very weak	weak	neither weak nor strong	strong	very strong
1	2	3	4	5

2. Now, rate the **strength of the evidence** basis for this statement based on how you think respected public health experts in your institution feel about the strength of the evidence, on a 1 to 5 scale:

very weak	weak	neither weak nor strong	strong	very strong
1	2	3	4	5

**For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).**

The leadership competencies:

strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
1	2	3	4	5

3. are supported by scientific evidence from public health in Canada

strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
1	2	3	4	5

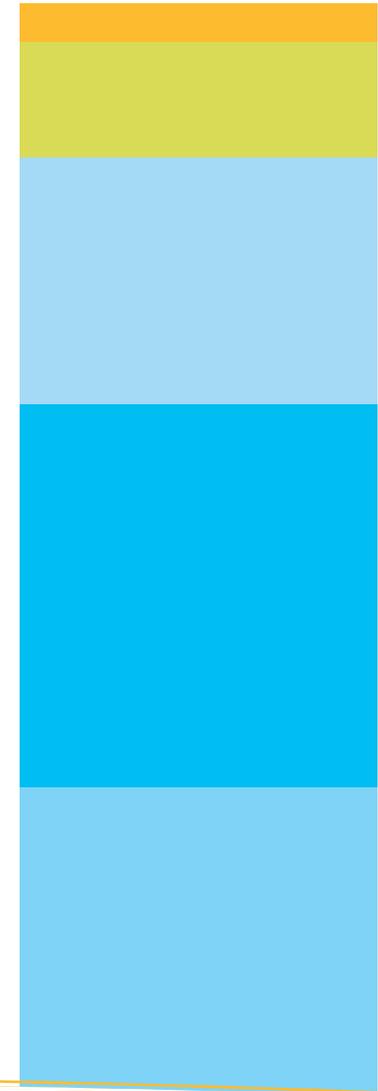
4. are supported by scientific evidence from other health care systems

strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
1	2	3	4	5

5. should be effective, based on current scientific knowledge

<sup>1</sup> The Organizational Readiness to Change Assessment (ORCA) has been adopted for use in the Leadership Competencies for Public Health Practice in Canada with the assistance and permission of C. Helfrich.

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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

ORCA FOR LEADERSHIP COMPETENCIES<sup>1</sup>

Name of Organization: \_\_\_\_\_

**1. Evidence Assessment**

**Goal: Leadership competencies for public health practice in Canada will be adopted by employers.**

1. Based on your assessment of the evidence base for the above statement, please rate the strength of the evidence in your opinion, on a scale of 1 to 5, where 1 is very weak evidence and 5 is very strong evidence.

very weak	weak	neutral/weak	strong	very strong
1	2	3	4	5

2. Now, rate the strength of the evidence base for this statement based on how you think respected public health experts in your institution feel about the strength of the evidence, on a 1 to 5 scale:

very weak	weak	neutral/weak	strong	very strong
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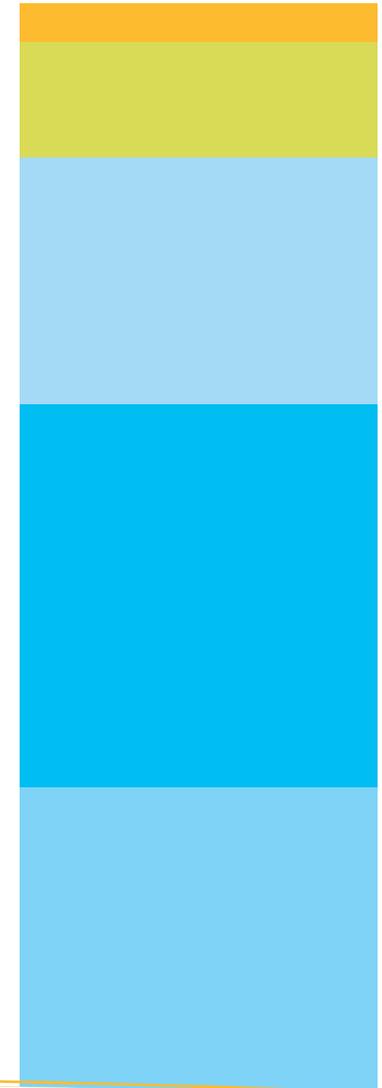
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The leadership competencies:

strongly disagree	disagree	neutral/agree	strongly agree	
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

<sup>1</sup> The Organizational Readiness to Change Assessment (ORCA) has been adapted for use in the Leadership Competencies for Public Health Practice in Canada with the assistance and permission of C. Haffkin.

