

BUILDING LEADERSHIP CAPACITY IN EMERGENCY MEDICAL SERVICES:
DEVELOPING FUTURE LEADERS

By

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In

LEADERSHIP

We have accepted this thesis as conforming

To the required standard

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ABSTRACT

This study examined effective and efficient strategies to enhance leadership capacity in Emergency Medical Services systems in Canada. Current literature explores the definition of leadership, the components and value of a leadership competency profile, and best-practice models of leadership development. Adhering to all relevant ethical considerations and standards, data were collected using a qualitative and quantitative action research process that involved interviews and surveys of EMS leaders from every region in Canada. Based on the research findings, the project concludes that the EMS Chiefs of Canada should play a pivotal role in the development of current and future EMS leaders. Recommendations address the formation of a national leadership development sub-committee, the creation and implementation of a national leadership competency profile, the establishment of collaborative partnerships with educational institutions, and the expansion of the use of executive and peer coaching for EMS leaders in Canada.

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CHAPTER ONE: FOCUS AND FRAMING

Introduction

Today, approximately fourteen thousand paramedics work in emergency medical services (EMS) systems across Canada (Paramedic Association of Canada [PAC], 2007a, ¶ 1). In 2007, these committed medical professionals responded to over two million calls for emergency assistance (Emergency Medical Services Chiefs of Canada [EMSCC], 2008a). Due to the demographic trends of an aging population and an overtaxed national healthcare system, there is increasing pressure on EMS to evolve and become a more active contributor to the health system in Canada. To better meet these challenges, EMS needs effective and innovative leaders and a solid plan to develop current and future leadership capacity.

Most EMS systems in Canada are administered collaboratively through the system's Chief, also known as the EMS executive manager, an elected or appointed board or municipal council with accountability for EMS, and a physician medical director. The medical director provides medical advice, sets the scope of paramedic practice, and in many jurisdictions is the holder of the medical license under which the paramedics practice (EMSCC, 2006). In some cases, EMS has been integrated into the health care governance model.

Standards and criteria necessary for the recruitment of an EMS Chief vary from organization to organization, province to province, and often from one employment competition to another. Employment postings for EMS leaders usually stipulate general educational and training requirements, experience, and criteria based largely on technical knowledge, skills, and abilities as defined in the job description. Selection panels

comprised of managers from EMS and human resources must rely on their own intuition when selecting EMS leaders. The competencies for EMS leadership are either unknown or unarticulated. This widespread inconsistency of hiring practices, the lack of structured education programs, and absence of a validated leadership competency profile has produced EMS leaders with varying degrees of proficiency. The current career profile of an EMS leader in Canada is a paramedic who has risen through the ranks primarily due to his or her clinical expertise, natural management ability, and operational savvy.

According to the EMS Chiefs of Canada (2006), “most EMS jurisdictions do not dedicate adequate time and resources to leadership or career development efforts” (p. 16); thus, these leaders are often ill equipped for the challenges of leading complex, politically charged, rapidly changing, and high profile EMS services of today.

The EMS Chiefs of Canada was formed in 2002 with the mission “to advance and align EMS leadership in Canada” (EMSCC, 2008b, ¶ 1). In February 2007, EMS Chiefs of Canada released a white paper titled “The Future of EMS in Canada: Defining the New Road Ahead” (EMSCC, 2006). The white paper outlines the direction policy makers must take to develop a nation-wide comprehensive and effective system of community-based pre-hospital care. The white paper provides a foundation, with six key strategies and eleven recommendations that EMS systems can use to adapt their services to meet the unique needs and conditions of their respective communities. One of the six key strategies contained in the EMS Chiefs of Canada (2006) white paper is: “EMS leadership capacity needs to be supported” (p. 50).

My career in emergency services has spanned almost twenty years, and I have had the opportunity to lead and observe leaders in a number of different organizations. As a

current board member of the EMS Chiefs of Canada and as the leader of a large urban EMS service, it is my observation that no standardized EMS leadership competency profile exists in Canada. Additionally, there are few accredited education programs for aspiring EMS leaders, and generally EMS organizations have not committed adequate resources to develop leadership capacity. As such, I strongly support the EMS Chiefs of Canada recommendation (EMSCC, 2006) to commit to working towards a solution to enhance leadership capacity in EMS services across our country. By bringing my colleagues to participate in the research journey with me, I am making a contribution to support the EMS Chiefs of Canada recommendations and form a foundation for future study.

The research question I am investigating is: How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders? In seeking to answer this question and to create a plan of action, I will also explore the following sub-questions:

1. What core leadership competencies and personal attributes most accurately reflect the needs of an EMS Chief in Canada?
2. How can a leadership competency profile be used to add leadership capacity to EMS?
3. What are the best methods of professional development for EMS Chiefs?

The opportunity and significance that these questions present to the EMS Chiefs of Canada and the EMS profession in Canada will be discussed in this chapter, as well as the organizational context in which they have been studied.

The Opportunity and Its Significance

When an EMS system is developed, there is an expectation that the service will be offered in a safe and professional manner that complies with the standards established by local, provincial, national, and international bodies. Government administration, which includes city managers, chief administrative officers, regional boards, and multiple levels of elected officials, looks to their EMS leaders to ensure that quality, cost-effective service is provided to meet the expectations of their constituents. As Palmer (2008) suggested, “Leadership in government differs from almost every other kind of context because, in the final analysis, everyone is your boss” (p. 20). Furthermore, EMS leaders must minimize the likelihood of litigation being brought against the local or provincial government for an act of omission, gross negligence, or medical malpractice. Palmer described a challenge of leading in the government environment: “leaders are visible to the public at large. What they do is scrutinized by the public and the media, and they can be called to account in a public forum when things go wrong” (p. 20). This high level of responsibility and accountability requires competent leaders with considerable practical experience, strong educational backgrounds, and well-developed personal and social awareness. The absence of an EMS leadership competency profile endorsed or validated by a national EMS organization like the EMS Chiefs of Canada and a non-existent accreditation or certification process for EMS leaders make it impossible to say if this degree of expertise exists in Canada today. Certainly, if immediate steps are not taken to build capacity in EMS, then the next generation of EMS leaders cannot be fully developed and the future sustainability of EMS in Canada is at risk.

Across Canada, the typical educational requirement to enter a primary care paramedic or emergency medical technician program is grade twelve. The initial training program for a paramedic ranges from four to thirty-six months depending on the province. Training in these programs is typically focused on psychomotor skills and learning rote medical protocols with a focus to produce competent medical practitioners. Most paramedic programs do not include course work in research methodology, management, governance, organizational theory, or leadership.

Once employed with an EMS service, the opportunity for promotion does not typically present itself until the paramedic has worked for a number of years. This seniority-based promotional system commonly exists in EMS systems, either because tradition assumes the most experienced paramedic will be the best leader or because seniority-based promotions have been negotiated between EMS management and the paramedics' bargaining unit. As a consequence, few paramedics seek professional development education to prepare for management or leadership roles in the early or intermediate phase of their careers. In fact, continuing professional development for paramedics is generally limited to in-service training designed only to keep the practitioner clinically and operationally competent.

It is well recognized that most EMS services do not dedicate adequate time or resources to the development of their leaders and managers (Department of Health, 2005; Williams, 2007). Furthermore, there are few formal programs designed to meet the needs of self-motivated paramedics to seek management or leadership education. Most curricula do not have the flexibility to allow paramedics to remain employed full-time while they attend classes, and most graduate programs do not recognize a paramedic

diploma as a prerequisite to enter their institutions. As a result, many paramedics do not seek post-diploma education because they are unwilling to quit their jobs to attend and/or do not wish to complete undergraduate degrees required to engage in graduate leadership, public administration, commerce, or business education. The EMS Chiefs of Canada (2006) identified lack of available leadership education as an issue in their white paper: “This may limit the career development and progression of EMS professionals and contribute to potential retention issues” (p. 16).

There are few studies in Canada regarding leadership development of EMS professionals. Available research in the United States demonstrates that formal education of managers and senior EMS leaders is very limited and in at least one survey, the respondent did not believe it to be important. In his recent study of 384 EMS organizations, Williams (2007) found:

Although many EMS leaders stress the value of college education as a prerequisite for management positions and insist that a failure to value higher education presents a major obstacle to improving the profession, 79.2% of those surveyed responded that a college degree is a bonus in an employee but that clinical and organizational experience is more essential for an EMS leader or manager. (p. 1)

The roles and responsibilities of a paramedic and an EMS Chief are significantly different and there is a clearly a huge education, experience, and organizational awareness gap in the transition from street paramedic to EMS Chief. The EMS Chiefs of Canada’s (2006) white paper stated, “Recognizing that this leadership gap exists may allow EMS to look at creating formalized leadership programs. These programs can develop talented managers capable of advancing the EMS profession while concurrently improving service delivery” (p. 16).

The lack of focus on the development of leadership capacity in EMS is a worldwide phenomenon. In 2005, the National Health Services in England released a report called *Taking Healthcare to the Patient: Transforming NHS Ambulance Services* (Department of Health, 2005). In this report, Bradley made key recommendations to make the National Health Services ambulance service sustainable into the future. The first recommendation is “leadership—clinical and managerial—must be reinforced and developed to create well managed organisations where all staff feel supported, valued, listened to, empowered and involved” (p. 3). In the United States, the Institute of Medicine (National Academy of Sciences, 2006) published the report *Emergency Medical Services: At the Crossroads*, which cited Patterson et al. as saying,

There is not a well-defined career ladder for EMS personnel. EMS personnel in fire-based services sometimes must transition out of EMS work for other duties in order to advance within their organization. Others work as EMS personnel as a step toward becoming a physician assistant or a RN [registered nurse]. (p. 105)

This research project focused on the perspectives of current EMS leaders in Canada. Through interviews and surveys they described the attributes and competencies of an ideal EMS leader based on their experience and observations. These leaders went further to identify the components of an EMS leadership curriculum and discussed best practices for how it should be delivered. The main opportunity for my inquiry involves the identification and acceptance of a leadership competency profile for an EMS Chief. Once equipped with this profile, the EMS community can use it to form the foundation for initial leadership training, continuing leadership development, succession planning, and defining a standardized process for developing future EMS leaders across Canada.

Growth and change in emergency medical services is occurring at an unprecedented pace. EMS Chiefs of Canada recognize that having effective leadership in

organizations and the development of future leaders are critical for the EMS profession to survive and remain effective, efficient, and sustainable in the 21st century. The Williams (2007) survey of EMS organizations across the United States reported a loss of organizational knowledge and experience as baby boomers begin to retire, and 79.9% reported their organization has no succession plan (p. 3). Canadian EMS systems are not untouched by this reality. The virtual absence of leadership development not only impacts the health of an organization, but it can also diminish the reputation of a whole profession. Quinn (1996) told us, “Without skilled leaders, the organization evolves into one that is stagnant and inflexible” (p. 6). Unless EMS organizations are able to adequately prepare and develop future generations of leaders, they are at risk of failing in their mandate to deliver safe and efficient emergency medical care in their communities.

The results of this study will serve several distinct objectives: (a) to give paramedics a clear career path to supervisor, manager, and senior EMS leader/EMS Chief; (b) to enhance the transferability of skills, knowledge, and leadership capacity across Canada to help ensure the sustainability of the profession; (c) to enable educational institutions to develop programs—certificate, undergraduate, and graduate level—designed to meet the demand of future EMS leaders; (d) to allow EMS services to provide learning needs assessments and appropriate learning opportunities designed to meet national competencies; (e) to improve opportunities for career progression in EMS that will lead to improved employee retention; and (f) to allow EMS services to be better able to plan for succession.

Most importantly, Boaden (2006) discovered, in her review of the leadership development program in the National Health Service in the United Kingdom, that the

outcomes of leadership development improve patient care—and improved patient care is the core focus of all EMS Chiefs in Canada.

Systems Analysis of the Opportunity

Occupying a unique role in the community, paramedics connect public safety and protective services to the health care system. The EMS continuum of care begins with supporting the community through a variety of public education programs and health and safety initiatives. The patient's access to the healthcare system begins when they call 911. Their journey is then facilitated by paramedics who provide initial treatment and transport to the emergency department and then to other health care services as required (see Figure 1). EMS practitioners work with partners including police officers, firefighters, medical first responders, nurses, physicians, and other allied health professionals.

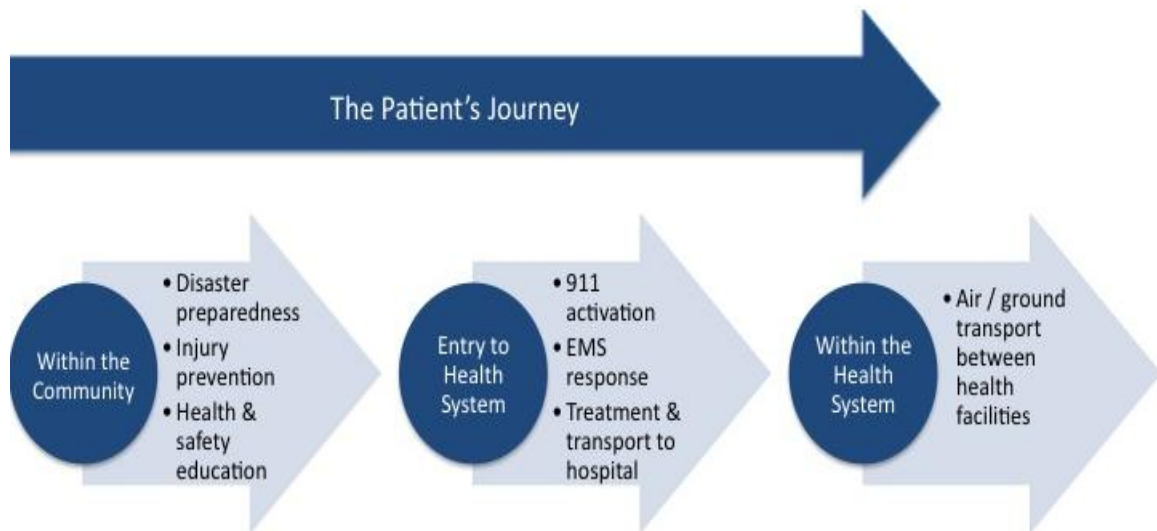


Figure 1. Emergency medical services continuum of care.

Comparatively speaking, EMS is a very young profession and is still developing its own identity in response to the public's constantly changing needs (EMSCC, 2006).

There is ongoing debate across North America whether EMS is health care or public safety. Alberta Health and Wellness (2008) released *A Renewed Model for Patient-Centered and Coordinated EMS*, which serves as the transition plan that will move the governance of EMS from the municipalities to the province. The handbook states,

Repeatedly, the previous research concluded that EMS should be structured and managed as an integral component of the health care system and services should be coordinated to better address geographic differences. These recommendations are consistent with corporate governance trends across Canada and internationally wherein the management of EMS systems, while continuing to fill a public safety function, is being viewed primarily in the context of an integral component of health and wellness promotion with EMS practitioners filling an increasingly wide range of roles. (p. 2)

Although it will take a number of years for the public-safety versus health care debate to be resolved across the nation, there is no question that EMS is increasingly an essential health service in Canada and must continue to evolve with other health care professions. Likewise, EMS is a key responder to emergencies ranging from motor vehicle collisions to major natural disasters, terrorist events, and pandemics and will always be a key part of the public safety net.

EMS organizations in Canada tend to be regionally based, somewhat fragmented, and characterized by only a small degree of coordination between regions. The governance structures of EMS systems evolved independently in each province and territory; thus, the structures, operations, and culture of EMS services are very different between provinces and even within the provinces. EMS is delivered through a variety of models such as provincial regional health authorities, municipalities, fire departments, and private contractors. In the past twenty years, there has been a shift towards more systemic governance of EMS. Accountability has transitioned from municipalities or

private companies to regional health authorities or provincial governments (EMSCC, 2006).

In British Columbia, for example, EMS is governed by the Emergency Health Services Commission under the provincial government. The mandate of the Emergency Health Services Commission is derived from the Health Emergency Act (1996). The British Columbia Ambulance Service (BCAS) is a provincial service that is one of the largest in North America. It employs 3,471 paramedics operating 470 ambulances from 187 stations. BCAS has three ground ambulance dispatch and one air ambulance dispatch center, and responds to 373,728 emergency calls per year (BCAS, 2008). In contrast, in Alberta, until the proposed change to a provincial model occurs on April 1, 2009, the current governance of EMS is a municipal responsibility under the Municipal Government Act (1994), and the service provided is regulated under the Ambulance Services Act (1990). Today in Alberta, there are approximately 80 ground ambulance operators employing 3,000 staff, and utilizing over 500 ambulances to respond to 260,000 emergency calls per year. In addition, there are 12 air ambulance bases across the province operated independently by 14 different aviation companies and medical organizations (Alberta Health and Wellness, 2009). The providers of the ambulance services in Alberta can be private operators, fire departments, municipalities, health authorities, regional authorities, commissions, aboriginal reserves, or volunteer associations (see Figure 2).

The gross differences identified between British Columbia and Alberta today are only amplified when you extend the scope to include every province in Canada. This

variation in legislation, governance, and operational models creates unique challenges for a national organization like the EMS Chiefs of Canada.

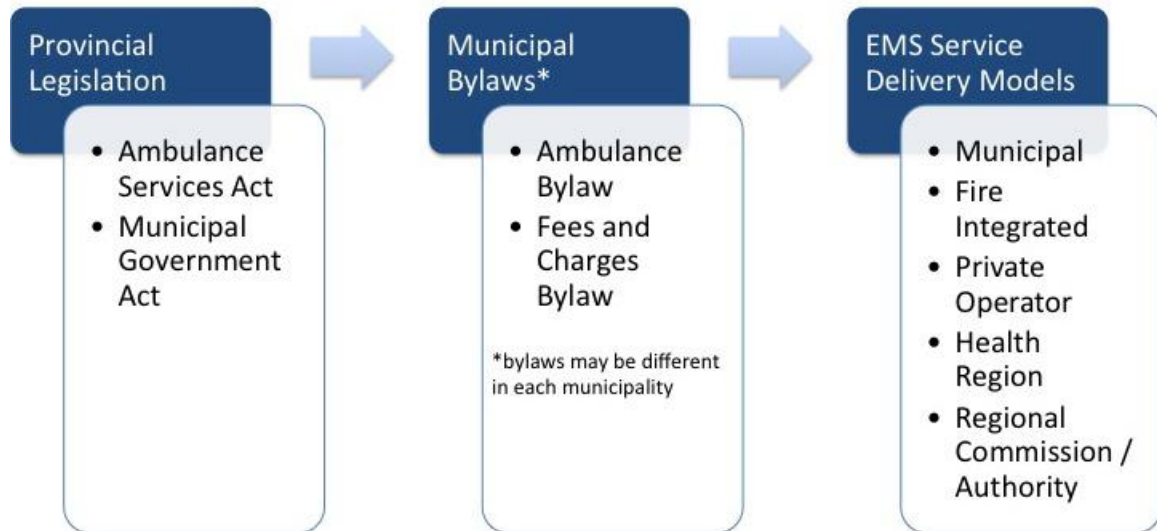


Figure 2. EMS governance structure and delivery models in Alberta.

EMS Chiefs of Canada is a national organization comprised of approximately 226 members representing EMS services from all Canadian provinces excepting Prince Edward Island, Northwest Territories, Nunavut, and Yukon Territory (K. Nash, personal communication, February 20, 2008). As a national professional organization representing its membership, the EMS Chiefs of Canada operates in conjunction with every level of government including municipal, regional, provincial, and federal.

There is one national body that represents Canadian paramedics and provincial regulators: the Paramedic Association of Canada (PAC). The goal of PAC is to promote quality and professional patient care through working relationships among organizations with similar interests. Protection of the public and development of the profession in the public interest is the foundation (PAC, 2007a). The most significant product of PAC was the development of a *National Occupational Competency Profile* (PAC, 2007b). This

document, developed in 2001, serves to define the work of paramedic practitioners nationally. There is a competency profile developed for each of four practitioner levels: Emergency Medical Responder, Primary Care Paramedic, Advanced Care Paramedic, and Critical Care Paramedic. PAC introduced the competency profiles to promote national consistency in paramedic training and practice and to enhance job mobility for practitioners (see Appendix A). The current profiles focus primarily on clinical competency; however, the EMS Chiefs of Canada is planning to work collaboratively with PAC to develop management and leadership competencies in each of the four practitioner levels and perhaps develop a new separate EMS leadership profile.

Paramedic education across Canada is not unlike the current governance and operational models of EMS; it is inconsistent and noticeably different from province to province. However, this has improved significantly since the Canadian Medical Association (CMA) Conjoint Accreditation Services adopted the national occupational competency profile (CMA, 2007) as a national standard in 2001. Some provinces, such as Alberta, stipulate that only graduates from CMA-accredited training programs are eligible for professional registration in the province (Alberta College of Paramedics, n.d.a). The CMA has provided third-party accreditation of paramedic training programs for a number of years. With a national standard now in place, the profession is well-positioned to significantly improve consistency, quality, and national and international recognition of paramedic training programs. Implementation of new paramedic competencies is also more streamlined as changes to the PAC (2007b) *National Occupational Competency Profile* will be rapidly reflected in the CMA accreditation requirements. This will translate into the inclusion of these competencies into paramedic

training program curriculum across the country. By establishing collaborative working relationships with PAC and CMA, the EMS Chiefs of Canada can leverage the expertise and experience of these organizations to more successfully implement a number of initiatives to build leadership capacity in EMS (see Figure 3).

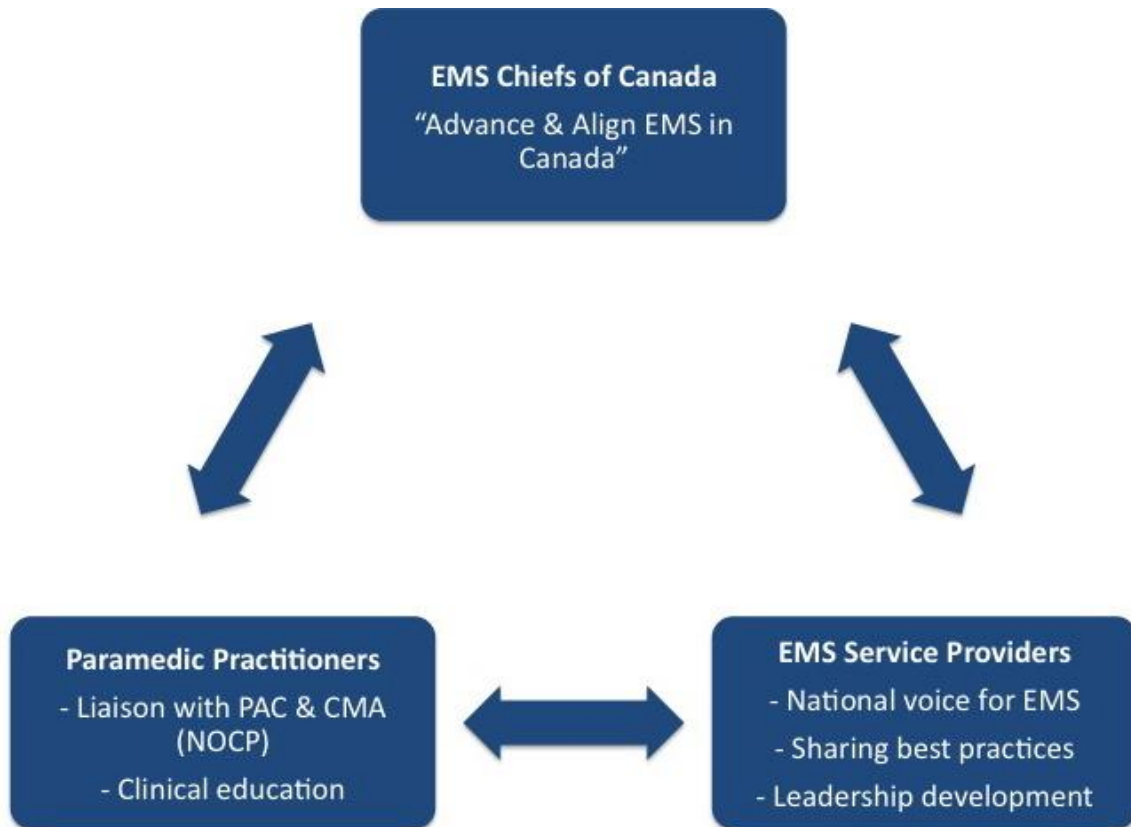


Figure 3. Systems diagram—Influence of the EMS Chiefs of Canada.

The time is right for the EMS profession to accept a national competency profile for its leaders. EMS in Canada is at a crucial point in its evolution where demographic and health care trends point to the increasing importance of EMS and emergency medicine to Canadians (EMSCC, 2006). There are clearly a number of regional, legislative, and geographic challenges to the development of a national leadership competency profile for EMS Chiefs in Canada; however, I believe the leaders and

governors accountable for the delivery of EMS are ready to embrace innovative solutions to enhance leadership as we grow to meet these challenges.

Organizational Context

In 1997, a group of dedicated leaders of EMS from across Canada started meeting informally to discuss common issues and challenges facing their organizations. In 2002, the group formalized and became the EMS Chiefs of Canada with a common mission, vision, values, and objectives (EMSCC, 2004).

The vision of the EMS Chiefs of Canada (2004) is: “We are an organization that shares resources and provides services that support EMS leaders in developing a national direction for sustainable, progressive emergency medical services” (p. 3).¹ The EMS Chiefs of Canada’s (2004) framework, policies, and guidelines document identifies that the EMS Chiefs of Canada will have achieved their vision when they have satisfied twelve opportunity areas. The most significant opportunity areas relating to this body of research are:

We are recognized as the national voice of EMS in Canada and take a proactive approach to involvement in policy and strategic matters affecting EMS; we have increased the strategic management capacity of EMS (i.e. leadership development); we provide meaningful best practice and benchmark information to advance the leadership of the profession. (p. 3)

There are five key focus objectives identified in the EMS Chiefs of Canada’s policy framework developed around the themes of information, communications, strategic leadership, development, and recognition. This research project concentrates on the EMS Chiefs of Canada’s objective to focus on increasing the capacity of EMS leaders to

¹ From *Framework, Policies And Guidelines* (Version 1.0., p. 3), by Emergency Medical Services Chiefs of Canada, 2004, Calgary, AB, Canada: Author. Copyright 2004 by Emergency Medical Services Chiefs of Canada. Reprinted with permission.

address strategic matters in emergency medical services, share EMS best practices, and advance the overall provision of service at a national level.

