CERTIFIED HEALTH EXECUTIVE PROGRAM

CHE LEADS in Action Project Guidelines

CANADIAN COLLEGE OF
HEALTH LEADERS

CHE Program

COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

Programme LCS

www.cchl-ccls.ca

WELCOME TO THE *LEADS IN ACTION* PROJECT COMPONENT

Consistent with the commitment of the Canadian College of Health Service Leaders to the value of "life-long learning", a key feature of the CHE and FCCHL professional designations is the translation of knowledge to improve and the health system and foster leadership development. *LEADS in Action*, as part of the CHE designation process provides candidates with the opportunity to contribute knowledge by sharing their experiences and knowledge gained through their practice and application of learning in the workplace.

Now that you have successfully passed the exam you are free to begin the *LEADS in Action* Project. In this project, candidates will demonstrate their leadership capabilities by writing a Briefing Note for senior leaders in which they: a) identify and analyse the key issue facing the organization, b) identify options that could be considered for resolving the issue, and c) recommend one of these options as the most appropriate strategy to resolve the issue, including rationale.

Candidates are expected to identify the implications of the issue for leadership in their organization or work area, and ideally in the broader health system.

LEADS IN ACTION PROJECT POLICIES

Late Projects
LEADS in Action projects submitted later than March 1 of any year may not be processed in time to permit the candidate to convocate in late May or early June of that year.

LEADS in Action **Project Re-writes**
If a candidate fails to meet the standards for the *LEADS in Action* Project, s/he may
re-submit within three months; and an administration fee will apply. Candidates who fail for a second time are expected to acquire MOC credits in order to build up strength in their area(s) of weakness. Such candidates must wait at least 1 year before re-submitting. They may choose to write on their previously chosen topic or select a new one.

LEADS IN ACTION PROJECT

Capability Areas
The content that is being measured in the *LEADS in Action* Project relates to four LEADS domains and capabilities. The ***Behavioural Descriptors Supporting the College CHE™ Program LEADS in a Caring Environment Framework*** is particularly helpful.Full details of the LEADS Framework can be found on the CCHL website www.cchl-ccls.ca. You can also refer to the Table 2 below for details.

Table 2: *LEADS in Action* Project - Core Leadership Capabilities

DOMAIN	Capabilities
Engage Others *Engaging and connecting others is an essential element of leadership.*	• ***Fosters development of others*** – supports and challenges others, fosters achievement of professional and personal goals • ***Contributes to the creation of healthy organizations*** – creates engaging environments with meaning opportunities to contribute, ensures resources are available to fulfil responsibilities • ***Communicates effectively*** – listens well, encourages open exchange of information and ideas, uses appropriate communication media • ***Builds team*** – facilitates environments of collaboration and cooperation amongst team members, facilitates environments to achieve results
Achieve Results *Leaders are accountable for managing the resources of the organization to achieve results.*	• ***Set Direction*** – inspires vision, identifies, establishes and communicates clear and meaningful expectations, identifies clear and meaningful outcomes • ***Strategically align decisions with vision, values and evidence*** – strategically align decisions with the organization's mission, vision and values. Strategically aligns decisions with evidence • ***Take action to implement decisions*** – acts to implement decisions consistent with organizational values, acts to yield effective, efficient public centered service • ***Assess and evaluate*** – measures and evaluate outcomes, holds themselves and others accountable for results, corrects course as appropriate
Develop Coalitions *In a complex and complicated environment, organizations can typically choose to collaborate to achieve an objective. It may involve public policy development or reformation, restoring or soliciting funding, or changing service delivery among other goals.*	• ***Purposefully build partnerships and networks to create results*** – creates connections with outside organizations, creates trust and shred meaning amongst partners • ***Demonstrates a commitment to customers and service*** – facilitates collaboration, cooperation and coalitions amongst diverse groups of customer service, and aims coalitions at learning to improve service • ***Mobilize Knowledge*** – employs methods to gather intelligence, encourages open exchange of information across the organization and uses quarterly evidence to influence action across the system • ***Navigate socio-political environments*** – is politically astute, negotiates through conflict and mobilizes support
Systems Transformation *Expectations for change—driven by funding pressures, demographics, public expectations, and technology—suggest that transformation to reform the health sector is both expected and required. To increase the likelihood of success, there is a pressing need to actively identify and engage all pertinent key players in a system in the conceptualization and framing of the issues related to Systems Transformation, as well as in collaborative planning and implementation.*	• ***Demonstrates systems/critical thinking*** – thinks analytically and conceptually, questions and challenges status quo to identify issues and solve problems, designs and implements effective processes across systems & stakeholders • ***Encourage and support innovation*** – creates a climate of continuous Improvement and creativity, aims at systemic change • ***Orient themselves strategically to the future*** – scans the environment for ideas, best practices and emerging trends to shape systemic change • ***Champion and orchestrate change*** – actively contributes to change processes that improve health service delivery

LEADS in Action Project - Options

Candidates have 2 options when completing the *LEADS in Action* project.

