

A Strategic Review of Catholic Healthcare Leadership Development

Submitted to the Joint Associations and Sponsors

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Scriptural Reflection

I have called you by name

Go and make disciples of all nations ...

You have not chosen me, but I have chosen you to go and bear fruit, fruit that will last.

There are many different gifts, but it is always the same Spirit; there are many different ways of serving, but it is always the same Lord. There are many different forms of activity, but in everybody it is the same God who is at work in them all. The particular manifestation of the Spirit granted to each one is to be used for the general good.

Project Title

A Strategic Review of Catholic Healthcare Leadership

Goal

The goal of this project is to propose a means of effective and consistent leadership formation and continuous development for the Catholic healthcare ministry over the foreseeable future.

Objectives

The objectives of this project are:

1. Describe and define what Catholic healthcare leadership is: its fundamental components and development.
2. Identify what is needed to be effective now and in the foreseeable future (next ten years).
3. Investigate and recommend alternative strategies for developing and delivering credible and effective Catholic healthcare leadership development programs.
4. Suggest roles and responsibilities for the various stakeholders in leadership development.
5. Prepare an action plan, including required resources to implement the recommendations.
6. Assemble the above material into a document that is amenable to decision making by the Joint Group of Associations and Sponsors.

Deliverable

A written report that addresses the fundamental elements, roles and responsibilities of a program for leadership development, as well as the related issues of recruitment and retention.

Steering Committee

Monica Beavis, Chair

Michael Pontus

Doris Shirriff

Jacques Sevigny

Robert DaCosta

Jim Roche

Background to Project

This project was initiated as a result of the National Dialogue on Catholic Health Care in Canada. Following the 2004 Montreal Convention provincial associations and sponsors from across the country agreed to meet from time-to-time to reflect and discuss common issues. The first joint meeting was held in December 2004 in New Westminster, BC. At that meeting much discussion centered around the topic of ensuring good and solid leadership in order to continue the Catholic health care ministry in the years and decades ahead. Subsequently, meetings were held in Toronto (2005) and Montreal (2005) to continue forging ahead with a plan for health care leadership development. At the Toronto meeting in 2005 a steering committee, comprised of representatives from the provincial associations, sponsors and the academic community, was established - its task: to begin a strategic study of Catholic health care leadership development in Canada. Last January the steering committee approached the author of this report and mandated him to begin a detailed study of the topic and produce a report with a plan of action and recommendations.

The following report is a collaborative effort. Many hours of telephone conversation, written reports, and face-to-face meetings with various stakeholders have produced this work. The author greatly appreciates the submissions, support, frankness, and commitment of all those who participated in any way to this report. However, a special word of thanks is extended to the members of the Steering Committee, Maureen Duffy, Tom Maddix, C.S.C. and Cristina Vanin.

Participants

Associations

Catholic Health Association of Canada
Catholic Health Association of Ontario
Carrefour
Catholic Health Association of New Brunswick
Catholic Health Association of Manitoba
Catholic Health Association of Saskatchewan
Catholic Health Association of British Columbia
Christian Health Association of Alberta

Sponsors

Catholic Health Corporation of Manitoba
Catholic Health Partners Inc.
Saskatchewan Catholic Health Corporation
Alberta Catholic Health Corporation
Diocese of Victoria
Providence Health Care Society
St. Joseph's Health Care Society

Strategic Review of Catholic Health Care Leadership Development

Responses to Focus Questions:

Part I. Identifying the Issues

Question I. How do you see leadership in general?

1. Leadership is critical. Health care is now functioning in a culture of fast moving times, increasing demands on the public, and a decreasing, aging work force.
2. Leadership is crucial for the development of any organization. Without leadership an organization is like a ship without a rudder.
3. Leadership is about knowing yourself and your personal attributes first and then being able to identify in others the gifts/contributions they can share within the organization. Leadership is collaboration, developing relationships, being a visionary, thinking outside the box, a risk taker and a people person. Once you identify a need within the organization as a team, then develop a plan, communicate effectively to others so that they will become engaged so that the goals may be achieved effectively and efficiently.
4. Key to success and the future of our organizations are strong leadership and a very good understanding of the mission, values and history of our organizations.
5. A leadership crisis in general is forthcoming. Canada has proportionately the biggest after-war baby boom which is about to retire. Secondly, most younger people who could succeed are often not interested in putting the time and energy required to manage institutions that are more and more complex serving a public which is more and more demanding.
6. Leadership is the single most important element in organizations. Without leadership there is no planning, organizing, motivating and control.
7. I believe we need strong leaders who are able to provide sound leadership in our various health care industry programs. I would expect the individual to be properly qualified in health care administration and be aware of the various legislative requirements, health law, corporation law and duties outlined in the various hospital/nursing home legislation in the provinces. A leader should possess the qualities of ethical and professional behaviour and possess the ability to grow. In addition to the general administrations, I believe our administration/staff must also be cognizant of the importance of Catholic leadership — leadership in a faith-based organization.

8. Leadership is essential to any organization as leadership personnel wear many hats and serve in many different roles with a wide variety of job descriptions. A leader influences others to accomplish the identified goals. The person is a very selfless person. “Good leaders must become good servants” (Robert Greenleaf).
9. The ability to shape a good organization.
10. Performance management of employment through Catholic values and ethics guide; developing vision, mission, strategic directors and inspiring organization to follow.
11. Leadership is integral to any organization or program, otherwise you have no direction.
12. I see leadership as that role that enables others. Not controlling others or manipulating them. In reality I see leadership as a responsibility of a spiritual person, in all that we do, to varying levels of course. I see leadership as the backbone that makes a truly outstanding manager. I also wonder if this is a characteristic of the outstanding worker. Obviously, I am referring to a broad definition of leadership. I see it both as freeing and bounding.
13. My model of leadership is a modified version of the servant leadership model. I say modified because I believe the servant model is a bit overzealous in its message that we can and should give of ourselves until death. The servant model with a healthy balance of self-care is how I see my role. I do believe that I am also trying to bring those with me to a level of independence that allows them to work freely and to grow. It is not my role to manage every action of those I work with. My spirituality plays a significant role in my leadership and I believe that self-understanding and personal growth are integral to leadership. Being able to say “I made a mistake” is also important in leadership and allowing those who work with you to do the same is part of good leadership.

Part I

Question 2.

How do you see Catholic leadership in particular?

1. Strong leadership provides direction, stability and the ability to negotiate the changes that are necessary within every work place.
2. For a Catholic institution such as ours, having strong Catholic leadership is crucial. This leadership must be provided by the Board, the CEO, and Managers. All the leaders within the institution must provide leadership that embraces Catholic principles and each person must adhere to the mission, vision and values of the institution. Leadership will be achieved through teamwork and partnership. Teamwork will engage the entire staff and will create synergy. Partnership will involve outside assistance and will create community involvement. This will reflect positively on the entire staff and the services being offered by the institution.
3. Roots of Catholic leadership are based on the gospel message of Jesus. He is the model for Christian leaders. The challenge for Catholic leaders today in Catholic institutions is to combine the personal qualities of a leader and also be a witness to the values, principles and teachings of the Catholic Church in a health care service industry. Catholic leadership implies being of service to others — living our baptismal call. Catholic ethical principles are key in Catholic leadership.
4. Important to stress the particular ethical and spiritual dimensions related to leadership — there needs to be a way to provide orientation at different management levels on the meaning of being a manager, leader, etc. of a Catholic organization as well as to how that leader interacts with the rest of the regional/secular health care system.
5. Catholic leadership, per se, is facing an even more serious crisis than leadership in general. In addition to the issues for leadership in general, Catholic leadership is facing the following challenges: the clergy and religious are rapidly aging with few young people in the wings for succession; the number of practicing Catholics is rapidly decreasing and the numbers would even be more staggering if it was not for the recent immigrants; our community leaders and professionals [lawyers, doctors, accountants, nurses, managers, etc.] are rapidly losing interest in their church.
6. In addition to generally accepted leadership requirements such as strategic thinking, team-building, analytical skills, etc., I believe that Catholic health care leadership requires both an understanding and acceptance of the gospel values and the mission of the founder. This is me is unique and sets Catholic health care leadership apart from leadership in other areas such as non-faith sponsored health care, private sector, etc.
7. The individual must first understand and fully embrace the uniqueness of a faith-based organization and the principles from which we provide and make decisions for healthcare delivery. Catholic leaders must be willing and trained to understand the importance of the Catholic tradition, the tradition, the history of the founders, the Catholic ethics guide requirements, the importance of

ensuring that the sponsor requirements are being carried out and the significance of the mission, values and gospel-based ministry. Leaders must be a model of transparent behaviour, require high standards, set policies that require high standards and conduct. In summary: Catholic leaders need the skills to engage staff, board and volunteers in ensuring and carrying out programmes and patient care that is based on the mission, values and high standards, manage human and material resources to ensure that the care we provide is vital and based on respect, sound decisions and being aware that we act as a voice for the vulnerable. Our leadership should demonstrate the willingness to develop prudent working relationships with our partners, support strategic planning and the decision-making which will complement our work and programmes, respect the work of others, ensure culturally diverse programmes and meet the unmet needs. The individual must be supportive of working with the diocese, keeping the bishop informed of the work being carried out and communicating regularly with the sponsor.

8. I see a servant leadership role in Catholic leadership rooted in Christian values. Robert Greenleaf describes “servant leadership” with these characteristics: listening, empathy, healing, awareness, persuasion, stewardship, commitment, community. Transformed leaders try to inspire employees to radically change how they do their work and perform at levels that are extraordinary. There are four dimensions of transformational leadership: charisma, inspiration, intellectual stimulations, and individualized consideration.
9. The ability to shape a group/organization within the context of Catholic social teaching/ethics and a living spirituality.
10. Defining the value added to the health care system, patient, residents above the non-Catholic facilities.
11. We view Catholic leadership as one of the most significant components to a successful organization. There has to be solid, true direction from the top. Otherwise, we will not have a sense of who we are, what we do, where we are going or why we do what we do.
12. This is that extra value added that encourages looking at a more holistic environment for those whom we interact with and serve. I do think that we also realize and accept our humanity and responsibility in bringing God’s kingdom to others in a special way. I would like to think that Catholic leadership is encouraging those whom we lead to become the best that they can be with God as central.
13. Catholic leadership is based more clearly on a set of articulated values that drive the actions of Catholic leaders. A clear understanding of the history of Catholic social justice teaching is very important in this context. Elizabeth Davis shares a story of what she understands of mission that speaks to me of what Catholic leadership is: mission is like rowing a dory, you face where you have come from and row forward. You know your history and the values of the organization you are working in, yet you are willing to move forward and grow and change.

Part I

Question 3.

What issues concern you the most in terms of Catholic health care leadership and its development?

1. Catholic leadership is particularly important since Catholic health care is frequently under attack by external forces. The sustain-ability of Catholic health care into the future will depend on the quality, quantity, and determination of its leadership.
2. In our particular organization I am very concerned with the number of non-Catholics involved within the organization. This is not to say that non-Catholics cannot contribute greatly to the Catholic institution. I am certain that they can, given the proper framework. However, this framework must be well-established and maintained. Who will do this? Who sets the tone? One has to wonder as to when a Catholic institution stops being a Catholic institution? Is it when 51% of its board members are non-Catholics? Is it when 51% of the staff is non-Catholic? I am concerned with the fact that there does not appear to be any established criteria for the recruitment of Board members or for the hiring of staff, particularly at the managerial level. I realize that this is a very sensitive and controversial issue. However, it is probably the most singular important issue facing Catholic health institutions today. In my mind we have to establish some sort of mechanism to safeguard the Catholic characteristics of our institutions particularly at the leadership level. Failing to do so entails the risk of having Catholic institutions in name only.
3. There was a lack of succession planning when the Sisters left or transferred ownership. The mentoring took place by the process of osmosis and example with the religious congregations. Now they have moved on and the baby-boomers who were mentored and understood and appreciated the “culture” are also leaving.
4. Its ability to articulate particular dimensions of Catholic health care, its value to society, governments, and the overall health system. Catholic leaders need to set the benchmark in terms of understanding the complexities of our health system and the strength of faith and values in transforming organizations into people-centered relevant.
5. The lack of leadership skills and training of committed practicing Catholics as well as the lose of spiritual maturity and development of Catholics.
6. The diminishing involvement of the founders in the day-to-day operations of health care organizations; mission effectiveness in the future once the founders are no longer involved.
7. There are few leaders trained in Catholic leadership and leaders are being hired require a steep learning curve. With so many current leaders nearing retirement we have not built a strong Catholic leadership base. We need to be cognizant that we need to ensure that local boards are willing and able to provide the financials for the appropriate Catholic leadership training and a necessary retirement for the job when a new CEO is being hired. It has become difficult to find programmes

close to home. We need to seriously consider opportunities to look at more on-line type programmes and interactive learning modules whereby the participant can take part *via* video/computer learning. This may assist in reducing costs of travel and therefore more attractive in this time of budget crunch.