EMS Chiefs of Canada employs a full-time executive director who is responsible for strategy and policy implementation, general administration, and project management. There are fifteen director positions on the EMS Chiefs of Canada Board, including the executive positions of president, vice president, past president, secretary, and treasurer (EMSCC, 2008b, ¶ 1). The current directors are chiefs from the following jurisdictions in Canada: British Columbia (two directors), Edmonton, Calgary, Grande Prairie, Regina, Saskatoon, Winnipeg, Toronto, Niagara, Renfrew County, Ottawa, Montreal, Quebec City, and Nova Scotia. The EMS Chiefs of Canada governance structure was presented to me via email by Kelly Nash (personal communication, February 19, 2008, see also Figure 4).

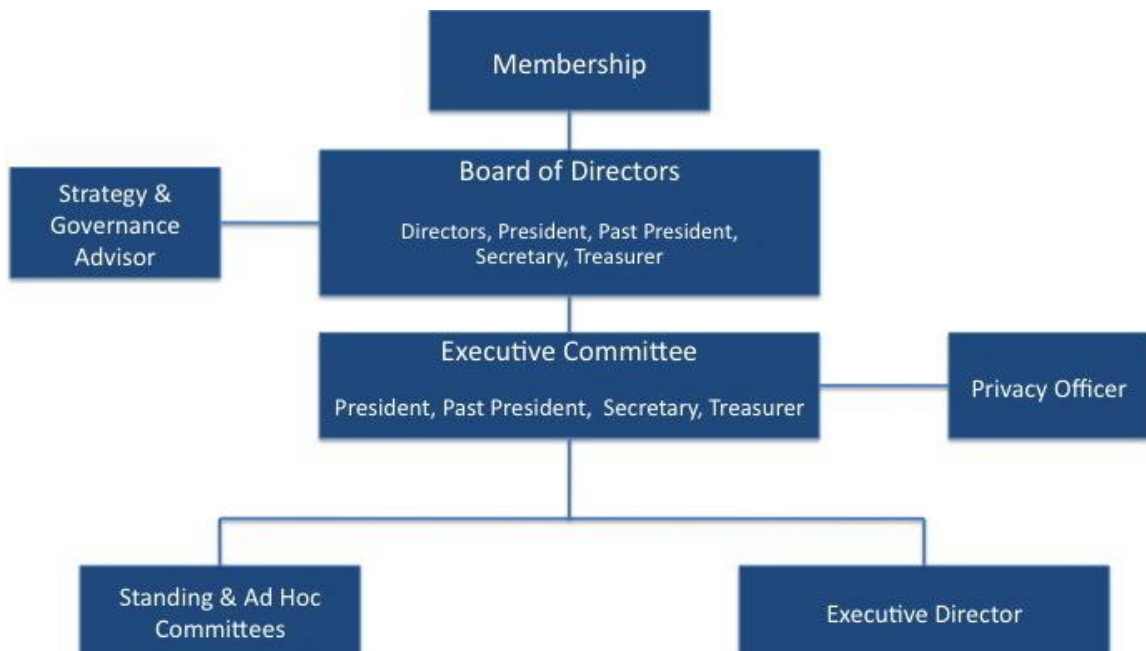


Figure 4. EMS Chiefs of Canada governance structure.

Three standing committees exist under the governance of the EMS Chiefs of Canada, including: Nominating Committee, Member Services Committee, and Finance Committee. The Finance Committee has two sub-committees: Corporate Sponsorship Sub-Committee and Government Funding Sub-Committee. A number of ad hoc committees exist, including the National EMS Blue Print Sub-Committee, Knowledge Management Program Sub-Committee, Conference Sub-Committee, Annual General Meeting Sub-Committee, and most important for the purposes of my research project, the Leadership Development Program Sub-Committee.

The membership of EMS Chiefs of Canada is surprisingly non-homogenous because the members represent different EMS service delivery models from across Canada:

- Large and small municipal EMS services;
- Fire department-based EMS services;
- Hospital and health region EMS providers;
- Provincially funded and operated systems;
- Large and small private ambulance operators;
- Air ambulance providers; and
- The Department of National Defence Canadian Forces medical responders.

The goal of EMS Chiefs of Canada (2008b) is “to advance and align EMS leadership in Canada” (¶ 1). By having participation from every model of service provider from coast to coast across Canada, it is clear that EMS Chiefs of Canada is accomplishing its mission.

The core set of values, known as HEART (EMSCC, 2004), that shapes the conduct of the EMS Chiefs of Canada are: be Honest; pursue Excellence; be Accountable, compassionate, and fair; be Responsible and inclusive; and Treat each other

with respect (p. 7).² I personally intend to embody these core values as I proceed along the journey of this research project.

As the sponsor of this study, the EMS Chiefs of Canada will have the ability to endorse and promote a national leadership competency profile, make recommendations for the components of an EMS leadership curriculum, and promote best practices for delivery methods of leadership education for EMS Chiefs. When a road map of professional development exists, EMS systems will be better able to develop leadership capacity through seamless management of transition by effective succession planning, coaching, mentoring, and formal career preparation of future EMS Chiefs.

² From *Framework, Policies and Guidelines* (p. 7), by Emergency Medical Services Chiefs of Canada, 2004, Calgary, AB, Canada: Author. Copyright 2004 by Emergency Medical Services Chiefs of Canada. Reprinted with permission.

CHAPTER TWO: REVIEW OF CURRENT LITERATURE

Introduction

This research study aims to answer the question: How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders? In doing so, a review of current journals and both contemporary and classic literature was conducted. The purpose of this review is to reveal themes, concepts, and success stories around the identification of industry-specific leadership competencies and the application of these competencies into a leadership development program to add leadership capacity to emergency medical services.

This literature examines three main areas of investigation. The first section discusses leadership theory, the second defines and describes leadership competency and functional leadership competency profiles, and the third introduces concepts and models of leadership and professional development.

Leadership Theory

This first topic investigates the fundamentals of leadership theory and practice. I will first differentiate leadership from management, and then define leadership in both classic and contemporary terms. Finally, I will identify and discuss three dimensions of leadership: Self leadership, leading others, and leading organizations.

Leadership Versus Management

The concept of leadership has fascinated scholars, theorists, and researchers throughout history. Despite the vast amount written and researched on the topic, leadership remains an elusive topic that is difficult to define. There are almost as many definitions of leadership as there are persons who have attempted to define it and each

definition brings its own limitations (Boaden, 2006; Schein, 2004; Stogdill, 1974; Yukl, 2006). The classic definition of a leader is “someone who occupies a position in a group, influences others in accordance with the role expectation of the position and coordinates and directs the group in maintaining itself and reaching its goal” (Raven & Rubin, as cited in Doh, 2003, p. 65).

A definition of and distinction between management and leadership is often discussed in literature (Alimo-Metcalfe & Alban-Metcalfe, 2005; Daniels & Daniels, 2007; Kotter, 1990; Yukl, 2006). I have compiled a summary of these comparisons in Table 1. This differentiation is made here because the focus of this paper is to create leadership capacity in the highest levels of emergency medical services. When it comes to learning, the concepts of leadership development and management development are used almost interchangeably in the literature. For the purpose of this body of research, management will be defined as a focus on things and/or the present; whereas, the definition of leadership will concentrate more on people-issues and/or the future (Kotter, 1990; Suutari & Viitala, 2008).

Since the 1980s the view of leadership has changed from transactional to transformational leadership (Boaden, 2006). The transformational leadership model shifted from a focus on behaviours and outcomes to charisma and vision (Bass, 1993). Alimo-Metcalfe and Alban-Metcalfe (2005) identified the benefits of this leadership style by writing: “Transformational leadership is essentially open-ended in nature, enabling organizations not only to cope with change, but also to be proactive in shaping their future. At all times transformational behaviour is guided by ethical principles” (p. 32). In most effective organizations, leadership, both transactional and transformational,

complements management. Each of these functions must exist in order for the organization to be successful (Metcalf & Metcalfe, 2005; Yukl, 2006). Daniels and Daniels (2007) identified five key areas where this focus is most apparent as summarized in Table 2.

Table 1. *Comparison of Leadership and Management*

Activity	Leadership	Management
Agenda Creation	Establishing Direction: <ul style="list-style-type: none"> • Developing a future vision • Articulating the vision in a way to inspire others 	Planning/Budgeting: <ul style="list-style-type: none"> • Developing detailed strategic plans • Allocating resources
Human Resource Development for Achievement	Aligning People: <ul style="list-style-type: none"> • Enthusing others to join in achieving the vision • Creating teams that understand and are engaged in developing the vision and means to achieve it 	Organizing/Staffing: <ul style="list-style-type: none"> • Developing planning and staffing structures, aims, and objectives • Providing policies and procedures for guidance and monitoring systems
Execution	Inspiring and Motivating: <ul style="list-style-type: none"> • Energizing staff to overcome barriers by inspiring, maintaining positive expectations, valuing, and developing 	Controlling/Problem Solving: <ul style="list-style-type: none"> • Detailed monitoring of results • Identifying deviations, organizing corrections
Outcomes	Tends to Produce: <ul style="list-style-type: none"> • Change, often dramatic, and potential for effective change 	Tends to Produce: <ul style="list-style-type: none"> • Order/predictability, efficiency • Results expected by stakeholders

Note: Compiled from Alimo-Metcalfe and Alban-Metcalfe (2005) and Kotter (1990)

Leaders and managers are both essential to the functioning of an organization. In a perfect world, every manager would also be a great leader, and every leader would be

an effective manager. Daniels and Daniels (2007) made the observation that “leaders are only free to be successful when managers fulfill their management functions faithfully and effectively as well” (p. 44).

In EMS systems, the front line managers work in the operations setting to direct staff and ensure resources are used effectively and the work gets done. These management positions are classified as superintendents, platoon chiefs, district chiefs, team leaders, captains, or supervisors. This paper will be researching the roles of the EMS executive leaders, classified as chief, chief administrative officer, president, director, or senior manager.

Table 2. *Different Roles of Leaders and Managers*

Key Area	Leaders	Managers
Change vs. Stability	<ul style="list-style-type: none"> • Primary focus is creating change • Bring order out of chaos • Destabilizing complacency 	<ul style="list-style-type: none"> • Primarily concerned with stability • Focus on creating habits which make new processes more effective • Constantly refine process, product, habits to optimize resource utilization
External vs. Internal Focus	<ul style="list-style-type: none"> • Focus on environment external to the organization (marketplace, customer base, regulators, societal concern) • Big-picture approach • Focus on interactions between products and services and the customer 	<ul style="list-style-type: none"> • Focus on internal activities needed to move the organization in the leader's new direction • Emphasis on resources, processes, and the behaviours needed to accomplish the deliverables • Focus on interactions between the processes and the employees to produce the product or service

Key Area	Leaders	Managers
Effectiveness and Efficiency	<ul style="list-style-type: none"> • Consider the efficient use of resources, but know that effectiveness is the more important consideration 	<ul style="list-style-type: none"> • Efficiency is the hallmark of a good manager • Resource utilization is one of the highest obligations • Priority is to conserve resources rather than to expend them
Future or Near Term	<ul style="list-style-type: none"> • Oriented to the future and to the unknown • Function to help the followers overcome their uncertainty of change • Actualizes and gives visions of the future and provides meaning to daily tasks and routines 	<ul style="list-style-type: none"> • Today's tasks are the purview of a manager • Focus on today with a backward glance at yesterday • Constantly trying to improve over past performances
Creating vs. Delivering Reinforcers	<ul style="list-style-type: none"> • The larger the following, the more leaders are forced to invest in creating reinforcing systems rather than directly reinforcing followers • Focus on actions to make the reinforcers in the activities more valuable • Inspire others 	<ul style="list-style-type: none"> • Managers may have large numbers of employees, but they focus on reinforcing the individuals for their behaviour • Reinforcement makes behaviour more predictable

Note: Compiled from Daniels and Daniels (2007, pp. 40–44)

Defining Leadership

When authors define leadership, they do so according to their personal perspectives and in the context of their areas of interest. It has been said that leadership is a long popular and widely used term that has yet to have an agreed-upon definition (Alimo-Metcalfe & Alban-Metcalfe, 2005; Boaden, 2006). It could be argued that the absence of an agreed-upon definition is a strength, rather than a weakness, because an agreed-upon definition would only restrict the potential for development (Boaden, 2006).

Many theories of leadership have emphasized elements such as traits, attributes, behaviours, and styles (Goleman, Boyatzis, & McKee, 2002; Maxwell, 2008; Palmer, 2008; Yukl, 2006).

DePree (1989) presented his view that the art of leadership is “liberating people to do what is required of them in the most effective and humane way possible” (p. 1). Furthermore, DePree wrote that the first role of a leader is to define reality and the last is to say thank you (p. 11). Bennis (1994) saw leadership as the capacity to create a compelling vision and translate it into action and sustain it. Successful leaders have a vision that other people believe in and treat as their own. Kotter (1990) researched leadership by observing what leaders do. According to Kotter, leaders cope with change, set direction, align people to participate in that direction and motivate people. Kellerman (1999) wrote that the word leadership implies a contract of some kind between the leader and the led. Schein (2004) believed that the leader’s beliefs, values, and basic assumptions are transferred to the mental models of the subordinated and therefore the leader is the creator of organizational culture. Yukl (2006) comprehensively studied the definition and classification of leadership and attempted to blend the perspectives of others into a broad definition of leadership: “Leadership is the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives” (p. 8). Key to this definition are the concepts of influencing others, shared objectives, and collective efforts. Perhaps most importantly, it demonstrates that leadership is about people.

There was no shortage of literature that offered theories on how to manage, lead, inspire, and influence change in organizations. Likewise, when you ask workers and managers, you will always get suggestions for ways to change, improve, adapt, and transition organizations. Lewin (1944) stated, “A group is not a stationary thing but a process of interaction between people” (p. 395). Implicit in the definitions of leadership is the presence of “followers” and the recognition that leaders do not lead unless they have followers. Kouzes and Posner (2007) emphasized the notion that “a person with no constituents is not a leader” (p. 15). However, it is also clear that having followers and a title, rank, or designation does not automatically make a leader—leadership is not a position, it is something that is felt, believed, and trusted by those who choose to follow.

At the strategic leadership level, EMS Chiefs must stretch limited budgets to balance performance expectations against rising costs of service delivery. Concurrently, chiefs are charged with recruiting and retaining qualified and competent professional staff in an ever-shrinking labour market. These demands will force EMS systems to diversify from the traditional public safety delivery models to one that provides primary health care in a mobile setting (EMSCC, 2006). Developing leadership capacity and enhancing leadership development is essential for EMS Chiefs to be able to guide their systems through these difficult times and to produce healthy, high-performance, and sustainable organizations.

Dimensions of Leadership

Leadership has multiple domains or dimensions. A three-year investigation of over 600 organizations, including responses from over 4,000 managers identified 14 dimensions of transformational leadership. These dimensions were sorted into three

clusters: personal qualities, leading and developing others, and leading the organization (Alimo-Metcalfe & Alban-Metcalfe, 2005). Several other notable researchers have also studied these three dimensions (Bass, 1993; Goleman et al., 2002; Stogdill, 1974; Yukl, 2006), which when summarized form the key themes in this review: self-leadership, leading others, and leading organizations (see Table 3).

Table 3. *Leadership Dimensions*

Dimension	Components
Self Leadership	Self confidence Ethics and integrity Being honest and consistent Being decisive Social awareness
Leading Others	Interpersonal skills Inspiring others Being persuasive Showing genuine concern Being accessible Encouraging change Technical and cognitive skills
Leading Organizations	Achievement orientation Networking Focusing effort Building a shared vision Supporting a culture of learning and development Facilitating change sensitively

Note: Summarized from Alimo-Metcalfe and Alban-Metcalfe (2005) and Yukl (2006)

Self-Leadership

Although varying definitions of leadership exist, they all imply the ability to lead oneself. There is a common theme that emerges from literature that suggests a leader must be able to control oneself to instil confidence in followers, inspire others, create

trust, encourage divergent thinking, and coach followers to develop full capabilities (Avolio, 1999; Bass, 1993; Bennis, 1994; Yukl, 2006).

A leader who has finely-tuned insight and intuition is likely to have a high emotional intelligence and, therefore, the ability to lead himself or herself. Although sometimes seen as a new theory, the concept of emotional intelligence helps to define the personal characteristics that are essential competencies to lead people. Goleman (1998) wrote about emotional intelligence as the foundation for emotional competence. He defined emotional intelligence as “the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships” (p. 317). Goleman identified five essential components that comprise emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills. Clearly, these competencies are required for effective self-leadership. As Bolman and Deal (2003) noted, “Interpersonal skills and emotional intelligence are vital because personal relationships are a central element of daily life in organizations” (p. 168). Supporting the impact that self-leadership has on others and relationships, Goleman et al. (2002) wrote,

Leaders who can stay optimistic and upbeat, even under intense pressure, radiate the positive feelings that create resonance. By staying in control of their feelings and impulses, they craft an environment of trust, comfort, and fairness. And that self-management has a trickle down effect from the leader. (p. 47)

A number of studies have attempted to identify the personal characteristics, traits, and abilities of people who were believed to be leaders. The personality traits found to be especially relevant for effectiveness include energy level and stress tolerance, self-confidence, internal control orientation, emotional maturity, and integrity (Yukl, 2006).

Clearly, to effectively lead others, and to lead organizations, the leader must have control of him or herself first.

Leading Others

Once one has developed the ability to lead oneself, they are better prepared to lead others. Kouzes and Posner (2007) studied leadership through significant field research which included a questionnaire of over seventy-five thousand people around the world about what they look for and admire in a leader. Respondents identified more than 225 different values, traits, and characteristics of leaders. There are four qualities that are clearly identified as what most people look for and admire in a leader: honesty, forward-looking, competent, and inspiring (p. 24).

As previously mentioned, contemporary literature tells us that leadership is not about a position or title; it is about relationships, credibility, and what the leader does by example (Abrashoff, 2002; Kouzes & Posner, 2007). This concept is a significant departure from the traditional hierarchy of paramilitary organizations like EMS. In emergency services, the constituents follow the positions identified by higher ranks or professional designations, often without question, and not necessarily because their supervisor has leadership qualities.

The role of a leader as both a servant and debtor was presented by DePree (1989). His definition is a further departure from the strictly structured EMS hierarchy where the traditional position of Chief is unlikely to be characterized as a servant-leader. DePree said that relationships between leaders and followers are described as covenants that “fill deep needs, enable work to have meaning and to be fulfilling. They make possible relationships that can manage conflict and change” (p. 38). DePree argued that leadership

begins with a belief in the potential of people and describes the art of leadership as the ability to polish, liberate, and enable these gifts. The best people working in organizations are like volunteers in that they choose to work there for reasons less tangible than salary or power.

Regardless of the fancy title or formal position, the most effective way to lead others occurs when an individual or team of leaders inspires those they lead. As Goleman et al. (2002) eloquently wrote, “Great leaders move us. They ignite our passion and inspire the best in us.... Great leadership works through emotion” (p. 3). We expect our leaders to be enthusiastic, energetic, and positive about the future. Inspirational leadership is the purest expression of leadership because it creates within the follower an intrinsic motivation, and intrinsic motivation happens when people’s work is connected with their purpose and they sign on for the duration (Fey, 2002; Kouzes & Posner, 2007). The stereotype of an inspirational leader as someone extroverted and charismatic is the exception rather than the rule. Though some inspirational leaders certainly do fit this mold, a large number do not. Many are quiet, almost introverted (Yukl, 2006). There is limited literature available to define core competencies of leaders who specifically inspire people. However, the research does demonstrate four common qualities that help leaders become inspirational: leaders communicate and live a vision, they are persuasive, they are likeable, and they are ethical (Bennis, 1994; Collins, 2001; Fey, 2002; Kouzes & Posner, 2007; Yukl, 2006).

Inspirational leaders communicate and live a vision. Fey (2002) told us that by regularly communicating about the vision in both informal and formal settings, the inspirational leader learns to make the vision accessible to every member of the

organization. An inspirational leader has a very strong customer or client-focused vision of where the business should be going and they are able to communicate their vision so that their people feel they own it and know where they fit into it. One of the key differences between an inspirational leader and a charismatic leader is the fact that an organization can continue to be successful even after the leader moves on because they have been inspired to be effective and efficient. Collins and Porras (1994) described this phenomenon as: “The success of visionary companies comes from underlying processes and fundamental dynamics embedded in the organization more than from a great idea or a visionary leader” (p. 41).

Inspirational leaders are persuasive. Effective leaders bring others to their point of view using logic, reason, emotion, and the strength of their personalities. They motivate by persuasion rather than intimidation. Yukl (2006) wrote,

Interpersonal skills are essential for influencing people and when a leader is empathetic and has high emotional intelligence they are better able to understand someone’s motives, values, and emotions. Understanding what people want and how they perceive things makes it easier to select an appropriate strategy: persuasiveness and oral communication skills enhance the success of influence. (p. 73)

A leader who can influence without coercion and motivates without subornment is a leader who can inspire.

Inspirational leaders are likeable. Frank (2005) researched the core competencies of leaders and emphasized that good leaders are people-centric. They may be scientists, engineers, or technical experts by background, but they recognize interpersonal skills as paramount. They display high degrees of emotional intelligence, and thrive on finesse and likeability. How a leader communicates erodes or builds likeability, influence, and leadership. To inspire others, leaders must be students of verbal and non-verbal

communication, they must study gesture, listen behind the words, and of course, adjust their communication accordingly. This is a competency where charismatic leaders excel. Yukl (2006) described this influence process as “a charismatic leader who articulates an inspirational vision can influence followers to internalize attitudes and beliefs that will subsequently serve as a source of intrinsic motivation to carry out the mission of the organization” (p. 124).

Inspirational leaders have integrity and are ethical. “Integrity means that a person’s behavior is consistent with espoused values, and the person is honest, ethical, and trustworthy” (Yukl, 2006, p. 65). Leaders who inspire others are direct, straightforward, and honest. They set clear performance expectations and hold themselves and their people accountable. They are deeply committed, courageous, and demanding of themselves and their people. Inspirational leaders are also confident, albeit sometimes in a quiet and understated way. Yukl defined three behaviours that are absolutely essential for a leader to inspire followers: be honest and truthful rather than deceptive, keep promises, and fulfill the responsibility of service and loyalty to the followers. The trust of followers will be lost if they discover the leader has exploited them in pursuit of self-interest.

To effectively lead others, it is essential to establish healthy relationships and positively influence the followers. Yukl (2006) researched and wrote about a number of leading leadership theories and summarized leadership as “the process of influencing others to understand and agree about what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish the shared objectives” (p. 7).

The research is clear. A leader who wishes to effectively lead others must be a people person, have self and social awareness, and be trustworthy, ethical, and honest. The leader must be able to articulate a vision and establish and maintain healthy relationships. Perhaps most importantly, great leaders motivate and inspire others, and when you can inspire others you can effectively lead organizations.

Leading Organizations

In addition to leading self and others, a successful leader must be able to lead an organization. Much has been written on the impact of leadership on organizations. Collins (2005) stressed that an organization's leadership is very important to its success. He identified a hierarchy of five levels of leadership capabilities ranging from Level 1, highly capable individuals who make productive contributions through talent, knowledge, skills, and good work habits, to Level 5 executives who build enduring greatness through a paradoxical blend of personal humility and professional will (p. 12). Consistently, Collins (2001) found good-to-great companies had "Level 5 leadership" (p. 22). He determined that Level 5 leadership is what distinguished great leaders from good leaders. Great leaders do not focus on being the hero. Through a blend of personal humility, intense professional will and determination, Level 5 leaders focus on building enduring success and greatness and do what needs to be done to produce results that make the company great (p. 30). A Level 5 leader will build capacity in the organizations they lead and build organizations that can endure and adapt through multiple product life cycles and subsequent generations of leaders. In contrast, Level 4 leaders are more concerned with their own personal greatness and often fail to set the company up for enduring success so that after they leave, the company falls apart (p. 26). If EMS systems in

Canada are to be successful and sustainable, they need Level 5-like Chiefs who build leadership capacity and enable organizations to grow and succeed long after they are gone.

Kouzes and Posner (2007) identified five best practices of, and for, exemplary leadership in organizations: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart. Yukl (2006) added that effective leaders in organizations mix task, relations, and change-oriented behaviours appropriate for the situation in order to achieve what needs to be accomplished.

Organizations are made up of people, and as Bolman and Deal (2003) noted, “Interpersonal skills and emotional intelligence are vital because personal relationships are a central element of daily life in organizations” (p. 168). Social awareness and self-management are perhaps more important for leaders than academic credentials, technical ability, and intelligence. If leaders are not able to recognize and manage their own emotions and play well with others they will negatively impact their personal success and that of their organization (Goleman et al., 2002; Kouzes & Posner, 2007).

Most EMS systems in Canada today are directed by excellent managers, unfortunately, fewer services are led by excellent leaders. EMS has sustained itself over the last four decades by being managed effectively and efficiently by passionate paramedics who worked their way up through the industry and who understand how EMS systems work. However, the world is changing and the health care needs of Canadians have changed. The health care system is evolving quickly and EMS as an industry needs to evolve. For EMS to continue to be sustainable, we need leaders with the skills, attributes, and competencies to lead themselves, lead others, and lead organizations.

A leader has been defined as someone you choose to follow, to a place you would not go by yourself. One of the hard lessons for EMS leaders is the realization that being the Chief does not automatically mean that they are the leader. The front line employees in the current generation of EMS providers are not impressed with positions, titles, or degrees. In order to gain followership, EMS leaders must build their platform on a foundation of vision, commitment, communication, compassion, trust, integrity, and inspiration (Kuehl, 2002).

Leadership Competency

Bennis (1994) wrote, “When I look at leadership competencies, I start with the question: What do people want and need from their leaders? What people want from their leaders are meaning, purpose, direction, trust, hope, optimism, and results” (p. 13). In this section, I will introduce the concept and utility of a leadership competency profile. I will identify three classic leadership competency dimensions and discuss the typical leadership competencies or attributes contained in each dimension. I will also identify and discuss several existing leadership competency profiles used in various industries today. Finally, I will argue the benefits and limitations of leadership competency profiles.

What is a Leadership Competency Profile?

Early records from the Romans reveal a form of competency profiling that attempted to detail the attributes of a good Roman soldier (Kierstead, 1998). A leadership competency profile is typically built around a set of behavioural dimensions that bring focus to the leadership capacities that are most important for a specific organization. When expressed in behavioural terms, competencies create a clear criteria and common

language with which to view behaviour (Berke, Kossler, & Wakefield, 2008; Conger & Ready, 2004; Spencer & Spencer, 1993).