Option	Description	Criteria for option approval
I. Case study	The CHE Program has a number of high quality case studies from Richard Ivey School of Business and others.	✓ A list and summary of available case studies is provided to candidates under option 1 (see Appendix A)
II. Submission based on a workplace issue that is suitable for the *LEADS in Action* project	Candidate selects a workplace issue specifically for the CHE Program. Candidates submit a proposal to the College	✓ Accepted proposal following criteria in Appendix B ✓ Discusses the issue facing the organization ✓ Discusses relevance of the issue ✓ Relates to one primary Domain within the LEADS Framework. There may be one or two secondary domains that are relevant to the topic.

Option 1 - Case Studies

The CHE Program has a number of high quality case studies from organizations such as Richard Ivey School of Business and others. Candidates can choose from the list and synopsis of pre-selected Case Studies listed under Appendix A (Please contact the Coordinator, CHE Programs to indicate your selection CHE@cchl-ccls.ca).

Using the results of the LEADS Online Self Assessment and Career Development Plan, identify one primary Domain within the LEADS Framework that you should focus on. There may be one or two secondary domains that are relevant to the topic.

Option 2 - Organizational Issue (Candidate-Determined)

Under this option, the objective of the *LEADS in Action* Briefing Note is to assess leadership capabilities in an applied or real-life workplace situation. Candidates may opt to consider a healthcare leadership issue in their organization. To do so, they must submit a proposal outlining their topic before beginning their project.

Candidates should consider that the workplace issue should meet the following criteria:

- Using the results of the LEADS Online Self Assessment and Career Development Plan, identify one primary Domain within the LEADS Framework that you should focus on. There may be one or two secondary domains that are relevant to the topic.
- May be inter /intra departmental/organizational in focus
- Is appropriate for discussion utilizing a Briefing Note approach

While there are no rigid rules, the following questions may help candidates judge the appropriateness of an organizational issue for their *LEADS in Action* Briefing Note:

- Is this kind of issue frequently encountered by leaders in healthcare organizations?
- Does the issue involve management functions such as planning, organization, coordination, staffing, control, decision-making and evaluation?
- Does the issue have immediate relevance to their work and organization, or the healthcare system?
- Is the issue important to the success or future direction of their organization, other organizations or the healthcare system in general?
- Will the proposed strategies for resolving the issue be generalizable and transferable to other situations?
- Does resolution of the issue utilize an innovative improvement approach?
- Can the primary and secondary LEADS domains be addressed by this issue?

Writing the LEADS in Action Proposal

Prepare and submit a proposal to the College**. The *LEADS in Action* Proposal format** may be found in Appendix B

NOTE:
- Candidates must be the sole author of the proposed *LEADS in Action* Briefing Note.
- Projects that have been previously submitted to the College are ineligible and projects will not be accepted.

Review and Approval of the LEADS in Action Proposal

Following submission of the *LEADS in Action* Proposal to the College, a reviewer with appropriate leadership expertise in will be assigned to review the proposal. As necessary, the reviewer may contact the candidate for further clarification. Candidates may begin work on their *LEADS in Action* Briefing Note once the reviewer has formally approved the proposal. The LEADS in Action project will be sent to the same reviewer who approved the proposal.

Project Format (Option 1 and 2)

The LEADS in Action Project consists of 3 components:
- 1 page Executive Summary
- 5 page Briefing Note
- 1 page **Personal Reflection on Leadership Development**

Format:

The LEADS Project must meet the following criteria:
- Typed, double-spaced, in **Word** format in Times New Roman 12 pt. font (approximately 250 words to the page)
- 1" margins on both sides, top and bottom
- Standard 8 ½" by 11" page size

Note: Should you use references for your project, please include them in a footnote as part of your 5 page Briefing Note.