8. I strongly support a Catholic healthcare leadership course. The challenges that face Catholic healthcare leadership are: finding committed Catholics and non-Catholic to commit to the programme; cost of the programme; commitment of time and travel pending on the structure of programme to be developed — if ‘on-line’ is there an opportunity to gather once or twice to create ‘community’ and ‘support?; are we bearers of hope that there definitely is an urgent need to form leaders in Catholic health care; there is a gap in health care, education and other ministries as other organizations are being challenged to ensure succession planning for their organization.
9. (a) the lack of personnel and sustained commitment on part of sponsors, boards and Catholic organizations to explore how best to develop leadership competencies for leaders in Catholic organizations; (b) the need to clearly define the difference between religion and spirituality so that leaders find a comfort base in participating in the leadership courses; (c) the need to recognize that most of the people who hold leadership positions are not Catholic and many have no faith tradition whatsoever; (d) often programs do not reflect the needs of leaders but academics ... programs to be successful must meet the needs of extremely busy leaders and be relevant to them otherwise they will not participate.
10. Catholic have difficulty defining and articulating Catholic health care and leadership. Agreeing on indicators.
11. We are concerned that the presence of the religious has dwindled in Catholic health care. Those current leaders who had the benefit of what the Sisters offered are aging and looking towards retirement. Their successors need to be mentored and nurtured so that they will carry on the mission of Catholic health care in the tradition of the religious founders.
12. I am afraid that this offering will be to the elite so to speak. I do wonder how we can continue to be financially feasible in our promotion of Catholic health care. I do become concerned that we may not walk the walk and in fact sow more harm in the name of Catholic health care. I am concerned that we continue to place support systems for ourselves to assist us to remain focused on the goal.
13. I fear that a good deal of our gatherings are led by and attended by only older established leaders. I do not want to say we have to focus on youth because I think we need to focus on those in their 30s and 40s first. Our CHAC and provincial organizations have conferences that have a significant attendance by board members, sponsor groups and provincial association folk but we do not seem to be able to get many middle managers who will eventually take senior roles until they are in senior executive positions.

Part II
Suggested Solutions

Question 1

What has your organization done to promote healthcare leadership development?

1. Thus far, two management staff at Providence Place have taken the Catholic Health Care Leadership Course. Two managers are presently enrolled and two are enrolled for the upcoming year. The facility has covered the complete cost of the course, travel, and paid for the attendance days. Much work has been done by our CEO within the region to achieve an amicable, cooperative, productive working relationship. It is very interesting to see that when we work hard to support the vision and goals of the region, they in turn, support our vision and goals.
2. Provided Catholic healthcare training sessions for board and staff.
Encouraged board members to participate in CHAC and CHAS conventions.
Provided resources for the establishment and maintenance of spiritual care/mission/ethics department.
Provide various mission oriented activities for board and staff, i.e., mission work, volunteer recognition day, etc.
Provide orientation to all new board members and staff.
3. Provide bursary money for the CHAC leadership course and also to Tom Maddix's leadership programmes. We have people in our organization that have taken one of those courses and evaluated it.
Currently SCHC initiated inviting stakeholders together which included CHAS, the Catholic School Board, the Catholic universities such as St. Thomas More, Saskatoon, St. Peter's, Muenster, Champion College and Newman College to explore the course options that may be currently available. Also we have identified the feasibility of forming a partnership to initiate a program in Saskatchewan once the research has been completed on a national level.
The separate school system develop a programme, "Understanding Your Faith" which is currently being reviewed by the SCHC board and staff.
4. Past leaders and staff have taken the CHAC leadership course. We support and attend provincial and national conference.
5. Health care organizations generally speaking, as interested as they may be in ensuring technical and medical knowledge, dedicate minimal resources to the development of administration leadership. Our organization has sponsored the participation of seven persons in the Catholic leadership course offered by CHAC. Though this is commendable, this is significant for an organization of 7,000 employees, especially considering that some of the participants are not called to become senior management leaders.
6. CHAM has sponsored the CHAC healthcare leadership programme and the topic is often discussed at the CHAM board meetings. CHAM also offers sessions related to leadership and mission at its annual conference.

7. Our organization has made a requirement that all management must take the Catholic leadership course. We have had two complete the course, two presently taking the one from Alberta and two more enrolled for the coming year. When recruiting a new CEO our first preference was that the person be of the Catholic faith but failing that, a condition of employment was that they agree to complete the CLC.
8. As a sponsor we are requesting that all new CEOs will have to take a program in Catholic leadership training as part of their condition of hire. In the past few years we have had our new CEOs and others in our system participate in the program out of St. Michael's in Toronto.
9. CHAS has promoted and sponsored with SCHC and other sponsor organizations the three-year CHAC health care leadership programme. In October 2005, ten participants completed the three-year programme. These participants were very engaged, excited and felt privileged to have completed the programme. The quality of each of the visiting professors was exceptional and the participants expressed sincere gratitude and appreciation for the development and execution of this programme. I have also had the opportunity to support and encourage participants to register for the Foundation in Leadership for Catholic Organizations in Edmonton and Vancouver. Two participants registered last year, and possibly we will have one or two in 2006/2007. Interested CEOs and employees are asking if there is a program available for Catholic health care leadership development.
10. The Facilitative Leader: This workshop will focus on how to increase commitment and support for your team's initiatives and projects, lead your people in times of uncertainty, and better engage them in addressing the challenges that we face at PHC.

Budgets - Everything You Want to Know: This workshop will focus on providing leaders with information on the components of an operating budget. Revenue, activity, staffing and supplies as well as understanding their role as a leader in the budgeting and monitoring process. Leaders will also learn how to read the financial reports, drill down and take corrective action.

Navigating Difficult Conversations: This session will explore what makes conversation difficult and why. Through these discussions and group skill practice, participants will learn effective communication skills.

Human Resources - Attendance Management: This workshop has two parts, one that will focus on Labour Relations and a second part that will focus on the Wellness Program at PHC.

Leading Through Quality: This workshop will explore how to lead teams within a quality framework. This includes looking at specific tools and discussions about the implications of leading through quality.

Leading in Change: This workshop will explore essential ideas, skills, tactics, and tools for leading change and driving improvements in quality, processes, and performance. Participants will have a better understanding of the change process from start to finish.

Leading in Ethics: Engaging in discussions about ethical issues in health care can be both inspiring and challenging. This workshop will provide an overview of the field of ethics as it applies to health and healthcare and the core values for both PHC and Catholic health care, with special emphasis on applying an ethical “lens” to clinical and organizational decision-making.

Leading From Within - Spirituality and Leadership: Spirituality is at the core of PHC’s values. At this interactive workshop, you will look at the essence of who we are at PHC. You will examine how to integrate mission, spirituality and ethics as a leader; understand the roots of the healing mission of Jesus; discuss the foundations of Catholic identity; and discuss the essential ingredients and the results from leading from within.

Over the last four to five years, PHC has made a concerted effort to have its senior leaders participate in this program. At present about 20 people will have completed the program by the end of May - we can expect another nine or ten to participate in the 2006/2007 programme.

11. Training for department heads/leaders in Catholic health care leadership.
12. For several years, we have not sponsored a formal training programme. We have trusted those programmes currently running the necessary components.
13. Unfortunately, two years ago I was removed from my area of St. Paul’s Hospital and placed in Royal University Hospital. Personally, in my immediate workplace, the only person who has access to leadership development is my manager. I have had no support from my workplace, in fact I have had much criticism. I appreciated that CHAS supported me both financially and emotionally. This has been a huge growth process for me in both my life and career. I do believe that God was leading me in ways I never imagined. My organization suggested that because the leadership program was done by the Catholic community, it was not valid as a leadership study process. I do want to share what has happened to me as a result of the opportunity that CHAS facilitated for me. I am now in my final year of graduate studies in adult education. I would not have entered this program without the leadership of those in my class and those Catholic health leaders that I am fortunate to have in my life.
14. Four of our staff have completed the Catholic Health Care Leadership Program offered by CHAC. We have regular presentations on mission, ethics, and spirituality. We have yearly Mission Awards Ceremonies where staff nominate those who they think are living the mission particularly well and a committee selects an individual, a volunteer and a team to receive the award. We should do more at the time of orientation.
15. The CHAC Leadership Program was originally developed in conjunction with St. Paul University in the 1980s. It was let go by St. Paul’s as inoperable due to low enrollment due to the cost of travel to Ottawa - the pre-internet, e-learning age. We learned recently that the course remains on St. Paul’s books in a dormant state. Apparently, should we team-up again to revive the program as e-learning, St. Paul’s would already have ‘permission’ to offer the course, and not need to go back to gain senate approval. They expressed a willingness to investigate reviving the course as an e-learning product.

Part II

Question 2

How do you see Catholic healthcare development over the next 5 years, 10 years and beyond?

1. My hope is that Catholic health care will continue to thrive and grow. I say ‘my hope’ because I do not see a lot of support from the Catholic community. Without that support it will be difficult.
2. Create an awareness of the value of Catholic health care in ethics curriculum in high school. Have Catholic universities become more active in the provision of accredited courses in Catholic leadership — with the shortage of religious I see this as a possible opportunity of education in the diocese for lay ministry. There is a window of 5 - 10 years: all Catholic bishops and priests must decide whether they will support Catholic health care from a financial perspective.
3. Challenging to the extent that leaders in any industry/sector want to be part of the larger system/mainstream in order to bring about improvements. If the Catholic health care system is incapable of continuing to be a real player in the system, we will not attract the leadership we need to lead our organizations. No leader wants to be isolated or regulated to a sub-component of the health system. True leaders want to be part of the bigger picture in order to make an important contribution to the system in general and to Catholic health care.
4. Catholic health care “leadership” development will suffer as we have no serious leadership development programs in place at least for the next five years.
5. Increased reliance on the identification and the development (education, training, mentoring) of potential leaders.
6. I would hope that Catholic health care continues to be present ... although I am not of the Catholic faith, I believe very strongly that faith-based health care is important. Catholic sisters have been in the forefront providing the best faith-based health care.
7. There has been a very large exodus in our system over the last seven years. Out of 13 facilities we have only two of the original CEOs left. Given that situation there is a need for training. On the other hand, we are also faced with the potential threats with the upcoming development of Local Integrated Health Networks (LIHNs) and the potential downsizing of CEOs and boards may be a further change for the future of healthcare delivery in this province.
8. I am hope-filled that an opportunity for Catholic healthcare development will be in place sooner than five years. I know that there are young leaders in Catholic institutions and universities who are thirsting for faith and management formation development as well as CEOs who are seeking leaders to succeed them. For us to succeed we do need to collaborate, network, and be formed together for the “new world.” Our opportunity to begin something “new is now! In ten years, we might be in another world, however, I would support a 10-year formation program. Let us envision what this might look like!

9. A challenging experience ... as we seek to be clear about our identity and the need to maintain our staff in order to continue our mission of healing, teaching and research.
10. Need to demonstrate either value-added and/or efficient health care.
11. It will evolve as it is now, with more lay people training lay people as needed.
12. I think it will be us will be us with the support of our Catholic facilities as well as CHAC and our Catholic communities that will quietly support the development of health care leadership. Unfortunately, I see the major focus as a solution to a “disalignment” or need to transformation that spurs folks to go in this direction.
13. With fewer religious involved in the day-to-day operation of many of our facilities, I believe that two things will happen over the next several years. Some staff will accept the role of leaders of mission and work actively to keep that spirit alive in our facilities. I believe we will also see that some staff will no longer relate to the facility as a Catholic facility. I think more and more staff will be expected to take on learning of leadership in their spare time. I am concerned that there remains a vision that Catholic healthcare development needs to dig its heels in and stay as it always has. We need new and creative ways of helping to develop our leaders and we need funding to do so. Here in New Brunswick we are holding on to the funds that are ear-marked for education in mission, spirituality and ethics with the hope of building a ‘nest egg’ to keep it going for many years. I fear that if we continue that kind of thinking we will have lost a great opportunity to use those funds to creatively engage potential leaders and grow them into the kind of caring individuals we want leading our organizations.

Part II

Question 3

What do you think are the opportunities/challenges facing Catholic health care leadership development?

1. Specific opportunities lie in providing care to the elderly and the disadvantaged. These areas have traditionally been somewhat neglected or under-emphasized by the health care system.

The challenges lie in the limited resources with the health care system which sometimes results reluctance to fund an allied system. We always have to show the value of what we do for the community and the health care system itself.

2. CHAC needs to become much more politically oriented and focused on the conservation of our Catholic organizations. The individual institutions are responsible for delivering Catholic services. This implies that CHAC may need to focus on a different aspect of its mission, i.e., “vibrant Catholic health and social service organizations...” more focused on the health care organizations themselves rather than on the delivery of services offered by these institutions.

3. Advocacy in regard to the value of Catholic health care ministry.
Financial stewardship in areas of salaries and educational opportunities for Catholic leaders.
Catholics - professionals willing to utilize their skills and live their values in a health care environment when the budget is out of control and uncertainty where cuts may be made.
Ethical decisions - an opportunity to take the leadership in this area. We have the background and knowledge.

4. I think there should be opportunities to credit some CHAC/provincial conferences as well as university/college courses recommended to existing leadership in order for them to improve their leadership abilities within Catholic organizations as well as understand better the particular attributes of such an organization. This could be in the form of recommended leadership reading, seminars, courses, conferences, books, etc., that can support adult and continuing education. We need to take an “executive education” approach to learning - i.e., video-conferencing once every two weeks, internet conferences, etc.

5. Health care employees are interested in pursuing studies/courses that are accredited and recognized provincially or nationally by all health care organizations, faith-based or not, and which are perceived as enablers for appointment to more senior positions.

6. Challenges: Secularism
 Regionalization and a command and control mentality possessed by some health authorities.
 A lack of awareness of faith-sponsored health care amongst the faithful and general public.

