# Transition to Practice in Leadership and Management
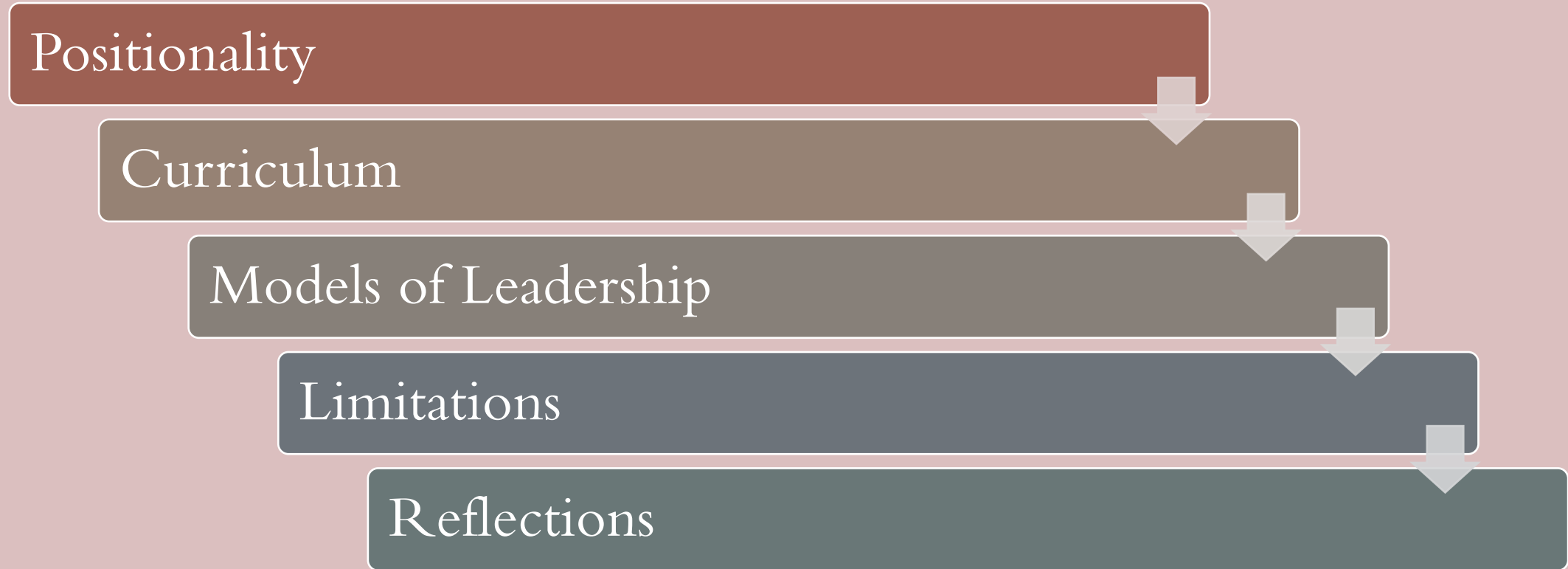
CASN – Leadership, Management and Policy Virtual Forum