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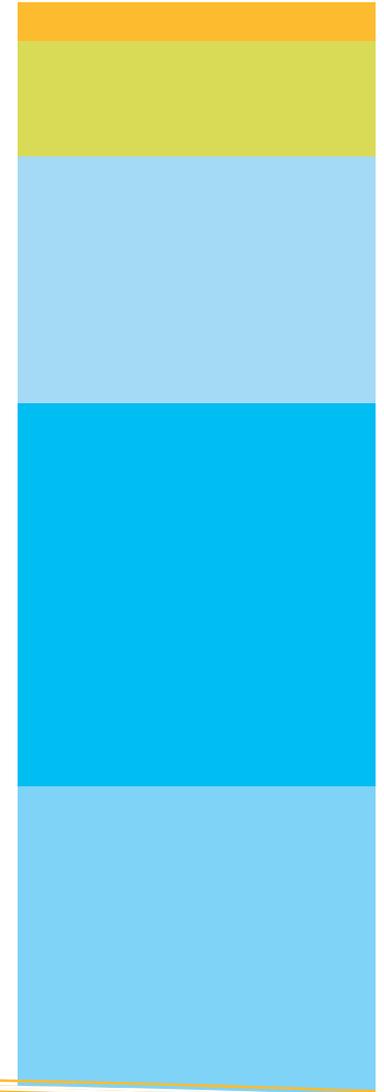


# Using Organizational Readiness to Change Assessment Tool (ORCA)



## 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)

**ORCA FOR LEADERSHIP COMPETENCIES<sup>1</sup>**

---

Name of Organization: \_\_\_\_\_

**I. Evidence Assessment**

**Goal: Leadership competencies for public health practice in Canada will be adopted by employers.**

1. Based on your assessment of the evidence basis for the above statement, please rate the **strength of the evidence** in your opinion, on a scale of 1 to 5, where 1 is very weak evidence and 5 is very strong evidence:

	very weak	weak	neither weak nor strong	strong	very strong
	1	2	3	4	5

2. Now, rate the **strength of the evidence** basis for this statement based on how you think respected public health experts in your institution feel about the strength of the evidence, on a 1 to 5 scale:

	very weak	weak	neither weak nor strong	strong	very strong
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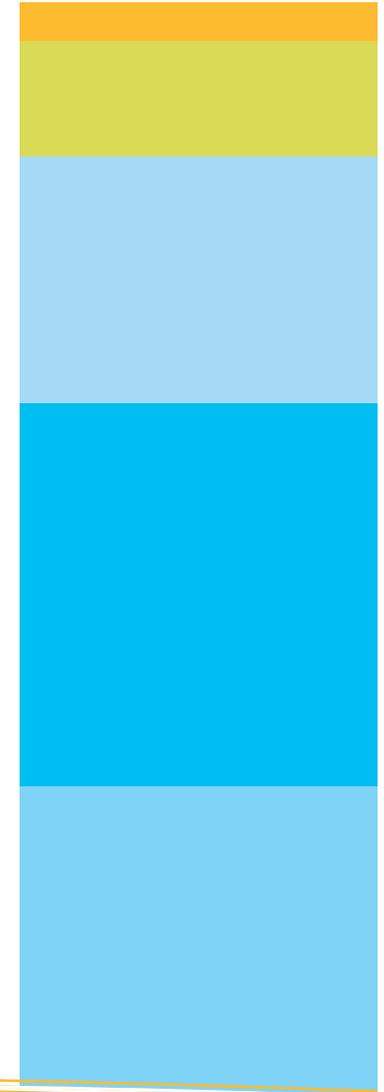
**For each of the following statements, please rate the strength of your agreement with the statement from 1 (strongly disagree) to 5 (strongly agree).**

The leadership competencies:

	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
3. are supported by scientific evidence from public health in Canada	1	2	3	4	5
4. are supported by scientific evidence from other health care systems	1	2	3	4	5
5. should be effective, based on current scientific knowledge	1	2	3	4	5