Competition for good people.
An absence of a youth strategy.

Opportunities: Catholic bishops help in increasing the faithful's awareness of the importance of Catholic health care. Over time this will help to produce future leaders.

7. I believe people prefer faith-based care ... with the departure of the Sisters from most facilities the management/leadership is being passed to lay persons. I feel it is very important that these people have a clear understanding of Catholic doctrine that will enable them to provide care as has been the Catholic tradition for hundreds of years.
8. Programmes such a leadership can definitely add value to our organizations. If we can find an affordable programme that can be accessed more easily I could see the possibility of enrolling more senior staff with potential leadership qualities and have a larger pool of trained leaders.
9. Opportunities:
 - knowing that something new is being created for succession planning initiatives.
 - knowing that CHAC, provincial associations, PJPs are strongly supporting this project.
 - knowing that there are interested and committed Catholics/non-Catholics yearning for an opportunity to register for a leadership development programme.
 - knowing that we have very qualified professors in Canada to teach and support the leadership development programme.
 - knowing that there are choices and opportunities to pursue in this endeavour.

The challenges that might be roadblocks are: commitment, cost, travel, and time. However, a commitment is a "yes" and provisions can be made to make this an opportunity. Every challenge is an opportunity to start something new, exciting and engaging for Catholic health care leadership in Canada.

10.
 - Identifying people with the potential to be leaders in the future.
 - Identifying people to find the vocabulary and understanding of Catholic health care to move the organizations forward.
 - Building better relationships with bishops so that they understand the complexity of health care.
 - Establishing concrete links with Catholic social services and education.
 - Finding ways to make sure that Catholic health care organizations do not erode as a complex organization focused upon acute and long-term care as well as elder care.
 - Establishing the non-negotiables in terms of what type of infra-structure we need to be about our work: own staff, leadership appointed by board, etc.
 - Leaders need a separate program from line staff because of union rules/considerations, privacy and works issues are different. The CHAC one mixed folks a great deal as well as had people who were volunteers. The ones in which I have been engaged are strictly for people who are in a designated leadership position and outside of unions.

11. More challenges than opportunities. Government does not see the value ... would rather be regional.
12. The time is ripe to encourage individuals to participate in Catholic health care leadership development. In this ministry, we constantly talk about succession management and who is going to take over from this generation of leaders. If credible opportunities are presented, they will be responded to. The challenge will be to ensure that principles are developed for programme directors that indicate which key components are covered and that Church teachings are adhered to in what is taught. Another challenge is encouraging all Catholic health care organizations to ensure that key individuals in their organizations take these leadership development programmes.
13. I think as we encourage those who are interested in developing their leadership skills to do so, we will see a renewal of motivation and interest. This is a way to move further into leadership development in familiar surroundings of like-minded people.
14. Be creative in offering programmes in each of the facilities.
Train the trainer and have them lead educational opportunities.
15. I think it would be worthwhile establishing a national curriculum based on a simple progression from introductory, to intermediate, to advanced studies in a number of streams. The resulting matrix could then be used by consumers as a learning roadmap, and by suppliers, as a product development and marketing tool.

Part II

Question 4

Do you know of new, innovative approaches to leadership development/education? If so, please provide details.

1. Although I am not aware of any new approaches to leadership, I strongly believe in the importance of all non-Catholic leaders within the system completing a Catholic Health Care Leadership Course. If we are to maintain Catholic health care into the future, education of leadership will be essential to ensure commitment and compliance to the Catholic philosophy and to health care itself. It will be up to us to show our worth and value. Only strong, ethical, dedicated leaders can take us there. Without such leaders to lead, direct, form alliances, formulate strategies and guide us throughout the turbulent times ahead, all will be lost. Leadership is key.
2.
 - It seems important that the Catholic health care system retain/establish a training centre for Catholic health care professionals.
 - CHAC needs to establish itself as a recruitment/clearinghouse agency for Catholic health care professionals and leaders (CEOs and managers).
 - CHAC and each of its provincial counterparts need to strengthen the network of Catholic health institutions. Each institution needs to feel some responsibility toward other institutions. We are all in this together. The survival of St. Joseph's Hospital in Gravelbourg is as important as the well-being of the General Hospital in Winnipeg.
 - CHAS/SCHC (each provincial equivalent) needs to play a more important active role in training/orienting new affiliate board members.
 - CHAC needs to establish training sessions/programmes for CEOs/
 - SCHC and its other provincial counterparts may want to consider provincial amalgamations (if provincial legislation permits it).
4.
 - Pending the results of the review of Catholic health leadership - step two would be to discuss with the JAS and determine how to respond to the result of the research as a national organization.
 - Perhaps once the essential elements of the programme are outlined and standards for accreditation established, credits may be issued and transferable across Canada.
 - Methods of conducting the course as a university credit and model of teaching the course, i.e., on-line, distance learning, etc., may be addressed at the provincial level.
5. Ideally, I am of the opinion that our Catholic leadership needs well-recognized management and professional courses given by well-recognized universities or professional groups with components on values (including Catholic values) and ethical reflection.

6. I personally see a great benefit in the Catholic leadership course that two of our management staff took. They were amazed at all they learned about Catholic traditions and both said they felt much more confident when providing care and when dealing with families of our residents.
7. While it may not be ideal I look at the programmes offered by Open University - much of it is offered on-line. It would be worthwhile to look at this as an option. I remain concerned that travel costs are prohibitive for many facilities, but I truly value the importance of the training.
8. The Saskatoon Catholic Institutions group is a group of professionals representing the Catholic Institutions in Saskatoon. SCHC and CHAS are participating with them in a dialogue to promote a Catholic leadership programme in Saskatchewan. Fr. George Smith, President of St. Thomas More College is to present a model of a Collegium offered in the United States. This could be a model for a potential programme to be offered for health care providers, educators, and other interested personnel who might benefit from such a course.

Lillas and Rick Hatala are a husband and wife team who have written a book entitled *Integrative Leadership* - together they have developed and facilitated Integrative Life and Leadership programmes in Canada and abroad. They have also co-founded the Integrative Leadership Institute. They will be giving a presentation at the CHAS convention in October. In 2007 they will be working with St. Paul University and the University of Saskatchewan in presenting a joint Leadership Conference. Sr. Elizabeth Davies is the synthesizer. Sr. Stephen Covey and Dr. David Foot are the keynote speakers.

Visit the Hatala's website at: www.learntolead.usask.ca

9. Not really ... new and innovative does not solve the issue. The issue is relevance and helping people stretch their imaginations in a practical manner. Many of the US programmes are dollar-drive and often people get a bonus for participating. That is not the case here. So, we need to be very cautious on what we borrow from the United States - there is a broader Catholic culture. Right now the one that started St. Michael's College and moved West has been the most successful for leaders because it focuses on those in leadership, tailored to meet the needs of over-stretched executives/leaders and evolves with each group in order to meet their needs. Flexibility and adaptability is key as well as the willingness to 'hang-in-there' with a clear vision.
10. Speakers like Sister Elizabeth Davies and Carl Roy.
11. There are a variety of classes and certificate programmes, such as integrative leadership. What about internet courses, supported by tele-health gatherings, especially for those who are in rural areas. However, I think that we need to work together to find a way to provide the opportunity to those who are interested in leadership development.
12. I like the distance education model of the St. Francis Xavier University Diploma in Ministry.
13. I see the CHAC's role as migrating from supplier to supporter, particularly by creating and recycling data and information used in leadership teaching programmes and obtained via the Web.

Existing Programmes in Canada

Health Care Leadership Program

Sponsored by the
CATHOLIC HEALTH ASSOCIATION
OF CANADA

Report on the

CHAC Health Care Leadership Program

1999 to 2006

prepared by
Maureen Duffy, Ph.D., D.Th.
Program Coordinator

Introduction

A Brief History

The Catholic Health Care Leadership (CHCL) Program began in 1994 as a project co-sponsored by Saint Paul University (Ottawa) and the Catholic Health Association of Canada. It was a three-year certificate program of theological and professional formation for senior and middle management personnel engaged in the Catholic health care ministry in Canada.

The structure of the original program required students to go to Ottawa each year for one week of intensive course work in June after which they returned home with follow-up assignments to be completed over the next academic year. Three 3-credit university-level courses were taken in the first and second years, one in the third, for a total of 21 credits for the certificate.

Students who passed through the program were very enthusiastic. To a person, they found the whole experience extremely rewarding and enriching both personally and professionally. But, they were not successful in replacing themselves in the program. This failure to meet the student quotas, required to make the program a fiscally viable one from the point of view of the university, led St. Paul's to withdraw from sponsorship in 1998.

The CHAC then undertook an analysis of the situation on its own. It considered the feedback of the CHCL Program= graduates, polled the Association=s membership, and came to the conclusion that the target population wanted the content, but not the structure, of such a program. And, university credit for the work seemed to have little importance.

As a result of this analysis, the CHCL Program was completely redesigned. The structure was modified: the program, to go where the students were rather than vice-versa; the courses, to be completed one at a time within a four month period, rather than concurrently over a year. The curriculum was modified: in response to student and Association membership recommendations, two new courses (Canon Law and Social Justice) were added to the original seven. The rigorous standards of the first program re teaching staff and course content were maintained, and alternative possibilities for co-sponsorship were introduced. A coordinator was engaged to be responsible for all academic aspects of the program and for working with the co-sponsors to implement it, while the CHAC president retained responsibility for finances and publicity. And, thus, the current CHAC Health Care Leadership Program was born.

The revised program was launched by the CHAC and NBCHA in Miramichi, New Brunswick in June 1999. To date, it has been co-sponsored at five other locations across Canada. It has been successfully completed at four of these sites, and is in process a second time at one of them, where it will finish in February 2007.

A. The Program

1. Purpose

The Health Care Leadership (HCL) Program is a certificate program of theological/professional formation which seeks to equip and empower senior and middle management personnel to be more effective leaders in the Catholic health care ministry in Canada.

2. Sponsorship

The HCL Program is sponsored by the Catholic Health Association of Canada in conjunction with other agencies engaged in the healing ministry; e.g., Catholic health care institutions, provincial Catholic Health Associations, diocesan offices concerned with health care and social services.

3. Objectives

The HCL Program has a two-pronged objective: 1) the personal enrichment of the individual student and 2) the enhancement of the entire health care community within which that student works as an administrator.

More specifically, the program is designed to enable those in senior and middle management:

- to identify, understand and appreciate the fundamental values of the Catholic ministry of health care;
- to integrate these values into their own lives as leaders in Catholic health care;
- to be creative in implementing these values in the organizational (hospital, clinic, parish) frameworks within which they work;
- to be more effective in representing these values within the wider health care community.

The program intends to be informal and not proselytizing. The information conveyed about general principles of ethics, spirituality, social justice, and leadership can enrich the personal life of any participant, whether from the Christian tradition, another faith tradition, or no faith tradition at all. The information conveyed about specifically Christian and Catholic anthropology, history, values, world view and health care ministry is essential for anyone who wishes to competently fulfill a leadership role in a Catholic system or institution of health care.

The program is uniquely focused on the needs of *health care* personnel, whether their affiliation is with health care, social services, or diocesan institutions. This characteristic distinguishes it from other leadership formation programs which, while offered to health care professionals, target a wider audience (e.g., educators, etc.) whose profession-specific needs often diverge from those of health care providers.

4. Structure

Three courses are offered in each year of the three-year program, for a total of nine courses. Each course consists of an intensive fifteen-hour, two-day class session, a follow-up written assignment, and a conference call mid-way between the end of the session and the paper due date. The instructor is available to the students for telephone/email consultation all during this follow-up time. The courses are offered at four month intervals (June, October, February). The requirements of one course must be completed before the next course begins.

The basic rationale for this structure is the integrations of lived experience, personal reflection and supervisory process, three dimensions of adult learning which the student is invited to exercise in a congruent manner.

5. Curriculum

In keeping with the Program=s twofold objective of *personal* enrichment and *community* enhancement, the source content falls into two categories: 1) material pertinent to the leader in the ministry of health care and 2) material pertinent to the organizational context of the ministry of health care. The courses offered in each category are the following:

I. The Leader in the Ministry of Health Care

- Course 1 Christian Anthropology
- Course 2 Religious Experience
- Course 3 Christian Leadership
- Course 4 Christian Hope

II. The Organizational Context of the Ministry of Health Care

- Course 1 Catholic Health Care
- Course 2 Organizational Ethics
- Course 3 Communicating Values in an Organizational Framework
- Course 4 Social Justice and the Ministry of Health Care

This content is distributed over the years of the program as follows:

<i>Year A</i>	<i>Year B</i>	<i>Year C</i>
<u>Christian Anthropology</u>	<u>Religious Experience</u>	<u>Christian Leadership</u>
<u>Catholic Health Care</u>	<u>Communicating Values in an Organizational Framework</u>	<u>Social Justice and the Ministry of Health Care</u>
<u>Organizational Ethics</u>	<u>Church Life and the Ministry of Health Care</u>	<u>Integration Session: Christian Hope</u>

6. Admission requirements

There are three categories of participation in the HCL program: regular, special, and auditor.

Regular student. To be admitted to the program as a regular student, the candidate must already have a BA. or BSc. degree and at least one year of administrative experience in a health care or social services delivery system.

Special Student. Someone who does not fulfill the requirements for regular student status may register as a special student for the first year of the program. Upon successful completion of all the requirements of the first year, s/he may then change her/his status to that of a regular student and pursue certification by completing the two remaining years of the program.