Project Structure

1. **Executive Summary (one page):** This is a one-page, standalone document that summarizes and analyzes the issue, relevant facts and evidence, identifies options for resolving the issue, and makes a single recommendation. The Executive Summary should be written as a document that would provide the CEO (or equivalent) with all of the information that he/she would require to understand the issue and speak to it at a meeting.

2. **Body of Briefing Note (five pages)**: The following format should be used to summarize relevant information and facts about the issue:

    Issue Statement: Concisely describe the issue facing the organization. What is the recommendation or decision that must be made in order to resolve the issue?

    Background: Provide context for the issue. Provide any key history or information required to understand the issue. Outline the current status of the issue. Explain why the issue must be resolved in terms of urgency or complexity.

    Discussion: Complete analysis of the key facts, arguments, stakeholder opinions/positions, and data that need to be considered to reach a decision or course of action on the issue. Outline the stakeholders involved (by indicating their positions and not their names). Analyze the historical, political or environmental factors contributing to the issue. Provide and analyse any relevant qualitative or quantitative data.

Options for Resolving the Issue: Outline a select number of options the organization could take to address/resolve the issue including their pros and cons for each option (may be summarized in a table).

Recommendations: Recommend the most appropriate course of action that the CEO (or equivalent) and/or the organization should take to address/resolve the issue, including the rationale.

Next Steps: Outline the factors the organization will need to consider in terms of prioritizing action plans, change management, policy change or development, stakeholder relationships (internal and external), communication, human resources/organizational development, financial implications (operating and capital), any other relevant organizational considerations.

3. *Personal Reflection on Leadership Development* **(one page)**:

- Using the results of the LEADS Online Self Assessment and Career Development Plan, what has this case or issue highlighted for you in terms of developing personal leadership capabilities?
- Using the results of the LEADS Online Self Assessment and Career Development Plan, in which areas did you develop further insights? How did it help you develop as a leader?
- From this case or issue what further learning opportunities have you identified as important for yourself?
- What knowledge or learning from the case or issue could be used by other organizations or leaders?

Marking

- All *LEADS in Action* projects, including proposals, are identified only by the CHE candidate unique code and are submitted to an experienced reviewer for assessment.
- *LEADS in Action* projects are marked according to rating scales against standards related to the specific LEADS domains and capabilities being addressed. For the self-selected project option, the reviewer who approves the proposal also marks the final project.
- All submissions are graded according to standard guidelines. A passing mark is 70% or greater for each components/sections assessed. The components/sections are the Executive Summary; Body of the Project; Guidelines & Formatting/Style & Grammar; and the Personal Reflection on Leadership Development. The assessment with grades and comments is provided to candidates. Group work will not be accepted. The candidate must be the sole author of the submission.
- Previously submitted work will not be accepted.

Appendix A

LEADS in Action Project (Option 1)
Pre-selected Case Studies

List and synopsis of Pre-selected Case Studies:

(Please contact the Coordinator, CHE Program to indicate your selection CHE@cchl-ccls.ca)

9B10A032 - Health Care Center for the Homeless: Changing with the Times

Case Synopsis:	Bakari Burns, recent MBA graduate and CEO of the Health Care Center for the Homeless in Orlando, FL was eager to implement what he had learned in his MBA classes to build on the strong history and important mission of his nonprofit organization.
Sectors	Community, not-for-profit organization *(This case takes place in a US context, but its issues are generalizable to the Canadian social services sector).*
LEADS Domains:	
	Leads Self
	Engages Others
X	Achieves Results
X	Develops Coalitions
	Systems Transformation

9B07C038 - Surgery with Blunt Tools: Restructuring and Ambiguity at Umbra Health Partners

Case Synopsis:	This case explores the transformation of Umbra Health Partners, a privately owned Canadian healthcare organization, as it undergoes an extensive restructuring, through the perspective of the branch manager, who is a recent graduate of a master of business administration program in health services administration.
Sectors	Private Sector, Long-Term Care and Assisted Living
LEADS Domains:	
	Leads Self
X	Engages Others
X	Achieves Results
	Develops Coalitions
X	Systems Transformation

9B10M052 and 9B10M51 Closing the Gap (Combined Cases)

Case Synopsis:		The regulations in the home care industry are changing. The industry is moving towards consolidation and favoring large companies, impacting Closing the Gap, a provider of home care services.
Sectors		Home Care
LEADS Domains:		
		Leads Self
	X	Engages Others
	X	Achieves Results
		Develops Coalitions
	X	Systems Transformation