The popularity of leadership competency profiles grew in the 1990s when the intent was to look for fundamental knowledge, skills, and attributes that would identify individuals who could be effective in a range of leadership positions. This concept has morphed slightly and developed momentum ever since (Conger & Ready, 2004; Hollenbeck, McCall, & Silzer, 2006). Today, competency profiles often form the basis for recruitment and selection, talent management, and professional development in many organizations (Berke et al., 2008; Conger & Ready, 2004).

The term competence, as it relates to paramedics, is defined as the demonstration of skills, knowledge, and abilities in accordance with the principles of consistency, independence, accuracy, and appropriateness (PAC, 2007c). Although PAC's definition primarily focuses on the clinical environment, it can be used interchangeably with the concept of leadership. Competency in the academic setting is defined as knowledge, skills, attitudes, and behaviours for a specific purpose (Royal Roads University, 2007). Spencer and Spencer (1993) wrote extensively on competency at work and defined it as "an underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job or situation" (p. 9).

Competencies are underlying characteristics of people and indicate ways of behaving, thinking, or acting. Spencer and Spencer defined five types of competency characteristics:

1. Motives. The thing a person consistently thinks about or wants that cause action. Motives drive, direct, and select behaviours toward certain actions or goals and away from others....
2. Traits. Physical characteristics and consistent responses to situations or

information....

3. Self-Concept. A person's attitudes, values, or self-image....

4. Knowledge. Information a person has in specific content areas....

5. Skill. The ability to perform a certain physical or mental task. (pp. 9–11)

For the purpose of this project, the term competency will be used to mean a behaviour, knowledge, skill, or attribute that leads to competence in the realm of on-the-job leadership.

Virtually anyone can adopt or develop a leadership competency profile for their organization. There are a number of well-established leadership competency profiles available on the leadership development and consultant market. When choosing a leadership competency list it is best to adopt leadership competencies that have been researched and validated. The competencies selected for an organization should also align with its strategy and challenges, and with the leader behaviours identified as crucial to carrying out the strategy and meeting those challenges (Berke et al., 2008).

Defining Leadership Competencies and Attributes

As previously discussed in section one, there is a plethora of research that identifies the three key dimensions of leadership: leading self, leading others, and leading organizations. The Centre for Creative Leadership is a top-ranked, global provider of executive education that develops better leaders through its exclusive focus on leadership education and research (Centre for Creative Leadership, 2008, ¶ 1). Berke et al. (2008) developed the Centre for Creative Leadership Competencies List, divided into three leadership dimensions: leading self (see Table 4), leading others (see Table 5), and leading organizations (see Table 6). The following three sections will describe the leadership competencies and traits that are connected to the three key leadership

dimensions. These three dimensions, and their associated competencies, will also be supported by a number of additional authors and researchers.

Table 4. *Leading Self*

Name	Description	Contains These Competencies
Developing Adaptability	Represents skills, abilities, or perspectives individuals need to adjust to change	Openness to influence, flexibility, adaptability, embracing flexibility
Increasing Self-Awareness	Represents skills, abilities, or perspectives reflective of an individual's willingness to understand and improve self and seek feedback as a method for doing so	Self-awareness, awareness, increased self-awareness, seeks and uses feedback, self-development, open to criticism
Managing Yourself	Represents skills, abilities, or perspectives that can enable individuals to deal with pressure, set priorities, and balance conflicting interests	Career management, personal energy, balance between personal life and work, time management, coping with pressure and adversity, setting and obtaining goals
Increasing Your Capacity to Learn	Represents skills, abilities, or perspectives associated with learning from experience and openness to learning	Seeks opportunities to learn, learns from mistakes, learns from experience
Exhibiting Leadership Stature	Represents skills, abilities, or perspectives associated with positive attitudes, image, and inspiration	Executive image, leadership stature, personal style
Displaying Drive and Purpose	Represents skills, abilities, or perspectives indicative of the characteristics of perseverance, drive, and self-discipline	Energy, drive, ambition, committed to making a difference, doing whatever it takes
Demonstrating Ethics and Integrity	Represents skills, abilities, or perspectives reflective of trust, honesty, and integrity	Ethics, build and maintain credibility, credibility, ethics/culture, integrity, acts with integrity

Note: From Berke et al. (2008, p. 111)

Leading Self

Self-management is a leader's greatest challenge. A leader must consider how every action conveys a message to the followers. Every word of praise, condescension, or anger will either build or erode the leadership legacy. Every action that a leader makes is closely watched and will either inspire the followers or impair their readiness to follow (Daniels & Daniels, 2007). It is impossible for anyone to be continuously conscious of their own behaviour and the impact they have on others. However, leaders must be aware how their actions, words, and behaviours have an impact on their followers. This awareness is the key competency to leading self.

Psychologist Daniel Goleman and his colleagues (as cited in Kuehl, 2002) collected a staggering amount of leadership data and analyzed it to determine what factors make the difference between poor, average, and very successful leaders. Their findings revealed that leaders who failed were rigid, unable to adapt their style, and unable to respond to feedback. They also had poor relationships, were too harshly critical, insensitive, and demanding. Successful leaders on the other hand, shared a mix of what Goleman et al. (2002) called "emotional intelligence" (p. 20). His emotional competence framework is built upon four domains: self-awareness, self-management, social-awareness, and relationship management. The self-awareness competence includes: emotional self-awareness, accurate self-assessment, and self-confidence. The self-management domain includes: self-control, transparency, adaptability, achievement, initiative, and optimism. The social-awareness competency includes: empathy, organizational awareness, and service. Finally, the relationship management domain

includes: inspiration, influence, developing others, change catalyst, conflict management, and teamwork and collaboration.

In addition to the emotional competencies identified by Goleman (1998), there are a few others that are key to self-leadership. Murphy and Riggio (2003) wrote about the importance of character, honesty, and integrity. Spencer and Spencer (1993) highlighted the importance of a person's attitudes, values, or self-image. Palmer (2008) discussed the significance of confidence, good judgment, energy, and drive. All of these ideas and competencies of leading self were researched, ranked, and summarized by Berke et al. (2008) and are identified in Table 4.

In their book, *Results-Based Leadership*, Ulrich, Zenger, and Smallwood (1999) researched and listed the personal qualities and attributes of leaders who are able to successfully lead themselves. They found that the competencies necessary to demonstrate personal character include: "living values by practicing what is preached, having and creating a positive self-image, and possessing cognitive ability and personal charm" (p. 13).

This section has defined a number of evidence-based competencies that are necessary for leaders to effectively lead themselves. These competencies are fundamental to a leader, and arguably without being able to lead themselves, they cannot hope to lead others, and they certainly cannot lead organizations.

Leading Others

Insight, intuition, adaptability, and good values are important to the foundation of leadership; however, "to be successful, a leader also needs interpersonal, cognitive, and technical skill" (Yukl, 2006, p. 82). Leadership is both an art and a science and to be

successful, the leader needs to embrace both dimensions. The science of leadership evaluates leadership models, studies leadership styles, and classifies leadership practices to develop rational explanations of what makes leaders effective. The art of leadership is developing practical experience in the application of leadership practices and methods identified by the science of leadership. The magic of leadership is the ability to lead followers; these competencies and attributes are identified in this section.

Great leaders throughout history have been studied extensively in an attempt to understand how they lead others. Ulrich et al. (1999) looked at the personal qualities and attributes of effective leaders who successfully lead others.

Leaders turn vision into accomplishments by engaging others. They translate future aspirations into the day-to-day behaviors and actions required of each employee. Employees thus engaged become committed to meshing their actions with organizational goals, and they are dedicated to investing their mind, heart, and soul to organizational pursuits. Leaders striving for employee commitment must likewise expend valuable resources of time, energy, and focus to fully engage the firm's individuals and teams. To do this, leaders must build collaborative relationships; they must share power and authority; and they must manage attention. Leaders must help individuals see and feel how their contributions aid in accomplishing the goals of the organization. (pp. 6–7)

The competencies required to effectively lead others were also studied by Berke et al. (2008) and the Centre for Creative Leadership. The results of their research concluded that managing effective teams, building and maintaining relationships, valuing diversity, developing others, and communicating effectively are the greatest attributes necessary to lead others (see Table 5).

Table 5. *Leading Others*

Name	Description	Contains These Competencies
Managing Effective Teams and Work Groups	Represents skills, abilities, or perspectives individuals need to build effective work groups	Brings out the best in people, participative management, forging synergy, building effective teams
Building and Maintaining Relationships	Represents skills, abilities, or perspectives individuals must demonstrate to build and keep effective relationships	Building relationships, putting people at ease, managing conflict, compassion and sensitivity, perspective-taking
Valuing Diversity and Difference	Represents skills, abilities, or perspectives that individuals use to effectively work with different kinds of people	Multi-cultural awareness, differences matter, valuing diversity, adapts to cultural differences, global awareness, cultural adaptability
Developing Others	Represents skills, abilities, or perspectives individuals need to develop others	Confronting problem employees; leading employees; selecting, developing and accepting people; delegating; motivating; empowering
Communicating Effectively	Represents skills, abilities, or perspectives individuals need to effectively communicate with others	Communicating information and ideas, communicating effectively, listening, communication

Note: From Berke et al. (2008, pp. 107–108)

Leading people is a very challenging and rewarding part of leadership. Leaders who can motivate and develop their followers are able to leverage the strength of many, and thus, be able to accomplish much more. I have identified a number of competencies that are necessary to lead others. The net result of these lists were eloquently summarized

by Spencer and Spencer (1993) who wrote, “What distinguishes superior performers ... is motivation, interpersonal skills, and political skills, all of which are competencies” (p. 12).

Leading Organizations

Leadership is a complex, dynamic function and process of interdependent relationships, functions, and tasks that may not always correspond to formal titles or ranks. Leadership is displayed, demonstrated, exercised, witnessed, or felt. Researchers, theorists, and authors have attempted to define how leaders make organizations successful. Most definitions of leadership in organizations share an assumption that it is multi-dimensional and involves influence. “Nevertheless, most behavioural scientists and practitioners seem to believe leadership is a real phenomenon that is important for the effectiveness of organizations” (Yukl, 2006, p. 3).

Great businesses and corporations have been studied extensively in an attempt to understand how the leaders contributed to the success of the organization. Ulrich et al. (1999) looked at the personal qualities and attributes of leaders who successfully lead organizations. They found that leaders build not only individual commitment but also organizational capability.

Organizational capability refers to the processes, practices, and activities that create value for the organization. Leaders need the ability to translate organizational direction into directives, vision into practice, and purpose into process. Capability represents the identity of the firm as perceived by both employees and customers. It requires leaders who demonstrate at least five abilities: to build an organizational infrastructure, leverage diversity, deploy teams, design human resource systems, and make change happen. (p. 7)

Berke et al. (2008) studied successful leaders to determine which competencies and attributes are most important to effectively lead organizations. The results of their research concluded that managing change, solving problems and making decisions,

managing politics and influencing others, taking risks and innovating, setting vision and strategy, managing work, enhancing business skills and knowledge, and understanding and navigating the organization are key competencies required to lead an organization (see Table 6).

Table 6. *Leading Organizations*

Name	Description	Contains These Competencies
Managing Change	Represents skills, abilities, or perspectives individuals need to initiate and lead change	Change, recognizing the emotional impact of change, leading change, change management
Solving Problems and Making Decisions	Represents skills, abilities, or perspectives individuals should demonstrate to be effective problem solvers and decision makers	Getting information, making sense of it, sound judgment, problem solving/decision making, taking action, strategic thinking
Managing Politics and Influencing Others	Represents skills, abilities, or perspectives associated with influencing others and understanding organizational politics	Diplomacy, influencing, leadership, power, influence, influencing others, strategic influencing
Taking Risks and Innovating	Represents skills, abilities, or perspectives individuals need to seek and build new opportunities	Courage to take risks, risk taking, innovation, entrepreneurial, innovator
Setting Vision and Strategy	Represents skills, abilities, or perspectives associated with creating an organizational vision and setting the direction to manifest it	Planning and goal setting, strategic planning, vision

Name	Description	Contains These Competencies
Managing the Work	Represents skills, abilities, or perspectives individuals should demonstrate to effectively manage work	Administrative/organizational ability, goal setting, set and achieve goals, management, results orientation, organizing
Enhancing Business Skills and Knowledge	Represents skills, abilities, or perspectives reflective of the general organizational knowledge that is needed to be effective	Customer/vendor relations, financial management, human resources, sales, international business knowledge
Understanding and Navigating the Organization	Represents skills, abilities, or perspectives associated with working within and across boundaries	Boundaries, working across boundaries, acting systemically, acting strategically

Note: From Berke et al. (2008, pp. 108–109)

It has been clear from the literature that leaders who can articulate a vision, think strategically, manage change, influence others, and build leadership capacity in others can effectively lead organizations (Alimo-Metcalfe & Alban-Metcalfe, 2005; Berke et al., 2008; Spencer & Spencer, 1993). EMS Chiefs from across Canada should focus on these specific competencies if they wish to develop sustainable and successful EMS systems who can take on the rapid change in health care.

Leadership Competency Profiles

There are a number of well-established lists of leadership competencies found in human resources literature, on the leadership development market, and internal to organizations. Leadership competency profiles are developed for a number of possible uses; for example, they may be designed for a specific job, general to an organization or

industry, specific to a profession or trade, or designed to guide curriculum for training or professional development. In a 2007 survey of EMS organizations in the United States, Williams (2007) found

almost a quarter (24.5%) of the respondents have identified core competencies associated with key positions so they can match them with the ideal candidates, and 40.9% use skills or competency testing to help identify the right candidates for leadership positions. (p. 2)

This section will look at five leadership competency profiles from federal and municipal government, graduate education, EMS, and health care (see Appendix A). These profiles were chosen because they are either research evidence-based or peer-reviewed. I will briefly identify the common themes that emerged when these profiles were compared.

The Government of Canada: Key Leadership Competencies

The Canada Public Service Agency (2006) developed a leadership competency profile that reflects the leadership skills, abilities, and characteristics that are needed in the Public Service for their leaders from Deputy Minister to Supervisor (see Appendix A). I have elected to focus on the leadership competency profile of the director general position in the federal government because I believe the roles and responsibilities are comparable to the position of an EMS Chief. The competency profile identifies four key competencies and effective behaviours for each competency. The foundation of the four key competencies is values and ethics; this is followed by strategic thinking, engagement, and management excellence. These key competencies are further defined as: “Values and ethics: Integrity and respect; Strategic thinking: Analysis and ideas; Engagement: People, organizations, partners; [and] Management excellence: Action management, people management, financial management” (p. 3). The competency profile for the director general position includes knowledge, skills, attributes, and behaviours that align with the

areas I have focused on in this research: leading self, leading others, and leading organizations.

The City of Edmonton: Leadership Competencies for All Departments

The City of Edmonton (2008) developed a leadership competency profile for all leaders in all departments of the corporation. The profile was developed in advance of a total rewards review and a talent management strategy that together looked at total compensation, professional development, recruitment and retention of leaders, and succession planning.

The leadership competency profile for the City of Edmonton identifies a total of fifteen principles divided into the following five key areas: Sets directions and aligns resources; grows and retains talent; creates a high performance climate; steers change; and builds influential business relationships (City of Edmonton, 2008). This municipal government leadership profile is largely focused on the actions of managing people and delivering on a strategic plan versus the behaviours and personal attributes of a leader.

Royal Roads University: Master of Arts in Leadership Competencies

Royal Roads University (2008) developed a comprehensive list of leadership competencies to guide the curriculum and establish performance benchmarks and academic outcomes for the Master of Arts in Leadership program (see Appendix A). This academic version of a leadership competency profile contains eleven separate competencies that are further broken down into a number of sub-competencies. The key competencies are: character; ethics; style; creativity; communication skills; team building skills; learning and teaching skills; research and inquiry; systems theory, thinking and

planning; organizations, and organizational change; and leadership (Royal Roads University, 2008, pp. 94–97).

The Royal Roads University (2008) leadership profile is like many other models in that it focuses on the skills and behaviours that make leaders effective in leading themselves, leading others, and leading organizations. However, not surprisingly, this graduate school leadership profile also includes: learning and teaching skills, research and inquiry, and systems theory, thinking and planning. These three competency areas are important parts of the curriculum for which they were designed, but they are cited less often in other competency profiles.

National Professional Development Matrix: EMS Executive Officer

The National Fire Academy in the United States is world renowned for their four-year, executive fire officer program (National EMS Management Association, 2008). This organization established a National EMS Management Curriculum Committee in 2006 to review the state of EMS executive leadership education across the United States. The goal was to establish recommendations for curriculum, determine delivery methods, and draft competencies of an EMS leadership education program (Fleming, 2006).

The committee developed four different EMS leadership competency profiles: supervisor, manager, chief officer, and executive. The executive EMS officer profile contains seventeen leadership competencies (see Appendix A). The committee aligned the competencies with college level education courses which resulted in the identification of the following key areas: public management; decision making for public managers; financial management in the public sector; public policy; executive leadership; legal aspects of public administration; ethics in public administration; mediation and

negotiation; advanced organizational behaviour; program management or evaluation; strategic planning; and quantitative analysis (Fleming, 2006, Appendix 6D).

The focus of this EMS executive competency profile is ultimately to drive the development and delivery of curriculum for future EMS leaders. While the sixteen competencies identified are comprehensive and align with leading self, leading others, and leading organizations, the wording of each competency indicates they were written with academic outcomes in mind. For example, each of the sixteen competencies listed starts with “understands” as in “understands the theory, practice and politics of program evaluation” (Fleming, 2006, Appendix 6D). This Executive EMS officer profile is much like the City of Edmonton model, in that it is focused more on transactional management and less on transformational leadership. The competencies are action-focused, and the skill and knowledge outcomes can be measured instead of competencies that identify behaviours and personal attributes.

Core Competencies of the British Columbia Nursing Administrative Leadership Institute Curriculum

The British Columbia (BC) Nursing Administrative Leadership Institute is a collaborative partnership among BC’s Chief Nursing Officers, the Ministry of Health Nursing Directorate, and the University of BC School of Nursing. This group established a framework containing the core competencies of nurse leaders in the health care system.

The BC Nursing Administrative Leadership Institute used a full range leadership model with emphasis on transformational leadership augmented by transactional leadership (MacPhee & Bouthillette, 2008). This full-range leadership model would

appear to match the needs of EMS leaders in Canada, who like health care leaders, operate in the realms of both transformational and transactional leadership.

This nursing leadership competency profile contains several core competencies categorized under the main areas of: “understanding leadership styles; team building and maintenance; organizational planning and strategizing; change management process; empowerment and delegation; human resources planning and development; and communications” (MacPhee & Bouthillette, 2008, p. 66). These leadership competencies were then used to create a leadership education program with five key competency areas: developing the leader; leading others; leading through effective planning; the mentee-mentor relationship; and evaluating responsibilities (p. 67). This profile, with the five key areas and twenty-four leadership competencies, is listed in Appendix A.

This nursing leadership competency profile has effectively blended the professional competencies with the academic competencies in a manner that is useful both on the job and in the classroom. The competencies support the concept that an effective leader must be able to lead him or her self, lead others, and lead organizations.

Common Themes from the Leadership Competency Profiles

The five leadership competency profiles identified in this section are very similar in their scope and content, but there are also some subtle differences. Common themes identified in all five profiles included the following:

1. Leadership competencies are necessary to lead self, lead others, and lead organizations;
2. Strategic thinking or development of strategy as a core competency;
3. Communication skills and articulating a vision or direction;

4. Teaching and learning, mentoring, and or coaching;
5. Team building as a key leadership competency;
6. Innovation or creativity;
7. Change management as a major competency;
8. Importance of modeling leadership and understanding different leadership styles;
9. With the exception of Royal Roads University (2008), all the other leadership profiles include a competency for conflict resolution or dealing with non-performers;
10. Collaboration with stakeholders and recognizing the value of internal and external relationships were included in all profiles, with the exception of the BC Nurse leadership profile.

Of the five competency profiles, two are designed for learners engaged in leadership education (MacPhee & Bouthillette, 2008; Royal Roads University, 2008). Two of the profiles exist to guide leadership in government organizations (Canada Public Service Agency, 2006; City of Edmonton, 2008). One of the profiles is developed by a national organization to guide a profession and to support both leadership education and leadership practice in organizations: National Professional Development Matrix—Executive EMS Officer (Fleming, 2006). Given that the objectives of the competency profiles differ, there should be no surprise that the content of each profile is somewhat different. These differences are identified in Table 7.

Table 7: *Key Differences of the Leadership Competency Profiles*

Key Differences	Details
Values, morals, and ethics	Only the Government of Canada, Royal Roads University, and the Executive EMS officer profiles identify personal values, morals, and ethics as competencies.
Work-life balance and healthy work environments	Work-life balance and managing a healthy work environment were only mentioned in the Government of Canada, Royal Roads University, and BC Nursing Administrative Leadership profiles.
Cultural diversity, bilingualism, harassment, and discrimination	Only the Government of Canada profile includes a competency to encourage bilingualism. Furthermore, the Government of Canada profile identifies several competencies related to support of cultural diversity and respectful work environments free of harassment and discrimination. None of the other four profiles mentioned cultural, ethnic, religious, or gender diversity as a competency.
Technical competencies	Only the job-related profiles of the Canada Public Service Agency, Executive EMS Officer, and BC Nursing Administrative Leadership identified technical competencies like financial accounting, fiscal budgeting, developing work-related projects, contract development, media relations, risk management, and generating revenue as leadership competencies.
Research and inquiry	The Royal Roads University and Executive EMS Officer profiles are the only ones that identify research and inquiry as a key leadership competency.
Recognizing and rewarding good work	A leadership competency for recognizing and rewarding good work is included in the Government of Canada and City of Edmonton profiles, but absent from the others.
Policy development	Leadership competencies with a heavy emphasis on writing, understanding, or implementing policy are included in all the profiles except for Royal Roads University and BC Nursing Administrative Leadership.

Consensus across the five leadership competency profiles presented was that strategic thinking, communication skills, teaching and learning, team building, innovation and creativity, change management, modeling leadership, conflict resolution, and partnering or collaborating with stakeholders are key leadership competencies. There are some surprising areas of difference including the basic human competencies of ethics, integrity and morals, recognizing cultural/ethnic/gender diversity, and promoting a healthy work life balance. There is also some disagreement on the technical work-related competencies like finance and human resources as well as the value for research and inquiry or policy development and implementation.

Benefits and Limitations of Competency Profiles

There is a large volume of research from the early 1990s discussing the importance and value to organizations to have clearly defined leadership competency profiles (Berke et al., 2008; Conger & Ready, 2004; Goleman, 1998; Spencer & Spencer, 1993). Now that I have reviewed several real examples of leadership competency profiles and discussed specific leadership competencies, traits, and attributes, I will explore the benefits and limitations of competency profiles.

Benefits of competency profiles

The popularity and widespread use of competency profiles is easy to explain because they are helpful to both individuals and organizations in developing leadership skills (Conger & Ready, 2004; Hollenbeck et al., 2006). Well-researched leadership competency profiles have at least three critical benefits to an organization: clarity, consistency, and connectivity (Conger & Ready, 2004).

Competencies allow organizations to set clear expectations about the types of behaviours, capabilities, mind-sets, and values that are valued by those in leadership positions. “In simple format, they send a tangible message about the company’s most highly valued leadership behaviours” (Conger & Ready, 2004, p. 43). Competencies provide a consistent framework and common language for implementing the organization’s vision and strategic plan. “For example, with a competency framework that is adopted on an enterprise-wide basis, the top team of an organization can hold focused dialogues to identify the leadership skills and behaviours that are most valued in the context of their company” (p. 43). Finally, competencies provide metrics for many of the organization’s human resources processes. This connectivity allows competencies to “become driving forces in performance management and feedback processes, high-potential identification, succession management, and reward schemes” (p. 43).

The development and implementation of leadership competency profiles into an organization can also help individuals. Hollenbeck et al. (2006) found that competencies help individuals by:

- Summarizing the experience and insight of experienced leaders,
- Specifying a range of useful behaviours,
- Providing a tool that individuals can use for their self-development, and
- Outlining a leadership framework that can be used to help select, develop, and understand leadership effectiveness. (p. 402)

When properly designed, a leadership competency profile can leverage the experience and education of a large group of managers and executives into a limited number of manageable traits, skills, or attributes. These will then provide clear guidance on the behaviours that seasoned incumbents think are related to effectiveness.

Competencies are also a tremendous educational tool for people trying to learn how to become more effective and succeed in an organization.

Limitations of Competency Profiles

It is evident that there are a number of benefits to the development and use of leadership competency profiles. There are however, some limitations and areas of caution to be considered when contemplating the use of these models. Conger and Ready (2004) gave us the benefits of competency profiles: clarity, consistency, connectivity, or as they call them, the “3-C’s” (p. 43). Conversely, they also present the 3-C’s of limitations to these models: complicated, conceptual, and built around current realities.

Many organizations build their profiles around a wide range of managerial and leadership behaviours. In their attempts to define transactional and transformational leadership attributes, they make the profiles much too complicated. The leadership profile competencies should be kept to a manageable size of 10–20 competencies (Hollenbeck et al., 2006); some companies will have 30 or more desired dimensions. Conger and Ready (2004) wrote, “Certain coaching experts argue that managers can and should focus on only one to two behaviours at a time” (p. 44).

Another limitation to competency models is that they are conceptual and based on idealized concepts of leadership. The models seek to establish one set of knowledge, skills, behaviours, and attributes that make up the ‘great leader’ (Hollenbeck et al., 2006). As a result, the expectation becomes that one leader can be well rounded enough to use all of the competencies from all of the great leaders, to the highest level of competence. In reality, such individuals rarely exist. Conger and Ready (2004) proposed that the “underlying assumption behind the conceptualization of competency models of leadership is that an effective leader is the sum of a set of competencies. This does not reflect the reality of the manager’s world” (p. 45).

The final concern about leadership competency profiles is that they tend to be focused on current leadership behaviours when in reality they should be designed for the next generation of leaders (Conger & Ready, 2004). Boaden (2006) supported this by saying “most leadership models were developed for a more stable and predictable environment than now” (p. 10). The future leaders in organizations require different skills, behaviours, and insights than their current bosses. Therefore, future leaders should use leadership profiles with aspirational competencies to guide their professional development, which should result in a capable leader to take on the challenges of tomorrow, instead of a carbon-copy leader of the past.

The evidence provided demonstrates that there are both benefits and limitations to leadership competency profiles (see Table 8). Researchers and scholars in the future will undoubtedly find a more comprehensive, future-focused, integrated model of leadership effectiveness that will encompass the leadership behaviours, situations, and outcomes (Conger & Ready, 2004; Hollenbeck et al., 2006). Until that time, however, leadership competency profiles will continue to be useful tools to help leaders learn a broad range of behaviours, knowledge, skills, and attributes, and find ways to develop these effectively across different situations.