Auditor. Anyone in the health care ministry may register as an auditor for any two-day session of the program. There are no prerequisites. This level of participation does not lead to certification.

B. The Students

1. Who are they?

Students are senior and middle management personnel from institutions involved in the Church=s ministry of health care. They have come from a variety of faith traditions and from none.

Since 1999, 83 leaders have enrolled as regular students in the program. The participation of 29 of these students ended during or after their second year, when the co-sponsors at two sites made the decision that th program was no longer feasible. To date, 34 participants have graduated and another 8 will graduate in 2007. As with almost any program, some individuals (2 in this case) have left from various sites for a variety of personal reasons.

At the time of their admission to the program, students have held on or another of the following positions within their organizations:

Administrator	Director, Pastoral Care	Leadership and Management
Assistant Administrator, Programs	Director, Pastoral Care/Mission	Function Manager
Assistant Executive Director, Patient Care	Director, Pastoral Care/ Activities/Volunteers	Manager of Nursing
Board Trustee	Director, Rehabilitation Services	Medical staff Co-ordinator
CEO	Director, Resident Services	Nurse Manager
Chaplaincy / Religious Formation	Director, Social Work	Nursing Service
Clinical Audit Coordinator	Director, Support Services	Pastoral Care
Clinical Nurse Educator /	Enterostomal Therapy Nurse Educator	Pastoral Care
		President and CEO

Director of the Saskatoon
Catholic Health Corporation
Co-ordinator, Pastoral Services
Director of Care
Director of Resident Services
Director, Cardiorespiratory
Director,
Communications
& Community Relations
Director, Human Resources
Director, Mission
Director, Mission and Pastoral
Care
Director, Mission Effectiveness

Executive Director
Executive Director
Executive Director
Executive Director
Facilitator, Mission /
Coordinator, Fund Development
Facilitator, Pastoral Care / Mission
Facility Manager
Financial Management Advisor
Leader, Professional
Development /
Charge Therapist
Respiratory

President and CEO
Program Director,
Rehab / Continuing Care
Programs Coordinator, Nursing
Social Worker
Special Assistant to the Executive
Director
Vice Presidents Operations, SC
Vice President, Corporate
Services
Vice President, Long Term Care

2. Student evaluation of the program

At the end of each class session, students complete an evaluation form on which they rate the instructor's contribution and their own participation, and offer feedback about the whole experience.

The quantifiable data from the evaluations for 65% of the courses (35 of 54, with an average 90% response in each course) given since 1999 indicates 97% overall satisfaction with the instructor's input, and 80% overall satisfaction with students' own personal participation in the program.

The following, unsolicited, testimonial from one of the graduates echoes sentiments expressed over and over again in the final (integration) session of the program.

For me, the following testimonial best expresses how the Catholic Health Care Leadership Program has shaped my life:

It has deepened my understanding of the importance of values-based leadership, social justice principles and my responsibility as a Christian in this regard, spirituality and healing, modelling the way and leading from the heart. It has reminded me that there is hope for the future of Catholic healthcare even as we struggle to find new ways. It has deepened my own intense spirituality. After 20 years of participating in leadership courses, I know of very few forums that have this as their prime objective. This course has not only changed my life but has transformed me as a person and as a leader. I am most grateful to the Catholic Health Association of Canada and all those involved for this exceptional learning opportunity.

I would like to express my sincere appreciation for all those involved in this course. It is obvious that they are committed to the enhancement of Catholic health care.

(Bernie Blais, Former CEO, Chatham-Kent Health Alliance)

C. The Faculty

1. Teaching personnel

From 1999 to 2006, a total of 19 highly qualified university professors, health care professionals, and consultants have taught in the HCL Program. They include:

G.G. Archibald, Ph.D.
Christian Leadership

Diane Bisson, Ph.D. (Theo.)
Communicating Values in an Organizational Framework

Michael Coughlin, Ph.D. (Dev. Bio.)
Organizational Ethics

Elizabeth Davis, RSM
Christian Leadership

Maureen Duffy, Ph.D., D.Th.
Christian Anthropology
Christian Hope

Kateri Ghesquire, CSJ
Catholic Health Care

Richard Haughian, D.Th.
Catholic Health Care

David Levangie, M.A.(Theo.)
Organizational Ethics

Cate McBurney, Ph.D.
Catholic Health Care

Michael McGowan, Ph.D., J.C.D.
Church Life and the Ministry of Health Care

Mark Miller, CSSR
Organizational Ethics

Kevin Murphy, Ph.D., D.Th.
Organizational Ethics

Dennis Patrick O'Hara, Ph.D.
Religious Experience

Claudette Savard, Ph.D.
Communicating Values in an Organizational Framework

Stephen B. Scharper, Ph.D.
Social Justice and the Ministry of Health Care

Derek Simon, Ph.D., D.Th.
Christian Anthropology
Religious Experience

Judy Size-Cazabon, Ph.D.
Christian Leadership

Mary Pat Skene
Christian Leadership

Jane Smith-Eivemark, D.Min.
Communicating Values in an Organizational Framework

2. Support Staff

Prior to June 2005, the support staff consisted of the program coordinator and CHAC secretary in Ottawa, and the CEO and administrative assistant of each co-sponsoring agency. Since that time, the staff has consisted of the program coordinator and the co-sponsor's CEO and administrative assistant, the position of full-time secretary at the CHAC having been eliminated as a cost saving measure.

The program coordinator is engaged by the CHAC on a part-time, contractual basis. From 1999 to 2004, she reported to the CHAC president. Currently, she reports to the Director of Convention Coordination and Member Resources.

D. Resources

The HCL Program draws on the resources of the CHAC, the co-sponsoring agencies, and the facilities where the course sessions are held for the things needed to implement its agenda.

CHAC

A Cancopy license, renewed annually by the Association, makes it possible for the CHAC secretary to produce the anthologies of readings requested by instructors. For this, the CHAC office photocopy equipment and supplies are used. Since the secretary's departure, this work has been done by the reprography department at St. Paul University.

The clerical work of administering the program is done out of the program coordinator's own office, wherever that may be. Except for CHAC stationary supplies, none of the equipment necessary for coordinating the program- space, desk, files, computer, telephone, etc. - belongs to the program.

Co-sponsors

The on-site administrator of the program, working in conjunction with the program coordinator, uses resources of the co-sponsoring agency- for example, time of an administrative assistant or secretary, space, desk, stationary, files, computer, telephone, etc. – to complete the preliminary and follow-up work entailed by each of the nine sessions.

Teaching tools requested by instructors, e.g., AV and electronic equipment, projection screens, lecterns, etc. are supplied from the offices of the co-sponsors or by the facilities where the sessions are held.

E. Costs of the Program

The costs of the program are borne mainly by the co-sponsoring agencies. They decide whom, and how much, to bill for expenses. Most often, it is health care institutions which subsidize employee participation, but provincial health associations have also funded participants and, in some instances, individual participants have been required to pay certain costs to themselves.

Costs to the co-sponsors include an annual administration fee paid to the CHAC; the instructor's stipend, travel, lodging, and meals for the two-day session; instructor stipends for make-up courses; meeting facilities and student meals for the sessions; any charges for use of teaching equipment; course reading and other materials; certificates and pins presented at graduation; as well as any other expenses incurred in the administration of the program.

The instructor's stipend began at the fixed rate of \$1000.00 per course (two-day session, one hour conference call, grading and return of written papers, general availability to students over a four-

month period). Over time, and in justice, this amount has begun to rise gradually, from site to site according to what is feasible in a given situation. The new plateau envisioned is \$1800.00 per course.

In the unusual situation of a make-up course (2-3 teleconferences with the instructor, follow-up written paper, ongoing instructor availability), the instructor's stipend is \$500.00.

With this distribution of expenses in place, the overall average cost to a co-sponsor of the HCL Program has been approximately \$35,823.00. This amounts to approximately \$2795.00 per student /program, \$932.00 per student /year, and \$311.00 per student /course.

Costs to the CHAC itself include the program coordinator's salary and reimbursements (paid, at least in part, from the administration fee charged to the co-sponsor) and the Cancopy license.

F. Evaluation of the Program

1. Assets

A number of things have worked well in the present design of the CHAC Health Care Leadership Program.

One overarching aspect that should be mentioned is the *sense of community* that has sprung up within each group of participants. Students often cite this as one of the program highlights; they speak of drawing support, encouragement, inspiration from their peers. A synergy of three factors has no doubt contributed to this:

Customized content. First, the content of all the courses is tailored to the needs of a single interest group, viz. Catholic health care workers.

Adult learning model. Second, the adult learning structure, a strong feature of the leadership formation program, puts responsibility for learning squarely on the student's shoulders, giving ample opportunity- in small and large group discussions, the conference call, and the preparation of the final essay or research project- to grapple with ideas, not just to receive them passively, and this over a period of months, not hours. This process promotes the integration of new learning with previous knowledge, so it can, ultimately, impact behavior.

Peer interaction. Third, the able implementation of the adult learning model creates a significant occasion for these professional peers to come to know each other as they interact in some depth, on serious issues of concern to them all, at regular intervals over a three-year period.

Intellectual challenge. The quality of course content is another asset. The focus on *leadership* personnel was at the heart of the decision to maintain university-level requirements for course instructors and contents in the redesigned program. The material is often new, sometimes difficult, always pushing participants toward a broader and deeper horizon of understanding. But the stakes are high, too. Competence in the fulfillment of their role is essential to the future of the Catholic ministry of health care in a fraught world.

Resource people. The teaching staff of the HCL Program is certainly a strong point. These professionals gladly contribute time, talents, and insight when called on to teach the courses. The monetary recompense is minimal, but they understand the importance of an informed leadership to the future of the Church's health care ministry, and manifest a genuine dedication in their work with program participants.¹

Costs. The program is economical. Participants receive an introduction to basic concepts and serisou literature in a field of knowledge relevant to the leadership role in Catholic health care; are encouraged to wrestle personally with the material to make it their own; and, have access to a very qualified and competent instructor for consultation- during a four month period. For less than \$400.00 /student /course, that is a bargain!

2. Weaknesses

Certain limitation or lacunae in the program have become apparent over the years since 1999, from either the administrative or student point of view. These include the following:

Publicity. Students in the program have referred to "poor" packaging and publicity, both on the CHAC web-site and in the written literature about the program. It has been suggested that publicity materials include testimonials, photos, and profiles of graduates; more detailed descriptions of course content; and, emphasize the fact that the program's focus is not just the Catholic religion. The recommendation has also been made that the best papers from the year's course work be presented at the annual CHAC meeting.²

¹ Evidently, not every instructor suits every student perfectly, at every site. However, to date, there has been only one really difficult situation. The students' evaluations were thoughtful, written with respect and great sensitivity for that person, and their enthusiasm for the program was not dampened. That instructor requested that her name be removed from the faculty list.

² The issue of marketing is, arguably, at the root of the fact that this national program, intended to be bilingual and ready to be offered in French, as well as English, has never found a co-sponsor in Quebec where the Church's ministry of health care is seeking new avenues of service more urgently, perhaps, than in any other province.

Accreditation. Renewed interest in outside accreditation has been expressed by some students. Of these, a number would like to see university credit given once again.³ Others have spoken of credit from the Canadian College of Health Service Executives.⁴ Both possibilities would be worth exploring.

Curriculum. After completion of the revised program with its augmented curriculum, students have recommended the addition of one more course, one finances. There is a certain overlap in the content of A/3: Organizational Ethics and B/2: Communicating Values in an Organizational Framework. Since it has been more difficult to find facilitators for the B/2 course than for any of the others, a replacement of that course with one on Finances and the Catholic Ministry of Health Care could perhaps be considered. It would round out the content more satisfactorily without disturbing the three year/ three course cycle.

Follow-up assignments. The written assignments have been an issue for many students. Suggestions made range from the very positive: distribute and discuss an abstract of each paper at the beginning of the subsequent session in order to share ideas and information, to the predictable negative: eliminate them.

Promptness. Both administration and faculty have been remiss in the regard. As the program has evolved, students have begun to request the delivery of course materials in advance of the sessions. Administration has not always succeeded in fulfilling this request. And, faculty has not always succeeded in returning evaluated written work in a timely fashion.

Process for redress of grievances. Currently, the program has no provision for this kind of process. Yet, conflicts do inevitably arise, and if they are resolved only on an *ad hoc* basis, sooner or later someone, student, facilitator, administrator, may well be treated unjustly.

³ St. Paul University would be open to beginning that discussion again, in view of the fact that the redesigned program still meets its academic standards and has succeeded in drawing a much larger number of students

⁴ The past CHAC president, Richard Haughian, had begun a dialogue with the CCHSE to upgrade the credit level.

G. Some Reflections on Catholic Health Care Leadership

The following brief reflections on leadership in the Catholic health care ministry are those of a theologian and adult educator who has worked with leadership personnel, since 1995, in the context of the CHAC Health Care Leadership Program. They are pertinent thoughts, from an “outsider,” thoughts which bear on the “Catholic,” rather than the “health care” or “leadership,” in the above subtitle.

Concerning fundamental components of Catholic health care leadership

In however many other ways leadership in the church’s ministry of health care may differ from leadership in non-faith-based health care systems, it is certainly distinguished by the obligation to uphold the Christian understanding of human life in its care for the sick and its advocacy for wellness. It must affirm the “giftness” of human life, the dignity and integrity of the human being from conception to natural death, and the interconnectedness of all living things. It must maintain the preferential option for the poor, the weak, the marginalized, the outcast in any situation, local or national, in which it finds itself.