9B11D014 - Riverside Hospital's Pharmacy Services

Case Synopsis:		Riverside District Memorial Hospital is a small rural hospital that must work within an operational budget that is determined by the Ministry of Health and Long Term Care in a Canadian province. This case identifies the emergence of concerns for patient safety related to medication administration and the challenges of ensuring professional services are maintained by the pharmacy dept to serve patients admitted to hospital.
Sectors		Hospital, community, rural
LEADS Domains:		
		Leads Self
		Engages Others
	X	Achieves Results
		Develops Coalitions
		Systems Transformation

9B11M041- Business Process Outsourcing at Apollo Health Street

Case Synopsis:		The managing director of Apollo Health Street, a healthcare business process outsourcing company headquartered in Pennsylvania, US, is considering how best to address two dilemmas: securing short term growth for his company and finding new ways to compete in a changing industry.
Sectors		Private Sector Health, Outsourcing
LEADS Domains:		
		Leads Self
		Engages Others
	X	Achieves Results
		Develops Coalitions
	X	Systems Transformation

9B11M045 - Food & Health Policy in the Ontario Ministry of Agriculture, Food and Rural Affairs

Case Synopsis:	Rapid increases in obesity and chronic disease rates are stressing healthcare systems and government budgets around the world. They are also causing people, governments and companies to look more closely at the relationship between food and health. This case challenges a Ministry to reconsider its role and priorities in the face of this issue.
Sectors	Government, Public Health
LEADS Domains:	
	Leads Self
	Engages Others
	Achieves Results
X	Develops Coalitions
X	Systems Transformation

Appendix B

LEADS in Action Project (Option 2)
Self – Determined Project Proposal

CHE Candidate ID:
Topic Title:

Please respond to the following questions regarding your proposed topic.

1. Concisely describe the issue facing the organization. What is the decision or recommendation that must be made to resolve the issue? (250 words)

2. Please describe in 250 words how this issue is encountered in healthcare leadership?

3. Does the issue involve significant management functions such as:
   (please check all that apply)

	Prioritizing action
	Change management
	Policy change or development
	Stakeholder relationships – both internal and external
	Communication
	Human resources/organizational development
	Financial implications – operating and capital
	Or any other relevant organizational considerations

4. Briefly describe the immediate relevance of the issue to your work, your organization, or the broader healthcare system.   Why is resolution of the issue important to the success or future direction of your organization, or others? (250 words.)

5. What aspect of the issue at hand requires original or innovative thinking? (250 words)

6. This issue addresses the following LEADS Domains and capabilities (please check all that apply)

Using the results of the LEADS Online Self Assessment and Career Development Plan, identify one primary Domain within the LEADS Framework that you will be focusing on. There may be one or two secondary domains that are relevant to the topic.

Domain and Capabilities	Primary	Secondary
Engage Others: • Foster Development of Others • Contribute to the Creation of Healthy Organizations • Communicate Effectively • Build Teams		
Achieve Results • Set Direction • Strategically Align Decisions with Vision, Values and Evidence • Take Action to Implement Decisions • Assess and Evaluate		
Develop Coalitions: • Purposefully Build Partnerships and Networks to Create Results • Demonstrate a Commitment to Customers and Service • Mobilize Knowledge • Navigate Socio-Political Environments		
Systems Transformation: • Demonstrate Systems/ Critical Thinking • Encourage and Support Innovation • Orient Themselves Strategically to the Future • Champion and Orchestrate Change		

Please submit your employer consent form, proposal and final submission to **CHE@cchl-ccls.ca** with below in the email subject line:

"**CHE Program – Submission of employer consent form and proposal, Option II – Your candidate ID #**" e.g.:

"CHE Program – Submission of employer consent form and proposal, Option II – 16-88899"

APPENDIX C

Resource Materials

Annotated Bibliography of Websites with Health Service Management Articles, Journals, Information and News

Web site addresses change and new sites are continually being developed. This list is not meant to be exhaustive but will lead you to a wealth of most reliable information. As well, the College offers *Healthcare Management Forum* online http://cchl-ccls.ca and a link to Excellence Canada.