Table 8. *Benefits and Limitations of Competency Profiles*

Benefits	Limitations
Provide clarity, consistency, and connectivity	Can be overly complicated, too conceptual, and built around current realities
Openly communicates which leader behaviours are important	A single set of characteristics is used to describe all leaders—this list may be too large and too complicated to be manageable
Helps to discriminate the performance of individuals	Each of the competencies is independent of the others and of the context
Links leader behaviours to the strategic direction and goals of the business	Situational variables impact the profile (job variables, interpersonal dynamics, team context, organizational culture, country culture)
Provides an integrative model of leadership that is relevant across many positions and leadership situations	Competencies do not necessarily identify the outcomes that we expect leaders to achieve
Outlines a leadership framework that can be used to help select, develop, and understand leadership effectiveness	Future is more important than the past—profiles typically look at past or present attributes when they should anticipate future needs
Leadership attributes can be woven into performance improvement plans that impact compensation and thereby change behaviours	Leadership models need to be used, not just created
Provides a tool for self-development	Tailored models are better than generic ones and those created by line-staff are better than those created by human resources

Note: Compiled from Conger and Ready (2004), Hollenbeck et al. (2006), and Ulrich et al. (1999).

This section introduced, identified, defined, and discussed the benefits and limitations of leadership competency profiles. In summary, through well developed

leadership competency profiles, EMS leaders will gain both broad general qualities shared by all leaders, and the specific skills needed to meet the leadership challenges of a growing, changing EMS profession in Canada. “Clearly, some skills may be taught, others only experienced; some behaviours and attributes may be learned, others may only be innately part of the leader’s persona. Even in the latter cases, however, training often enhances an attribute enough to provide a compensatory balance for the leader’s background” (Ulrich et al., 1999, p. 15). The following section will discuss leadership professional development, and how training can provide and enhance leadership competencies.

Leadership Development

“Leadership development is an ongoing process that is never complete” (Berke et al., 2008, p. 53). The world is changing at an incredible pace. The rate of change in the internal and external environment of organizations dictates that success as a leader in the future will require a higher level of skill and perhaps some new competencies as well. As the need for leadership competencies increases, new techniques for developing them are being invented and old techniques are being refined (Yukl, 2006). Best-practice organizations have learned that developing their own leaders rather than recruiting them from other companies just makes sense (Fulmer & Wagner, 1999). In this section, I will discuss leadership development and seek to answer the following questions: Can leadership be taught? How is leadership taught? Does leadership development make a difference?

Can Leadership be Taught?

Over time there continues to be debate around the extent to which leadership is a skill, trait, or innate behaviour. Researchers and authors have taken opposing positions on the question: are leaders born, or are leaders made? “Although most management educators now agree that leadership is both a skill and a behaviour that exhibits skill, this dual definition has generated additional disagreement over whether leadership can be taught” (Doh, 2003).

In a 2003 study, Doh interviewed leading management scholars in leadership research, education, and development to answer the question: can leadership be taught? Although the scholars agreed that aspects of leadership can be taught, they had differing views on how successfully leadership skills can be developed through formal courses and teaching.

We can teach how to present ideas more persuasively and communicate more inspirationally. We can also teach aspects of strategic thinking so one’s perspective is broadened. At the same time, there is a critical contextual dimension to strategic thinking which is the product of immersion in one’s field as well as a mental capacity to think more conceptually. These are difficult to teach. In terms of dispositions, these are a product of life, family, and possibly genes. So the latter cannot be taught. For example, we cannot teach a person to be ambitious or to be more open to risk taking—which would be a dispositional characteristic. (p. 59)

In addition to this, the scholars also agreed that some aspects of leadership are born to the individual and are hard, if not impossible to teach. “Some people have an inclination to learn some competencies faster or better than others, of course, and some people reflect more charismatic or likable characteristics than others (p. 59).

Leaders have to know about what and for whom they are leading; you cannot lead something you do not understand. This knowledge is often transmittable through formal training or more often through life experience or development. “Acquiring the skills can

be accomplished through coaching, mentoring, and those fine-grained skills that include the ability to communicate, to see patterns, and to work effectively through others” (Doh, 2003, p. 60).

There is agreement in the literature that leadership requires personal commitment on the part of the learner (Boaden, 2006; Doh, 2003), and this may challenge the traditional role of educators and educational institutions. This new paradigm puts pressure on traditional educators because learning occurs when the teacher is able to stimulate others to learn. Fulmer (1997) has extensively studied the evolution of leadership development from the past, now during transition, and in the future. He has described the changes in participants, program design, purpose, period, players, presentations and place of professional development during these three periods of time (see Table 9). Fulmer finally summarizes his ideas on this new paradigm by saying “the new paradigm will be focused on learning as an action-oriented lifelong process where global partners work together to produce a positive, profitable future for all” (p. 70).

Table 9. *The Evolving Paradigm of Leadership Development*

Paradigm	Past	Transition	Future
Participants	Listener	Student	Learner
Program Design	Event	Curriculum	Ongoing Process
Purpose	Knowledge	Wisdom	Action
Period	Past	Present	Future
Players	Specialists	Generalists	Partners
Presentations	Style	Content	Process/Outcome
Place	University Campus	Corporate Facility	Anywhere

Note: From Fulmer (1997, p. 60)

The research conducted on teaching leadership (Conger, 1993; Doh, 2003; Fulmer, 1997) demonstrated leadership can be taught, and that some leaders are indeed born with leadership qualities. Although these characteristics may be enhanced through various learning experiences, there are limits to the contribution of formal teaching to the development of such skills. “Leadership education, like leadership itself, must rely on heuristic approaches such as mentoring, coaching, patterning, and, trial-and-error experience” (Doh, 2003, p. 66).

How is Leadership Taught?

“Like so many other areas of life, leadership development usually rewards participants in direct relationship to their effort and contribution” (Fulmer, 1997, p. 61). There are a number of different approaches to the development of leadership competencies, including: formal training, developmental activities, and self-help activities (Berke et al., 2008; Suutari & Viitala, 2008; Yukl, 2006). When used in isolation there are strengths and weaknesses to each of these methods of education. However, research in adult learning tells us that we learn best through multiple experiences and therefore, when used in combination these methods offer great value (Conger & Xin, 2000). It is important to appreciate that although there is distinction among formal training programs, developmental activities, and self-help activities, the categories are not mutually exclusive. These three methods of acquiring leadership competencies overlap and are interrelated in complex ways (see Figure 5).



Figure 5. Three ways to acquire leadership competencies.

Formal Training

To address a need or to fulfill an obligation to develop leadership talent, many organizations make use of formal training programs. In fact, Suutari and Viitala (2008) surveyed 2,500 senior managers in Finland and found that 83% of the respondents had participated in a formal leadership training program within the last three years (p. 383). These results are similar to Williams's (2007) study of EMS systems in the United States that found the most common method to build internal talent, according to 80% of respondents, was through formal training programs (p. 2).

Most formal training occurs during a defined time period, and is usually conducted away from the learner's work site by universities, consultants, or other education providers. Leadership training can take many forms, from short workshops that only last a few hours and focus on a narrow set of skills, to programs that last for a year or more and cover a wide range of skills. Many universities offer leadership development

programs such as executive MBAs that take from one to four years and can be completed part-time (Berke et al., 2008; Yukl, 2006).

The effectiveness of any formal training program depends on how well the program is designed. The program design should take into account the needs of the target population and should be relevant to their leadership challenges (see Table 10).

Furthermore, the training must have: clear objectives; clear meaningful content; appropriate sequencing of content; appropriate mix of training methods; opportunity for active practice; relevant and timely feedback; high trainee self-confidence; and appropriate follow-up activities (Berke et al., 2008; Yukl, 2006).

Table 10. *Best Practices and Shortcomings of Formal Development Programs*

Best Practices of Effective Leadership Development Programs	Shortcomings of Leadership Development Programs
Designed around an evidence based and well defined leadership model	Failure to build sustainable levels of participant engagement and stakeholder support
Select participants using a process with clearly established criteria	Not avoiding the shortcomings of competency-based leadership models
Ensure participants complete pre-course preparation	Lack of focus and time commitment on developing individual skill areas
Implement individual 360-degree feedback for each participant to reinforce learning	Absent or insufficient program follow-up
Implement a variety of learning methods	Few or no links to practical application or to specific job function
Utilize extensive learning periods and multiple education sessions over time	

Note: Adapted from Berke et al. (2008, p. 69)

When interviewing leadership educators, Doh (2003) found consensus in the belief that

leadership skills are best acquired as part of a practical, experiential education program, suggesting that traditional classroom teaching methods are best for helping students develop a general familiarity with some attributes or characteristics that have been associated with leadership, but not significant for acquiring leadership skills. (p. 64)

With this in mind, we will move to the next methods of leadership development that involve more action and experiential learning.

Developmental Opportunities

Yukl (2006) stated, “Much of the skill essential for effective leadership is learned from experience rather than from formal training programs” (p. 199). Leadership training that leverages developmental activities takes many forms including: coaching by the boss or an outside consultant, mentoring by someone at a higher level in the organization, special assignments that provide new challenges and opportunities to learn relevant skills, multisource feedback programs like the popular 360-degree feedback process, and action-learning (Berke et al., 2008; Yukl, 2006).

Mentoring and Coaching

Formal mentoring programs and executive coaching are used to facilitate management development in many organizations (Spencer & Spencer, 1993; Suutari & Viitala, 2008; Yukl, 2006). In Williams’s (2007) study of leadership in EMS systems, he found that 70.7% of the respondents used informal management mentoring to grow their internal leadership talent (p. 2). “Mentoring is generally defined as activities conducted by a supervisor in order to help subordinates perform their jobs more effectively or help them progress in their careers” (Ludwig, 2007, p. 30). Coaching, conversely, is generally reserved for executive level leaders and is facilitated by internal or external consultants

who are typically successful former executives or behavioural scientists. The executive coach is usually retained for a limited period of time to help the leader handle specific challenges, such as “implementing major change, dealing with a difficult boss, or working with people from a different culture” (Yukl, 2006, p. 210).

Mentoring occurs when a more experienced manager helps a less experienced protégé develop leadership competencies. The mentor often provides two separate functions for the protégé: a psychosocial function (e.g., support, acceptance, encouragement, coaching, counselling) and a career facilitation function (e.g., sponsorship, exposure, challenge, protection, visibility, challenging assignments) (Suutari & Viitala, 2008; Yukl, 2006). Ludwig (2007), who studied leadership mentoring relationships in EMS and the fire service, wrote, “Mentoring builds self-confidence, encourages professional behaviour, shares critical knowledge, listens to personal problems, offers advice and sets an example for performance expectations” (p. 30). The literature identified that the strength of the mentor-mentee relationship is the key indicator of success. In many organizations, the mentor is not the protégé’s immediate boss (Suutari & Viitala, 2008), and in fact, research suggests informal mentoring programs where the protégé selects his or her own mentor is more successful than formal mentoring programs where the mentor is selected for them (Berke et al., 2008; Yukl, 2006).

In general, mentoring has been shown to be a useful technique for developing leadership competencies and facilitating career advancement. In a 2001 leadership survey (Berke et al., 2008), mentoring, coaching, and interaction with peers were rated as more effective than job experience and education for leadership development. Mentors also

benefit from the mentoring relationship because it is likely to increase their job satisfaction and help them develop their own leadership competency (Yukl, 2006).

An executive coach differs from a mentor in a few ways. First, the coach is not a permanent mentor; instead, the coach would be hired for a limited period ranging from a few months to a few years. Next, an external coach offers some advantages over an internal mentor, including wider experience, greater objectivity, and stricter confidentiality. Finally, although coaching is like mentoring in that it provides a number of advantages over formal training courses, including convenience, confidentiality, flexibility, and more personal attention, it is much more expensive than mentoring. The high cost of a one-on-one coach is the main reason why its use is reserved primarily for executives (Yukl, 2006).

The research into the effectiveness of executive coaching for personal development and leadership effectiveness is favourable (Berke et al., 2008; Fulmer & Wagner, 1999; Yukl, 2006). Executives who have participated in coaching often report that it helped them acquire new skills, attitudes, or perspectives. Furthermore, executives believe that coaching helped them solve problems better and accomplish things that they could not do previously (Yukl, 2006).

More research is required to determine which skills, experience, values, and behaviours are required in an individual to be an effective mentor or executive coach (Suutari & Viitala, 2008; Yukl, 2006). However, the literature has clearly demonstrated that relationship and feedback-based professional development methods are effective ways to develop leadership competencies. “Whether you call it mentoring or professional

coaching, this on-the-job training is a necessary component of developing the talent within your organization” (Ludwig, 2007, p. 30).

Challenging Development Assignments

Challenging development assignments like job rotations, secondments, special projects, and task forces are very effective forms of leadership competency development (Suutari & Viitala, 2008; Yukl, 2006). The most important sources of organizational and professional learning often come from challenging assignments, learning from making mistakes, and hardships. Formal training and classroom-related development is helpful, but experience provides the greatest opportunity to develop leadership talent (Berke et al., 2008).

Upon surveying 2,500 senior managers in Finland, Suutari and Viitala (2008) found that 18% of the respondents had taken part in a job rotation for management development purposes within the last three years (pp. 383–384). In the United States, Williams (2007) surveyed EMS leaders and found that 40% of the respondents rotate employees through different organizational experiences to diversify their skills (p. 2).

Some developmental assignments can be done concurrently with regular job responsibilities, while others require a temporary or permanent leave from the participant’s position. The reported positive outcomes of job rotations and developmental reassignments include: improved managerial, technical, and business knowledge and skills; a stronger belief in the value of viewing problems from different perspectives; higher mutual respect for other functions; and a greater appreciation in the need for collaboration (Berke et al., 2008; Suutari & Viitala, 2008; Yukl, 2006). Their research also identified some possible adverse effects of job rotations: increased costs, such as

those associated with moving individuals; lower productivity, due to the normal learning curve for the leader and decreased productivity of the subordinates; and lower levels of satisfaction of those people required to accommodate and assist the manager.

Developmental opportunities put leaders into positions where they are required to make difficult choices, solve complicated problems, and overcome obstacles. These challenges (see Table 11) force the leaders to stretch. They are pushed beyond their comfort zone, and they are required to think and act beyond what they may have normally thought possible (Berke et al., 2008). These assignments help leaders build competencies that they can then use to add value to the organization.

The main question that remains unanswered regarding challenging developmental assignments is the amount of time required to optimize learning in a developmental assignment. Little is known about how long it takes for the desired competencies to be developed, or about the necessary facilitation conditions (Yukl, 2006). If the job rotation or secondment is too short, the leader will not have the opportunity to maximize the learning potential, and if the assignment is too long, the leader reaches a plateau where the pace of learning new competencies levels out. Further research in this area would contribute to the opportunity to maximize the benefits and decrease the risks of moving people in and out of developmental positions in organizations.

Developmental job assignments are likely to contribute very positively to individual leader development. Doh (2003) described the magic of this learning method; “Book knowledge is only a small part of effective leadership.... Leadership is a performance sport. Leadership requires both thinking and doing—to the satisfaction of many others with diverse expectations” (p. 59). Challenging job assignments require

leaders to think and do thus forcing them to develop competencies quickly and ultimately making them more effective.

Table 11. *Ten Key Challenges That Stimulate Learning*

Practical Challenge	Description of Challenge
New Responsibilities	Handling responsibilities that are not familiar to the learner or different from previous areas of focus
Fresh Strategic Direction	Making key strategic changes or starting a new project, initiative, or operational plan
Inherited Problems	Solving problems created by someone else or those that existed prior to taking on the new responsibility
Personnel Challenges	Dealing with employees who lack adequate experience, are incompetent, or are resistant to change
High Stakes Situations	Managing work with tight deadlines, pressure from above, high visibility, and responsibility for critical decisions
Broad Scope and Scale	Managing work that is broad in scope (involving multiple functions, groups, locations, products, or services) or large in size (related to workload, number of responsibilities)
Significant External Pressure	Managing the interface with important groups outside the organization, such as customers, vendors, partners, unions, and regulatory agencies
Influence Without Authority	Influencing peers, higher management, or other key people over whom you have no authority
Cross Cultural or Multicultural Environments	Leading people from different cultures or with located in other countries
Human Diversity	Being responsible for the work of people of both genders and different racial, religious and ethnic backgrounds.

Note: Adapted from McCauley (as cited in Berke et al., 2008, p. 61)

Multisource Feedback (360-degree feedback)

Providing systematic, behavioural feedback from a number of different sources has become a common tool for leadership competency development (Yukl, 2006). Multi-source feedback, also known as multi-rater assessment or 360-degree feedback has been called one of the most notable management innovations in the past decade (Alimo-Metcalfe & Alban-Metcalfe, 2005; Suutari & Viitala, 2008; Yukl, 2006). Williams's (2007) study of EMS systems found 19% of respondents used professional/organizational assessments to provide employees with a better awareness of the preferred work styles, and of these respondents, 39.6% used a 360-degree feedback tool (p. 2).

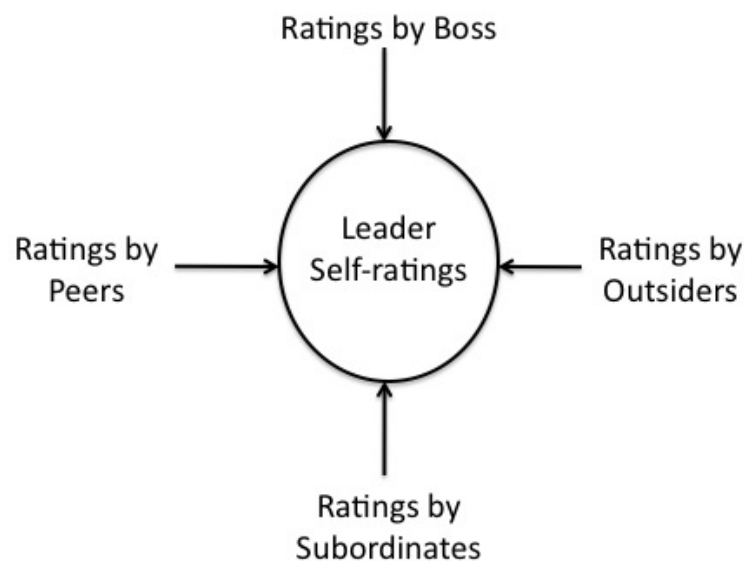


Figure 6. Sources of information for a 360-review.

Structured multisource feedback provides benefits over informal feedback in that it provides a structured means of collecting and processing data and an opportunity to reflect on this valuable information (Berke et al., 2008). Formal 360-degree feedback processes challenge a leader to do a self-evaluation which is supplemented by information about their skills and behaviours from anonymous, standardized

questionnaires completed by their subordinates, peers, superiors, and occasionally external people such as clients or strategic partners (see Figure 6). In addition to looking at an individual leader's competency, a 360-degree tool can be used to determine group strengths and development needs for a team or work unit (Yukl, 2006).

The effectiveness of multisource feedback programs is dependant upon the manner in which the feedback is presented to the participant. Although the tools differ somewhat, the common ways for feedback to be presented are: (a) the leader receives a feedback report and is left to interpret it alone, (b) the leader receives a feedback report which is interpreted at a one-on-one meeting with a trained facilitator, or (c) the leader attends a workshop with a facilitator who helps a group interpret their individual feedback report (Yukl, 2006). Not surprisingly, facilitation sessions are critical to help participants identify development goals and to access structured learning programs to work on the skills and behaviours that were identified as weaknesses (Berke et al., 2008).

Despite widespread use of multisource feedback in organizations over the past decade, its effectiveness has not been determined (Yukl, 2006). Although research shows that 360-degree feedback can improve performance and lead to behaviour change over time (Berke et al., 2008; Yukl, 2006), the extent to which the feedback results in improvement of skills may depend on what training and follow-up activities occurred afterward (Yukl, 2006).

Action Learning

Action, not knowledge, is the goal of some best-practice leadership development programs (Fulmer & Wagner, 1999). Action learning is defined as an approach that combines formal training with the learning from real-life study of the leader's business

and organizational issues (Boaden, 2006; Conger & Xin, 2000; Yukl, 2006). To develop leaders who can make critical decisions, action learning does more than provide leaders with knowledge and information. Action learning equips leaders with the necessary skills, qualities, techniques, and experiences to immediately apply their learning in live situations (Conger & Xin, 2000; Fulmer & Wagner, 1999).

Individual leaders or teams engage in action learning when they work on complex organizational problems that use skills and knowledge gained in formal education sessions (Suutari & Viitala, 2008). The value of action learning is that it provides formal educational structure that allows the leader to reflect, critique, and learn from the experience. Often, action learning projects are selected to develop cognitive and interpersonal skills rather than technical knowledge (Yukl, 2006). Thus, three kinds of outcomes are sought: “delivering measurable organizational results, communicating learning specific to a particular context, and developing more general leadership skills and capabilities” (Suutari & Viitala, 2008, p. 379).

Boaden (2006) studied a number of leadership development programs used in the National Health Service in the United Kingdom. One of her key findings was “action learning is a useful method for this type of [professional] development” (p. 23). However, there are some challenges with action learning that include potential inadequate opportunities for reflection, the possibility of poor facilitation, and failure to follow up with learners after the training sessions (Boaden, 2006; Conger, 1993). Effectiveness of action learning for the development of leadership competencies therefore depends on the type of project, the composition of the team, and the type of coaching and facilitation provided. Marsick (as cited in Yukl, 2006) found that “action learning works best when

teams are composed of people with diverse backgrounds so that participants are exposed to different viewpoints and perspectives” (p. 209).

Leadership development has evolved significantly in a single generation. A typical corporate training event used to be a day at a university where the learner was handed an agenda, a textbook, and a notebook, and was expected to sit in a classroom and be a listener for eight or more hours. Today, the leader-participant listens occasionally, interacts frequently in simulated settings to test their skills or understanding, and frequently spends a significant portion of their time demonstrating their ability to apply concepts to real challenges (Fulmer, 1997). Action learning has proven to be a fresh developmental activity that engages learners and promotes the growth of leadership competencies.

Self-Help

Historically, professional development training has meant classroom-based courses. As computer-based learning, on-line programs, virtual simulations, and other technologies have grown in popularity, they now allow leaders to take more responsibility for their own learning. As the name implies, self-help activities are those carried out by individuals on their own. A leader may elect to develop his or her own skills by reading books or magazines, viewing videos, listening to audiotapes or podcasts, using interactive computer programs, or participating in on-line simulations (Yukl, 2006). Suutari and Viitala’s (2008) survey of 2,500 senior managers found that 68% of the respondents had taken part in self-help activities like books or magazines within the last three years (pp. 383–384).

Unfortunately, there is a paucity of evidence to demonstrate that the traditional forms of self-help contribute to the development of leadership competencies, nor does research suggest that self-directed learning can substitute for formal instruction. There are however, some theoretical advantages to self-managed learning, including “matching of learning content to individual needs, flexibility in the timing and availability of learning resources, and responsiveness to changing needs for information” (Suutari & Viitala, 2008, p. 380). Yukl (2006) provided a list of tentative recommendations for self-development of leadership skills:

- Develop a personal vision of career objectives
- Seek appropriate mentors
- Seek challenging assignments
- Improve self-monitoring
- Seek relevant feedback
- Learn from mistakes
- Learn to view events from multiple perspectives
- Be sceptical of easy answers. (p. 214)

Although these recommendations are proposed for those leaders who wish to manage their own leadership development, I would argue that these recommendations are appropriate for all leaders who seek to improve their leadership competency.

One area of self-help that appears to work is that of developing emotional intelligence. Goleman et al. (2002) wrote that self-directed learning works when the learner is “intentionally developing or strengthening an aspect of who you are or who you want to be, or both. This requires first setting a strong image of your ideal self, as well as an accurate picture of your real self—who you are now” (p. 109). This form of self-directed learning involves five discoveries (see Table 12), where each discovery is an individual tool to challenge the learner to make the changes necessary to become a more emotionally intelligent leader.

Table 12. *Self-Directed Learning: Five Discoveries to Improved Emotional Intelligence*

Discovery	Description
First Discovery	My ideal self: Who do I want to be?
Second Discovery	My real self: Who am I? What are my strengths and gaps?
Third Discovery	My learning agenda: How can I build on my strengths while reducing my gaps?
Fourth Discovery	Experiment with and practice new behaviours, thoughts, and feelings to the point of mastery.
Fifth Discovery	Develop supportive and trusting relationships that make change possible.

Note: From Goleman et al. (2002, pp. 111–112)

While there is little evidence to suggest traditional self-help is effective to develop leadership competencies, and there is only anecdotal evidence to suggest self-help may be effective in developing emotional intelligence. The jury is still out on the impact that on-line or Internet-based learning will have on professional development. This new style of self-help learning is increasing in popularity and while it may not replace formal training, it may play an important supplementary role in the learning process (Conger & Xin, 2000). Advances in technology will enhance the sharing of knowledge, ideas, and perspectives among participants via such venues as “chat-rooms, thought leaders access, e-learning advances, e-mentoring/shadowing, and business simulations” (p. 380). Technology has proven to be useful for some areas of professional development, however, only time will tell if technology will ever be able to replace the value of bringing people together to develop relationships and share their learning experience in a face-to-face environment like that offered in formal education programs.

Does Leadership Development Make a Difference?

Regardless of the method, the question remains whether leadership development makes a difference. Measuring return on investment, both in terms of monetary value and the development of leadership capacity, is a difficult and complex process (Hannum, Martineau, & Reinelt, 2007).

Training of leadership competencies is conducted in-house by organizations, universities, consulting firms, and organizational training centres. Furthermore, leadership development is delivered in a wide variety of formal and informal ways. As a result, it is much more difficult to determine whether leadership development programs have a positive measurable outcome for organizations. Despite the massive amount of money spent on professional development, and regardless of the significant time committed by individuals and organizations to participate in professional development, there is relatively little research to assess its effectiveness (Doh, 2003; Yukl, 2006).

There have been a number of reviews (Bass, 1993; Blanchard, 2007; Collins, 2001; Maxwell, 2008; Yukl, 2006) demonstrating that transformational leadership has a strong positive impact on improving the objective measures of organizational productivity, profitability, effectiveness and efficiency, as well as subjective measures like employee satisfaction, sense of team, customer loyalty, and brand recognition. There was some limited evidence of return on investment for growing your own leaders in EMS. The Williams (2007) study concluded:

Personnel makes up one of the largest line items of an organization's budget, and the cost of retaining employees is a fraction of the cost of replacing them. By identifying high performers, helping them develop their strengths and thoughtfully growing them within your organization, you can build a sustainable pool of committed talent. (p. 3)

Surface knowledge and skill competencies are relatively easy to develop and training is the most cost-effective way to achieve these abilities. Core motive, attitude, values, and trait competencies are difficult to develop and therefore it may be most cost-effective to select and hire for these characteristics (Spencer & Spencer, 1993; see also Figure7).