This would suggest that, along with all the necessary competences in health care science and management, fundamental components of leadership in the Catholic health care ministry must include *ability, knowledge, and conviction* 1) to insure the implementation of the aforementioned values in the health care work place; and, 2) to defend and argue for those in dialogue with other health care and governmental agencies in Canada.

Concerning essential(s) for effective Catholic health care leadership development now and in the future

This is a normal moment of upheaval, rethinking and restructuring in the domain of health care in Canada. In the future, there may be an even greater place for health care leadership-in-the-Catholic-tradition outside the traditional hospital configuration, e.g., in the palliative and other long term care facilities, birthing centers, parish nursing programs, caregiving to the elderly who are “aging in place,” and leadership development programs will have to meet changing professional needs.

Realistically, though, there is little reason to think that the situation with lay persons engaged in leadership roles will be different- in regard to the theological issue- from that of the first generations of laity who replaced the religious sisters. Future leaders will be competent professionals in health care or management, or both, But, probably very few, if any, will also have an adult formation in the Catholic/Christian understanding of the meaning of human life and its place in the universe, and the implications of this vision for the quality and delivery of health care. Like their predecessors, they will experience a certain sense of “theological” inadequacy-for-the-

task, a felt need for a deeper understanding of the rationale for Catholic health care, in order to confidently articulate and uphold this vision and values in the real world business of health care.

To be effective, future leaders, too, will need to believe in what they are doing and to feel that they are equipped, i.e., competent, to do it. For this reason, it will be essential that any program of leadership formation in Catholic health care includes a basic, university-level theological component for the participants.⁵

To prepare and sustain the effective leadership necessary for the present and future Catholic health care ministry, whatever form(s) it may take, current sponsors, boards, and CEOs should be encouraged to: 1) ensure the continued existence and availability of a high quality program of theological /professional education for leadership personnel; 2) do whatever is required within their own institutions to encourage and support participation in the program by all newly-hired leadership personnel and longstanding leaders who would benefit from “renewal”; 3) identify those with leadership potential and interest among younger workers within their institutions, and subsidize their participation in such a program.

⁵ The CHAC leadership program was initiated to meet precisely this need. It includes three theology courses which present the Christian vision (Christian anthropology, religious experience, and Christian hope) and six practical “business”- oriented courses in which the implication of the vision for work in health care are drawn out.

Sites and Co-Sponsors

Between 1999 and 2006 the Health Care Leadership Program, co-sponsored by the CHAC and another interested Catholic health care institution, has been offered a total of seven times across Canada. The details are as follows:

<i>Site/Co-Sponsor</i>	<i>Dates</i>	<i># of Students at start</i>	<i># of Students Graduated</i>
Miramichi, NB <i>New Brunswick Catholic Health Association</i>	06 /1999 to 09 /2002	8	9
Sault Ste Marie, ON <i>Sault Area Hospitals</i>	10 /1999 to 11 /2001	15	terminated after the C/1 course.
Vancouver, BC <i>Catholic Health Association of British Columbia</i>	09 /2000 to 02 / 2002	14	terminated after the B/2 course.
London, ON <i>St. Joseph's Health Care Society</i>	10 /2000 to 05 /2003	17	10
Winnipeg, MB <i>Catholic Health Association of Manitoba</i>	02 /2002 to 10 /2004	12	7
Saskatoon, SK <i>Catholic Health Association of Saskatchewan</i>	02 /2003 to 09 /2005	11	8
London, ON <i>St. Joseph's Health Care Society</i>	02/ 2004 to [02 /2007]	6	8 (anticipated)

Foundations in Leadership

Purpose

Enable senior leaders, managers and directors in Catholic health, social service and educational organizations to more effectively carry out their unique responsibilities as leaders of Catholic organizations

Goals

1. Provide a learning and living experience that is not available in other professional or academic programs for leaders in Catholic organizations.
2. Create a space for reflection that enable a person to better know one's self and one's call as a leader within a Catholic organization.
3. Expend one's ability to articulate the unique role of Catholic health, social services and education in contemporary society.
4. Enrich one's vocabulary to better articulate the Church's mission in health, education and social services.
5. Understand the rich heritage of Catholic social teaching
6. Ensure the on-going development of Catholic health, social services and education by mentoring leaders.

Process

The learning process for the *Foundation in Leadership for Catholic Organizations* focuses upon adult learning styles, inter-active presentations and periods of personal and group reflection. A selection of articles and books provide a base for discussion and reflection. The time together also provides a space for personal development. People are encouraged to leave work at work and live together for the three modules.

COMPONENTS AND DATES FOR 2005-2006

Module One: The Roots of Catholic Ministry and Leadership

October 13 and 14, 2005 Star of the North Retreat House, St. Alberta, AB

1. Naming the issues for leaders in Catholic organizations
2. The call to leadership
3. Historic overview of ministry within the Church
4. Catholic Identity
5. Catholic Social Teaching: Evolution and Key Themes
6. Spirituality and Leadership

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Module Two: “Administrative Seminar”

February 1-4, 2006, Bethlehem Retreat Centre, Nanaimo, BC

1. Spirituality and work
2. Ethics: Organizational and Clinical/Client
3. Christian Ethics: The invitation to “Go and Do Likewise”
4. Canon Law and Catholic Identity
5. Themes in Catholic Theology:
6. Images of Christ and implications for leadership
7. Individual and Organizational Integrity

Module Three: Integrating the Pieces: The Call to Leadership

May 25 and 26, 2006, Star of the North Retreat House, St Albert, AB

1. Leadership Challenges/Perspectives
2. Mentors and Mentoring
3. Prayer
4. Integrating body, mind and soul of the leader

FEES

Modules One and Three: \$325.00 (each) includes seminar and noon/evening meals only.

Module Two: \$625.00 includes seminar, housing, and meals.

PARTICIPANTS

25 maximum with minimum of 12. Participants must be in a leadership position with a Catholic health, social service, or educational organization.

CORE FACULTY/FACILITATORS

1. Tom Maddix, CSC, D. Min. Facilitator/ Presenter, Providence Health Care, Vancouver
2. Sr. Marcia Wiley, SGM, Edmonton (Module One)
3. Bob McKeon, PhD, Newman Theological College, Edmonton (Module One)
4. Fr. Roger Keeler, Pastor, St. Michael-Resurrection Parish, Edmonton; Judicial Vicar, Archdiocese of Edmonton; Professor of Canon Law, Newman Theological College, Edmonton (Module Two)

**FOUNDATIONS IN LEADERSHIP
ADMINISTRATIVE SEMINAR
January 12-15, 2005
2371 Arbot Rd., Nanaimo, BC
Phone: 250-754-3254**

Required Readings:

- *Let Your Life Speak: Listening for the Voice of Vocation:* Parker Palmer (we have already read Chapter 5, “Leading from Within”)
- *The Heart Aroused:* David Whyte (book available at Chapters, Indigo and most large bookstores). These books can be ordered from greenwoods Bookshoppe in Edmonton (1-800-661-2078) or online via Amazon.ca)
- *A Cautionary Tale:* Michael R. Panicola to be distributed upon registration
- *Ethical Preference Inventory: A Working Guide:* C.Levan and T. Maddix (to be distributed at the beginning of the session.
- *Selected Case Studies in Ethics:* Collected by Tom Maddix, CSC at the beginning of the seminar

Suggested Reading Only:

- *Inspirational Leadership: Destiny, Calling and Cause:* Lance Secretan
- *Parabola: A Journal Myth, Tradition and the Search for Meaning,* fall 2000: The Teacher
- *Toxic Emotions at Work: How Compassionate Managers Handle Pain and Conflict.* Peter J.Frost

Accommodations: We will all live at the retreat house. The retreat house is smoke and alcohol free.

Cost: the cost of this seminar is \$600.00. The cost includes everything but your books and transportation.

WEDNESDAY 12 JANUARY 2005:

3:00 p.m. Welcome and Opening Prayer (I would ask the folks from CSS to do the opening prayer)

3:15 p.m. Check in following by a focused discussion on Parker Palmer/s book, *Let Your Life Speak*. As part of the discussion, we will have a chance to “check-in” with each other and explore in concrete ways the challenges of leadership during a time of great change and unpredictability. Key Consideration: **Ghandi wrote, *Be the change you want to see in the world.* As leaders, Ghandi’s words challenge us to “walk the talk” and to live lives of integrity. The challenge is not easy, like the old monastic wisdom, we fall, we get up, we fall and we get up. It’s when we stay down that we stop living. *How do the words of Ghandi challenge you in your leadership role?***

Dinner

7:00 p.m. Christ and Culture: Models of Engagement for today's leaders—Tom Maddix, CSC (A Cautionary Tale will be considered)

8:30 p.m. Evening Prayer

THURSDAY 13 JANUARY 2005:

9:00 a.m. Morning Prayer (I would ask the folks from Providence Health Care to do the opening prayer)

9:15 a.m. Implications of Canon Law for Catholic Leaders and Organizations

As leaders and organizations acting on the behalf of the Church, Canon Law, the official law of the Roman Catholic Church, provides important considerations about how we live our mandate in today's church.

Leader: Rev. Roger Keeler, Edmonton Archdiocese, Judicial Vicar and Pastor of St. Michael's-Resurrection Parish

Noon Lunch

1:00 p.m. Case Studies: Catholic Identity in a time of Change, facilitator: Roger Keeler

3:00 p.m. Round table discussion with Rev Roger Keeler. *"What I always wanted to know about the Catholic Church, but never got around to asking"*

Dinner

7:00 p.m. Focus discussion of "The Heart Aroused" by David Whyte. With the text as a background we will explore how we nurture our soul, what hinders our growth and what frees us. Evening prayer will be included in the process. Tom Maddix, CSC

FRIDAY 14 JANUARY 2005:

9:00 a.m. Morning Prayer: (Caritas to do the opening prayer)

9:15 a.m. Making Ethical Decisions in an era of Tough Choices: Tom Maddix

- Inventory
- Catholic Social Teaching and Organizational Decision-Making
- A Model for Organizational Decision-Making
- The Christian Ethical Lens: "Go and do likewise"
- Case Study: Together
- Each participant is asked to bring 10 copies if her/his case study of the ethical discussions

12:00 Noon

1:00 p.m. Case Studies in small and large groups

3:00 p.m. Video: Tough Choices

4:45 p.m. Bringing it together: What did I learn about ethical decision-making

5:00 p.m. Evening Prayer

Evening Free

SATURDAY 15 JANUARY 2005:

9:00 a.m. Morning Prayer (SK folks please do opening prayer)

9:10 a.m. Video: Let Justice Flourish- a video

10:00 a.m. Period of private reflection and journaling followed by group discussion

10:45 a.m. Small group discussion

11:45 a.m. Evaluation, planning for May 2005... followed by lunch

What topic would you like considered for May?

Social Justice?

Already planned: Mid-life Spirituality and Leadership
Mentors and Mentoring

More Ethics?

Ethics Case for January 2005

In preparation for our all day workshop on ethics, I would ask that you bring a case study for the group to discuss.

In preparing the case study, please use the following guidelines:

- 1) One page
- 2) Give enough detail so that people can see the tension
- 3) State the issue in terms of a question: SHALL WE...
- 4) Bring copies for everyone
- 5) Respect confidentiality
- 6) Can be either clinical/client or organizational issue- your choice

Foundations in Leadership for Catholic Organizations

**The Roots of Catholic Ministry and Leadership
12 and 13 October 2006
Star of the North Retreat House, 3A, St. Vital Ave.
St. Albert, AB 780-459-5511**

Required Readings:

Required text “Reaching Out: The Three Movements of the Spiritual Life” by Henri Nouwen

Attached: agenda and articles for seminar

Thursday, 13 October 2005:

9:00 a.m. Welcome and Opening Reflection: Gordon Self, VP, Mission, Ethics, and Spirituality, Caritas Health Group, Edmonton, AB

9:10 a.m. Introduction to Foundations Program: Tom Maddix, CSC, VP, Mission, Ethics and Spirituality, Providence Health Care, Vancouver, BC

9:30 a.m. “Catholic Leadership: Challenges, Barriers and Opportunities”

Scripture scholar Walter Brueggemann once wrote, “What God does first and best and most is to trust us with our moment in history. God trusts us to do what must be done for the sake of God’s whole community.” With Brueggemann’s words as both focus and challenge of leadership today in the Catholic organization, most of the morning will focus upon our experience, hopes, challenges and questions of our call in today’s church and society.

Leader: Tom Maddix, CSC, D. Min.

11:00 a.m. An overview of Church History

This presentation will focus upon the evolution of the Church with particular focus upon key movements and eras in Christian spirituality and how they shaped Christian ministry. (Tom Maddix)

12:15 Lunch

1:00 a.m. history and Development of Catholic Social Teaching

This session will explore the key concepts, principal documents, and pertinent applications included in the Catholic Church’s social teaching. Such social justice issues as-a living wage, the rights of property, an option for the poor, stewardship of the earth, the dignity of the human person, fundamental human rights, seeking the common good, and socialization- will be discussed in reference to their historical evolution and their contemporary application. The session begs the question: What relevance has the Church’s “social teaching” to Catholic leaders today?