Susan Drouin

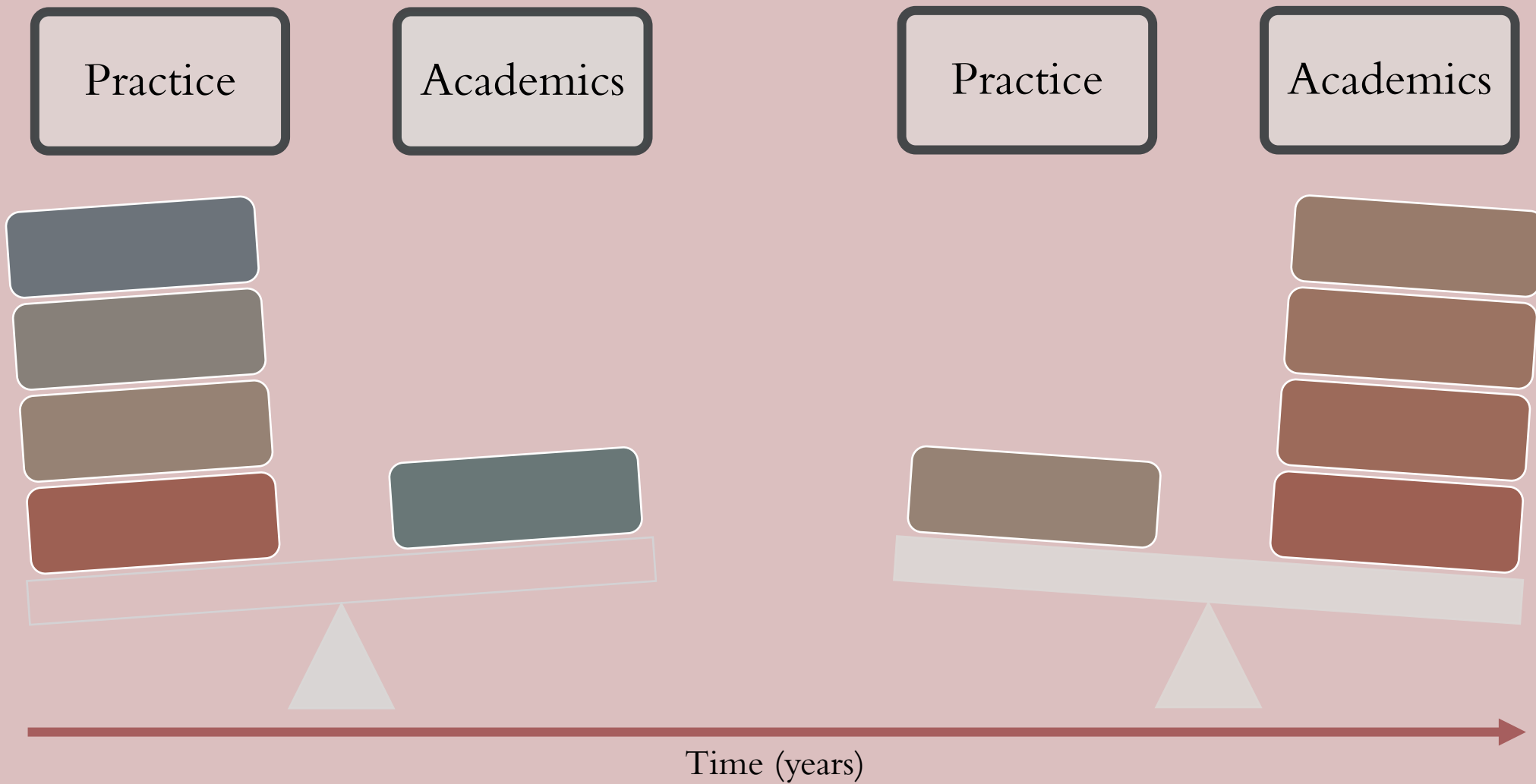Associate Professor, Ingram School of Nursing, McGill University
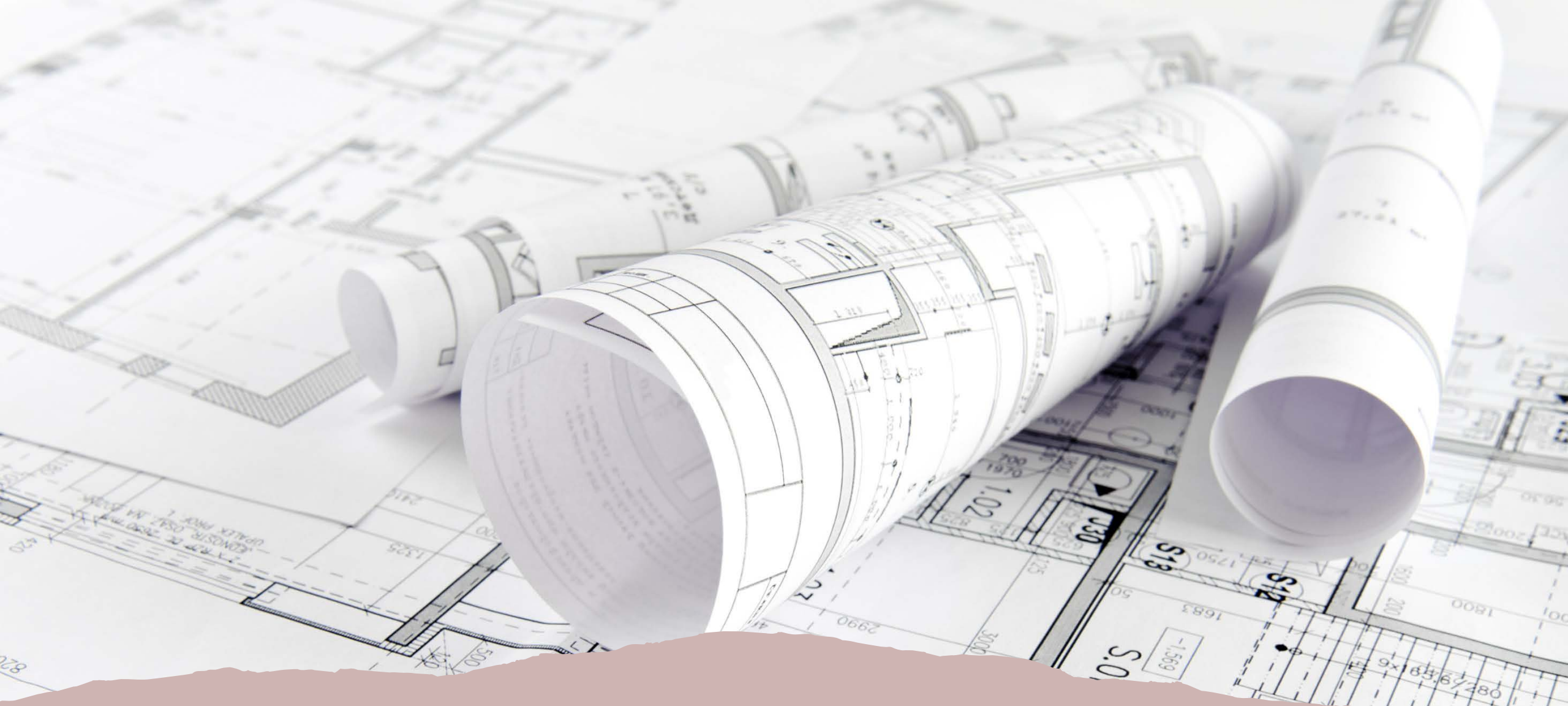
April 05, 2022