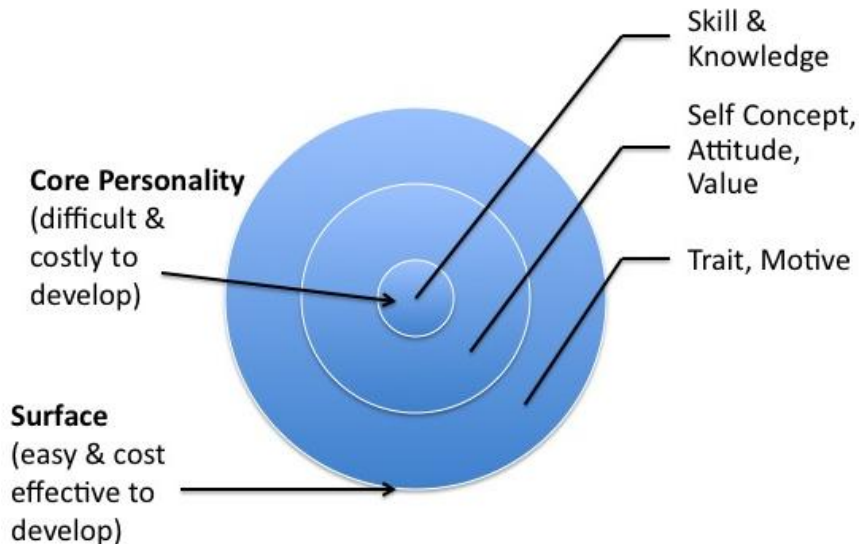


Figure 7. Central and surface competencies—return on investment.

Leadership competencies can be developed, taught, and learned to improve the quality and effectiveness of individual leaders and organizations. However, the development of leadership also includes the development of solid moral values and personal virtues such as humility, compassion, integrity, and forgiveness (Doh, 2003; Yukl, 2006). Murphy and Riggio (2003) underscored the proposition that ethics and leadership are intertwined by reminding us that,

historically, leadership has been one of the most potent forces for good—or evil—in society. Within the corporate sector, the financial collapse of several high-flying organizations has been directly traced to failures in leadership among those who were entrusted with the firm's reputation and well-being. (p. 25)

It can be argued that outcomes from any type of leadership development in EMS should lead to improved patient care, although most research in this area comes from the nursing and traditional health professions (Boaden, 2006). If EMS systems are to deliver excellent patient care and be sustainable, they need to make a considerable investment into the development of an evidence-based, future-looking, leadership competency profile. As a profession, we need to concentrate effort on supporting the professional development of our future leaders. Perhaps most importantly, we are challenged to recruit and retain quality people with a willingness to learn and who possess great integrity and strong moral and ethical foundations.

CHAPTER THREE: CONDUCT OF RESEARCH

Research Approach

This research project used a quantitative action research approach to gather information from current Canadian EMS Chiefs to understand and incorporate best practices in order to enhance leadership capacity in EMS. Coghlan and Brannick (2005) presented action research as a participative process that is based on a collaborative problem-solving relationship between researcher and client that aims at both solving a problem and generating new knowledge. Stringer (2007) identified the core principles of action research as relationships, communication, participation, and inclusion (pp. 28–36). EMS in Canada is a relatively new profession led by a small group of close-knit individuals. These leaders share the common values of advancing, aligning, and improving the EMS profession and the services delivered to the patient and the community. I chose the action research methodology to leverage the strong relationships that exist between the EMS Chiefs to produce original and comprehensive data. This data will generate ideas to positively impact the professional development of current and future EMS leaders across the country.

Action research involves concurrent action and research; it is also iterative and participatory. Perhaps most importantly, the cycle of inquiry involves reflection on the research process, data findings, and interactions between the participants and researcher. This reflection occurs repeatedly throughout the action research process. Stringer (2007) referred to this as an “action research interacting spiral” (p. 9), as reflected in Figure 8. This interacting spiral, with its non-linear, look-think-act cycle, is the profound difference between action research and traditional research methodologies. Key to the process is that

action research allows the researcher to reflect upon what they have observed and participated in and what impact their role may have had on the participants. Furthermore, the researcher is expected to make changes to the process as it progresses through the spiral of diagnosing, planning action, taking action, and evaluating action (Coghlan & Brannick, 2005; Stringer, 2007).

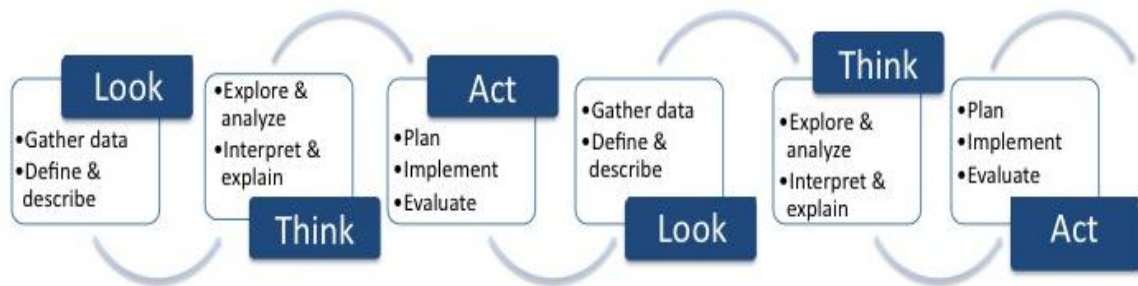


Figure 8. Action research interacting spiral.

Historically in the police and firefighting protective services, the traditions, hierarchy, and unique cultures can stifle innovation and positive forward change. Action research represents a powerful challenge to the status quo in its scrutiny of entrenched, culture-bound structures, practices, and opinions (Morton-Cooper, 2000). Action research lends itself for use in a community like EMS that values and embraces change and innovation because action research is based on the assumption that the stakeholders affected by the problem under study will be engaged in the process of investigation (Stringer, 2007). Regardless of the outcome of this study, it is my intention that the experience of this action research project will motivate participants to engage in a long-term developmental process that will challenge tradition and slowly change the culture of EMS to one that values leadership competence over technical and clinical experience.

Project Participants

In this section I describe the participants in my research study and how they were selected. My data collection process used a sequential explanatory mixed-method approach, which included personal interviews followed by an on-line survey of EMS leaders from specific geographical regions of Canada. These data gathering methods allowed some structure necessary to the paramilitary culture of EMS, while ensuring an interactive process that enhanced the relationship between the researcher and the participants, adding tremendous richness to the data.

Interviews were first conducted with seven current EMS Chiefs representing the largest geographic regions and most common EMS service delivery models in Canada. Palys and Atchison (2008) called this “purposive sampling ... [where] people or locations are intentionally sought because they meet some criteria for inclusion in the study” (p. 124). The interview participants represented EMS organizations that serve large populations in their province or region (see Table 13). These participants represented a comprehensive cross-section of the various EMS governance and delivery models in Canada, including provincial, integrated with the health system, rural, urban, fire department, and private contractor. The interview participants were chosen from a list of members of the EMS Chiefs of Canada. In regions where the EMSCC had no members, an internet search was conducted to identify the contact information of EMS leaders from those areas. In some cases, one participant represented more than one delivery model or region in Canada. For example, a fire integrated service may be urban, rural, or both.

The target group for the on-line survey was forty-five EMS leaders in Canada who hold the position of Chief or Deputy Chief. Glesne (2006) wrote,

Random sampling, the strategy often used in quantitative research, is appropriate for selecting a large, statistically representative sample from which generalizations can be drawn. Qualitative researchers neither work (usually) with populations large enough to make random sampling meaningful, nor is their purpose that of producing generalizations. (p. 34)

In the same manner that the participants were chosen for interviews, the survey respondents were decided using purposive sampling. The respondents were selected based on their geographic location in Canada, with attention given to fair representation of service delivery models and system governance (see Table 14). As before, in some cases, one participant may represent more than one geographical region or service delivery model.

Table 13. *Participant Interview Matrix*

Service Delivery Model	Region		
	Western Canada	Central Canada	Atlantic Canada
Urban	X	X	
Rural	X	X	
Private Contractor			X
Fire Integrated	X		
Health System Integrated	X		

Note: Total interview participants = 7. In some cases, one participant represented more than one delivery model or region in Canada

Table 14. *Participant Survey Matrix*

Service Delivery Model	Region			
	Western Canada	Central Canada	Atlantic Canada	Northern Canada
Urban	X	X	X	X
Rural	X	X	X	X
Private Contractor	X	X	X	
Fire Integrated	X	X		X
Health System Integrated	X		X	X

Note: Total survey respondents = 36

Other Research Participants

Project Sponsor

Chief Tom Sampson and the EMS Chiefs of Canada served as my project sponsor for this research study. Tom Sampson is the Past President of the EMS Chiefs of Canada and serves as the Chief of Calgary EMS. Mr. Sampson is a founding member of the EMS Chiefs of Canada and was a significant contributor to the development of the EMS Chiefs of Canada (2006) white paper. I chose Mr. Sampson as my sponsor for a number of noteworthy reasons. First, as a founding director and the Past President of the EMS Chiefs of Canada, he has a wealth of experience about the EMS profession across Canada. Finally, and most importantly, Mr. Sampson has an impeccable reputation as both a charismatic and transformational leader with a strong vision of the future of EMS in Canada. It is a great pleasure for me to have the opportunity to work with Mr. Sampson on this education and leadership journey.

Content Advisor

Chief Bruce Farr is the current President of the EMS Chiefs of Canada and serves as the Chief of Toronto EMS. Mr. Farr leads the largest EMS service in Canada and served as the content advisor for my research project. I chose Mr. Farr as a content advisor for a number of noteworthy reasons. First, as a founding Director and the current President of the EMS Chiefs of Canada, he has a wealth of experience with the EMS Chiefs of Canada and the EMS profession across Canada. Furthermore, Mr. Farr from Toronto provided geographical balance to my research project since my Sponsor, Chief Tom Sampson, is from Calgary. Finally, Mr. Farr is recognized in the EMS profession as an outstanding leader and provided richness to my research topic.

Project Supervisor

Although not a key participant in the research study, my faculty project supervisor, Ms. Jo Volek, played a critical role in helping to ensure that my project stayed focused and met the test of academic rigor required to meet the standards of Royal Roads University (2000, 2007). As a non-emergency services member, Ms. Volek provided valuable feedback to ensure I avoided using industry-specific vernacular that could confuse the reader.

Research Methods and Tools

I set out to learn from my participants and the most experienced and educated executive level EMS leaders in Canada. My focus was to ask them which leadership competencies and personal attributes they feel are most important to be effective and efficient leaders. Furthermore, I wanted to learn which competencies they seek when hiring direct reports, how do they approach their own professional development, and

what tools they use to develop future leaders of their organizations. These data were captured using two different research tools that I will describe in this section, and I will indicate why I used these methods of data collection.

Interviews

An interview is an informal conversation with a purpose (Berg, 2004; Stringer, 2007).

Interviews provide opportunities for participants to describe the situation in their own terms. It is a reflective process that enables the interviewee to explore his or her experience in detail and to reveal the many features of that experience that have an effect on the issue investigated. (Stringer, 2007, p. 69)

The interview was the ideal technique to draw out themes and data for my research project because the participants are intimately familiar with their stories and had a genuine interest in sharing their experiences with a peer. The interview method was also my preferred method of initial data collection because, logistically, it is best for a cross-Canada pool of respondents who would be impossible to bring together for focus groups or any other group data collection method.

As the primary interviewer, I approached each conversation with a standard set of ten open-ended questions that served as a guide and allowed me to adjust the words or language as required for my participants. The pre-developed questions gave me the flexibility to provide additional clarity to ask probing questions to help the participant expand on an answer. The interactive nature of an interview meant that I had to be aware of reactive biases, which were the verbal and physical cues I give off during the interview (Palys & Atchison, 2008). Glesne (2006) identified a number of interviewer attributes (see Table 15) that helped me ensure that I facilitated high-quality interviews and reduced reactive bias.

Table 15. *Interviewer Attributes*

Attribute	Description
Anticipatory	<ul style="list-style-type: none"> • Look ahead; ask, “What does the situation call for?” • Plan everything: materials, equipment, location, time of day, order of participants • Reflecting on each day is preparatory to anticipate what is next
A Learner	<ul style="list-style-type: none"> • Be naïve • Don’t make assumptions • Casting yourself as the learner correspondingly casts the respondent as the teacher • When you are a learner, you get taught
Analytic	<ul style="list-style-type: none"> • Always consider relationships, salience, meanings, and explanations • Research talk is driven by research purposes—even though it is informal it is a different conversation • Listen analytically and convert the results of ongoing analysis into further questions
Nondirective	<ul style="list-style-type: none"> • Learn the respondent’s beliefs, experiences, and views, rather than persuading them to your perspective • Do not communicate that you also share (or do not share) the respondent’s beliefs or feelings • You do not have to be robot-like or impassive
Patiently Probing	<ul style="list-style-type: none"> • As the researcher, you cannot exhaust what there is to know about your topic; however, you must concentrate on being patient in order to give due, unrushed attention and deliberation to the responses you elicit • Your probes are requests for more explanation, clarification, description, and evaluation • Probes take many forms: from silence, to sounds, to a single word, to whole sentences
Non-Threatening	<ul style="list-style-type: none"> • Never do anything to make the respondent look or feel ignorant • Be calm and reassuring • Be aware that your nervousness may make the respondent feel more nervous
Aware of Power and Hierarchy	<ul style="list-style-type: none"> • Be mindful of status differences inherent in any research interaction (e.g., sex, ethnicity, religion) • Look for ways to give back during and after the research process

Attribute	Description
Caring and Grateful	<ul style="list-style-type: none"> • If you are uncomfortable with the hierarchical nature of traditional inquiry, choose topics that allow or require more sharing of self or work on projects requested only by the research participants • Communicate your appreciation • Leave time after your interviews to express your gratitude • If your sessions are pleasant and sometimes exhilarating for you, then they most likely are for your respondents as well

Note: Compiled from Glesne (2006, pp. 93–100).

I used email to contact my list of potential participants and to send them a participant interview package containing the invitation to participate document (see Appendix B), the informed consent document (see Appendix C), and a list of the interview questions (see Appendix D). Once the individual returned a signed copy of the consent form, I arranged a mutually-agreeable time for the interview and booked a 90-minute session with each participant.

The interviews were primarily conducted over a telephone, and in only one case, the interview was performed face-to-face. Field notes were taken during the interviews to record details and highlights. The interviews were recorded using a minidisc recorder and a telephone-recording adaptor. While I appreciate any interview conducted remotely is not as intimate and interactive as face-to-face, I believe they were a reasonable compromise and still allowed for a participant-researcher rapport to be established.

On-Line Survey

At the completion of the interview phase, the preliminary findings and key themes determined how the questions were drafted for the on-line survey. Surveys, or questionnaires, are also considered an interactive data-collecting method, even though the

responses are not verbal (Palys & Atchison, 2008, p. 158). Sending the surveys out using a web-based tool, or what Palys and Atchison called “computer-assisted social research” (p. 164), allowed me to move from observation to analysis much more quickly. I also believe that due to the ease of use of the on-line tool and the ready access to the Internet, I was successful in receiving an 80% return rate on the surveys. Of note is that the survey was sent to participants in Quebec. I confirmed that these individuals are all bilingual; therefore, I was not required to translate the survey or the data received from the survey.

The questions used for the interviews and the surveys were substantially similar; however, the interview questions were open-ended and the survey questions had well-defined choices for answers (see Appendix E). Patton (as cited in Glesne, 2006) stated, “The researcher [needs] to ask questions from a variety of angles ... [that] includes experience/behavior questions, opinion/values questions, feeling questions, knowledge questions, sensory questions, and background/demographics questions” (p. 82). With this in mind, I developed ten open-ended questions that met these criteria for the interviews and twenty questions that met these criteria for the survey. The interview questions are presented in Appendix D, and the survey questions are presented in Appendix E.

Prior to conducting the interviews or releasing the survey, I test piloted the questions on the Deputy Chiefs who work in my organization. Although their data were not included in the final research project, I was able to ensure that the questions were easily understood and generated answers that added value to my research focus.

Trustworthiness and Reliability

As mentioned previously, this action research study used two qualitative data gathering tools: interviews and surveys. Both of these tools were developed in concert

with a third data-gathering technique, the comprehensive literature search presented in Chapter Two. The use of this mixed-method approach to data collection contributes to the trustworthiness of the data—a practice called triangulation (Berg, 2004; Glesne, 2006). “The inclusion of perspectives from diverse sources enables the inquirer to clarify meaning by identifying different ways the phenomena are being perceived” (Stake, as cited in Stringer, 2007, p. 58). I felt it personally and professionally imperative that I gather trustworthy data that accurately reflected the views of the research participants because my observations, recommendations, and conclusions will ultimately be presented back to all participants in a verbal or printed format.

Study Conduct

The interviews were conducted first because they could be booked and facilitated while I progressed through the literature search. I conducted seven of the eight interviews over the telephone from my office. The telephone interviews were completed during office hours between Monday and Friday over a three-week period based on the participant’s schedule. The interviews were held behind closed doors for the purpose of privacy and confidentiality, and the conversations were recorded onto a minidisc recorder using a device connected to the telephone line. One of the interviews was conducted face-to-face in the participant’s closed boardroom. A minidisc recorder connected to a microphone recorded the conversation.

All interview participants were asked ten standard questions (see Appendix D) as well as probing questions depending on the answers they provided. The interviews ranged in length from 45 to 80 minutes. Stringer (2007) suggested that tapes should be transcribed as soon as possible after the interview, and the researcher should confirm with

the participant that the transcription was accurate. After the interviews were concluded, I transcribed the key themes directly into a spreadsheet so that data could be more easily coded and analyzed. In any occurrences where my transcription was unclear, I confirmed the accuracy of the data with the participant. All data gathered from the interviews, including the field notes and the minidisc recordings, were kept secured in my private residence and will be destroyed twelve months after the successful completion of this project.

Survey data were collected using the on-line data collection tool SurveyMonkey (2008). The survey questions (see Appendix E) were developed after the key themes were analyzed from the interview data. A hyperlink to the on-line survey was sent to forty-five participants via email (see Appendix F). The participant had the choice to participate in the survey or not, based on the informed consent document embedded within the survey (see Appendix E). The data collected on-line from the survey were anonymous and will reside on a password-protected server until deleted. Exports of the survey data were made into a spreadsheet for the purposes of coding and analyzing the data. The raw electronic survey data and the exports to the spreadsheets will be deleted at the same time as the interview data, twelve months after the successful completion of the project.

Data Analysis

The research data collected were organized in an electronic filing system that had at least one back up. The data were in the form of digital recordings of interviews, transcripts, field notes, original documents, raw data exports from the on-line survey tool, coded spreadsheets of data, researcher notes, and support materials.

All interviews were transcribed into an electronic document and then read, coded, and analyzed to identify common themes. I coded the themes from the data by colouring the text and cross-referenced each cell of a spreadsheet with a corresponding number. I then used several pivot tables to analyze all of the common themes. I used the raw data from the survey to display charts and tables, which I could use to draw common themes and identify trends. The themes were arranged into overarching categories and sub-categories. Glesne (2006) supported this approach by writing, “Within the sociological tradition, the most widely used means of data analysis is *thematic analysis*, a process that involves coding and then segregating the data by codes into data clumps for further analysis and description” (p. 147). Poignant, profound, and powerful quotes from the participants were copied into a document for use in other areas of this project to support or refute findings or recommendations.

Once all of the data were coded and grouped into themes, I used Wolcott’s (as cited in Glesne, 2006) method to connect the data, which included “description, analysis, and interpretation as three means of data transformation, or of moving from organization to meaning” (p. 164). I absorbed the data and envisaged a number of ways it could be used to answer my research questions. I attempted to view the data as a third party participant, searching for any gaps or omissions. Comparing the final list of themes to the raw data, I ensured that I captured the flavour of each participant’s contribution to the data set. After careful analysis of the themes, including considerable contemplation and reflection, I proceeded to make the conclusions and recommendations presented in Chapters Four and Five.

Ethical Issues

“In law a man is guilty when he violates the rights of others. In ethics he is guilty if he only thinks of doing so” (Immanuel Kant, as cited in Thinkexist, 2006, ¶ 5). When I started this project I was the Chief of the City of Edmonton EMS and a Board Member of the EMS Chiefs of Canada. During the course of the research I changed jobs and became the Operations Director of EMS for the Edmonton Zone of Alberta Health Services. As such, I have a vested interest in both the development of leadership capacity in my organization, as well as in my profession. Furthermore, the research participants in this project are my peers, colleagues, and in some case my close friends.

The action research phase of this major project made me appreciate that the relationships I have with the study participants influenced the quality of the data I received. Rowan (as cited in Coghlan & Brannick, 2005) told us, “Ethics involves authentic relationships between the action researcher and the participants in the research” (p. 77). This theme was supported by Stringer (2007) who wrote, “Action research has a primary interest ... in establishing and maintaining positive working relationships” (p. 28). One of my key objectives of this process was to ensure that my positive relationships with the study participants were maintained, while at the same time not impacting the quality or validity of the data.

This research project was conducted in accordance with the Royal Roads University (2007b) *Research Ethics Policy*. This policy is based on eight guiding ethical principals identified in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research

Council of Canada [Tri-Council], 1998). These eight categories of ethical consideration were addressed during this research study. They include: respect for human dignity, respect for free and informed consent, respect for vulnerable persons, respect for privacy and confidentiality, respect for justice and inclusiveness, balancing harms and benefits, minimizing harm, and maximizing benefit (pp. i.5–i.6).

Respect for Human Dignity

My overarching priority was to respect each participant as an individual and always consider his or her needs and wants before my own. I did not coerce, force, manipulate, or deceive anyone into participating in the study. As a conscientious researcher, I made every effort to ensure my participants felt comfortable and willing to work with me through this journey of mutual discovery.

Respect for Free and Informed Consent

When soliciting participants for this action research project, I did not use my position as a peer, supervisor, board member, or colleague to influence the potential candidate. The participants in both the interviews and the surveys were provided with an overview of the purpose of this action research study; they were informed on where and how the data will be used; they were assured that the data would be stored under lock and key and destroyed within a reasonable period of time. They were also notified and reminded that they were free to discontinue participating at any time in the process without repercussions of any kind. All participants were provided with an informed consent form (see Appendices C and E) which was signed by the respondent in advance of the interviews or electronically before the survey commenced.

Respect for Vulnerable Persons

I was consistently sensitive and considerate to all participants in the course of this research. Based on the definition provided by the Tri-Council (1998) *Policy Statement: Ethical Conduct for Research Involving Humans* of a vulnerable person as one with diminished competence and/or decision making capacity, I did not invite vulnerable persons to participate in this study.

Respect for Privacy and Confidentiality

I ensured that the participants' privacy and confidentiality were maintained at all times and committed to keeping all shared information confidential. This applied to the manner in which I secured audio recordings, transcripts, written notes, completed surveys, and electronic data.

Respect for Justice and Inclusiveness

This research study concentrated on the experiences, observations, and opinions of EMS Chiefs from across Canada. All activities and data-collection methods were conducted in an open and transparent manner to ensure that all respondents had equal opportunities to share their stories and information. I selected participants from various geographical locations and EMS system models across Canada that best represent the membership of the EMS Chiefs of Canada.

Balancing Harms and Benefits

I approached this research project being mindful of the power and influence that my project sponsor has within the EMS system across Canada. Furthermore, I am aware that my position as a board member on the EMS Chiefs of Canada may have some measure of influence on my respondents. Most importantly, I appreciated that my peers

and friends were invited to participate in this research, and I made every effort to eliminate all perceptions of influence, bias, and coercion.

Minimizing Harm

The participants, and indeed the sponsor organization, were made aware that the data collected for this research were solely used for the purposes of identifying opportunities to improve the EMS profession in Canada. There is no intention to identify deficiencies, errors, or problems with any organization or individual.

Maximizing Benefit

As the sponsor organization, the EMSCC will receive a final report, and I will recommend it be shared with any and all interested parties, with the hope for a wide distribution for national and global learning opportunities. I will personally use the findings of this research project to improve my own organization and the people who choose to work within it.

As a member of the Alberta College of Paramedics, I am bound by a Code of Ethics (Alberta College of Paramedics, n.d.b) to ensure “that one’s conduct reflects positively on the integrity of the profession” (§ 1). With respect to my role as a researcher, I interpret this ethical responsibility as ensuring my thoughts, actions, communication, and behaviours will represent me positively as a professional.

As a learner in the Master of Arts in Leadership program at Royal Roads University, I am required to comply with the policy on *Integrity and Misconduct in Research and Scholarship* (Royal Roads University, 2007a) as well as the *Research Ethics Policy* (Royal Roads University, 2007b). These policies are established to guide postgraduate learners through ethical research methodology. The *Research Ethics*

Policy specifies that, whenever research is conducted with human subjects, an ethical review is mandatory. Regardless of the approach used, interviews, questionnaires, surveys or focus groups, the researcher is obliged to submit a detailed plan to the Research Ethics Board for approval prior to commencing any related activities. The *Integrity and Misconduct Policy* mandates practices to be followed to ensure the viability and confidentiality of information provided for the purposes of research.

In advance of doing this research, I predicted that one of the most significant areas of ethical consideration was regarding the use of my direct reports as research participants. Given the fact that I had a position of authority over some of the participants, I elected to not include my direct reports as participants in this study.

Palys and Atchison (2008) wrote, “Being ethical as a researcher means that you have an essential fiduciary obligation to consider things from research participants’ perspectives and to ensure participants’ rights are safeguarded” (p. 71). Therefore, my personal goals for ethical consideration in the pursuit of answering my research questions included:

1. Research participants will fully understand the purpose of the research and the methodology used to collect the data;
2. People will have the right to refuse to participate;
3. Participants can withdraw from the research at any time without fear of consequences;
4. All information will be stored safely and confidentiality will be strictly maintained; and

5. A clear informed consent document will be developed that identifies these objectives.

The sponsors of this action research project are the EMS Chiefs of Canada. As a board member of this organization, I support the values they exemplify: honesty, excellence, accountability, responsiveness, inclusiveness, and treating each other with respect (EMSCC, 2004, p. 7). These values, coupled with my professional code of ethics and dedication to strict adherence to the Royal Roads University (2007a) eight guiding ethical principles, ensured that “participants come to no harm as a result of their participation in the research project” (Stringer, 2007, p. 54).

