

LEADerShip at a Glance

CHLNet's "Top Three" Suggested LEADS Readings for COVID-19¹

Chan MK, Dickson G, Keegan DA, Busari JO, Matlow A, Van Aerde J. A tale of two frameworks: charting a path to lifelong learning for physician leaders through CanMEDS and LEADS. [Leadership in Health Services. 2021 Nov 9.](#)

Summary:

The purpose of this paper was to determine the complementarity between the Canadian Medical Education Directions for Specialists (CanMEDS) physician competency and the LEADS leadership capability frameworks from three perspectives: epistemological, philosophical, and pragmatic. The authors used a qualitative approach combining critical discourse analysis with a modified Delphi approach to determine complementarity. Based on the findings, the authors propose how the frameworks collectively layout pathways of lifelong learning for physician leadership.

Practically, the frameworks are mutually supportive, addressing leadership action in different contexts and where there is overlap, complement one another in intent and purpose. Similarities and differences exist between the two frameworks from philosophical and epistemological perspectives with significant complementarity. Both frameworks are founded on a caring ethos and value physician leadership – CanMEDS (for physicians) and LEADS (physicians as one of many professions) define leadership similarly. The frameworks share beliefs in the function of leadership, embrace a belief in distributed leadership, and although having some philosophical differences, have a shared purpose (preparing for changing health systems).

By determining the complementarity between the two, synergies can be used to influence physician leadership capacity needed for today and the future.

LEADS Link: Given the paper focuses on LEADS, the link is clearly evident: the complementarity between the two frameworks—CanMEDS and LEADS—can assure anyone using either one is focusing their developmental energy on desirable leadership qualities for the Canadian health system; and that learning from both gives one a full leadership development experience.

Giustiniano L, e Cunha MP, Simpson AV, Rego A, Clegg S. Resilient leadership as paradox work: Notes from COVID-19. [Management and Organization Review. 2020 Dec;16\(5\):971-5.](#)

Summary:

The COVID-19 pandemic is a crisis that calls for leadership. Variable national responses to the COVID-19 pandemic, an event full of known and unknown unknowns, epitomize the importance of resilient leadership.

Polarity management—i.e., the very difficult process of creating a productive, dynamic balance between two competing ideas or concepts—is required for the leader to maintain unity rather than divisiveness

¹ As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor)

in action to address the pandemic. In this paper the authors discuss resilient leadership as paradox work; i.e., guiding while being guided by contingencies, so as to the productive balance so necessary to move through the challenges of COVID-19.

Link to LEADS: Polarity management is a '*systems thinking*' capability of effective leadership. Finding the 'and' between two opposites as focusing on the importance of retaining the dynamic tension needed to respect the demands of both is a sophisticated leadership quality, discussed—envisaged—in the LEADS domain of *Systems Transformation*.

Prestia AS. The Moral Obligation of Nurse Leaders: COVID-19. [Nurse leader](#). 2020 Aug 1;18(4):326-8.

Summary:

Nurse leaders play a pivotal role in balancing the needs of their staff with the needs of the patients. This expectation—indeed, demand of good leadership—has been highlighted as fundamentally important during the COVID-19 pandemic, whereby staff needs, and patient needs, have ventured into uncharted territory.

Moral distress happens when the demands of both cannot be reconciled effectively. Ideally, leaders seek to take a stance that satisfies both; and to do so requires true moral strength to ensure that the needs of both can be properly understood and represented.

Maintaining one's moral compass during critical decision times is of the utmost importance. Nurse leaders do so to minimize the negative impact and maximize success for all key stakeholders—nurses and patients--and avoid moral distress. Transparent communication that is truthful, mindful, and relevant is only one of the competencies necessary to accomplish this. This article explores these challenges and offers some suggestions on staying resilient and upholding one's moral obligations.

Link to LEADS: Moral compass speaks to the importance of self-awareness, character, and a willingness to explore the depth of one's moral beliefs. Deep introspection is required of leadership who truly understand the moral foundation of a decision that meets the needs both of patients and staff. This paper shows the fundamental importance of the *Lead Self* domain of LEADS; and how it is necessary for effective leadership.