Health Edition
A weekly online scan of current Canadian health news—Health Edition—is provided free of charge through Merck Frosst Canada & Co. and The Frosst Health Care Foundation. You can go directly to the Health Edition website and enjoy its many features by going to www.healthedition.com. You can also arrange to have Health Edition e-mailed to you directly every week. For information contact: info@healthedition.com.

Richard Ivey School of Business
The Richard Ivey School of Business has an online feature called the Ivey Leadership Development Resources page www.ivey.uwo.ca/executive. This feature on the Executive Development Web site is a resource for managers and executives who are tasked with Leadership Development responsibilities within their organization. The resource area includes:
− Reference lists of faculty recommended Leadership Development articles, research and web sites
− A quarterly e-mail, Ivey Leadership Update, which highlights new articles and research that have been posted on the site.

Longwoods Publishing Corporation
This site www.longwoods.com is committed to *Advancing Professional Excellence Through Information* and provides access to free downloads of full text articles for non-commercial, personal use. It offers access to many sites including *Hospital Quarterly* / *HealthcarePapers* / *HealthcareLaw* / *ElectronicHealthcare* / and *Healthcare Education*.

©The Wharton School of the University of Pennsylvania
This U.S. site http://www.wharton.upenn.edu/offers access to a broad array of articles, papers and information on many topics, including healthcare. A free password may be required for some sections. Some of the articles may involve cost, but there is also a great deal of free healthcare-related information available for personal use.

Knowledge at Wharton is a bi-weekly online resource that offers the latest business insights, information and research from a variety of sources. These include analysis of current business trends, interviews with industry leaders and Wharton faculty, articles based on the most recent business research, book reviews, conference and seminar reports, links to other web sites and so on. Topics include: leadership and change; executive education; health economics; strategic management; human resources; and public policy and management.

The Centre for Health Economics the University of York, United Kingdom
The Centre for Health Economics (CHE)—a specialist health economics research unit within the University of York in the UK—was established in 1983 and provides research of worldwide repute on a wide range of healthcare topics. The CHE website www.healtheconomics.org offers links to international healthcare information.

The Healthcare Information and Management Systems Society
The Healthcare Information and Management Systems Society in the U.S. provides leadership in healthcare for the management of technology, information and change through publications, educational opportunities and member services. The Web site www.himss.org provides free access to a wide range of IS articles.

The McKinsey Quarterly
The McKinsey Quarterly, an on-line journal from the global management consulting firm McKinsey & Company, features the latest thinking on business strategy, finance, and management. Registration for this Web site www.mckinseyquarterly.com is free of charge and permits downloads of strategic planning articles in particular, as well other resources and topics.

Literature and Research Databases
The following services can be expensive for full text articles but offer access to a broad range of literature and research:
− CINAHL Information System www.ebscohost.com/cinahl
− Cochrane Collaboration www.cochrane.org/
− National Library of Medicine (US) (includes MEDLINE/PubMed, MEDLINEplus, NLM Gateway) www.nlm.nih.gov/

MedExplorer

The MedExplorer site www.medexplorer.com/ contains links to a wide variety of free information for both health professionals and consumers. Created by Marlin Glaspey, a Saskatchewan paramedic, this site contains a list of healthcare administration links that may be particularly useful.

National Healthcare Leadership Conference

This annual event is a collaborative initiative of the Canadian College of Health Leaders and the Canadian Healthcare Association. Details on this event can be found at: http://www.nhlc-cnls.ca/default1.asp

Other Web sites Related to Health Services and Health Service Management

Accreditation Canada www.accreditation.ca for: Accreditation, Quality evaluation, On-line newsletter, National report.

Agency for Healthcare Research and Quality www.ahrq.gov/ for: Evidence based practice; Quality of healthcare; Research Activities newsletter on line.

Canadian Foundation for Healthcare Improvement www.cfhi-fcass.ca/Splash.aspx for: Information for decision makers; Research; Sustainability; Politics in healthcare; Primary healthcare; Nursing leadership.

Canadian Institute for Health Information. www.cihi.ca for: Data and analysis on Canada's health system and the health of Canadians.

Canadian Medical Association Journal www.cmaj.ca for: Clinical practice guidelines; Clinical practice guidelines; Evidence based medicine; Ethics; Health policy; History; Management; Medicare; Statistics and research methods; Canadian Adverse Events Study Report.

Harvard Business School Working Knowledge http://hbswk.hbs.edu/

Hay Group www.haygroup.com for: Organization clarity; Employee commitment; People capabilities.