CHAPTER FOUR: ACTION RESEARCH PROJECT RESULTS AND CONCLUSIONS

Introduction

In this chapter, I will identify the key findings from the data collected during interviews and through surveys of EMS leaders across Canada. These findings led to conclusions to address the research question: How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders? The study conclusions and the limitations of the study will be discussed in detail at the end of this chapter. To provide context to the data and the findings, I will start by presenting the demographics of the respondents.

Participants

Participants in both the interviews and surveys were asked to identify the region of Canada in which they worked. The available options were: Western Canada, Central Canada, Atlantic Canada, and Northern Canada. Since EMS is a small community in Canada, to maintain anonymity, the participants were not asked to identify their specific city, or province. Respondents were asked to describe their service delivery model and their service delivery population size. The respondents were also asked to identify their leadership experience in terms of their years of experience in a leadership role and their highest level of academic achievement.

Data collection for this research project was conducted in two ways: a comprehensive interview with a small group of key informants, and an on-line survey with a larger group of participants. The sample size for the interviews was seven EMS leaders from across Canada. There were 36 surveys fully completed of the 45 invitations

sent to participants; this represents an 80% response rate for the survey. The geographic representation of the survey respondents is shown in Table 16.

Table 16. *Geographic Designation of Survey Respondents*

Region	Survey Respondents	Percent <i>N</i> = 36
Western Canada	19	53%
Central Canada	12	33%
Atlantic Canada	2	6%
Northern Canada	3	8%
Total	36	100%

The survey respondents were asked to identify their service delivery models. The choices provided were: municipal EMS service, regional EMS service (including authority or commission), integrated fire/EMS service, private contractor EMS service, Provincial EMS service, health region/hospital-based EMS service, air ambulance, and military. Almost 50% of the respondents were from municipal EMS systems. This is not surprising considering that municipalities are the most common EMS delivery model in Canada. The service delivery models represented by the respondents are presented in Table 17.

Table 17. *Service Delivery Models Represented by Survey Respondents*

Service Delivery Model	Number of Respondents <i>N</i> = 36
Municipal EMS Service	17
Regional EMS Service (including Authority or Commission)	4
Integrated Fire/EMS Service	3
Private Contractor EMS Service	3
Provincial EMS Service	4
Health Region/Hospital-Based EMS Service	2
Air Ambulance	2
Military	1
Total	36

The respondents were all senior leaders of EMS systems in Canada. One of the sources for the respondent list was the board of directors of the EMS Chiefs of Canada. This board is comprised of fifteen elected members who primarily represent large urban municipalities. The other respondents were selected based on their geographic location, the size of their organization, and the service delivery model they represent.

The survey respondents were asked to identify the service delivery area that they represent (see Figure 9). Almost 39% of the respondents represent large municipalities with a greater than 250,000 population. Mixed rural and urban EMS system leaders make up 31% of the respondents, and provincial EMS systems are represented by 8% of the respondents.

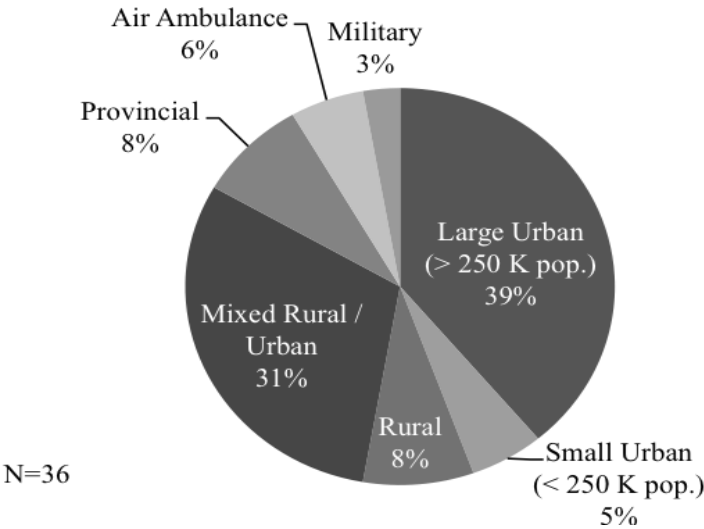


Figure 9. Service delivery area represented by survey respondents.

The survey respondents were asked to disclose the number of years they had been in a leadership position, defined as operations supervisor or above. The group is very experienced with only 8% having less than five years experience, and 14% having more than twenty-five years of leadership experience. Sixty-four percent of the respondents have between six and twenty years experience in a leadership position (see Figure 10).

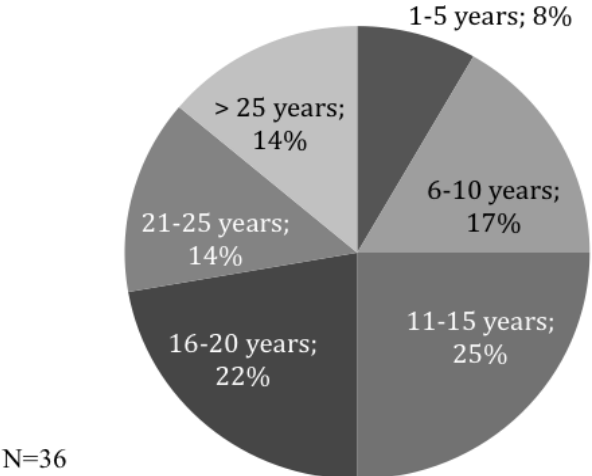


Figure 10. Survey respondents' leadership experience.

Most respondents reported having some non-paramedic post-secondary education, with almost 59% achieving at least one degree. Remarkably, more than 42% of the respondents reported that they have completed graduate or postgraduate degrees. Table 18 details the highest level of education reported by the respondents.

Table 18. *Highest Level of Education Completed by Survey Respondents*

Highest Level of Education Completed	Respondents	Percent <i>N</i> = 36
Some university courses	4	11%
Paramedic diploma	4	11%
Post secondary certificate	7	19%
Undergraduate degree	6	17%
Graduate degree	11	31%
Post-graduate degree	4	11%
Total	36	100%

Study Findings

Presentation of the research data will vary according to the purpose. Some data will be presented graphically, while some data will be presented in a narrative format.

The seven key findings of my research study are the following:

1. The most important leadership competencies for an EMS Chief are personal values, integrity, and ethics;
2. EMS Chiefs primarily seek future leaders who possess well-developed social skills and self-awareness;
3. EMS leaders participate most often in traditional forms of professional development, but also develop themselves by growing others;

4. EMS organizations do not invest enough in leadership development;
5. EMS leaders rate communications, conflict resolution, and strategic planning as the most essential components of a leadership development curriculum;
6. Blended learning with on-line and in-classroom components is the preferred delivery method for formal leadership education;
7. Learning with a cohort of students from a variety of professional backgrounds is the preferred method of EMS leadership development.

Finding 1: The Most Important Leadership Competencies for an EMS Chief are Personal Values, Integrity, and Ethics

The interview participants were asked to identify their opinion of the most important leadership competencies. The top eight themes were then presented to the survey respondents, who were asked to rank the eight competencies in order of most important to least important. The respondents were also given the opportunity to add a competency if they felt it was more important than those listed. This ranking was challenging for some of the participants, who found it difficult to rate one competency higher than another. One survey respondent commented, “Ranking the above was very difficult since the inter-relationship of the skills makes them all #1 in my books. But then again, that is somewhat the point isn’t it.”

Overwhelmingly, 57% of the survey respondents chose personal values, integrity, and ethics as the most important leadership competency. Creating and communicating a vision and communication skills were tied for the next highest-rated competency, followed by people skills. Although EMS is a very technical field reporting to at least one form of government, 57% of the respondents rated technical skills as the least important

of the listed competencies and 47% rated political acumen as the least, or second least, important leadership competency. The relative weighting of the importance of each of the identified leadership competencies was calculated by assigning 8 points for every first choice, 7 for every second choice, and so on. The sum of the points identified the rank of each competency, with the most points being the most important (see Table 19).

Table 19. *Top Eight Leadership Competencies Ranked in Order of Relative Importance*

Leadership Competencies	Relative Weighting
Personal Values/Integrity/Ethics	243
Creating and Communicating a Vision	198
Communication Skills	198
People Skills	192
Developing and Mentoring Others	126
Change Management Skills	114
Political Acumen	105
Technical Skills	76

When asked “what makes a leader competent,” one of the interview participants stated, “Self-awareness is the building block; from this you have capacity to be competent.” Another interview participant replied, “A competent leader is one with integrity and ethics and who carries influence with superiors, peers and subordinates.” Yet another replied, “A competent leader has a clear personal vision, mission, mandate.”

Several of the survey respondents provided leadership competencies that they felt were important, but not included in the choices provided. Samples of the survey (S) and

interview (IN) participants' responses are provided below. Notable on the list are competencies that are important in the EMS leadership environment and may be considered somewhat tactical in nature: clinical skills maintenance, crisis management, public relations, and labour relations. Participants' responses included:

Clinical knowledge base is important versus skills maintenance. (S)

Critical thinking skills. (S)

Strategic human resources capacity. (S)

Teamwork and cooperation; Financial acumen. (S)

Self-Awareness/Emotional Intelligence, clear understanding of the phenomenon of leadership, conflict resolution, development of teams, ability to think critically and outside of the box. (IN)

Depending on the size of service other required skills are time management, project planning, crisis management, public relations, labour relations. (IN)

Finding 2: EMS Chiefs Primarily Seek Future Leaders Who Possess Well-Developed Social Skills and Self-Awareness

Survey respondents were asked to choose only one preferred competency or attribute that they seek when hiring a candidate into a new EMS leadership position. The respondents preferred to select candidates who have demonstrated the ability to learn and develop (36%) and those who possess well-developed people skills, such as social and self-awareness (33%). Candidates who have demonstrated natural leadership abilities amongst their peers were also sought after by one-quarter of the respondents (see Table 20).

Table 20. *Survey Respondents' Most Preferred Competency or Attribute When Hiring Future Leaders*

Competency or Attribute	Respondents	Percent N = 36
Demonstrated ability to learn and develop	13	36%
Well developed "people skills" (social and self awareness)	12	33%
Demonstrated "natural" leadership ability (recognized by their peers)	9	25%
Significant and relevant experience in EMS	1	3%
Technical skills or knowledge	1	3%
Relevant post-secondary education	0	0%
Total	36	100%

In support of those leaders who have natural leadership ability, one interview participant answered, "I look for those who are selected unofficially by their peers," while another interviewee responded, "I look for a good leader who is spiritually engaged with their staff and has values that people endorse and want to follow." One of the interview participants volunteered, "I weigh more heavily in favour of a Deputy Chief who is strong in those competencies for which I am weak."

Candidates who only possess relevant post-secondary education, those who only have strong technical skills or knowledge, or those with only significant and relevant experience in EMS are less likely to be selected than those with the aforementioned attributes (see Table 20). One of the interview participants described the value of experience over education by saying, "Many senior guys in EMS systems do not have the education that you would expect at these senior levels, however, they have more than

enough experience and do a great job in the roles.” This opinion was somewhat contradicted by a survey respondent who stated, “Education gives a Chief a broader perspective of the world and education makes him more multidimensional.” An interview participant added, “Education may be more important than field experience because the complexities of the municipal government and health care world require stronger academic backgrounds than ever before.”

The data is not conclusive regarding the relative importance of education or experience when promoting future EMS leaders. However, the data very clearly demonstrate that an individual’s personal attributes (i.e., ability to learn, people skills, natural leadership ability) are the most sought after for promotion into leadership positions in EMS.

Finding 3: EMS Leaders Participate Most Often in Traditional Forms of Professional Development, but also Develop Themselves by Growing Others

When asked how they currently manage their own professional development, the survey respondents identified a number of traditional learning methods, including: reading books, articles, and/or journals (89%); attending seminars, workshops, and courses (75%), and pursuing formal education like a certificate or degree (50%). Interestingly, 81% identified teaching, coaching, and mentoring others as a way to manage their own learning; whereas, only 36% used a coach or had a mentor themselves (see Figure 11).

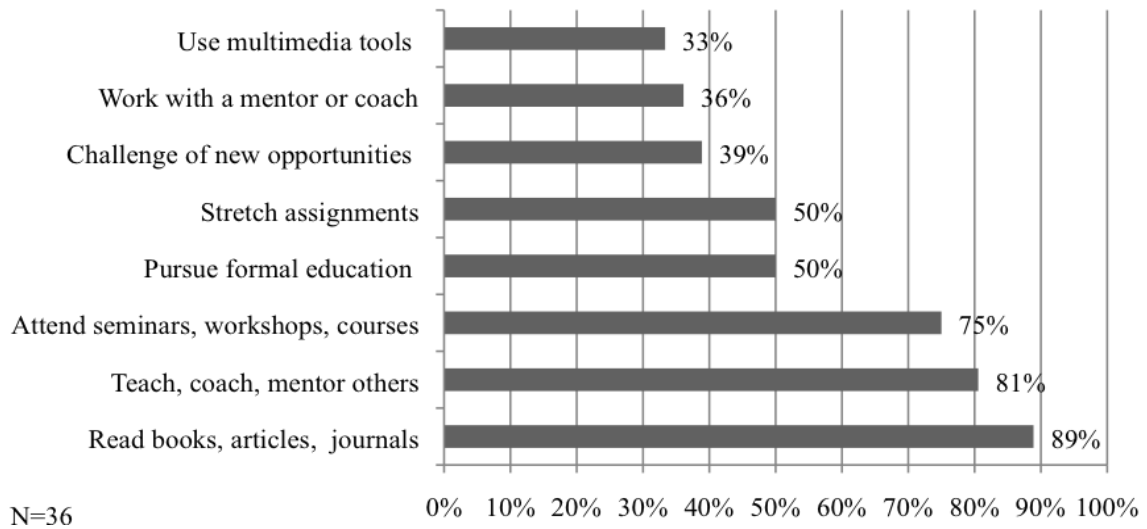


Figure 11. Methods EMS Chiefs use to manage their own leadership development.

Embracing modern technology, like using multimedia learning tools, listening to leadership podcasts, participating in on-line courses, and watching videos was the least used form of education, as noted by 33% of survey respondents. It is difficult to determine exactly why technology is the most seldom used educational tool for EMS leaders. I suspect that a possible limitation to using educational technology is that it may not be available or is cost prohibitive in the respondent’s place of work. I believe another potential limitation is that the age demographics of these respondents are largely composed of a generation who prefers traditional education to the use of technology. While the age of the respondents was not asked, 75% of them indicated they have eleven or more years of leadership or management experience, and 50% have sixteen or more years of leadership or management experience.

The survey revealed that 50% of the respondents engaged in formal education, defined as a diploma or degree, as a form of their own professional development. Several

of the interview participants gave reasons why they could not participate in formal education:

I signed up for university, but I could not complete because I decided to choose work and family and could not do all three.

I'm [XX] years old and I don't have the energy to go to school.

Even if I was given the funding I could not do formal education because I have to be on-call 24/7.

When asked about their primary method of professional development, some of the interview participants provided very pragmatic approaches:

Most importantly, I put myself into situations where I can apply what I have learned about leadership at work, at home, and at church.

I seek cohort and peer based learning opportunities. I like to be stuck into a group with people who have competencies that I admire.

We have several staff attending the leadership program at [XX] university. I read and provide feedback on their major projects and keep up with the curriculum and reading lists.

I get involved in everything bigger than me, things that cause me pain, I participate on committees and join organizations that have the ability to change a culture.

Survey respondents elected to provide free-text responses with methods that they use to develop themselves as leaders. Samples of the responses included:

I try to model myself after other leaders in the industry. This can only be achieved by significant involvement in EMS organizations/associations and through networking.

Feedback from those I work for (employer and employees alike) and those I work with (internal and external colleagues). Completion of self-assessment tools. A large quantity of self-reflection.

National and International stretch assignments are of value as they get you 'out of the rut' of your own environment.

Finding 4: EMS Organizations Do Not Invest Enough into Leadership Development

The interview participants were asked to provide three wishes for their organization regarding leadership capacity. When the responses were themed, all participants identified funding and dedicated time as two of their three wishes (see Table 21). The other most cited wishes were access to better leadership development tools and better, more accessible formal education programs, formalized succession planning programs, opportunities for staff to participate in developmental roles, and having a pool of staff interested in developing as leaders.

Table 21. *EMS Chief’s Wishes for Leadership Development in Their Organizations*

Wishes	Respondents
More funding and a dedicated budget for leadership development	7
Dedicated time for learning, coaching and mentoring, and have the opportunity to allow leaders to practice leading	7
Access to better leadership development tools (e.g., 360-feedback) and better, more available, and convenient leadership degree or diploma programs	6
Formalized succession planning programs and the resources (time and funding) to do succession planning	5
More opportunities to send staff on secondment, job shadows, or special assignments	5
A pool of interested and engaged staff who want to develop as leaders	4

The survey respondents were asked how their organizations contribute to their leadership development. The results validated the interview finding that most EMS organizations do not invest enough in leadership development (see Table 22). Employers provided low-cost forms of professional development most often: in-house courses,

seminars, and workshops, books and journal subscriptions, and the opportunity for stretch assignments. Moderate to high cost professional development opportunities were provided by the employer to less than 50% of the respondents: partial tuition, leadership coaching, and full tuition. One survey respondent added the comment, “My organization provides paid time away to attend school or write exams.” Another survey respondent stated, “My organization provides funding for courses, seminars, and conferences but no training is provided in-house.”

Table 22. *Types of Leadership Development Currently Provided by EMS Organizations*

Organizational Support of Professional Development	Respondents	Percent N = 36
In-House Courses, Seminars, Workshops	26	72%
Books and Journal Subscriptions	22	61%
Opportunity for Stretch Assignments	21	58%
Partial Tuition	17	47%
Formal Succession Plan	12	33%
Leadership Coaching	11	31%
Full Tuition	8	22%

Of the seven EMS Chiefs interviewed, three admitted that their organization does not dedicate funding to leadership development. One interview participant stated, “We have a \$0 line item in our budget for professional development.” Another one said, “I broke every rule in the city to fund six people to take the [XX] University program at \$900 per semester.” On a positive note, three of the interview respondents indicated that they were able to provide tuition support to staff who attend formal education programs:

We have funds to permit us to pay for university degree and masters programs.

Two of the three Deputy Chiefs have completed master's degrees that were partially funded by the city.

Our organization subsidizes 50% of everything (books, tuition, meals, travel) for two staff per year to attend a masters program.

Finding 5: EMS Leaders Rate Communications, Conflict Resolution, and Strategic Planning as the Most Essential Components of a Leadership Development Curriculum

The interview participants were asked to list any components that they felt essential to include in the curriculum for an EMS leadership development program. These responses were themed into eighteen possible subject areas. The survey respondents were then asked to imagine that they were designing an EMS leadership development program and select any of the eighteen choices to include in the curriculum. They were also given the opportunity to add free-text components to the list.

Of the eighteen possible choices, eleven were selected by 50% or more of the respondents (see Figure 12). The most desired curriculum topic was written and verbal communication with over 94% of the respondents selecting it. Conflict resolution and mediation was second, with 89% of the respondents choosing this option. Rounding out the top five choices were strategic planning, values-based leadership, and team building. The next three choices were tactical related topics that included: EMS operations, project management, and finance and accounting.

While emotional intelligence was chosen by 50% of the survey respondents, one respondent noted in the free-text comments, "I would not include emotional intelligence because I feel that it is not a valid construct." Lean thinking was the least popular choice for inclusion into a leadership development curriculum, with only 19% support. The next

lowest supported components were: health economics (36%), research and epidemiology (36%), law (39%), and health systems in Canada (39%).

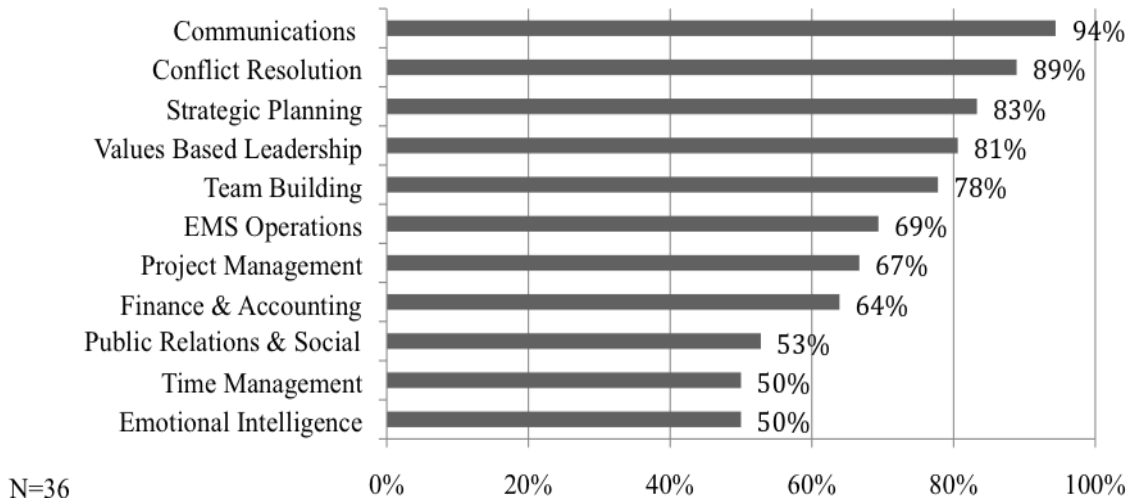


Figure 12. Most preferred topics in an EMS leadership development curriculum.

Interestingly, only 44% of the respondents chose cultural awareness as a possible topic for inclusion in a leadership development program. This is a surprisingly low result considering the demographic trends in Canada relating to culture and immigration. Three respondents made suggestions for curriculum topics in addition to the eighteen-item list provided as part of the survey (see Appendix E):

Historical EMS leadership – understanding the need for change

Understanding the generation gap in the workforce

Information technology and health care systems

Organizational behaviour

Business development

Crisis management

Finding 6: Blended Learning with On-Line and In-Classroom Components is the Preferred Delivery Method for Formal Leadership Education

The interview participants were asked to describe their preferred delivery method for an EMS leadership program. This question resulted in a wide range of suggestions, samples of which included:

Face-to-face or learning on the job is best

I favour the delivery models employed by Queens University and Royal Roads University

You need to learn theory—so you need to read a book and do case studies

Aggressive with succession management so you learn on the job

Cohort-based, in-person. intensive sessions—live and breathe a topic with 1-2 weeks of intense study

These suggestions and others were paired down to four primary delivery methods for professional development: on-line (distance) education, full-time (classroom) education, blended learning (both distance and in-classroom), and on-the-job training.

The survey respondents overwhelmingly chose a blended learning model of professional development that includes both on-line education as well as in-classroom sessions. Of the 36 responses, 83% choose the blended learning model, and only 3% selected each of the other choices: distance education only, full-time classroom, and on-the-job training (see Figure 13).

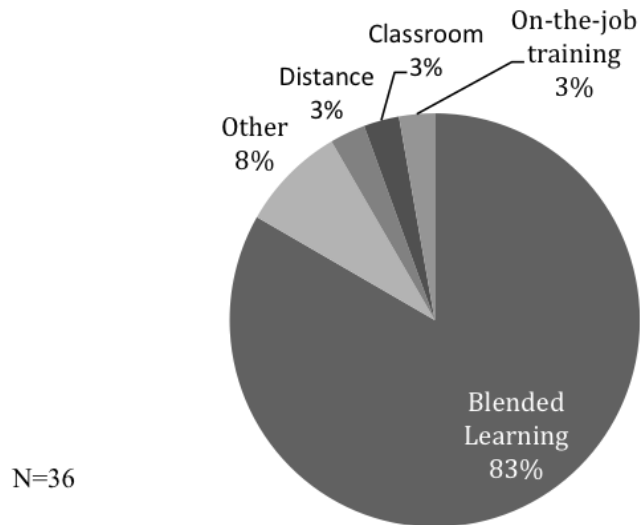


Figure 13. Most preferred formal education model.

Eight percent of the survey respondents selected “other” and wrote-in their own preference for a leadership-training model. Interestingly, the free-text responses indicated a preference for an enhanced blended learning model that includes distance education, classroom residencies, and other components like stretch assignments or on-the-job training. Comments relating to other models for leadership learning included:

Full blend of classroom, on-line, mentoring/coaching, stretch assignments.

Blended learning (balance between on-site, on-line and on-the-job).

St. Francis Xavier Diploma in Adult Education is an excellent model of training [on-line delivery, 3-day classroom workshop per course, major assignment, and a practicum].

When the “other” responses are added to the data endorsing blended learning, the support increased from 83% to 92%. Very clearly, the relatively new delivery method of blending on-line learning with short, intense residency periods at a formal university are the preferred way to train EMS leaders.

Finding 7: Learning with a Cohort of Students from a Variety of Professional Backgrounds is the Preferred Method of EMS Leadership Development

Most of the survey respondents believed that EMS leaders should learn in a cohort that is comprised of learners from a variety of professional backgrounds. Cohorts that are comprised of learners from health, EMS, or other emergency service (police, fire) backgrounds were selected by 25% of the respondents. Only 3% of the respondents preferred non-cohort based leadership development (see Table 23).

Table 23. *Most Preferred Leadership Development Learning Model*

Learning Models	Respondents	Percent N = 36
Cohort of learners from a variety of professional backgrounds	26	72%
Cohort of learners, all with a health background	4	11%
Cohort of learners, all with an EMS background	3	8%
Cohort of learners, all with an emergency service background	2	6%
Non-cohort based	1	3%
Total	36	100%

Interview participants provided several comments on the cohort make-up of a leadership education program for EMS Chiefs:

Learners should go to school with people from different backgrounds and trades (homebuilders, CEOs, international bankers).

When you go to school with people from other industries you see that we are more alike than you think. The issues are the same—you realize that people from different environments have the same issues as a group of Fire Chiefs or EMS Chiefs.

You don't need to be a paramedic to lead EMS—and you don't need to go to school with other paramedics to learn how to be a leader — it is about leadership not clinical care.

Study Conclusions

The conclusions of this research project are focused on answering my primary research question: How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders? In doing so, I also considered my three research sub-questions: (a) What core leadership competencies and personal attributes most accurately reflect the needs of an EMS Chief in Canada? (b) How can a leadership competency profile be used to add leadership capacity to EMS? and (c) What are the best methods of professional development for EMS Chiefs?

