



CHLNet Leadership Development Inventory Project Executive Summary

In 2009, CHLNet obtained funding from Health Canada to develop and disseminate a first-ever inventory of leadership development curricula and training activities in Canada. CHLNet contracted with the Centre for Health Leadership and Research [CHLR] at Royal Roads University to complete the project. Specific objectives were as follows:

- Objective 1. Develop an inventory of leadership development and training activities in Canada.
- Objective 2. Identify leadership development/training Leading Practices¹ based on established criteria
- Objective 3. Compare and contrast the current and ongoing provincial/territorial leadership development initiatives with the *LEADS in a Caring Environment* capabilities framework²
- Objective 4. Identify leadership education/training gaps and challenges
- Objective 5. Identify future leadership development pilot projects in which leadership development gaps could be addressed.

CHLNet established a Research Project Advisory Committee [RPAC] to guide the CHLR research team's work. As a result, Leading Practices were identified; programs in the inventory were contrasted and compared with the *LEADS in a Caring Environment* capabilities framework and the Leading Practices, and a numeric scoring method was used to assess their overall performance; education/training gaps and challenges were identified; and, corresponding future leadership pilot projects were suggested. It should

¹ The original language for Objective 2 was "best practices"; this has been changed to "Leading Practices" to more accurately convey the intention of the term.

² The original language was "Pan-Canadian Health Leadership Capability Framework". To date the *LEADS in a Caring Environment* capabilities framework has been endorsed by CHLNet, CCHSE, and the Health Care Leaders Association of BC as the new Pan-Canadian Health Leadership Capability Framework. Accreditation Canada is also looking at building in LEADS into its 2010 standards review.

be noted that Network Partners, who are Canadian professionals well-versed in the field of health leadership, provided feedback on all aspects of this project.

In order to manage the volume of programs that make up the health leadership development inventory (**over 100 programs**), a numerical scoring system was used to assess the depth and scope of a program's content, design, and instructional practices. The scoring matrix was developed to compare and contrast health leadership development programs. The subsequent scores applied to programs are not intended to be a definitive assessment, but provide a "snapshot" based on the information available at the time.

Every effort was made to ensure that all relevant leadership development activities and programs meeting our inclusion criteria were identified. That said, the intent is to continue to work to develop a truly comprehensive data base of all programs and to evaluate them over time. Feedback to Secretariat@CHLNet.ca is welcome.

The research identified a number of leadership education/training gaps and challenges. The most evident gap identified through the evaluation of health leadership development programs relates to workplace leadership programs within health organizations/authorities. Whereas professional association and academic programs are relatively easy to identify and research, workplace programs are not. They are often administered by human resources departments, are considered proprietary, and often not profiled in public information sources. It is therefore difficult for a leader in one health workplace to learn of effective leadership programs in other workplaces. There does not appear to be a mechanism to share information about leadership development programs between health organizations/authorities/regions across Canada.

In accordance with the gaps and challenges detected, potential leadership pilot projects were identified, including: developing mechanisms to share leadership development program information; conducting a research study to develop a consensus-driven definition of mentoring/coaching and using this definition to identify effective mentoring and coaching practices; writing a guide about the development of communities of practice that organizations could implement; developing a national project to profile the *LEADS in a Caring Environment* capabilities framework; conducting a study on the impact employee participation in leadership development programs has on organizations that support leadership efforts; developing a project for the ongoing revision of the *LEADS in a Caring Environment* capabilities framework through the systematic engagement of decision makers and leaders across the country; refining/validating the point system model for assessing health leadership development programs and proposing pathways that integrate best practices within the context of the overall "network of excellence" in health leadership development, and; conducting a comparison study focusing on leadership development best practices utilized in other sectors.

The concluding section of the report provides considerations for moving forward, particularly in relation to using the scores of the health leadership development programs. Clear priorities and sufficient resources are critical. The proposed future pilot projects are an initial step towards a future research agenda for health leadership development. A supplementary request for funding has been submitted to Health Canada to build on this initial work.