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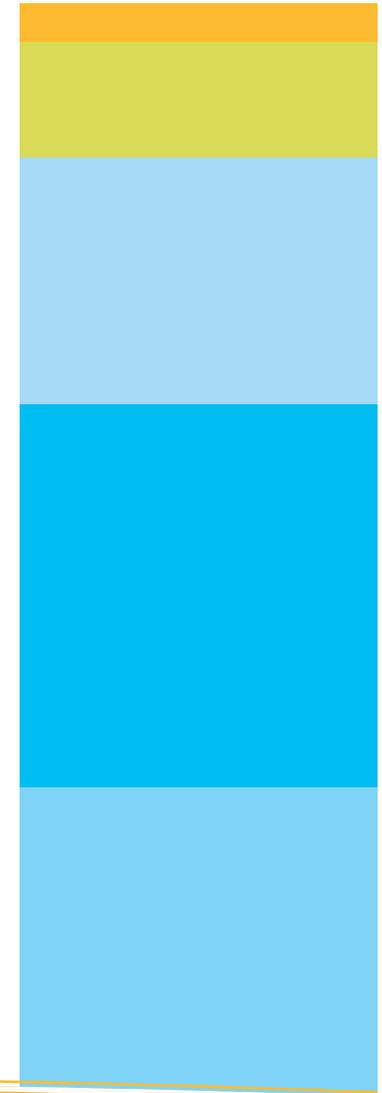
# Public Health Leadership Workforce Development Survey: Results (1 of 6)



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

## ***Demographics***

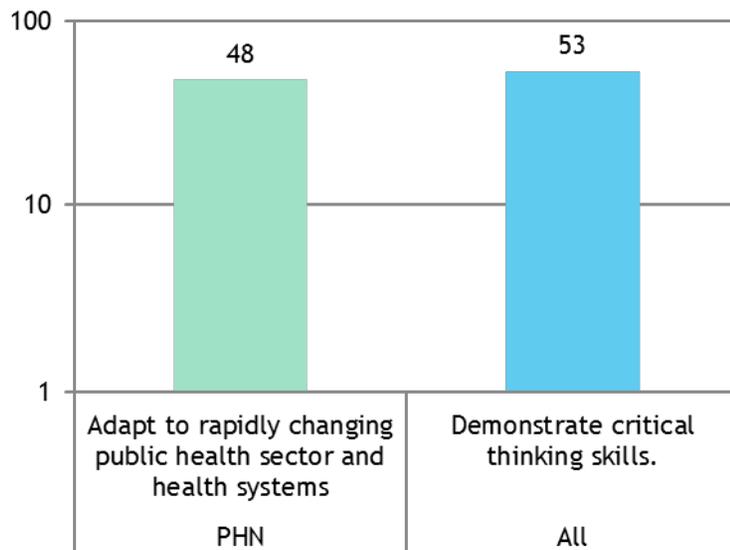
- Distribution of Respondents: 9 Provinces/ Territories (mostly Ontario & Manitoba)
- Level of practice: Front line (39%), Middle Management (23%)