These four questions have been answered through my participant research inquiry and the findings of my literature search. When both streams of data collection are considered, I have made the following six major conclusions:

1. Successful leaders of EMS systems require excellent interpersonal skills as well as integrity, honesty, and strong values;
2. A leadership competency profile for an EMS Chief will include a common set of competencies and attributes;
3. Cultural awareness and diversity training is undervalued by current EMS leaders;
4. An EMS leadership competency profile could encourage leadership development and improve human resources processes;
5. Coaching and mentoring are valuable ways to develop leaders, but most EMS Chiefs do not use executive coaches;

6. EMS leaders prefer formal education that uses a blended learning model with a diverse cohort group.

Conclusion 1: Successful Leaders of EMS Systems Require Excellent Interpersonal Skills as well as Integrity, Honesty, the Desire to Grow and Learn, and Strong Values

The importance of an individual's personal and social attributes quickly became clear to me while gathering the data for this research. Bolman and Deal (2003) articulated the importance of this leadership attribute when they said, "Interpersonal skills and emotional intelligence are vital because personal relationships are a central element of daily life in organizations" (p. 168). While it is essential for EMS leaders to have competencies in the areas of leading others and leading organizations, self-leadership was identified by the literature as the most important. Leaders need followers, and followers choose a leader who shares their values, is trustworthy, and communicates with vision and passion (Bennis & Townsend, 1995; Collins, 2001; Kouzes & Posner, 2007).

Goleman (1998) wrote about the value of emotional intelligence and the impact it has on managing ourselves, managing relationships with others, and managing within an organization. An interview participant identified his personal success as a leader as "having experience coupled with a high level of emotional intelligence gives me the ability to problem solve and be a good leader."

The interviewees and survey respondents in this research described the importance for a leader to be able to effectively communicate with a variety of different individuals: from front-line staff, to patients, to politicians. One interviewee stated, "A successful EMS Chief needs to be able to communicate effectively to his staff, to other health care professionals, and to the leaders inside and outside of his organization."

Excellent interpersonal and communication skills allow a leader to share his or her vision, motivate and inspire others, and develop trust and confidence (Blanchard, 2007; Maxwell, 2008).

The ability to learn and develop was identified by the survey respondents to be the number one competency they look for when hiring a future leader (36%). Yukl (2006) supported this finding by saying,

One of the most important competencies for successful leadership in changing situations is the ability to learn from experience and adapt to change... It also involves self-awareness, which is an understanding of your own strengths and limitations (including both skills and emotions). (pp. 76–77)

Finally, having strong values that closely align with those of your followers are crucial to successful leadership (Kouzes & Posner, 2007). Several of the interview participants identified words such as “values,” “honesty, excellence, accountability, respect, compassion”, “loved by staff”, “customer focus”, “spiritual leadership”, and “committed to personal excellence” when asked what personal attributes make a leader competent.

*Conclusion 2: A Leadership Competency Profile for an EMS Chief will include a
Common Set of Competencies and Attributes*

Most leadership competency profiles contain a variety of attributes and competencies that relate to the leader’s ability to lead self, lead others, and lead organizations. The EMS leaders who participated in this research identified a number of competencies required to be an effective EMS leader in Canada. As I progressed through this research project, I was surprised to find that these competencies and attributes are not substantially different than those of other professions and industries (see Appendix A).

The results of the survey and interviews combined with the comprehensive literature review mirrors the findings that Alimo-Metcalf and Alban-Metcalf (2005) found when they interviewed 2,000 leaders of the National Health Service in the United Kingdom. These researchers identified fourteen leadership qualities common of highly effective leaders at any level of the National Health Service. These competencies align well with those defined by the EMS leaders who participated in the survey (see Table 24).

The overarching results of this study, combined with the National Health Service findings (Alimo-Metcalf & Alban-Metcalf, 2005) indicate that leadership is about engaging others as partners in developing and achieving the vision of the organization. A successful EMS Chief in Canada is not unlike a health care leader in the National Health Service; the required competencies and attributes required to be an outstanding leader are substantially the same.

Table 24: *Leadership Competencies Common to National Health Service Leaders and EMS Chiefs*

National Health Service Top Leadership Domains*	Top Leadership Competencies Identified By EMS Leaders (ranking)	Description
Genuine concern for others	Personal values, integrity, ethics (1)	Reflects individual-focused behaviours (genuine interest in others, values contributions, coaching and mentoring others)
Transparency and integrity	Personal values, integrity, ethics (1)	Honesty, consistency in behaviour, admitting when wrong, open to advice and ideas, humility

National Health Service Top Leadership Domains*	Top Leadership Competencies Identified By EMS Leaders (ranking)	Description
Inspirational communicator, networker and achiever	Creating and communicating a vision (2)	Communicates vision of organization with passion and commitment, values partnership, gains trust, celebrates achievement
Unites through a joint vision	Creating and communicating a vision (2)	Having clear vision and strategic direction—builds team
Inspiring others	Creating and communicating a vision (2), People skills (4)	Exceptional communications skills, persuasive
Accessible, approachable, and flexible	People skills (4)	Not status conscious, values face-to-face, access all staff
Clarifies individual and team direction	People skills (4), Developing and mentoring others (5)	Engages colleagues, shares leadership
Team-oriented to sharing crisis, problems, and values		
Empowers others to lead	Developing and mentoring others (5)	Trusts staff, delegates effectively, encourages staff to develop their leadership
Supports a development culture	Developing and mentoring others (5)	Enabling and empowering others, encourage productive behaviours, be a role model of leadership
Manages change sensitively and skilfully	Change management skills (6)	Sensitive to the impact of change, wisdom, and skill to manage change

National Health Service Top Leadership Domains*	Top Leadership Competencies Identified By EMS Leaders (ranking)	Description
Encourages challenge of the status quo	Political acumen (7)	Encourage others to challenge traditions and assumptions
Decisive, determined, and prepared to take risks	Political acumen (7), Technical skills (8)	Lateral thinking, thinking strategically
Analytical and creative thinker	Technical skills (8)	Capacity to deal with complex issues, creative problem solving

Note: *Compiled from Alimo-Metcalfe and Alban-Metcalfe (2005, pp. 51–52).

*Conclusion 3: Cultural Awareness and Diversity Training is Undervalued by Current
EMS Leaders*

According to Statistics Canada (2007), “Canada’s visible minority population is growing much faster than its total population: 25% growth from 1996 to 2001 versus 4% growth in the general population” (¶ 5). “By 2017, about 20% of Canada’s population could be visible minorities, or anywhere from 6.3 million to 8.5 million people” (¶ 7). EMS systems across the country will be impacted by this cultural shift. As patient demographics change, so must the demographics of our workforce. In a recent study of 209 American EMS services, Williams (2008) found “almost two-thirds (60.8%) of organizations responding to the survey don’t feel the diversity of their workforce mirrors that of the community it serves” (p. 53). I would propose that the results would be similar if the same survey were conducted in Canada.

Anecdotally, many EMS systems in Canada have cultural diversity as a strategic priority in their organizations. Williams’s (2008) study in the United States found “just

over half (54%) [of the respondents] indicate that increasing organizational diversity is a strategic goal, but just a third (33.5%) have actively altered their recruiting methods to achieve it” (pp. 53–54).

To address paramedic shortages in some parts of Canada, EMS systems are recruiting foreign training medical professionals. In some jurisdictions, paramedics are recruited from the United Kingdom, South Africa, or the United States. The City of Edmonton EMS is working with the Bredin Institute to train foreign trained physicians as paramedics (Sinnema, 2009). These physicians from India, Eastern Europe, Asia, South Asia, and Africa will receive bridge training and professional registration to allow them to work as paramedics in EMS and the extended health care system. Over a two-year period, the City of Edmonton will be bringing twenty-four internationally trained medical graduates into their EMS system. This influx of immigrants into a male-dominated, white, Anglo-Saxon organization will require leaders who understand cultural diversity, have the skills to manage cultural change, and build teams and systems to leverage the benefits and richness of a culturally diverse workforce.

Only two interview participants identified the challenges of managing multiple generations working in EMS systems. None of the EMS leaders interviewed identified an appreciation of gender issues in the workforce, and only one of the interview participants mentioned the need for EMS leaders to understand the changing cultures and ethnicity of our patient populations and our workforce. Clearly, the evidence provided in this research demonstrates that EMS leaders do not yet value the importance of understanding how to effectively lead and manage diversity of cultures, language, gender, religions, and generations.

Only 44% of the survey respondents in this research project selected cultural awareness as a topic for inclusion in a leadership development program. This is a surprisingly low result considering the demographic trends in Canada relating to culture and immigration. I believe it is short sighted of many Canadian EMS leaders to underestimate the importance of developing themselves and their staff in the domains of diversity and cultural awareness.

Conclusion 4: An EMS Leadership Competency Profile Could Encourage Leadership Development and Improve Human Resources Processes

Human resource processes in an EMS organization (e.g., recruitment, hiring, succession planning, performance appraisals, and mentoring) can be made more effective when combined with a leadership competency profile (Hollenbeck et al., 2006). The results of the survey and interviews demonstrated that EMS leaders agree on a common platform of leadership competencies; however, there are currently no validated or endorsed profiles in existence.

Leadership competencies can be used to effectively select, develop, and promote EMS leaders in an organization. Certain factors, such as organizational and professional strategy and future trends, should be taken into account when creating leadership competencies (Berke et al., 2008). Interview participants identified some of the future challenges that EMS leaders need to address: “strategic planning”, “working within the traditional health care system”, “being more political”, “lean thinking”, “cultural and ethnic changes”, “increased litigation”, “managing generation X and Y”, and “technological advancements impacting our profession.”

The contemporary literature has told us that a leadership competency model

should serve as the foundation for an EMS organization's leadership development system. An effective model allows an organization to clearly define what leadership competencies are required in order for an organization to be successful, both now and in the future. Leadership development systems (i.e., selection, assessment, development, performance management, and succession planning) can then be aligned to support the development of these competencies (Hollenbeck et al., 2006). Both the literature and the research results clearly support the benefits of a leadership competency profile to address the current and future needs for EMS leadership in Canada.

Conclusion 5: Coaching and Mentoring Are Valuable Ways to Develop Leaders, but Most EMS Chiefs Do Not Use Executive Coaches

Interestingly, 81% of the survey respondents identified teaching, coaching, and mentoring others as a way in which they currently manage their own learning, whereas only 36% used an executive coach or had a mentor themselves. The leaders who were surveyed also identified developing and mentoring others as the fifth most important leadership competency. There is obviously a dichotomy at play, since EMS leaders value coaching, but do not engage in it themselves.

Mentoring, as a relationship in which a more experienced leader helps a less experienced protégé, was shown in the literature (Suutari & Viitala, 2008; Yukl, 2006) and the results of this research to be a useful way to facilitate career advancement. According to the survey respondents, mentoring provides leadership development value to both the mentor and the mentee, as demonstrated by 81% of the respondents identifying it as a way they develop leadership competency.

This research cannot draw conclusions on how EMS leaders define executive coaching, nor does it demonstrate how EMS leaders differentiate coaching from mentoring. It is possible that EMS leaders do not clearly understand the role of an executive coach, nor do they understand the coaching process. Mentoring in EMS has been used for decades to develop and train paramedics, supervisors, managers, and leaders; however, mentoring and coaching are different concepts.

Yukl (2006) discussed the value of an executive coach as having the opportunity to learn from an external resource with much wider experience, objectivity, flexibility, personal attention, and confidentiality. The executive coach is not a permanent mentor, but rather one who is employed for a period of time to help the leader learn specific and relevant skills. Leaders who have worked with executive coaches reported that it helped them develop new skills, attitudes, or perspectives. They were also better able to solve problems and accomplish things they could not do previously (Yukl, 2006, p. 211).

It is not clear if the participants in this research fully understand the role of executive coaching as a means to develop their leadership ability. However, it is clear that executive coaching is shown to improve the performance of leaders. Furthermore, based on the survey data, few current EMS leaders have engaged the services of an executive coach themselves.

Conclusion 6: EMS Leaders Prefer Formal Education that Uses a Blended Learning

Model with a Diverse Cohort Group

Current EMS Chiefs tend to choose traditional, passive forms of professional development, like reading books, participating in workshops, and attending in-house

training sessions. According to Yukl (2006), these formal activities are the most common models of professional development used in organizations today.

Many of the survey and interview participants indicated they had university degrees (59%), and a significant number indicated that they use formal education as a method to develop themselves as leaders (50%). Unfortunately, EMS organizations tend not to invest heavily in leadership development, and the individual must cover much of the costs for formal leadership training; this is a major deterrent. Furthermore, several of the participants felt that the current offering of leadership training in Canada was either not accessible to their organizations, or the curriculum did not reflect their needs as EMS leaders.

When the EMS leaders surveyed do commit to formal education, they prefer to enrol in blended learning programs that combine distance learning with intensive, on-site residency periods (83%). They also see more value participating in a cohort that represents leaders from a wide variety of backgrounds (72%) over a cohort that only contains learners from EMS, emergency service, or health backgrounds. The literature supported blended-learning and the value of multiple activities and experiences to develop leadership skills (Berke et al., 2008; Conger & Xin, 2000).

Answering My Primary Research Question

How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders? I found current EMS leaders dedicated and ready to engage in developing themselves and others to meet the current and future demand for renewed leadership in EMS systems across Canada. Based on my research and my interaction with the participants, I found unequivocal support and passion for the

development and implementation of an EMS leadership competency profile. This would include partnering with educational institutions and professional associations to develop future leaders and sharing their leadership experience and expertise by coaching and mentoring others.

The EMSCC is a well-respected and highly functional organization that can play a key role in advancing and aligning EMS leadership development in Canada. The EMSCC organization is the most obvious choice to take on the challenge of developing and endorsing a leadership competency profile for an EMS Chief. They can share their wealth of leadership experience and expertise with the profession by hosting conferences and workshops and by submitting articles to journals and trade publications. The EMSCC can develop position statements on the value of leadership development, the key components of an EMS leadership curriculum, and the necessity and return-on-investment for organizations to invest in leadership development. Finally, the EMSCC can collaborate with education institutions, professional organizations, provincial regulators, and accreditation bodies to influence and drive the development of leadership competency standards, professional development training opportunities, and the legitimization of EMS leadership in Canada.

Scope and Limitations of the Research

This research project resulted in a considerable amount of data gathered from the seven interviews and thirty-six completed surveys. Although this data are comprehensive and rich, there are five main limitations to this study.

First, although the forty-three participants in this study lead organizations that provide EMS service to approximately 73% of the population of Canada, they only

represent a small proportion of several hundred EMS leaders who work in the country. Furthermore, although this study provided the opportunity for all of the elected Board Members of the EMS Chiefs of Canada to participate, it was not possible to engage all of the more than 226 members of the EMSCC.

Second, the majority of the participants were leaders of large, sophisticated EMS systems in large municipalities. While I attempted to include all of the various service delivery types from all of the geographic regions of Canada, the findings may not represent the experience of the EMS leaders from very small jurisdictions, particularly those from volunteer EMS systems.

Third, the demographics of the participants include, surprisingly, all males, typically Caucasian, of the baby-boomer generation. While this is typical of EMS leaders in Canada today, it may not represent the full spectrum of EMS leaders in Canada in the future. Certainly the EMS profession will grow and develop to include more women in leadership positions, as well as leaders from other ethnic and cultural backgrounds. While I believe the findings in this research represent a holistic and accurate view of EMS leadership in Canada, I am concerned that I was not able to gather feedback from women who are leaders in EMS.

Fourth, this body of research focused on building leadership capacity in EMS by understanding leadership competencies, investigating leadership development methodologies, and exploring hiring, succession planning, and mentoring opportunities in organizations. I think one of the major limitations to my research is that all of the participants were current leadership practitioners in EMS systems. The validity and depth of this research could have been enhanced if human resources professionals, adult

educators, leadership development consultants, and other non-EMS experts were included in the study.

Finally, the relatively short time frame for completing this research project limited the opportunity to hold a focus group or group sessions with EMS leaders to validate my findings and recommendations. A focus group would have provided the opportunity to discuss and debate the research findings, my assumptions, and my recommendations. Therefore, although this work is a good start, the conclusions and recommendations should lead to further discussion and raise more questions; these will be discussed in the Implications for Future Research section in Chapter 5.

Stringer (2007) stated that the goal of action research is to focus on events that are meaningful for the stakeholders involved.

It provides a process or a context through which people can collectively clarify their problems and formulate new ways of envisioning their situations. In doing so, each participant's taken-for-granted cultural viewpoint is challenged and modified so that new systems of meaning emerge that can be incorporated in the texts—rules, regulations, practices, procedures, and policies—that govern our professional and community experience. We come closer to the reality of other people's experience and, in the process, increase the potential for creating truly effective services and programs that will enhance the lives of the people we serve. (p. 204)

I believe that, although this research has some limitations, I have accomplished what I set out to do which was to challenge the current EMS leaders in Canada to explore and enhance their own leadership capacity, and that of their organizations.

CHAPTER FIVE: RESEARCH IMPLICATIONS

In this chapter, I will explore the opportunities for this research to enhance EMS leadership capacity across Canada: specifically, how the EMS Chiefs of Canada can contribute to the development of future EMS leaders.

This chapter is divided into three sections. First, I will present my recommendations based on the results of this study. Next, I will discuss the organizational implications of implementing or not implementing these recommendations. Finally, I will address opportunities for future research in this area and suggest questions for future investigation.

Study Recommendations

As a result of this study, there are five recommendations I propose to the EMS Chiefs of Canada (EMSCC) in response to my research question: How can the Emergency Medical Services Chiefs of Canada contribute to the development of future EMS leaders?

1. Renew and refocus the Leadership Development Program Subcommittee of the EMSCC;
2. Develop and endorse a national leadership competency profile for an EMS Chief;
3. Collaborate with educational institutions to develop EMS leadership curriculum that reflects the national profile;
4. Directly provide a variety of leadership education opportunities to EMS Chiefs;

5. Promote executive and peer coaching as an effective way for EMS Chiefs to enhance their leadership capacity.

Recommendation 1: Renew and Refocus the Leadership Development Subcommittee of the EMSCC

The EMSCC board of directors should renew and refocus the ad hoc, Leadership Development Program Subcommittee, to address the recommendations contained in this research project, as well as those proposed in the EMSCC (2006) white paper:

EMS leadership capacity needs to be supported.
Flexible pathways must be created to ensure the continued development of leadership capacity in EMS.
Investment in leadership development will be a key to building the capacity to lead the strategic evolution of EMS. (p. 5)

In 2006, the EMSCC board of directors had a Leadership Development Program Subcommittee that was focused on researching and developing opportunities for EMS leaders to receive formal education. By 2008, the sub-committee was disbanded, and the task of identifying leadership development opportunities was assigned to the Membership Services Committee (K. Nash, personal communication, January 13, 2009). The EMSCC has more than 226 members who represent the leadership ranks of EMS services from almost every province in Canada. A renewed and refocused EMSCC sub-committee comprised of EMSCC board members dedicated to enhancing leadership capacity in EMS could engage the membership network through a variety of ways to broadly impact EMS in Canada.

When I reviewed the interview data, I found that current EMS leaders frequently expressed the need to have someone help them develop leadership capacity in their organizations. Some of the interview comments included:

Someone needs to build a link between a paramedic diploma and formalized leadership education.

We have failed our workforce with a lack of professional development. If we can't provide it internally, we need to get help externally.

EMS needs to be less parochial, share best practices with others and search them out ourselves; use evidence to justify what we do.

Sometimes we do not know how to build a development plan—we need help from outside.

Our leaders have to be forced to move out of the EMS silo and get exposure to hospital, healthcare, and city leadership structures and cultures.

An EMSCC Leadership Development Subcommittee could serve to provide the third-party assistance for which the current chiefs are looking. The committee could be the conduit to share leadership best practices, represent EMS leaders in Canada to educational institutions to assist in the development of leadership curriculum, establish leadership development tools, and continually update and keep current the national EMS leadership competency profile. The implications of this EMSCC sub-committee will be discussed in further detail in the next section.

In the United States, the National EMS Management Association (NEMSMA) has the mission statement: “To continually improve the performance of EMS, NEMSMA will discover, develop, and promote the best EMS management practices” (NEMSMA, 2007, ¶ 1).³ This organization achieves its mission by developing and endorsing a national leadership curriculum, hosting a management best practices library and representing EMS leaders on national credentialing and accreditation projects. NEMSMA has also developed a leadership white paper that calls on the EMS profession to make significant improvements in the way in which it defines, educates, trains, and credentials those

³ From *Home Page: Mission* (¶ 1), by National EMS Management Association, 2007, San Diego, CA: Author. Copyright 2007 by National EMS Management Association.

individuals responsible for the management of EMS agencies. The EMSCC leadership sub-committee could review many of the NEMSMA programs and goals and make them specific to the Canadian environment. In my opinion, a leadership sub-committee of the EMSCC would be much stronger and more connected than a separate EMS leadership or management association like the one that exists in the United States.

Recommendation 2: Develop and Endorse a National Leadership Competency Profile for an EMS Chief

When reviewed together, the literature and the research collected clearly indicate that a leadership competency profile is necessary to identify the traits, knowledge, skills, and behaviours needed to be an effective EMS Chief. The utility of a national leadership competency profile ranges from training future leaders, recruiting and selecting leaders, succession planning for sustainable leadership teams, and evaluating the performance of EMS leaders.

A national EMS leadership competency profile will offer three critical benefits identified by Conger and Ready (2004); they will provide leadership clarity, consistency, and connectivity (p. 43) for EMS executives across Canada. The need for a profile where these benefits could be realized was identified by interview participants through the following comments:

Our system doesn't have many staff with formal leadership training; we generally choose the natural leaders who have demonstrated that they can get things done.

We need better access to comprehensive, consistent leadership development opportunities—mixed between EMS/Fire concepts and other management/leadership theory.... we also need something local and relevant.

I wish I had a detailed plan for leadership development and then be able to implement it.

We look at our colleagues across the country and steal the best ideas; it would be good if we had a more formal way for all of us to do this.

Leadership training needs to be recognized and transferable, not a fly-by-night course.

We could learn from the police and fire departments that have national standards, consistent training programs, and clear promotional systems.

I look for the most experienced paramedics to hire as managers. We don't hire from outside because we have very good people internally.

There was a paucity of literature specific to EMS executive leadership competencies; however, there are numerous sources of evidence-based research that define the qualities and attributes of outstanding leaders (Alimo-Metcalfe & Alban-Metcalfe, 2005; Berke et al., 2008; Conger & Ready, 2004; Murphy & Riggio, 2003; Spencer & Spencer, 1993; Ulrich et al., 1999). The current literature, coupled with the findings of this inquiry regarding the competencies and attributes of effective EMS leaders, can serve as a foundation from which the EMSCC can gather consensus and ultimately endorse a national profile. Based on the qualitative evidence gathered in the course of this research project, a yet-to-be-validated EMS leadership competency profile is presented in Appendix G.

The literature and qualitative evidence from this study suggest a leadership competency profile could benefit EMS organizations as well as current and future EMS leaders. Although there is much work that needs to be done to gather stakeholder input and validate a national profile, this major project can be used to start the discussion and provide a starting point for the development of an inaugural Canadian EMS leadership competency profile.

Recommendation 3: Collaborate with Educational Institutions to Develop EMS Leadership Curriculum that Reflects the National Competency Profile

This research demonstrated that 50% of the EMS leaders surveyed seek formal leadership education as a primary method of their professional development. Furthermore, almost 47% of the survey respondents received partial tuition, and 22% received full tuition reimbursement from their organizations to complete formal education. According to Williams's (2007) study of EMS systems in the United States, the most common method to build internal talent was through formal training programs (p. 2). Since formal education plays such a critical role in the development of EMS leaders, the EMSCC should actively engage educational institutions across Canada to collaboratively co-develop quality leadership curriculum and program delivery models that would support the EMS leadership development in Canada. This is not a new recommendation originating only from this research. In fact, the EMSCC (2006) white paper identified "EMS leaders need to be developed through higher-level EMS education programs that incorporate learning objectives regarding research, quality improvement, and management" (pp. 37–38).

When interviewing leadership educators, Doh (2003) found consensus in the belief that

leadership skills are best acquired as part of a practical, experiential education program, suggesting that traditional classroom teaching methods are best for helping students develop a general familiarity with some attributes or characteristics that have been associated with leadership, but not significant for acquiring leadership skills. (p. 64)

This approach was validated by 92% of my survey respondents who felt that a step-wise, blended learning model of classroom, on-line learning, and practical experience was the best way to develop leadership skills. Interview (IN) and survey (S) comments included:

We need a ladder of formal education steps for paramedics—recognition of modules and courses that start with a certificate and end with a master’s degree. (IN)

I favour the delivery models employed by Queens University and Royal Roads University. (IN)

Suggest that the St. Francis Xavier Diploma in Adult Education is an excellent model. (S)

Cohort-based, in-person, intensive sessions—live and breathe a topic with 1-2 weeks of intense study is the best way to teach leaders. (IN)

Full blend of classroom, on-line, mentoring/coaching, stretch assignments. (S)

Blended learning (balance between on-site, on-line and on-the-job. (S)

Education residency with a variety of different participants from various experiences—stretch the boundaries with diversity. (IN)

This insight into the preferred learning styles of EMS leaders could help educational institutions design appropriate training programs that meet the needs of the learner and the needs of the industry. Moreover, when a national EMS leadership competency profile exists, the EMSCC will have something concrete to offer educational institutions to assist them in the design and delivery of their EMS leadership program curriculum.

Recommendation 4: Directly Provide a Variety of Leadership Education Opportunities to EMS Chiefs

Self-help activities, like reading books or journals, viewing videos, and participating in on-line learning activities were the most common methods of leadership development, as identified by 89% of the survey respondents. According to 75% of survey respondents, passive forms of education, including seminars, workshops, and in-house courses were the next most common ways to develop leadership capacity. Most likely due to their relative low-cost and ease of access, these forms of education are

financially supported by most EMS organizations. In fact, the survey found that 72% of the respondents received funding and support to attend workshops, seminars, and in-house courses, and 61% had access to textbooks, journals, and trade magazines. It is for these reasons that the EMSCC should consider offering a variety of leadership education and development opportunities directly to its members and even more broadly to all EMS leaders in Canada.

The EMSCC has offered an annual Leadership Forum for the last six years that have been very well-attended and received very favorable reviews. In addition to offering an annual leadership conference, the EMSCC could share its expertise by contributing to textbooks, journal articles, research papers, and focused leadership workshops. The EMSCC could also advance EMS leadership growth by becoming a broker of job share and work exchange opportunities. The EMSCC could also become a central repository of leadership best practices and continue to be the voice of EMS leaders in Canada with regards to accreditation, credentialing, and other issues of national significance. Most importantly, the EMSCC members, directors, and executive can model excellence in leadership internally and externally with stakeholders and partners.