# OVERVIEW

Positionality

Curriculum

Models of Leadership

Limitations

Reflections

POSITIONALITY

CASN DOMAINS & COURSE DESIGN

# CASN DOMAINS

1. **Knowledge**: The theoretical, conceptual, and factual content that is taught and learned in the programs.

2. **Research, methodologies, critical inquiry, and evidence**: The thinking and inquiry skills, and the processes used to appraise, generate, synthesize, translate, and implement knowledge.

3. **Nursing practice**: The exercise of activities related to a broad range of roles carried out by nurses including research and scholarship.

4. **Communication and collaboration**: The interactions and relationships between the nurse and clients, the nurse and other members of the health care team, and the nurse and key stakeholders.

5. **Professionalism**: Accountability, ethics, and values of the nurse as a member of the nursing profession.

6. **Leadership**: Processes of social influence which maximize the efforts of others towards the achievement of goals or tasks.

# GRADUATE COURSE: PROFESSIONAL ISSUES IN NURSING

| CASN Domains | Related Activities |
| --- | --- |
| 4.5 | |
| 1.4 | |
| 1.5 | |
| 3.5 | |
| 6.5: Construct a teaching activity. | Lead session on mentors, preceptors to peers, diverse ways of learning, to class of Direct Entry, Nurse Practitioner and Nurse Entry students |
| 5.4 | |
| 6.3: Life-life learning | Interviews (25%) person of their choice, nurse, someone who influences nursing, cold calls (domain 4) communication |

# KNOWLEDGE TRANSLATION/IMPLEMENTATION SCIENCE/QUALITY IMPROVEMENT

## Three Courses in a Series

- NUR2 630: Theory and models of KT, etc.
- NUR2 631/632: KT or quality improvement projects submitted by clinical partners