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



## Domain 1: System Transformation

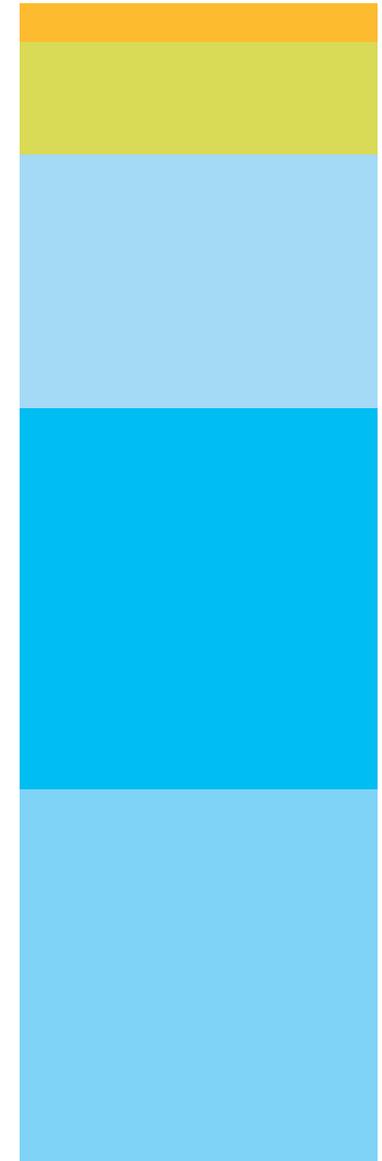


## Most common development strategy

- ▶ External partnership committees/workgroups/Coalitions

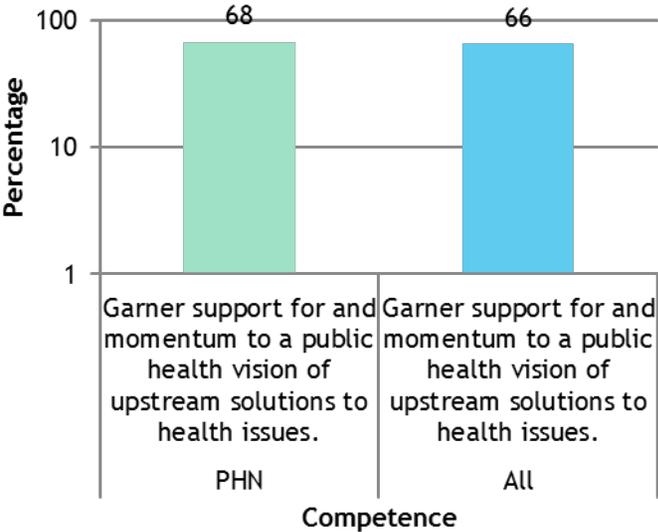
## Most common barriers

- ▶ 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

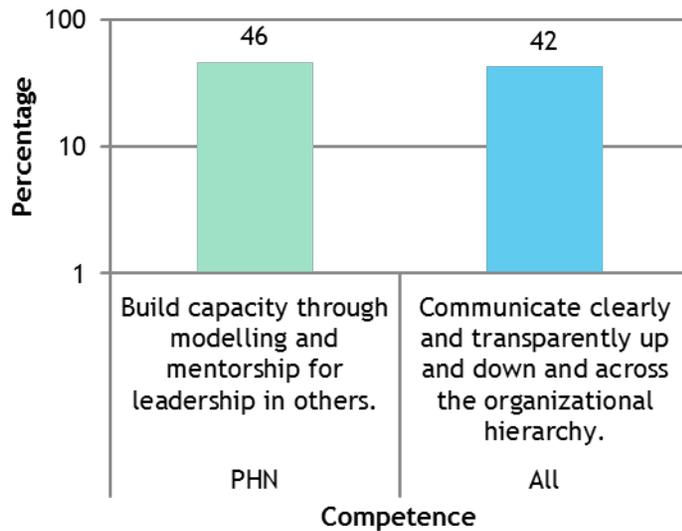
### Most common barriers

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



# Public Health Leadership Workforce Development Survey: Results (4 of 6)

## Domain 4: Engage Others

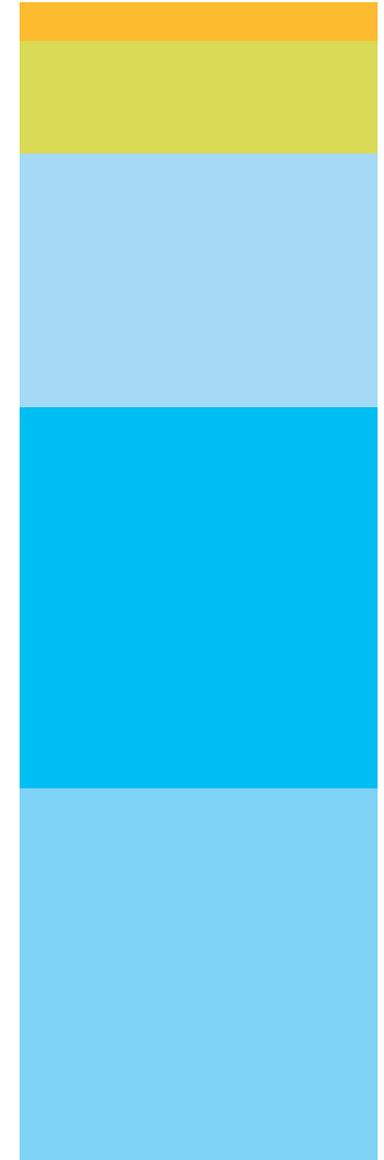


## Most common development strategy

- Continuing education

## Most common barriers

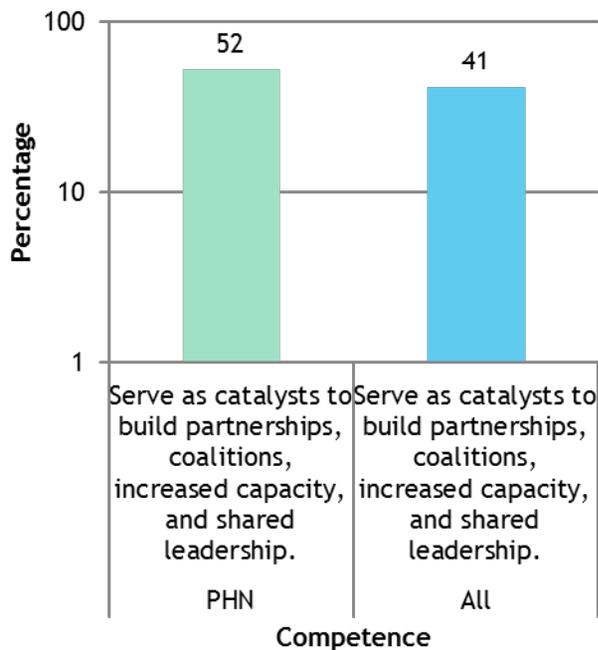
- Resources, time & competing demands
- Lack of leadership opportunities