Health Canada www.hc-sc.gc.ca for Information about the department; First Nations & Inuit Health; Canada's healthcare system; science and research; and information on major health reports and accords.

Health Council of Canada www.healthcouncilcanada.ca for: Monitoring, assessment, and reports on the quality, effectiveness, sustainability, and capacity of the Canadian healthcare system.

Health Quality Council, Saskatchewan www.hqc.sk.ca for: Research reports of clinical and administrative topics.

IDM Best Practices www.idmbestpractices.ca for: Framework for best practices; Best practices in health promotion, public health and population health; Continuous quality improvement in health promotion; Planning and evaluating for best practices in health promotion.

Institute for Healthcare Improvement www.ihi.org for: Health care and health system quality improvement.

Lancet Medical Journal www.thelancet.com for: Medical journal; Oncology; Neurology.

National Association of Healthcare Quality www.nahq.org for: Journal of Healthcare Quality on line.

Personal Information Protection and Electronic Documents Act (PIPEDA) Awareness Raising Tools (PARTs) Initiative for the Health Sector —
http://ecom.ic.gc.ca/epic/internet/inecic-ceac.nsf/en/h_gv00207e.html

Public Health Agency of Canada www.phac-aspc.gc.ca for: Health promotion and protection; Infectious disease and emergency preparedness; Health promotion and chronic disease prevention; Public health practice.

College Readings by LEADS domains

The list of readings below is not intended to be a comprehensive bibliography; it offers CHE candidates items that address the respective capabilities. Many of the articles are available in the CCHL *Healthcare Management Forum* journal. The Forum is a peer-reviewed journal that encourages rigorous analysis of issues related to recent advances in health services management theory and practice in a Canadian context.

LEAD SELF
Emotional intelligence is one of the core concepts that underlie all four of the LEAD Self capabilities. The term describes the intra-and interpersonal aspects of intelligence. It underlies most components of self-leadership, including attitude, motivation, trust, influence, interpersonal communication, self-control, and problem-solving.

Allen, K. (2012). Change Leaders: Creating Resilience in Uncertain Times. *Leader to Leader*, 13-17.

Amit, K., Popper, M, Gal, R., Mamane-Levy, T. & Lisak, A. (2009). Leadership-shaping experiences: a comparative study of leaders and non-leaders. *Leadership & Organizational Development Journal, 30* (4), 302-318.

Avolio, B. J., Gardner, W.L., Walumbwa, F.O., Luthans, F., & May, D.R. (2004). Unlocking the mask: a look at the process by which authentic leaders impact follower attitudes and Behaviours. *The Leadership Quarterly, 15*, 801-823.

Bratton, V.K., Dodd, N. G. & Brown, F. F. (2011). The impact of Emotional Intelligence on accuracy of self-awareness and leadership performance. *Leadership and Organizational Development Journal, 32*(2), 127-149.

Bhaloo T, MIthani A. (2008). From pilot project to annual success: Creating an evidence-based leadership program for medical directors in long-term care. *Healthcare Management Forum, 21*(1):19-23.

Bontis, N. (2002). Managing organizational knowledge by diagnosing intellectual capital: Framing and advancing the state of the field. In, Choo, CW and Bontis, N (Eds.) *The Strategic Management of Intellectual Capital and Organizational Knowledge.* Oxford: Oxford University Press.

Bowles, S., Cunningham, C.J.L., De La Rosa, G. M. & Picana, J. (2007). Coaching leaders in middle and executive management: goals, performance and buy in. *Leadership and Organization Development journal, 28* (5), 388-408.*

Boyce, L.A., Jackson, J. & Neal, L. J. (2010). Building successful leadership coaching relationships. *Journal of Management Development, 29* (10), 914-931.

Collins L, Parkes R, Seijts G. (2008). Leading complex change in healthcare: 10 lessons learned. *Healthcare Quarterly, 11*(4):38-44.

Cummings, G.G., Hayduk, L. & Easterbrooks, C. (2005). Mitigating the impact of hospital restructuring on nurses: the responsibility of emotionally intelligent leadership. *Nursing Research, 54*(1), 2-12.

Dickinson, H., Peck, E. & Davidson, D. (2007). Opportunity seized or missed? A case study of leadership and organizational in the creation of a care trust. *Journal of Interprofessional Care, 21*, 503-513.