## Main Purpose

- Implementation of a KT project related to best practice approaches in health care delivery
- E.g., adoption of a new nursing practices, care processes or healthcare innovations (e.g., clinical practice guidelines), OR evaluation/enhancement of existing nursing practices or service delivery (i.e., CQI initiatives)

## Learning Activities

- Students are assigned in pairs or trios to projects solicited from our clinical partners
- Students are expected to:
  - Be accountable to the Clinical Partners, ensuring preparation and ongoing, frequent communication
  - Deliver the project on-time and as per the requirements of the Clinical Partners
  - Disseminate project findings to Clinical Partners and broader community

# KNOWLEDGE TRANSLATION/IMPLEMENTATION SCIENCE/QUALITY IMPROVEMENT: ADAPTATION DURING THE PANDEMIC

Adapt approach to be responsive to and take direction from the clinical partners

Examine barriers and facilitators to evidence use and practice change and work with partners to mitigate the challenges

Implement practice change *as much as possible given the pandemic*

Evaluate the outcome of intervention and – *describe the steps of the evaluation if not fully implemented due to the context of the pandemic*

# MODELS OF LEADERSHIP

# LEADERSHIP APPROACHES IN HEALTHCARE

## Traditional
- Command and control ( assumes a static predictable enivornment)

## Transformational
- Distributed leadership, foster strength and abilities of others

## Authentic
- Know self to lead others, genuine, focus on trustworthiness, own limitations, transparency

## Ethical leadership
- Integrate ethical practices, values all level of the organization, duty bound

**Reality**: Emerging leaders in a pandemic (Nelson, Ruco & Dubinsky, 2021)

**Findings**: Strong culture of distributed leadership and open communication, collaboration and trust.

Self-care and opportunities for discussion of fear, providing reassurance, frequent communication