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



## Domain 5: Develop Coalition

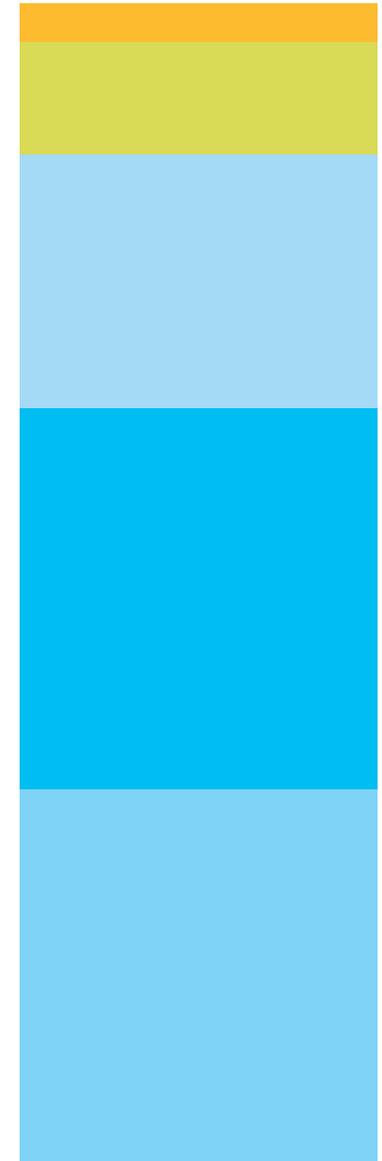


## Most common development strategy

- ▶ Networks/Community Groups/ Coalitions

## Most common barriers

- ▶ Time & competing demands
- ▶ Lack of organizational support



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

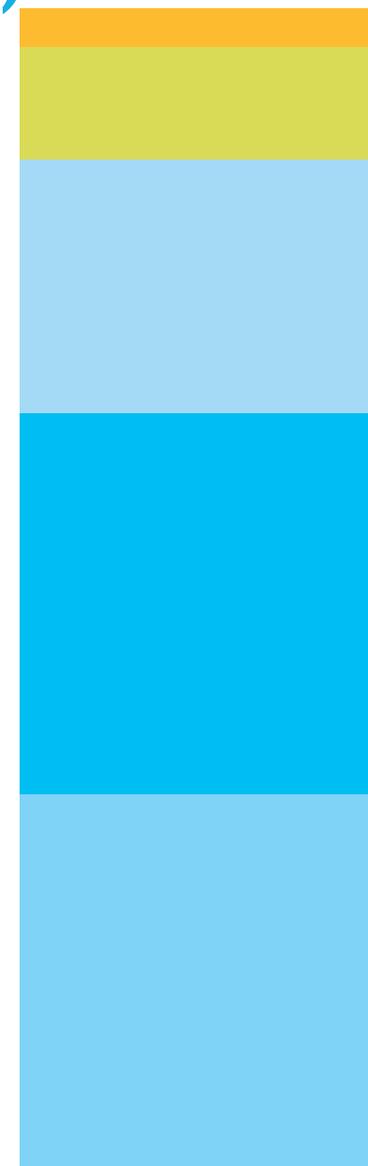


## Examples of Successful Organizational Development Strategies

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

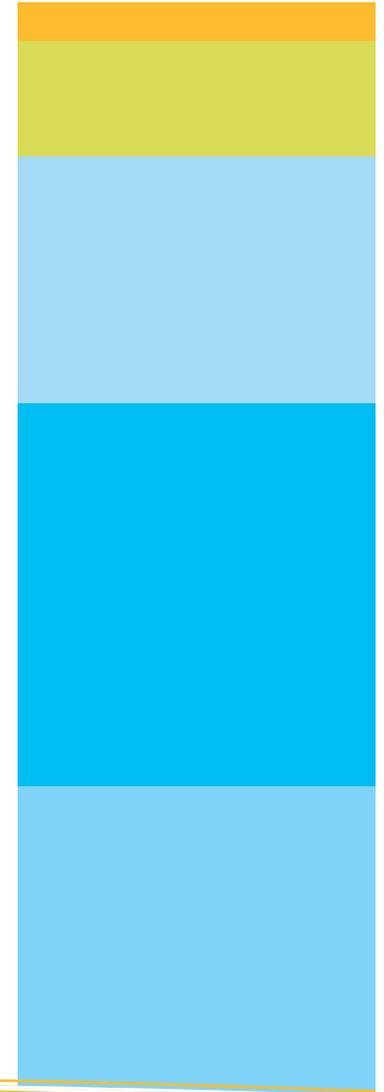
## Additional Helpful Strategies

- ▶ Conferences, workshops
- ▶ Organizational support