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DiLiello, T. C. & Houghton, J. D. (2006). Maximizing organizational leadership capacity for the future. *Journal of Managerial Psychology, 21*(4), 319-337.

Edmonstone, J. & Western, J. (2002). Leadership development in health care: what do we know. *Journal of Health Organizational Management, 16* (1), 34-47.

Frisch, M. H., Lee, R. J., Metzger, K. L., Robinson, J. & Rosemarin, J. (2011). Coaching For Leadership. The Journal of Quality and Participation, 34 (3), 22-26.

Gaillour, F. R. (2004). Want to be CEO? Focus on finesse. *Physician executive*, 14-16.

Goffee, R. & Jones, G. (2006). The route to authentic leadership. *Training Journal*, 31-34.

Jensen, S. M. & Luthans, F. (2006). Entrepreneurs as authentic leaders: impact on employees

attitudes. *Leadership & Organizational Development Journal, 27* (8), 616-666.

Jordan, P. J. & Troth, A. (2010). Emotional Intelligence and leader member exchange. *Leadership & Organization Development Journal, 32* (3), 260-280.

Kale, P. & Singh, H. (2007). Building firm capabilities through learning: the role of the alliance learning processing alliance capability and firm-level alliance success. *Strategic Management Journal, 28,* 981-1001.

Kearns, C.D. (2011). Promoting and Managing positivity: A coaching approach. *Business Renaissance Quarterly, 6*(3), 25-49.

Kerfoot, K. (2006). Authentic Leadership. *Nursing Economics*, *24* (2), 116-117.

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Natale, S. M. & Diamante, T. (2005). The Five Stages of Executive Coaching: Better Process Makes Better Practice. *Journal of Business Ethics, 59*, 361-374.

Novicevic, M. M. & Harvey, M.G. (2006). Authentic leadership: a historical perspective. *Journal of leadership and organizational studies, 13* (1), 64-76.

O'Brien, E. & Robertson, P. (2009). Future leadership competencies: from foresight to current practice. *Journal of European Industrial training, 33* (4), 371-380.

Pauchant, T.C. (2005). Integral leadership: a research proposal. *Journal of Organizational Change management, 18* (3), 211-229.

Roche, M. (2010). Learning Authentic Leadership in New Zealand: A Learner-Centered Methodology and Evaluation. *American Journal of Business Education, 3*(3), 71-79.

Rolfe, J. (2010). Change is constant requiring a coach. *Library Management, 31*(4/5), 291-303.

Thach, E. C. (2002). The impact of executive coaching and 360 feedback on leadership effectiveness. *Leadership & Organization Development Journal, 23* (3/4), 205-214.

Tucker, B.A., Acworth, G., Russell, R.F. & College, H. (2004). The Influence of the transformational Leader. Journal of Leadership and Organizational Studies, 10(4), 103-111.

ENGAGE OTHERS

Engaging and connecting others is an essential element of leadership. Without willing, energized and engaged followers, a leader is unable to accomplish results on any significant scale. Leaders engage others through personal influence, teamwork, communication, and through the creation and management of performance expectations. Leaders also focus on the whole organization, by providing an engaging vision and by paying attention to the health of the organization. Engage Others presents evidence of how leaders engage others noting both the unique complexities of the healthcare system as well as the common challenges of leaders in all contexts.

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Clark, T. (1999). Sharing the importance of attentive listening skills. *Journal of Management Education*, 23(2), 216-223.

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> **ACHIEVE RESULTS**
>
> Achieving results is a set of core capabilities for all leaders. The LEADS in a Caring Environment framework describes the Achieve Results domain as "Leaders are accountable for managing the resources of the organization to achieve results." Research and literature support the ideas of leaders creating a compelling future, identifying specific, challenging goals and outcomes, driving for results, gathering data to make evidence-informed decisions, and taking responsibility for their actions and the actions of their group. The actions do not occur in isolation from other capabilities, because achieving results, in such complex adaptive systems as those of healthcare organizations, requires all of a leader's wits –leading self, engaging others, developing coalitions, and transforming systems.

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DEVELOP COALITIONS
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SYSTEMS TRANSFORMATION

This domain is aimed at generating the strategic ability to create the changes required. This domain is increasingly more important than ever, because the more sophisticated leadership is required to address the fiscal, technological, and professional challenges. Leaders need to better understand how they perceive change and what change actually means, that is, their experience of change.

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