Bob McKeon, Ph.D, Director of Field Education and Professor of Theology and Ethics, Newman Theological College, Edmonton.

4:15 p.m. Discussion of “Lost Souls” From Notre Dame Magazine

5:15 p.m. Evening Prayer in chapel

5:45 p.m. Day Finished

Friday, 13 October 2006:

9:00 a.m. opening Reflection: Ms. Mary Pat Skene, Executive Director, Gray Nuns

9:15 a.m. Walking in the footsteps of our ancestors... the sacrifice of yesterday, the challenge of today.

Throughout the Church history, the church has reached out to people as a means of making concrete the gospel. In Canada the Catholic schools, health care organizations and social service groups emerged from the need of the church to make the Gospel tangible. Today is not different, culture has changed and the forms are different, yet the mission of Christ waits to be revealed through our actions, attitudes and values.
Facilitator: Mary Pat Skene

Questions for On-going Discussion: Tom Maddix, CSC

- What are the roots of your particular ministry?
- How does this heritage continue to show itself?
- What are some of the challenges about continuing the inspirations of the founding congregations on the work of health, education, and social service?
- What are two or three key characteristics that continue to shine through our work?
- What are some challenges for us as leaders of Catholic organizations in terms of our roots?

11:00 a.m. “Naming and Claiming the Distinctiveness of Catholic Organizations”

If the Deputy Minister of Education, Health or Social Services asked you to articulate the distinctive value(s) of your particular ministry to the people of your province, how would you respond? What evidence can you give to justify funding with public dollars these different ministries?

12:15 p.m. Lunch

1:00 p.m. Living our call as Christian Leaders: “Leading from Within: Leadership and Spirituality” Tom Maddix, CSC

2:30 p.m. Taking a Chance on God: The Invitation of Christian Spirituality

During this time, we will discuss the two readings for the course: “*Reaching out: the Three Movements of the Spiritual Life*” and the article by Dr. Richard Hardy. We will explore the connections between our life and ministry.

4:30 p.m. Evaluation of Module and Planning for February 2006

4:45 p.m. Departure... Star of the North is about 60 minutes from the Edmonton International Airport, please plan accordingly.

**Foundations in Leadership
Module III
26 and 27 May 2005
Star of the North Retreat House, St. Albert, AB**

Required Readings:

The Return of the Prodigal Son, Henri Nouwen

Reading Suggestions

The Middle Message: From Misery to Meaning in Midlife by James Hollis, Inner City Books, Toronto

On This Journey We Call Our Life: Living the Question by James Hollis, Inner City Books, Toronto

The Congruent Life: Following the Inward Path to Fulfilling Work and Inspired Leadership. C. Michael Thompson, Jossey-Bass, San Francisco

Anam Cara: Spiritual Wisdom for the Celtic Tradition, John O'Donohue

Seeking God: The Way of St. Benedict, Esther de Waal, Liturgical Press

Toxic Emotions at Work: How Compassionate Managers handle Pain and Conflict. Peter J. Frost, Harvard Business School Press.

Report on Master of Catholic Thought Program

St. Jerome's University

Waterloo, ON N2L 3G3

Purpose of the Programme

St. Jerome's University offers this accredited programme for Catholics who provide leadership in areas such as health care, social services and education to be able to develop mastery in the area of Roman Catholic theology. It is also designed to serve Catholics and others alike who, for personal reasons, want to pursue a deeper knowledge and appreciation of the Catholic tradition.

Objectives/Goals of the Programme

This programme extends the knowledge base that is needed by Roman Catholics who provide leadership in the areas of health care, social services and education. Persons in such positions have the specific need to be theologically informed about Roman Catholic life and thought. This programme responds to that need.

The programme also serves those Catholics and non-Catholics who want to pursue a deeper, scholarly, knowledge of the Catholic tradition. It especially strives to meet the needs of Catholic laity in the Diocese of Hamilton. People in this diocese have the opportunity to be involved in a variety of adult education programmes that provide some skills development and some general theological knowledge. Until the launch of this Master of Catholic Thought programme, they had no opportunities for advanced and scholarly study in theology. As the only Roman Catholic university in this diocese, St. Jerome's University, through this programme, is offering a quality theological programme for people in the diocese.

Detailed Description of the Curriculum

Students must complete the following five (5) core courses and must obtain a minimum overall average of B or 75% in all courses:

MCT 501: The Books of the Church

MCT 502: The History of Catholicism

MCT 503: Foundations of Theology

MCT 504: Catholic Moral Life and Thought

MCT 505: The Prayer of the Church: Spirituality and Liturgy

Students must complete five (5) elective courses and must obtain a minimum overall average of B or 75% in all courses. The following is a partial list of courses that will be offered:

MCT 510: Catholic Sacramental Life

MCT 511: Catholic Perspectives on Ecology

MCT 516: The Catholic Imagination in Art and Literature

MCT 517: Catholicism and Education

MCT 518: Catholic Social Ethics

MCT 520: Contemporary Bioethics: Issues of Life and Death

MCT 521: The Catholic Church in Canada

MCT 525: Christian Feminist Thought

Students are expected to complete a master's-level research paper (35-50 pages, 8750-12,500 words) or complete a discipline or profession-related research project.

Students must obtain a minimum grade of B or 75% for the paper or project.

How often does it meet? How many students to date have taken the programme?

The programme was launched in the Fall of 2005 with the offering of the first course, MCT 503: Foundations of Theology. Eighteen students were registered in the course.

The programme offered its second course in the Winter of 2006, MCT 502: The History of Catholicism. Eight students were registered in that course.

By the Fall of 2006, we intend to be offering two courses per term, one core and one elective course. Students can also take a maximum of three appropriate graduate-level theology courses from another university to satisfy the elective portion of the programme.

Who are the students? Admission requirements? Their overall evaluation of the programme?

We have a range of students including people in education, a lawyer, journalist, pastoral workers, and an artist. Most of the people currently in the programme are working full-time. This programme is offered only on a part-time basis and is intended for persons who are working.

The students range in age from mid-30s to 60s.

The basic requirement for admission is a four-year Bachelor's degree, in any discipline, with a minimum overall average of B, and a minimum of two years work experience. Applicants who do not meet these requirements may be considered for admission on an exceptional basis, provided they demonstrate equivalent qualifications.

To date, students are very enthusiastic about the programme. They have enjoyed the experiences they have had in the first two courses and very keen on continuing with the programme.

Who are the faculty? Their qualifications? Support staff?

The core faculty are the members of the Religious Studies Department at St. Jerome's University: Dr. Michael Higgins, Professor, PhD in English, York University; Dr. Scott Kline, Assistant Professor, PhD in Religious Studies, McGill University; Dr. David Seljak, Associate Professor, PhD in Religious Studies, McGill University; Dr. Myroslaw Tataryn, ThD, University of St. Michael's College; Dr. Cristina Vanin, Associate Professor, PhD in Theology, Boston College; Dr. James Wahl, PhD in Medieval History, St. Louis University.

In terms of support staff, I have an Administrative Assistant who also is the Administrative Assistant to the President.

Your evaluation of the programme: what do you regard as the strengths/weaknesses of the programme?

The strengths of the programme are:

it is meeting a very clear need in the area of Catholic theological education;

it is offered on a part-time basis, making it possible for working persons to take the programme;

it is at the master's level;

students do not have to commute to Toronto for master's-level work in theology;

it has a rich diversity of students;

it provides an exciting opportunity for learning, conversation, discussion among people with a wide variety of backgrounds and experience.

The weaknesses are:

the programme is currently offered only on-campus which makes it difficult for some interested persons who cannot commute here each week;

we are not yet addressing the needs of persons in the northern end of this, geographically, very large diocese.

What resources are used for the programme?

The most significant resource for the programme are the faculty who teach in it.

There are also the additional resources of support staff in the undergraduate areas of student services and the registrar's office, in the development office, and in the library, who help to meet students' needs and help with recruitment of new students.

Cost of the overall programme? Tuition for students?

Students pay \$435 per course. There are no incidental fees because the programme is offered part-time.

Additional operating costs of the programme are covered by the interest on the money raised to launch the programme.

What are your thoughts on Catholic Health Care Leadership: its fundamental components and development? What would you identify as the essential need(s) for leadership development to be effective now and in the short/long term future?

I sit on the Ethics Committee for St. Mary's Hospital in Kitchener, Ontario, a group that meets approximately 4x per year, but I do not have a great deal of other direct contact with Catholic health care. I suspect, however, that leaders in the provision of Catholic health care today, have similar needs to others in positions of leadership in Catholic institutions and services. One of the needs that we have sought to address at St. Jerome's University is the need for leaders to have an adequate mastery of Roman Catholic life and thought.

We have made sure to receive accreditation for our programme so that persons in education, for example, would be able to use this programme to satisfy requirements for moving into roles as religion heads,

consultants, vice-principals and principals. I wonder if there is a similar possibility in the area of health care and the on-going development of leaders in this field.

I do think that there is a need for leaders to have a solid foundation in Catholic theology so that they can relate the particular issues and concerns of their area of service within the larger context of Catholic thinking on those issues. As we developed and raised funds for our Master of Catholic Thought program, leaders in all service areas - health care, education, social services - indicated to us that they saw the need for people working in their institutions to have this foundation. This is a need that has arisen as a result of shifts and changes in Catholicism since Vatican II. It is a need that must be met if the leaders of our Catholic institutions are going to be able to integrate the insights of Catholicism with the services that these institutions provide.

Contact Person:

Cristina Vanin, Ph.D.
Director, Master of Catholic Thought Program
Chair, Dept. of Religious Studies
St. Jerome's University
Waterloo, ON N2L 3G3
519-884-8111, ext. 8266

University of St. Michael's College
Continuing Education Division

THE CERTIFICATE IN CATHOLIC LEADERSHIP

A professional program of interest to those in, or newly appointed to, positions of leadership in Catholic health, education and social services.

Previous participants have included:

Supervisory officers, directors of education and veteran principals in Catholic school boards, as well as CEO's, Directors of Mission, and other senior team leaders from Catholic health care and social services.

Newly re-designed so that it may be completed within a single calendar year, the Certificate in Catholic Leadership combines online and on campus learning to enable candidates to gain:

1. Fluency in articulating the distinctiveness of publicly funded Catholic institutions
2. Foundational understandings of church teachings and a process for Ethical Decision making
3. Historical perspective on Catholic education, health and social services as introduced in Ontario by religious communities
4. A basic appreciation of the implications of canon law as it pertains to Catholic institutions
5. Time to reflect, to discuss their own leadership style and to enhance their understanding of others

PROGRAM WILL INCLUDE: 4 Modules of study plus ONE elective

Module 1: (On Campus) Foundational Understandings of Catholic Leadership

Date: Friday/Saturday- October 22-23, 2004

Facilitator: Dr. Brian O'Sullivan

Tuition Fee: \$500

Module 2: (Online and On Campus) Foundational Understandings of Theology

Date: February- April, 2005. (10 weeks of online discussion, concludes with a weekend on campus)

Facilitator: Dr. Patricia Murphy

Tuition fee: \$600

Module 3: (Online and On Campus) Foundational Understanding of Ethics and Canon Law

Date: Summer, 2005

Facilitator: Dr. Dennis O'Hara (with Fr. Frank Morrissey)

Tuition fee: \$600

Module 4: (at a Retreat Centre) Integrated Seminar: "Courage to Lead"

Date: Friday/ Saturday- early October 2005

Facilitators: Karen Connolly and Michael Saver

Tuition fee: \$500

Elective: Candidates will be asked to attend ONE conference or workshop in their area of practice (health, education, social services) and to submit a reflection paper that grows out of this experience.

To be considered for the Certificate program, candidates will have to requisite academic credentials (at least one university or college degree, plus degree, diploma or certificate appropriate to their professional activity). Qualified applicants will be asked to submit a statement of intent together with a letter of reference from their employer or board of directors.

Master of Arts in Catholic Leadership

The Continuing Education Division and the Faculty of Theology
at the University of St. Michael's College

Goals:

The Master of Arts in Catholic Leadership is a professional program designed to enable leaders in Catholic settings such as education, health, social services and business. Its goals are:

- to reflect on present day Church teachings and contemporary thought and experience
- to gain historical perspective
- to grow in moral, theological and scriptural understandings
- to integrate administrative and managerial practices with the social teachings of the Catholic Church
- to enhance community relationships
- to appreciate the implications of law and Canon law
- to gain fluency in articulating the distinctiveness of publicly funded Catholic institutions

Admission Requirements:

- a bachelor's degree with at least a B standing from an accredited institution
- official transcripts of all previous studies to be sent directly to the Faculty of Theology by the granting institutions
- two letters of reference attesting to demonstrated leadership potential
- a letter of intent from the applicant
- payment of a non-refundable application fee

Duration of Study:

- a minimum of two years of study
- sixteen units of study or their equivalent

Curriculum:

The sixteen units of study are as follows:

- Introduction to Catholic Leadership
- Foundations of Theology
- Introductory Christian Ethics
- Introductory Scripture
- History of Catholic Institutions
- Ethical and Moral Issues for Catholic Leaders
- Legal Issues for Catholic Leaders
- A Second Systematic Course
- Social Teachings of the Catholic Church
- Philosophical Understandings of Catholic Leadership
- Pastoral Approaches to Issues of Change in Catholic Leadership
- Two Area Electives (Education, Health, Social Services, Business)
- Two Free Electives
- One Practicum

Summer/Fall 2004 Courses for the Master of Arts:

**MP 3429 HS Leadership Issues in Catholic Education -
May 15 - June 19, 2004**

Offered on campus and via internet.