- ▶ Mentoring
- ▶ Resources

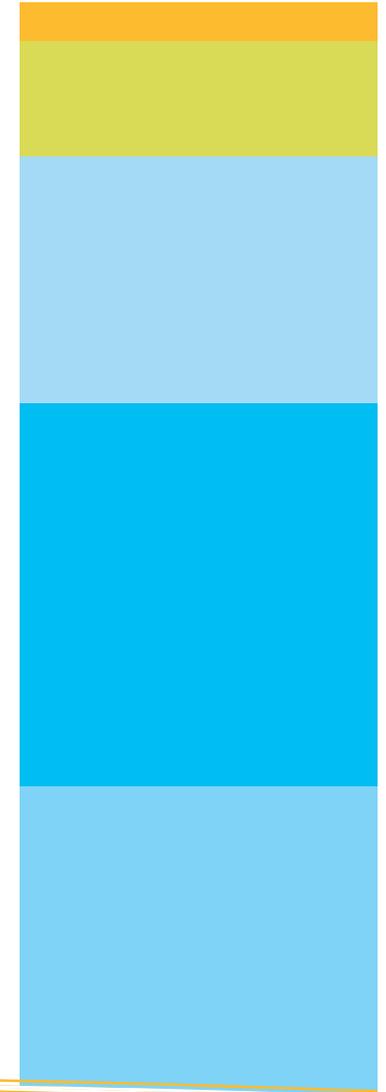


# The importance of Reflection

- ▶ *“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)



# Gibbs reflective cycle



# Leadership Mentoring Program: Mentee Self-Assessment (sample)



## Mentee 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 are 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 are my leadership strengths?

- 1.1
- 1.2
- 1.3
- 1.4
- 1.5
- 1.6
- 1.7
- 1.8
- 1.9



# 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

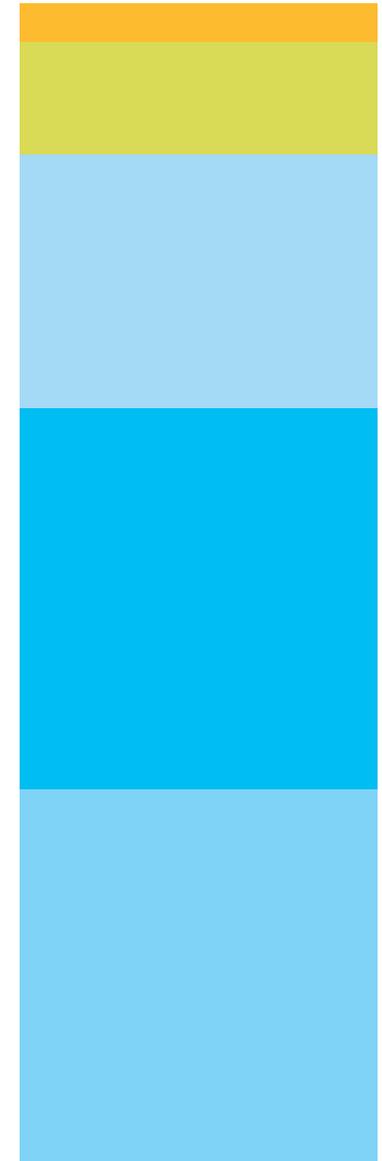
*Demonstrates Character:*

- ▶ 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)