# ADAPTIVE LEADERSHIP: PANDEMIC & BEYOND
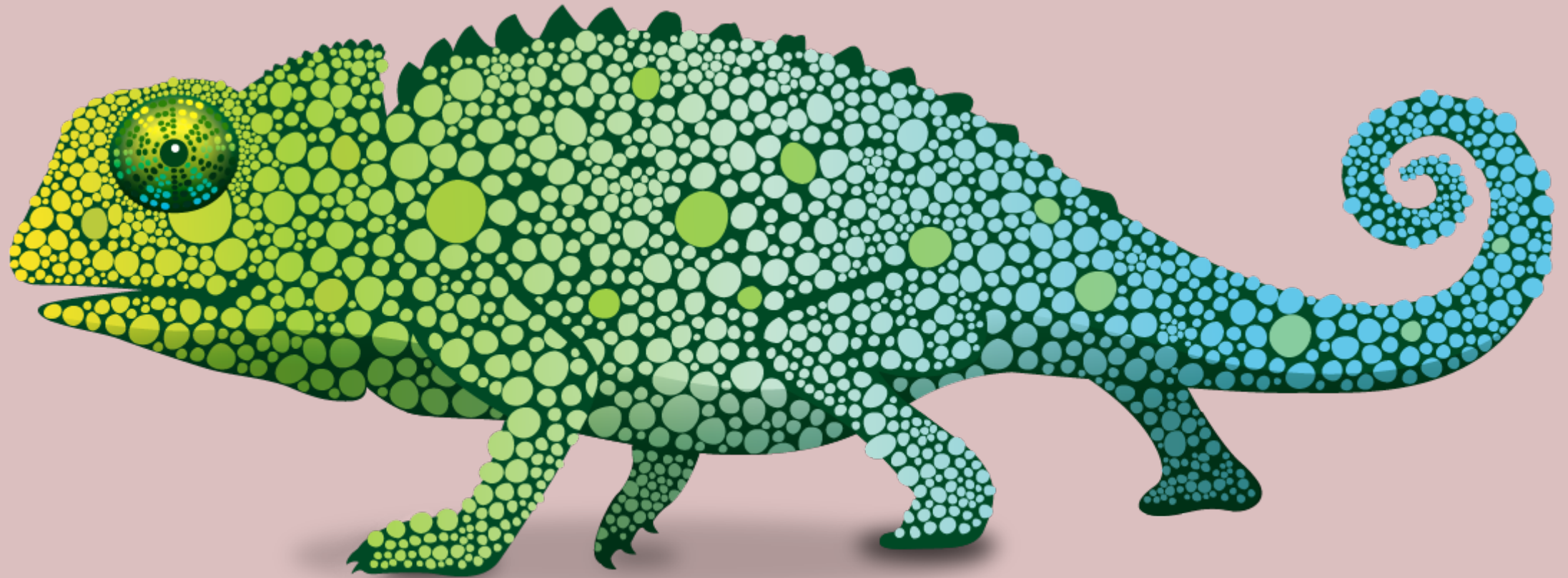
# THE 4A'S OF ADAPTIVE LEADERSHIP

- **Anticipation**: Future needs and trends
- **Articulation**: Of needs via collective understanding and support for action
- **Adaptation**: For continuous learning and re-adjustments
- **Accountability**: Maximum transparency in decision making setting to challenge and provide feedback

Anticipation

Accountability

Articulation

Adaptation
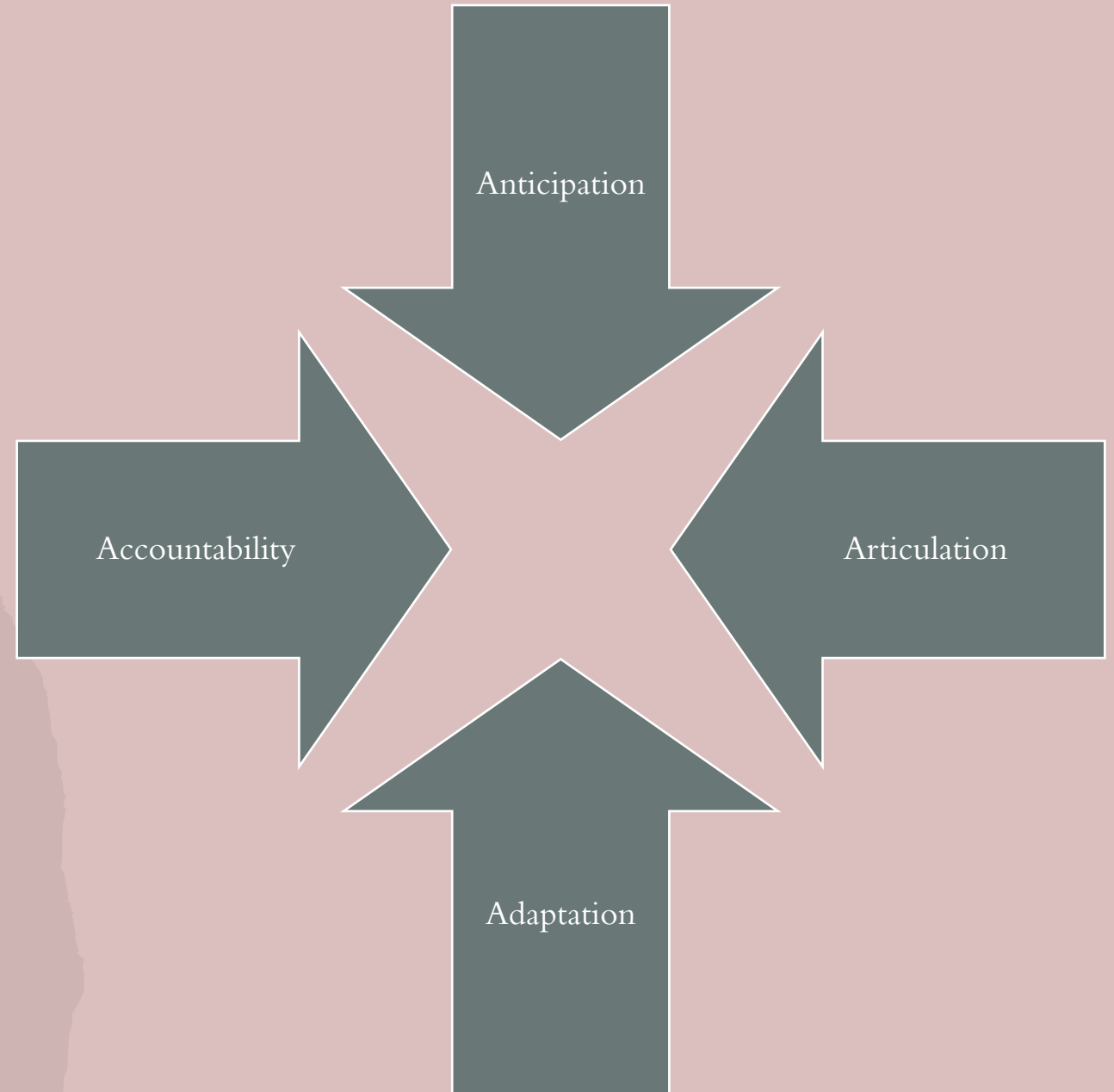
(Ramalingam, Nabarro, Oqubuy, Carnall, Wild, HBR 2020)