This course examines the theological, historical and canonical foundations of Catholic education. Two full day classes on USMC campus - May 15 (Sat. 9 - 4 p.m.) and June 19 (Saturday, 9-4 p.m.) Weekly online sessions between those two dates.

Instructor: Brian O'Sullivan

**SMP 2735HS Catholic Leadership: Canonical and Legal Issues
July 5-9, 2004, (9 -5)**

This course will focus on those portions of canon law that deal with the obligations and rights of the faithful as well as Catholic institutions providing education, social services or healthcare. SEcond half of the course will address constitutional issues relating to publicly funded Catholic education in Ontario.

Instructors: Fr. Frank Morrissey and Robert Dixon

Diploma in Ministry

St. Francis Xavier University Antigonish, NS

The Diploma in Ministry Program is an initiative of the University's Faith Development Institute which has received widespread interest from across Canada. Expert religious educators have recommended the program content, developed by professionals with extensive background in theology and/or adult religious education.

Who should enrol?

The diploma is for people who wish to learn about their faith for personal reasons and for those involved (or wishing to be involved) in a variety of ministries at the parish, diocesan or other levels. Some candidates may have talents and skills that they would like to offer to the Church community, but may require additional knowledge and confidence. Others may be currently working in ministry, but are seeking personal and professional development. Reflecting on the reality of today's Church, there are a variety of needs that call for a responsive ministry. The diploma program will strive to address these new needs as they emerge.

How long is the program?

The diploma requires completion of five courses that may be achieved in 2.5 to 5 years.

What is the program's purpose?

The overall objective of the program is to strengthen the faith community in Canada through ministry formation.

What is the educational focus?

This educational opportunity is built on the following principles that support the goal of faith formation:

- **Ministry:** Ministry, as a call to service, is a central theme in the program. The role of the laity is explored at the parish, diocesan and other levels and is integrated throughout the program.

- **Pastoral Formation:** The program provides the knowledge and skills required to lead, facilitate, or organize others in faith development activities at the parish/diocesan or other levels. The program culminates in the application of learning in a ministry-related subject.
- **Christian Spirituality:** The program recognizes that personal spiritual growth is essential to ministry. Courses in the development of Christian belief and practice encourage the growth of both community and personal faith.

Distance Education

These courses are delivered by distance education, and incorporate features that contribute to the success of adult learners. Many adults describe the freedom of home study as the main reason for choosing a distance delivery program. The Diploma in Ministry program follows a learner-centered approach.

Key features of the program include:

- **Course Materials.** At the beginning of each course, you receive a learning package consisting of course materials and supplementary readings. A suggested study schedule is included.
- **Course Instructors.** Access to course instructors is an important feature of the program. You may call (toll free), fax or e-mail your instructor with questions or concerns. The instructor also provides written feedback on assignments.
- **Advisors.** You are assigned to a local advisor who can assist and support you in achieving the learning objectives of each course.
- **Group Meetings.** Throughout the program, periodic sessions with your advisor and other learners in your area will be arranged at convenient times. The program encourages a spirit of sharing between learners that will continue in faith development activities beyond the completion of the program.

Fees

Program application fee: \$50.00. Tuition is paid course-by-course. The tuition fee for each course is \$475.00.

Distance Taught and Part-time Certificate in Catholic Healthcare Development

(Designed by Rev. Dr. Michael McGowan)

Introduction:

The basic purpose is to train and support leaders in Catholic healthcare. A central objective of the programme is to ensure that students not only know but also can put into practice the mission, values, and philosophy associated with Catholic healthcare.. The faculty is recruited nationally and includes eminent practitioners and scholars. The course of study includes one residential session and three periods of distance taught instruction. This approach allows students to undertake projects of relevance to their institution/region and to maintain their existing professional and family commitments.

Objectives:

The certificate programme is designed to give students:

- a) an understanding of the fundamental values of the Catholic healthcare ministry;
- b) to integrate these values into their own lives;
- c) to implement these values in the organizational frameworks within which they work;
- d) to be more effective in representing these values within the wider healthcare community.

Who should apply?

The certificate is designed primarily for those with a demonstrated commitment to Catholic healthcare.

The Faculty:

The faculty is recruited nationally. The part-time and distance method of instruction means that the faculty can supervise and collaborate with students via the Internet and during the summer residential session.

The Curriculum:**Summer Institute**

Module 1.

Ministry: The Call to Serve

Distance Education

Module 2: Theological Formation

Module 3: Spirituality

Module 4: Integrative Retreat

Method of Instruction:

The certificate programme is taught on a part-time basis over two years. The programme consists of a one-week summer session and three extended periods of distance learning. The programme takes advantage of developments in the new communications technology, thereby allowing students to work closely with advisors and each other from home.

The method has the significant advantage of allowing leaders in Catholic healthcare to engage in advanced study without adversely affecting their own institutions by taking an extended period of absence for full-time study. This method is also attractive to mid-career professionals, many of who have families. Moreover, it allows the students to engage in tutored projects directly related to their immediate professional concerns where they work.

_____ University

Students have access to all the facilities of _____ University. This includes access from home to the resources of the University Library via the Internet. Through the University Library System, students can access the most powerful databases, for use in their programme projects.

Network of Support and Collaboration:

Students and faculty will be collaborating both in person and on-line over the two years. The capacity to collaborate on-line is especially important to persons who are, of feel, professionally or geographically isolated. Graduates will form a national network, capable of working together long after they complete their certificate.

Catholic Health Care Leadership Development Programmes in the United States

**Catholic Theological Union
(A Graduate School of Theology and Ministry
Chicago, Illinois**

Health Care Mission Leadership

This certificate is designed to prepare the student to work in the area of health care mission effectiveness. Its aim is to help develop those competencies for health care mission leadership articulated by the Catholic Health Association. The eight courses are divided among four areas:

- 1- foundation work in theology and ethics
- 2- advanced theology and ethics
- 3- health care leadership issues
4. integration

An internship is required as part of the integrative area.

Certificate Program Director:

Thomas Nairn, O.F.M.
Telephone: (773-539-5349
Email: tnairn@ctu.edu

Bon Secours Institute

Foundations of Catholic Healthcare Leadership

Course Description

Foundations of Catholic Healthcare Leadership provides an introduction to the foundations of Catholic health ministry in order to help leaders more effectively carry out their responsibilities as organizational leaders. Participants who complete Foundations of Catholic Healthcare Leadership will be able to:

- 1- Describe the roots of Catholic healthcare
- 2- Articulate the relationships among Church, sponsor and organization
- 3- Relate one's personal values to his or her organizational commitment
- 4- Focus on selected ethical issues
- 5- Explain Church teaching as presented in the Ethical and Religious Directives for Catholic Health Care Services
- 6- Identify one's approach to ethical decision making
- 7- Apply the professional values and obligations associated with the role of leadership in health care and the fundamental social values underlying Catholic healthcare services

Primary Audience (Required)

Executive leaders and senior leaders

Secondary Audience (Not Required)

Boards, individuals preparing for leadership

Duration of Session

Two (2) full days.

Contact Information

Susan Vosloh
Bon Secours Institute
Department of Sponsorship and Mission
Bon Secours Health System
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Catholic Health East

Leadership Formation

Primary Purpose

To develop programs and services to enhance leadership skills at both the corporate and RHC/JOA levels. Responsibilities include planning and organizing the annual governance and management leadership conferences, developing and facilitate trustee orientation programs, and oversight of system-wide supervisory skill training initiatives. Leadership Formation is also responsible for launching e-learning initiatives for nursing education and supervisory training.

Catholic Health East
14 Campus Boulevard, Suite 300
Newtown Square, PA
19073-3277

Telephone: (610) 355-2000
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My Pathway to Franciscan Excellence

Sponsoring Organization:

Franciscan Missionaries of Our Lady (FMOL) Health System
4200 Essen Lane
Baton Rouge, LA
70809-2196

Contact Person:

Cindy Heine
Vice-President, Health Ministry
cheine@fmolhs.org
Telephone: (225) 923-2701

Audience:

All employees in the system, with particular attention to those who lead teams of people and who lead other leaders.

Program Approach:

For executives and managers, 360-degree assessment and required development plans, plus individual coaching. For this group plus associates at other levels, education and spiritual formation experiences such as retreats on Francis, Franciscan theology, its application to work in health ministry.

FMOL has created a curriculum catalog to assist leaders in creating their development plans. Also, they have a variety of computer-based learning modules including topics such as leading prayer in meetings, Catholic Church 101, busy person's retreat, what is spiritual grounding, grief, and more.

The system also hosts pilgrimages to Assisi biannually. Although open to all associates, these pilgrimages do attract some executive leaders.

Bon Secours Richmond Health System

Ministry Leadership Formation (Eighteen-Month Program Framework)

The Center for Spirituality and Leadership will offer an eighteen-month formation program for the leadership of Bon Secours Richmond. The initial three-day intensive will be followed by six two-day intensives scheduled every other month; off months will be used for a variety of experiential and action learning assignments.

The program is divided across three dimensions of formation - vocation, stewardship, and responsible action. Each dimension will be given a period of three to four months, and the themes chosen for each period are as follows:

- ◆ Discerning and Deepening My Call to Ministry Leadership
- ◆ Becoming a Responsible Steward of Catholic Healthcare Ministry
- ◆ Building a Prophetic, Transformational Community

A certification in Ministry Leadership is under consideration through a major Catholic university that offers advanced training and certification in leadership.

Prerequisites for entry into the program may include, but are not limited to, the following:

- ◆ Demonstrated competency at levels three or four of the BSHSI Foundational Vocational Competency (senior leaders only)
- ◆ Recognition as demonstrating high potential as a ministry leader
- ◆ Completion of BSHSI Foundations of Leadership and Leader Orientation or an equivalent course

Eighteen Month Program Design

Discerning and Deepening My Call to Ministry (Months 1-6)

Curriculum Content Includes:

◆ **Vocation**

Personal exploration of one's giftedness, call to service, connectedness, and commitment to the mission and values of Catholic healthcare.

◆ **Relational Leadership**

The virtues and competencies of relationship leadership defined as "a relational process of people together attempting to accomplish change or make a difference to benefit the common good" (supported by use of a 360 feedback survey).

◆ **Deepening self-awareness**

Understanding personal motivations and values, intentionality, and ways of creating personal meaning in work and in life.

◆ **Spirituality**

Becoming more grounded in the cultural and religious traditions/practices that inform one's worldview, and more engaged in collective spiritual resources that give vitality and diversity to our ministry.

◆ **Building community**

Confronting the challenges of adaptive work that requires the inclusion of competing values in the context of shared problem-solving.

Components include an initial three-day intensive and two-day intensives; didactics across content

areas with particular emphasis on the vocation of leadership and spiritual grounding; a 360 feedback with individual coaching; experiential process work combined with use of a theological reflection tool; faculty mentoring; small peer group support; journaling; and between-session, one-day immersion experiences in strongly mission-oriented service areas.

Expected Outcomes (First Six Months):

- 1- A deepening of one's personal sense of calling and connectedness to the ministry of healthcare and the ability to articulate that calling in authentic, practical terms

- 2- Appreciation of one's spirituality as a pattern of living that supports ministerial leadership
- 3- An initial plan of personal formation and identification of the support necessary to personal growth
- 4- Understanding of the adaptive work necessary to foster a sense of community and collegial support in the context of solving difficult ministry/business issues.

Becoming a Responsible Steward of Catholic Healthcare Ministry (Months 7 - 10)

Curriculum Content Includes:

◆ Prophetic Voice

The challenges of becoming a prophetic voice in the context of a competitive business environment, pluralistic and secular culture, and inequities in the distribution of healthcare resources.

◆ Integrity of Ministry Values

Cultivating conditions that can tolerate examination of competing values and conflicting demands while maintaining the integrity of our ministry.

◆ Workplace Dignity and Justice

Addressing our commitment to creating an authentic community of work, reflecting principles of human dignity, subsidiary, liberation, and stewardship of resources.

◆ Relational Leadership and Teams

The dynamics of leading and following, building teams that are inclusive, empowered, value-driven, ethical, and system oriented..

Components include a two two-day intensives; didactics across content areas; the formation of action learning teams sponsored by senior executive leadership; experiential process work and continued use of theological reflection; faculty mentoring; small peer group support; journaling; spiritual direction; and between-session launching of action learning projects with particular interest in issues of access to healthcare services.

Expected Outcomes (Four Months):

- 1- An understanding of the core issues challenging our fidelity to Catholic tradition and social teachings within a healing ministry.
- 2- Demonstrated knowledge of how to cultivate dialogue, support conflict resolution, and maintain an environment of collaboration while confronting difficult mission/ministry decisions.
- 3- Ability to reason from an ethical perspective that is faithful to our Catholic tradition and courageous in calling oneself and others to accountability.
- 4- Ability to design and lead teams of co-workers, as well as demonstrating the skills of effective followership.

Mid-Term Spiritual Retreat

At this point in the program, participants will take a two and one-half day spiritual retreat requiring two overnights away from work and family. The primary purpose of the retreat is to provide opportunity for deeper personal integration, but will also include group reflections around their learning experience, community building for this cohort group, and feedback to faculty.