## 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

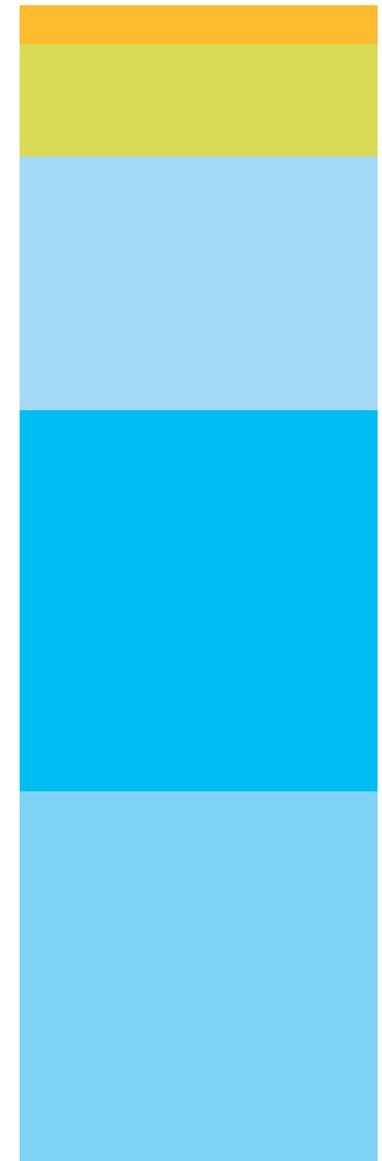
Manages Self:

- ▶ • Takes responsibility for own performance and health

Demonstrates Character:

- ▶ • Models qualities such as: honesty, integrity, resilience, and confidence

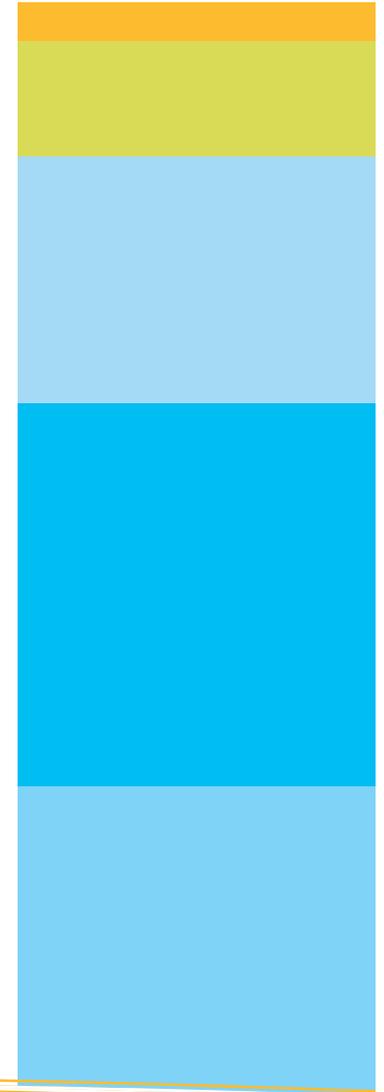
Leads Self
<b>What are my leadership strengths?</b>
<input type="checkbox"/> Self-Awareness
<input type="checkbox"/> Develops Self
<input type="checkbox"/> Manages Self
<input type="checkbox"/> Demonstrates Character



# Leadership Mentoring Program Guide



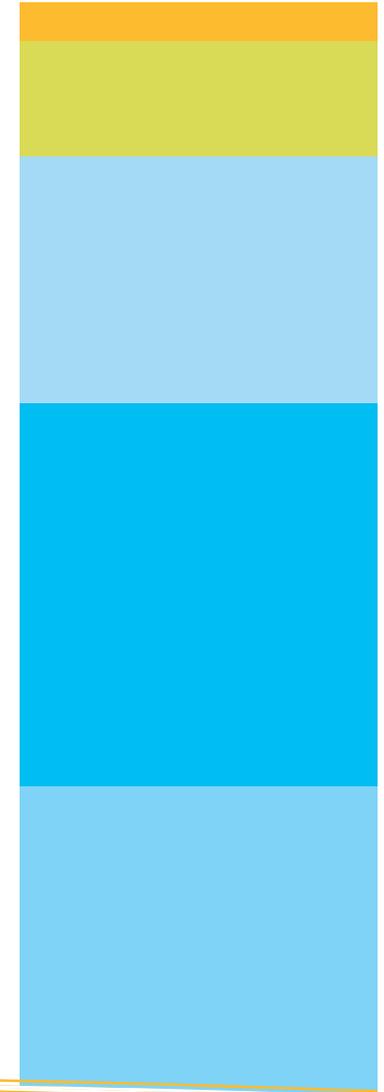
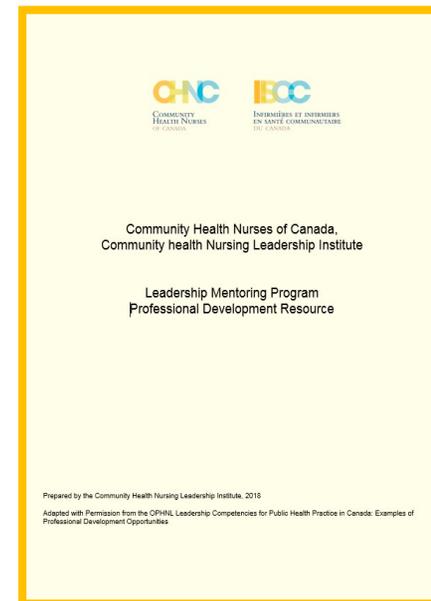
- ▶ Goal: to promote community health nursing leadership capacity through mentorship
- ▶ Literature Summary: 11 elements of a successful mentoring program
- ▶ Application Process
- ▶ 12 sessions with Coaching and Mentoring Activities
  - ▶ Self- assessment tools
  - ▶ Learning plan
  - ▶ Meeting outlines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