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# INCLUSIVE LEADERSHIP

Dillon & Bourke, 2016

COMPASSIONATE LEADERSHIP IN A
TECHNOLOGICAL WORLD

# COMPASSION AND COMPASSIONATE LEADERSHIP

Compassionate Leadership- "a way of being,… developing deep self- awareness, other awareness and compassion for the purpose of optimizing the well-being of everyone, including ourselves"

Actions: service, attuning inquiring, listening and co-creating

Examples- be kind and gentle to yourself; (self)- give and receive feedback (dyad); invite and share stories to foster understanding and connection (team); track and evaluate the organization's compassionate leadership capability (organization and system level).

Hodges, Paech and Bennett (2020) Without Compassion, there is no healthcare- leading change in a technological age.

# COMPASSION AND COMPASSIONATE LEADERSHIP

- Importance of compassion education for all healthcare professional schools

- How will technology influence compassion in healthcare (robotics) and AI learning systems?

- Challenges of delivery of compassionate care- true patient/family engagement

- Models of care- healthcare delivery systems that enhance or detract from compassionate care (burnout, compassion fatigue, etc)

Hodges, Paech and Bennett (2020) Without Compassion, there is no healthcare- leading change in a technological age.
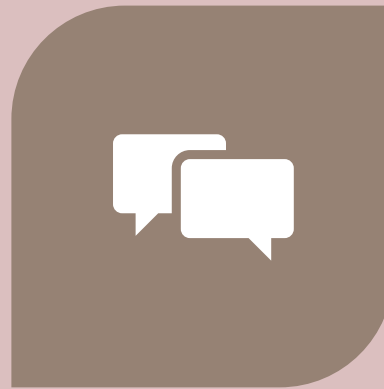
# LIMITATIONS

# REFLECTIONS ON THE 5C'S

**Curiosity**
- Do we let students select their own topics of interest to permit them deep dives into something that interests them ?

**Cultural Intelligence**
- How do we engage in class discussions with students with varied life experience and linguistic and cultural backgrounds ?

**Courage**
- What forums do we create to enhance discussions about the "real" context of nursing in a pandemic and beyond

**Cognizance**
- How do we support learners who struggle and how as faculty to we admit our own limitations to our students?

**Collaboration**
- Looking truly beyond the walls of our schools and reaching out to other university faculties/schools ?

REFLECTIONS

# REFLECTIONS ON OUR CURRICULUM

- Artificial Intelligence (AI) and other forms of technology.

- Courses that provide opportunities for experimentation in systems thinking with innovation.

- Design of courses that encourages student self-navigation with greater autonomy and self-directed learning to encourage life-long learning.

REFLECTION ON HOW WE MODEL ADAPTATION

# ACTIONS:

Adapt with the students– pandemic: final written report– not possible, Solution: describe your own learning ( trustworthiness, negotiation, flexibility on submission deadline etc )

Courage: talking about my limitations with new learning technology (Powtoon) and compatibility for e-learning platform on clinical sites, reality of sub–standard care delivery in clinical sites

Compassion: sharing: death of my own father and mother during pandemic, active listening of their own losses

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