Building a Prophetic, Transformational Community (Months 11-18)

Curriculum Context Includes:

◆ **Mentoring for Ministry Leadership**

Becoming an effective mentor through the use of self, evocative presence, sharing wisdom, calling forth the passion of others for ministry, leveraging the teachable moments, and being a guide for integral decision-making.

◆ **Presentations of Action Learning Projects**

Interactive presentation and evaluation of action learning projects and their potential impact on the local system, achieving strategic ministry goals, and building a desired culture.

◆ **Measuring and Evaluating Ministry Effectiveness**

Developing evaluation methods that focus on the goals and values that have meaning and significance to our local ministry; using these tools to communicate with internal and

external constituents the difference our healthcare ministry is making in our community.

Components include two two-day intensives; didactics across content areas; the continuation of action learning teams with scheduled reports to senior executive leadership; experiential process work and continued use of theological reflection; faculty mentoring; small peer group support; journaling; spiritual direction; between-session reflection assignments to integrate lessons learned; and the initiation of participants providing mentoring under faculty supervision.

Expected Outcomes (Eight Months:

- 1- Demonstration of confidence in one's ability to act with competence on behalf of the ministry's healthcare mission.
- 2- A deep understanding of the real-life application of Catholic social justice teachings to specific challenges confronting the local ministry leadership and an ability to evaluate system-wide change strategies.
- 3- Basic competency as a mentor to other ministry leaders and structures feedback supportin readiness to serve as a mentor.
- 4- An ongoing leadership formation plan that fosters deeper personal integration, satisfaction, and commitment to Catholic healthcare ministry.

Program Evaluation

The specific methodology for evaluating the effectiveness of this program has not been designed.. However, the following areas are representative of the broadly defined outcomes that should be considered:

- 1- Pre/post changes in the functional or departmental cultures of each cohort participant, including changing in work performance, values-based decision-making, teamwork, and shared leadership.
- 2- Feedback from the immediate superior, peers, and direct reports.
- 3- Impact of action learning projects and key lessons learned from those projects.
- 4- Faculty evaluations of each participant.
- 5- Participant evaluation of all components of the program.

CHP Leadership Academy

Sponsoring Organization:

Catholic Healthcare Partners
615 Elsinore Place, 8th Floor
Cincinnati, Ohio
45202-1459

Contact Person:

Sr. Doris Gottemoeller, RSM
Senior Vice-President of Mission/Values Integration
Telephone: (513) 639-2813
Email: dgottemoeller@health-partners.org

Audience:

“High Potential” emerging leaders within the system.

Program Approach:

A 14-month, cohort-based approach program developed in collaboration with the Center for Creative Leadership. CHP Leadership Academy was created to:

- ◆ Assess participants' aptitude and readiness for increased responsibility within the system, as well as areas for further development
- ◆ Assist them in acquiring the skills and knowledge needed for enhanced leadership within the system
- ◆ Form a cadre committed to CHP's mission and values and imbued with its culture.

Participants in the program are recruited through the system's talent/management/succession planning. Action learning is a major component of this program, with participants organized into action learning teams that address real challenges facing the system and create solutions recommended to system leadership.

Integrated throughout the program is "spiritual grounding," a combination of input and reflection, prayer and ritual, incorporated on a daily basis in three in-person "intensives."

Comments:

The program has been extremely well received. Two cohorts have been through the program. CHP continues to monitor participants tracking their career progress. A number of program graduates have been promoted to greater responsibility. Many participants report the program gave them a better sense of the system as a whole, the larger organization, and its mission. Also, participants note that they now have a system-wide network of peers.

The final exercise of the final "intensive" is a commissioning ritual in which participants write and share personal mission statements. Conducted in the CCL facility in Colorado Springs, at the foot of Pike's Peak, the ritual emphasizes the holy mountain, sacred space imagery. As each participant shares his/her mission statement, they are handed a lighted candle to symbolize their "carrying the light forward."

CHP also has developed formation programs for the senior executive team ("Creating a Legacy") and for the system board.

Building a Community of Executive Leaders

Sponsoring Organization:

Illinois Catholic Health Association (ICHA)
65 E. Wacker Place, Ste. 1620
Chicago, IL
60601-7203

Contact Person:

Philip J. Karst, Ph.D
Executive Director
Telephone: (312) 368-0011
Email: pkarst@il-cha.org

Audience:

Executive leaders from health care organizations (system, acute care, long-term care) of Catholic health systems in Illinois, and Catholic Charities agencies in Illinois.

Program Approach:

A one-year, cohort-based approach program developed in collaboration with the Catholic Theological Union, Chicago; the Institute for Pastoral Studies at Loyola University, Chicago; and Dominican University's St. Catherine of Sienna Center, River Forest, IL. The program is built on a model of theological reflection. Program objectives are to:

- ◆ Foster a community of leaders for Catholic health and social services ministries.
- ◆ Enhance individuals' understanding of the foundations of Catholic ministries.
- ◆ Transform participants' understanding of and approach to addressing operational and strategic matters within the organizations they lead.

The program is delivered in three "mini-retreats" (Thursday evening through Saturday morning), video conferences, and small group meetings. The latter two are expected to take about five hours per month.

In the small group meetings, participants are taking a critical incident from their experience and examine it using the theological reflection model, looking at relevant church teaching, elements in culture and personal experience. These critical incidents are revisited again in the retreats.

Comments:

Phil Karst said that the first cohort of 17 people has completed about a third of the year-long program. Feedback has been extremely positive. ICHA has received inquiries from other institutions of higher education who are interested in partnering on the program. Karst recognizes that there is a need for similar programming for trustees.

The program is led by three faculty members and four facilitators (loaned from participating systems). Among the faculty members is a sociologist who discusses the sociology of the church with participants.

Karst is considering shortening the program to seven or eight months in the future with engagements (retreats, video-conferencing, group meetings) closer together. Participants find it harder to stay “connected” to the material when weeks pass in between meetings.

Mercy Leadership Pathways

Sponsoring Organization”

Sisters of Mercy Health System - St. Louis
14528 South Outer Forty, Suite 100
Chesterfield, MO
63017

Contact Person:

Lynette Ballard
Director of Mission Training and Development
Telephone: (314) 628-3634
Email: lballard@corp.mercy.net

Audience:

All leaders including first-line supervisors through executive leaders. (Some programs are specific to leaders at particular levels).

Program Approach:

There are three parts to the program: New Leader Orientation, Pathways Curriculum, and Mercy Leadership Institutes.

- 1- New Leader Orientation: Covers the heritage of the Sisters of Mercy, Catholic identity, Church’s social teaching, Ethical and Religious Directives, sponsorship, personal “call,” and the system’s leadership competencies.
- 2- Pathways Curriculum: Includes mostly 4-hour modules delivered at the local facility on topics such as conflict management and hiring for culture fit. “Key” Pathways trainings address critical themes of leading change and service leadership and are offered first to CEOs, Vps, and system executives. Key training events include prayer and reflection exercises.
- 3- Mercy Leadership Institutes: Conducted at the local level, serve strategic goals of the system while also addressing Mercy heritage and tradition, and ministry dimensions such as relationship building and workplace justice.

Comments:

Lynette Ballard said that Pathways has been well received. Feedback from participants has caused planners to retool courses with greater attention to real-life challenges/issues and activity that leads to real take-away solutions (action learning).

Lynette said the system is moving toward requiring participation in the program as well as developing a Pathways track that is specifically formative. While formation elements are woven throughout the current trainings, participants' requests and interest of sponsors is driving toward more intentionally formative programming. Within a year, she estimates, the system will be offering a spiritual retreat for leaders.

Recently, an executive Pathways course was developed using the book, *Change the World: How Ordinary People Can Accomplish Extraordinary Results*. The course, "Hardwiring Mercy Service," led participants to reflect on their own accountability for change: "If you want to change the organization or your co-workers, what kind of leader do you have to be."

Plan of Action

What is leadership?

The classical view ...

Tend to be identified by position – part of the hierarchy.

Become the focus for answers and solutions. We look to them when we don't know what to do, or when we can't be bothered to work things out for ourselves.

Give direction and have vision.

Have special qualities setting them apart – these help to create the gap between leaders and followers.

What is Catholic healthcare leadership?

The ability to call forth, affirm and empower the diverse gifts, talents, and abilities of those in our healthcare facilities who support and carry on the healing ministry of Christ.

Invites, trains, supports and nourishes those called to exercise leadership

Develops and nurtures leaders in Catholic healthcare with solid ministry skills, theological formation, and organizational tools

Empowers leaders by affirming their gifts/talents, equipping to make a valuable contribution to the continuance of the values, mission, and philosophy of the Catholic healthcare ministry

Qualities of a Leader

Honesty

Competence

Vision

Intelligent

Fair-minded

Broad-minded

Courageous

Straightforward

Imaginative

Collaborative

Inclusive

Inspirational

Collegial

What are the fundamental components of Catholic Healthcare Leadership?

The following is based on a two-year programme

Ministry: The Call to Serve

- (a) What does it mean to be a leader
- (b) Overview of Ministry
- (c) Catholicism in Canada
- (d) The Ministry of Catholic Healthcare

Theological Formation

- (a) Ecclesiology and Catholic Identity
- (b) Sickness and Suffering
- (c) The Moral Life of a Christian
- (d) Basic Issues in Ethics
- (e) Canon Law
- (f) Catholic Social Teaching

Spirituality

- (a) Catholic Sacramental Life
- (b) Spirituality in the Christian Tradition
- (c) Pastoral Care in a Healthcare Facility
- (d) Prayer
- (e) Spirituality and Healing

Integration

A three-day integrative seminar/retreat at the end of the programme

Catholic Healthcare Leadership Development

Action Plan

Introduction

Development of leadership just doesn't happen. It has to be planned, nurtured and supported by a conscious investment in the development of current and future leaders. It is important that there is clarity on the priorities for action, and that measures of achievement are established and reviewed.

Purpose of the Plan

Leadership Development Plan aims to build effective leadership in Catholic healthcare leadership across Canada.

Development Plan

1. The mandate of the Steering Committee has been met, hence the need to establish a working group to put plan into action with recognizable and achievable goals.

Stakeholders: CHAC, provincial associations, sponsors, academic community.

Time: Fall 2006/Winter 2007

2. Ensure the supply of future leaders by identifying, developing and engaging new and emerging leaders through mentoring and engagement activities. Support the career development of current leaders.

Stakeholders: CHAC, provincial associations, sponsors, CEOs and other in local facilities

Time: Ongoing

3. Leadership needs to be focused in Canada, hence the need to create a national curriculum (which could be adapted to meet specific local and regional needs) for Catholic healthcare leadership development based on the essential components of leadership development.

Stakeholders: Working Group

Time: Winter/spring 2007

4. There exists a need to recruit leaders in Catholic healthcare across Canada. This could be achieved in a number of simple ways: career days at high schools, colleges, universities; profiling, in Catholic media, existing leaders in healthcare; internship programmes for students; job-shadowing, etc. We need to raise awareness as well as the profile of Catholic healthcare as viable career choice among young people

Stakeholders: CHAC, provincial associations, sponsors

Time: Begin fall 2006/complete by summer 2007

5. Establish a Centre of Excellence in Catholic Healthcare Leadership Development at one (or more) of Canada's Catholic universities (accountable to JAS). It is important that this programme be housed in an accredited institution with the resources to design and deliver the necessary programme of studies needed for leadership in Catholic healthcare.

Stakeholders: Working group/university

Time: Spring/summer 2007

6. Design a national certificate/diploma programme - which will be recognized at other institutions of higher education and accepted by Catholic healthcare facilities across the country.

Stakeholders: Working group/university

Time: Summer/fall 2007

7. Explore and engage distance education, e-learning and new technologies designed for adult learners in further developing a viable healthcare leadership development programme.

Stakeholders: Working group

Time: Winter/spring 2007

8. Appoint an advisory council (no less than three and no more than six members) to monitor the certificate/diploma programme.

Stakeholders: CHAC, provincial associations, sponsors

Time: Spring/summer 2007/ongoing

9. Appoint a co-ordinator/director to oversee the day-to-day administration of the leadership development programme.

Stakeholders: Advisory Council

Time: Spring/summer 2007/ongoing

10. Add a leadership development workshop to every annual national/provincial convention.

Stakeholders: CHAC and provincial associations

Time: Spring 2007/ongoing

11. Establish a national Catholic leadership development seed fund and eventual endowment fund.

Stakeholders: CHAC, provincial associations, sponsors, religious institutes

Time: Winter/spring 2007- ongoing

12. Establish a mentoring body of past graduates of various leadership programmes across the country to assist in the national leadership centre of excellence. This is an extremely important resource in assisting new leaders to gain confidence in their undertakings.

Stakeholders: CHAC, provincial associations, sponsors

Time: Winter 2007/ongoing

13. Develop a leadership link on both the CHAC, provincial associations, sponsors web sites.

Stakeholders: CHAC, provincial associations, sponsors

Time: Winter 2007/ongoing

14. Encourage pilgrimages to significant Canadian religious institutes where Catholic healthcare began in order for leaders to get in tune with the spirit of their facilities' founding religious heritage.

Stakeholders: CHAC, provincial associations, sponsors

Time: Spring/summer/fall 2007/ongoing

15. Establish a national network of graduates in order to collaborate together long after they have completed their leadership programme.

Stakeholders: CHAC, provincial associations, sponsors

Time: Winter 2007/ongoing

16. Be fully operational by fall/winter 2007/2008