# Leadership Mentoring Program: Professional Development Resource

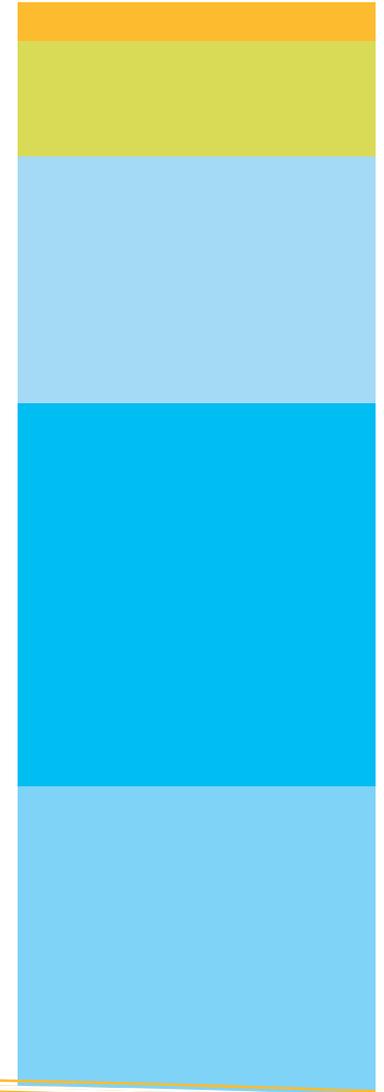


- Professional Development is integral to professional practice
- On-the-Job Learning aligned with each competency
- List of graduate programs, key websites and articles
- Adapted from the Ontario Association for Public Health Nursing Leaders



# 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

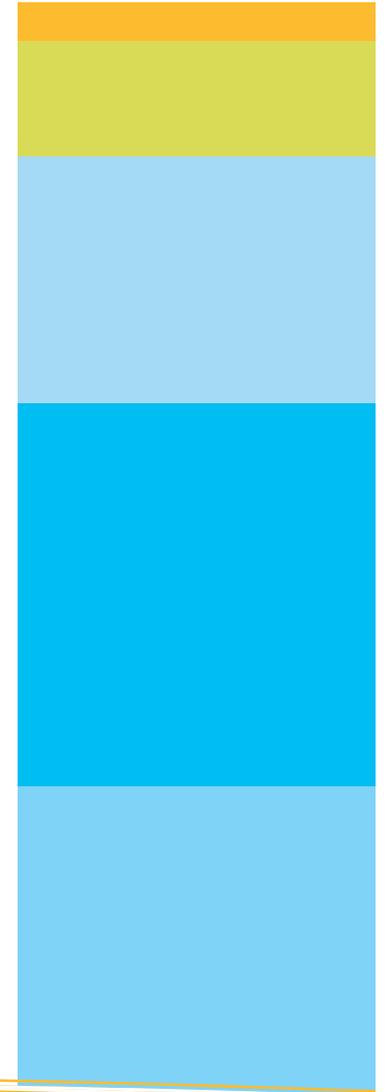
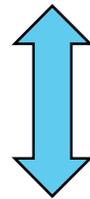
1 = adequate

2

3

4

5 = exemplarily



# Thank you!



**Dr. Seuss™**

Today you are **YOU**  
that is **TRUER** than  
There is **NO ONE** else  
who is **YOUER** than