The EMSCC must make the philosophical decision on what role it will play in leadership development. As the recognized national body representing EMS leadership in Canada, I believe the EMSCC is obligated to contribute to the growth and sustainability of future leaders. The capacity, determination, expertise, and influence exist for the EMSCC to directly provide a variety of leadership education opportunities to its members and indeed to the EMS community in Canada. However, the EMSCC may decide to

continue representing EMS as a whole system instead of focusing on the development of the individual leaders.

Recommendation 5: Promote Executive and Peer Coaching as an Effective Way for EMS Chiefs to Enhance their Leadership Capacity

The literature evidence supports executive and peer coaching as some of the most valuable ways to enhance leadership capacity (Berke et al., 2008; Parker, Hall, & Kram, 2008; Yukl, 2006). The consulting company, Leadership Coaching Inc. (2007)⁴, one of many who specialize in executive coaching, advertises on their website: “Leadership coaching helps organizational leaders build cultures of responsibility, maturity, and high performance ... starting with self” (§ 1). This slogan is consistent with my search of the literature that identified leading self as the key to being an effective leader (Goleman et al., 2002; Murphy & Riggio, 2003; Palmer, 2008).

During my evaluation of the survey and interview data in Chapter 4, I found it incongruous that 81% of the survey respondents identified teaching, coaching, and mentoring others as a way to develop themselves as a leader; whereas, only 36% of them used an executive coach or had a mentor themselves. When I reviewed the transcripts from the interviews, I was not clear that the participants differentiate coaching from mentoring in their leadership practice, nor am I certain that the participants clearly understood how executive or peer coaching works. It appears that EMS Chiefs most often engage in mentoring relationships where an older, wiser person guides a younger or newer person. While there is no question that mentoring continues to be an enduring learning process, it has come under scrutiny because experience in the past and

⁴ From *Home Page* by Leadership Coaching Inc., 2007. Rochester, NY.

accumulated knowledge no longer guarantee relevance in the future (Parker et al., 2008). In today's EMS environment, old patterns are no longer templates for future actions, and EMS leaders are required to face new situations continually. Drawing from historical experience could, therefore, be a disadvantage rather than the advantage of receiving support and learning successful strategies to develop responses to new situations.

Executive and peer coaching are emerging as popular and effective methods to develop leaders. I believe the EMSCC should encourage the use of coaches by its board members and the general membership to enhance their leadership skills and increase the capacity of their organizations. Furthermore, because executive and peer coaching are relatively new concepts that are different than the common practice of mentoring, I recommend that the EMSCC educate EMS leaders in the value of coaching and help prepare them to be leadership coaches, both inside and outside of their organizations.

Organizational Implications

The recommendations of this major project, if acted upon, have the potential to create a positive impact on the development of EMS leaders in Canada. Although Canada is a huge country with a large, diverse, and loosely connected EMS community, I believe the desire and capacity exists in the current leaders to make leadership development a national focus. Some of my recommendations may already be in place in some jurisdictions, and some of my ideas have already been presented in national and international forums—it is also possible that some of my recommendations have been previously attempted and failed. The following section discusses how some of my recommendations can be implemented and identifies the implications that these recommendations could have on the EMS profession in Canada.

Implementation and Implications of the Renewal of the EMSCC Leadership Sub-Committee

The EMSCC exists to align and advance EMS in Canada (EMSCC, 2008b). The current 226 members who comprise the organization represent EMS systems from coast to coast and in virtually every province. The fifteen board members represent some of the largest, most sophisticated EMS systems in Canada. The EMSCC has a track record of developing and implementing ground-breaking strategic plans, such as the EMS white paper (2006), and consistently delivering a high-quality annual leadership conference. This research project has served to stimulate interest in leadership development among EMSCC. The opportunity exists to leverage the release of these findings to provoke dialogue about leadership development and recruit several committed leaders to work on the EMSCC sub-committee. My conversations with several of the interview participants revealed their desire and commitment to work together as members of the EMSCC Leadership Development Sub-Committee to address several of the key leadership challenges facing our profession.

As with any major change process, a renewed focus on leadership development by the EMSCC will require top-down support from the executive committee and board of directors to the membership and EMS community as a whole. The success of initiatives like this also depends upon a core group of individuals to maintain momentum as the culture changes to value and support the principles of the committee. This is especially important when it takes a long period of time to implement key strategies.

There are implications if the EMSCC does not act upon this recommendation. First, momentum to enhance leadership development on a national level will not be

created. Second, the bulk of this research cannot be acted upon and will, therefore, be rendered useless. Third, current leadership practices will most likely continue unchanged, which represents lost opportunity and slower evolution of our profession. Finally, if this key recommendation is not acted upon, the EMSCC will have less influence on the growth and development of EMS Chiefs in Canada, providing an opportunity for other organizations or for-profit companies to fill this niche.

Implementation and Implications of a National EMS Leadership Competency Profile

When properly designed, a leadership competency profile can leverage the experience and education of a large group of managers and executives into a limited number of manageable traits, skills, or attributes (Berke et al., 2008). These competencies will then provide clear guidance on the behaviours that seasoned Chiefs think are related to the effectiveness of an EMS system. Competencies are also a tremendous educational tool for people trying to learn how to become more effective and succeed in an organization or profession (Conger & Ready, 2004; Hollenbeck et al., 2006).

The capacity currently exists within the expertise and experience of the EMSCC board of directors and general membership to develop and endorse a national EMS leadership competency profile. In fact, this research project could serve as the foundation for the development of the profile. An evidence-based, leadership competency profile should be kept to a manageable size of 10–20 competencies (Hollenbeck et al., 2006). A very concise and simple tool could easily be shared across Canada and used for EMS leader selection and recruitment, professional development, succession planning, and performance monitoring.

NEMSMA (2008) has a similar project underway in the United States based on their white paper, titled “Emergency Medical Services Management and Leadership Development in America: An Agenda for the Future.” The white paper called for all national groups representing EMS to come together to agree on standardized nomenclature to define the various levels of EMS management and assign competencies to each of those levels. This effort would be called the National EMS Officers Levels and Competencies Project (NEMSMA, 2007, ¶ 7). Assuming that EMS leadership competencies in the United States and in Canada are substantially equivalent, the EMSCC leadership sub-committee could potentially work in concert with NEMSMA to develop a leadership competency profile common to both the United States and Canada.

EMSCC has a close working relationship with the Paramedic Association of Canada (PAC). PAC (2007b) is responsible for the development and maintenance of the “National Occupational Competency Profile” for paramedics. To date, this has primarily been a profile aimed to identify clinical and operational entry-to-practice competencies. In the future, PAC could enhance their paramedic “National Occupational Competency Profile” to include basic supervisory, management, and leadership competencies. PAC could also make clinical practitioners aware of the work of the EMSCC and direct paramedics to the EMSCC who will maintain the Leadership Competency Profile. A natural synergy can be created with PAC establishing and maintaining national clinical and professional competency profiles and the EMSCC establishing and maintaining a national leadership competency profile. Therefore, it is essential for EMSCC and PAC to work collaboratively to design, develop, and maintain competency profiles that reflect the current needs of both paramedics and EMS leaders in Canada.

When the EMSCC moves forward to implement this recommendation, it will be essential to engage non-EMS professionals in the development of a leadership competency profile. One of the limitations of my research was the exclusion of adult educators, leaders from outside health care and emergency services, information technology experts, academics, and front line staff who would provide balance and good perspective.

In the event that the EMSCC does not take ownership in the development and validation of an EMS leadership competency profile, the profession will not benefit from the experience and expertise that the association offers. Not only will educational institutions miss out on the opportunity to be provided with a foundational document to assist them in the develop of curriculum, but recruitment, hiring, professional development, and succession planning processes will exist only at a local level and continue to be “regionally-based, somewhat fragmented, and characterized by only a small degree of coordination between regions” (EMSCC, 2006, p. 37). As a result, it is absolutely critical that the EMSCC demonstrates its leadership by rising to the challenge of developing and implementing a national EMS leadership competency profile. If the EMS profession is to develop and grow, it needs leaders who can innovate, think strategically, inspire others, and build capacity. This requires a road map for leaders and aspiring leaders to follow—this requires a national profile.

Implementation and Implications of Collaboration and Partnerships with Educational Institutions

The EMSCC does not currently have the capacity, the funding, or the expertise to develop and deliver a formal EMS leadership program. However, the EMSCC could

provide considerable value as a partner with one or more educational institutions to design, develop, and implement an EMS-specific leadership development curriculum. Conversely, educational institution partners can provide assistance to the EMSCC to develop and deliver training materials, workshops, conference sessions, and continuing education that could be shared among the membership across Canada. This opportunity will be discussed more in the following section.

There are a number of formal education programs that could be implemented by educational institutions to enhance leadership capacity in EMS. These programs range from supervisory and management certificates, to management diplomas, undergraduate degrees, graduate certificates, postgraduate degrees, and perhaps even a doctorate degree. The EMSCC (2006) white paper suggested, “The development of graduate-level education programs specialized in the field of health care will assist in the development of future EMS leadership” (p. 38). While I do not disagree with this statement, I would suggest that a graduate degree with a specialization in leadership, business, commerce, public administration, or health care should be a goal that EMS leaders could aspire to and are supported organizationally and professionally to achieve.

The former EMSCC Leadership Development Program Sub-Committee made some headway in establishing relationships. One of the interview participants who was also a director of the EMSCC said, “We had some preliminary discussions with Royal Roads. They indicated an interest in running a graduate certificate program that could be ladderred into a master’s degree.” There is little to no cost impact on the EMSCC to establish partnerships with education providers. With the exception of some significant committee member involvement and possibly some travel for face-to-face meetings, this

recommendation has very little cost for the relatively huge impact this could have on the industry. The mutual benefits of a collaborative relationship between an educational institution and the EMSCC are presented in Table 25.

Table 25. *Benefits of a Collaborative Relationship with a Provider of Formal Education*

Benefits to the EMSCC	Benefits to an Educational Institution
Opportunities for members to develop leadership competencies	Ability to build a curriculum around a validated leadership competency profile
Opportunities for members to share their experience and expertise as educators, mentors, and coaches	Institutions would get national exposure through their partnership with EMSCC
Members receive a recognized and transferable credential	The institution would have access to a sustainable pool of potential learners from EMS systems across Canada
Increased consistency of training, skill, and education among EMS leaders in Canada—enhances opportunities for employment mobility	The EMSCC could serve in an advisory role for program and curriculum development
Ideally, the program design would allow learners to work and learn concurrently, thus keeping leaders and staff in their organizations	The EMSCC member services could provide access to practicum placements and/or case study opportunities (leadership challenges)

Collaborative and productive relationships with highly reputable educational institutions have the potential to significantly impact the quality of professional education for EMS leaders in Canada. The development of a comprehensive and contemporary curriculum that mirrors the national EMS leadership competency profile, coupled with the implementation of a flexible blended learning program delivery model that meets the needs of learners, would rapidly accelerate the leadership acumen of EMS Chiefs and their direct reports. When formal leadership education blossoms in EMS systems across

the country, the industry will become more professional, more innovative, more efficient, more sustainable, and better prepared to take on the challenges of the future.

Implementation and Implications of EMSCC Leadership Development Initiatives

This research project demonstrates that EMS leaders benefit from both formal and informal professional development to enhance their leadership effectiveness. The EMSCC should encourage leadership development by promoting and supporting some, if not all, of the following activities: (a) hosting and sponsoring leadership workshops, seminars, conferences, and courses; (b) expanding employment networks to allow for job shadows, secondments, national and international job exchange, and leadership best practice tours; (c) producing and publishing leadership articles, journals, textbooks, bulletins, and position papers; and (d) working with formal education providers to offer quality, accessible, comprehensive, and transferable leadership programs.

The EMSCC (2006) white paper explicitly identified one of these specific recommendations: “EMS leaders need a forum for knowledge transfer and shared best practices that connect EMS jurisdictions from across the country” (p. 38). Unfortunately, although the EMSCC informally shares best practices among members, it has yet to formalize a library with best practice information centralized in one place. In the United States, the Commission on Accreditation of Medical Transport Systems (2007) developed a compendium manual of best practices for air and ground ambulance systems. These best practices are gathered during accreditation site visits and then compiled in a published manual and on a CD for sale on their website. This is an area of immediate opportunity for the EMSCC, since they recently unveiled a new, robust website with the capacity to warehouse data for widespread sharing. Implementing a best practice library

would be very simple, inexpensive, and could immediately begin to help EMS services across Canada improve their operations (EMSCC, 2008b).

There are other low-cost and no-cost ways for the EMSCC to enhance leadership capacity in Canada. Utilizing the experience and education of each EMSCC director or member to produce and distribute leadership articles, journal contributions, and position papers would be immediately doable. Although the EMSCC is not in a position to fund these activities, the EMSCC could consider offering a package of leadership products that could be available to members for a small annual fee. A leadership package could include subscriptions to journals and trade magazines, access to eLearning leadership modules, participation in monthly leadership teleconferences or web seminars, and access to premium EMSCC web content like a best practices library and leadership development discussion groups.

Advances in technology have the ability to enhance the sharing of knowledge, ideas, and perspectives among EMSCC members and non-members via venues such as “chat-rooms, thought leaders access, e-learning advances, e-mentoring/shadowing, and business simulations” (Suutari & Viitala, 2008, p. 380). Technology has proven to be useful for some areas of professional development; however, only time will tell if technology will ever be able to replace the value of bringing people together to develop relationships and share their learning experience in a face-to-face environment like that offered in formal education programs.

It is apparent that there are numerous potential benefits of implementing this recommendation. There are, however, a number of challenges that make the implementation of these ideas difficult. First, the volunteer EMSCC board members are

responsible for leading their own EMS services and, therefore, have little time available to write articles, moderate web discussions, and facilitate peer-coaching sessions. Next, the EMSCC does not have dedicated funding to commit to leadership development opportunities, nor are there funds available to significantly update the website, communications infrastructure, or administrative support capacity. However, in the future when the EMSCC becomes larger and more financially sustainable, they could consider hiring a part-time or full-time position to fulfill this role. Finally, to date, the EMS leadership community in Canada has been somewhat slow to commit the time and focus on their own professional development and that of their staff. This could be a result of too few leaders doing too much work; however, the result is that the monthly EMSCC education sessions are poorly attended, the discussion forums and content libraries that exist on the EMSCC website are not active, and the networks of leaders across Canada to share leadership education and engage in dialogue about leadership issues do not exist. It is essential that the EMSCC address these challenges by finding ways to assist current leaders to be active contributors to national professional development, discover sources of funding to implement these initiatives, and motivate and encourage members to take more responsibility for their professional development. Above all, leaders need to find time in their busy schedules to continue learning themselves and commit time to help develop others in their organizations.

Implementation and Implications of Executive and Peer Coaching for EMS Leaders

Executive coaching and peer coaching are two ways to rapidly enhance leadership capacity in EMS services in Canada. I believe the role of the EMSCC in these initiatives is to educate the membership about these new forms of leadership development and to

provide resources to enable EMS Chiefs to implement these activities in their own organizations.

The Pharmaceutical Sales Management Group (2005) has stated, “Executive coaching is so effective because it focuses on the individual and ‘picks everybody up’ exactly from where they are. It is ‘just in time’ rather than ‘just in case’ learning that happens in so many executive education programs” (p. 20). Executive coaching is defined as “the art and science of facilitating the development, learning and performance of an executive by expanding his/her options for behaving” (p. 20). The EMSCC could educate members about executive coaching through articles on their website, education sessions at the annual leadership forum, and contributions to journals and trade magazines. The EMSCC could provide resources to encourage executive coaching, like publishing contact lists of recommended executive coaches, providing access to teleconference or videoconference resources for coaching sessions, and sharing testimonials from members about the value of using an executive coach. Executive coaching sessions are often facilitated over the telephone (Yukl, 2006), so it is not unreasonable that a small number of coaches could work with a large number of clients located in various cities across the country.

Peer coaching is described as “a developmental relationship with the clear purpose of supporting individuals within it to achieve their job objectives” (Parker et al., 2008, p. 490). In peer coaching, usually two EMS leaders would come together, share in conversations, and reflect on and refine their leadership practice. Their relationship is built on confidentiality and trust in a non-threatening, secure environment in which they learn and grow together (Thorn, McLeod, & Goldsmith, 2007). Not only can peers

provide psychosocial and vocational support, but also they can contribute to creating and sharing knowledge with its concomitant potential to create competitive advantage (Parker et al., 2008, p. 489).

My vision of peer coaching for EMS leaders would be a network of people who regularly engage in dialogue about issues pertaining to their own leadership challenges and areas of personal development. The EMSCC could help facilitate this by maintaining a list of peers who are interested in coaching and then connecting compatible individuals. Peer coaching sessions could occur monthly via a one-hour telephone conversation. Conceptually, the Chief of a large urban EMS service from western Canada could coach an EMS Chief from a small rural EMS service in eastern Canada. Since it is possible that the individuals could have substantially similar education credentials and years of experience, this becomes a peer relationship instead of a mentoring relationship. “An increasing focus on the role peers can play in developmental relationships has highlighted a vital horizontal communication link. From a learning perspective, access to peers is critical to developing a community of practice” (Parker et al., 2008, p. 490).

On the surface, it appears simple and easy for the EMSCC to play a key role in educating EMS leaders to the concepts of both executive coaching and peer coaching. Moreover, the EMSCC could quite easily offer low-cost resources and assistance to help EMS leaders implement these practices in their own organizations. There are only a few challenges that need to be addressed to make these successful. First, executive coaching is expensive, and organizations may not be willing to pay the relatively high expense of a one-on-one executive coach. Another limitation is the shortage of competent executive coaches (Yukl, 2006). Next, peer coaching depends on the inherent mutuality and

reciprocity of the process. For peer coaching to be effective, there are five characteristic elements to be considered: (a) equal status of partners, (b) focus on personal and professional development of both peers, (c) integration of reflection on practice to identify critical incidents for focus, (d) emphasis on process as well as content that facilitates leadership skill development, and (e) accelerating career learning (Parker et al., 2008, pp. 490–491). Therefore, although peer coaching appears more casual and informal than other forms of professional development, it clearly needs structure and focus to achieve maximum value. Again, this is where EMSCC can play a key role of educating and informing members on the use of this powerful tool.

Implications for Future Research

As demonstrated by the continuous loops of the action research cycle, the nature of research tends to be cyclical, where the answer to one question leads to others. In the conduct of this study, a number of new questions emerged that could provide the impetus for future research. In this section I will identify a number of opportunities that exist in the area of EMS leadership for further research.

Succession Planning

This research determined that 71% of the survey respondents wished that their organizations had time and funding available to do effective succession planning. Several of the interview participants indicated that succession planning was done poorly in their organizations. Reasons for this included, “insufficient financial resources”, “not enough staff interested in stepping into leadership”, “the union makes it too difficult to succession plan”, and “we have been too focused on other things to do any secession planning.” On the flip side, some of the interview participants indicated that their

organizations had committed significantly to succession planning and had implemented processes, such as “investing \$500,000 per year in succession planning”, “we have 95 management staff and we just moved 38 into different roles as part of the succession planning process”, “we have been so effective at succession planning that our second in commands are better qualified than the mentors”, and “we have a very supportive City Manager who encourages us to do good succession planning.”

The literature indicated that best practice organizations identify and develop their own leaders internally instead of recruiting them externally (Fulmer & Wagner, 1999). The identification, development, and assessment of internal leaders require a solid succession plan. The intersection of this concept with my research is that a leadership competency profile provides a consistent framework for the foundation of an organizational succession plan (Conger & Ready, 2004; Hollenbeck et al., 2006).

Questions for future research in the area of succession planning could include: What are the organizational benefits of succession planning? Is there a return on investment for succession planning? What are the key components of an effective succession plan? and What succession planning best practices exist in Canadian EMS systems?

Psychometric Assessments

Psychological instruments have been designed to measure almost any psychological or behavioral dimension you can imagine. In addition to the Myers-Briggs Type Indicator (MBTI), there is the DISC Profile: The Personality System, The Leadership Circle Culture Survey, Insights Discovery, Personal Coaching Styles Inventory, Strength Deployment Indicator, Change Style Indicator, California

Psychological Inventory, Emotional Competence Inventory, Fundamental Interpersonal Relations Orientation-Behavior (FIRO Element B), Herrmann Brain Dominance Instrument, The Devine Inventory, and many others (Edmunds Group Inc., 2008).

During this research study, the participants and the literature frequently noted the use of psychometric tools for identifying leaders, developing leaders, and building leadership teams. One of the interview participants said,

Our Corporation uses personality profiles for hiring all management staff. Our team has pretty good balance with two oranges, a yellow/blue, and a green. We use this tool to understand ourselves and to help understand each other. The color profiles have become part of our culture.

The literature explores these psychometric tools in various depths and identifies the benefits and limitations of each method. Yukl (2006) wrote, “Behavioural taxonomies are descriptive aids that may help us analyze complex events and understand them better. However, it is important to remember that all leader behaviour constructs are subjective” (p. 48). Psychometric tools have the ability to measure what skills, abilities, and behaviours a person currently has and compare those to what an organization wants or needs. This may prove to be a valuable method to identify future EMS leaders.

Psychometric instruments may add value to the development of leadership; however, the research is far from conclusive, and thus, this is a topic for further investigation. Specific to the EMS arena, I would suggest that possible research questions might include: How can psychometric tools be used to predict the effectiveness of EMS leaders? Do current leaders share a common psychometric profile? How can psychometric profiling be used to develop future leaders? Can psychometric profiling be used to build effective leadership teams? and What is the psychometric profile of the EMS chief of the future?

Executive and Peer Coaching

As demonstrated by one of my key recommendations from this study, I believe executive and peer coaching may be the most powerful forms of professional development available today. Although only 39.1% of the EMS leaders surveyed have used an executive coach, the literature has demonstrated that this form of development can have a positive impact on an organization (Fulmer & Wagner, 1999; Suutari & Viitala, 2008). My literature search revealed one source that claims the return on investment (ROI) of executive coaching for the organization is an incredible 600–1,000% (Pharmaceutical Sales Management Group, 2005, p. 20).

This research project has motivated me to consider executive coaching as a possible means to develop my executive team and me as a leader. There are, however, a number of outstanding questions that need to be addressed: Do EMS leaders understand the difference between mentoring and coaching? Is coaching more effective than other forms of professional development for producing competent leaders? Can executive coaching enhance the leadership capacity in an EMS organization? Does peer coaching have a measureable impact on leadership improvement? Can EMS leaders train to be effective coaches? and How can executive and/or peer coaching be introduced into an EMS organization as a means to develop leadership capacity?

Diversity and Cultural Awareness for Leaders

This research found that current EMS leaders are not focused on developing leadership capacity to deal with an impending demographic shift that will see increased ethnic, gender, generational, and language diversity in the EMS workplace. In fact,

survey respondents rated cultural awareness as number twelve out of eighteen possible topics for inclusion in an EMS leadership curriculum.

Cultural awareness, understanding gender diversity, managing generational gaps, and dealing with language challenges are growing issues facing EMS leaders over the next two decades (American College of Emergency Physicians, 2009; National Highway Traffic Safety Administration, 2002; Replanski, 2006). If EMS systems are to be sustainable and capitalize on the value of this diversity, the leaders need to begin preparing today. This is a topic rich in opportunity for research: How can EMS systems recruit and retain immigrant health care professionals? What are the current gender issues in an EMS workplace? How will EMS professionals be able to communicate with patients who do not have English as a first language? How will EMS leaders manage a workforce that contains three generations of workers? and How can EMS leaders grow to understand the diversity, value, and opportunities of a culturally diverse workforce?

Developing leadership capacity in EMS is a topic that has a plethora of opportunity for research. My hope, as a researcher and an EMS leader, is that this research study motivates others to take up the challenge and contribute to a body of research that will benefit our leaders, our paramedics, and our patients.

CHAPTER SIX: LESSONS LEARNED

My very astute major project supervisor asked me early in the process what I wanted to get out of my major project. My response was that I wanted to answer my research question and add some new findings to the body of evidence of leadership development in EMS. I also stated that I wanted to survive the process and just get through it. She was not satisfied with my response. When I completed Chapter One, she asked me again what I wanted to get out of my major project. I responded that I wanted to learn about research methods, perform comprehensive data collection and analysis, and add academic rigour to my project. She was still not satisfied with my response. When I completed Chapter Three, she asked me again what I wanted to get out of my major project. I told her I wanted to learn more about myself—reflect deeper about what I was learning about my research topic and discover how I am growing and developing as a leader. She was finally satisfied.

The journey through the completion of the major project is equally about what we learn about ourselves in the process of doing the actual research project. Conducting this project has been an exceptionally rich learning experience and one I feel privileged and proud to have completed. In addition to an incredible amount of learning related to the subject matter, there have been a number of specific lessons learned that I believe other researchers and learners can benefit from as they approach their own major projects.

These reflective lessons are:

1. Choose the right project;
2. Keep it focused;
3. Find an excellent supervisor;

4. Engage an excellent editor early;
5. Study the literature comprehensively;
6. Ask the right questions;
7. Build in a method to validate your findings;
8. Develop relationships with your participants;
9. Manage your time;
10. Recognize and appreciate that life will get in the way.

Choose the Right Project

When I started the Master of Arts in Leadership program at Royal Roads University, I did so after several of my friends and colleagues had already graduated. As a result, through conversations and interaction with those who went before me, I had the opportunity to consider my own project topic for a long time. I wanted to choose a project that had meaning for me, had the opportunity to create a positive impact on the EMS profession, and one that would add value to my sponsoring organization. I also recognized that I would be studying this subject for at least a full year, and accordingly, it needed to be a topic that inspired me and kept my short attention span occupied.

Being that I was studying Leadership in the Masters program, I wanted to focus on expanding my knowledge in a leadership domain. My involvement with the EMS Chiefs of Canada and my peripheral work on the EMS (2006) white paper inspired me to take one of the recommendations from the white paper and develop a research question. Coincidentally, the timing of choosing a research question paralleled an opportunity for me to compete for a promotion that would see me move from Deputy Chief to Chief of EMS in Edmonton, Alberta. As I was preparing for the interview and selection process, I

realized that there was no standardized leadership competency profile for an EMS Chief in Canada. These things together steered me towards choosing the topic for this major project.

My choice for this research project, in retrospect, was perfect. Not only did I feel engaged in and passionate about the work, I was able to expand my knowledge of the EMS profession in Canada, establish a strong network of like-minded leaders, contribute to the future of my profession, and develop an understanding of leadership that helped me fulfill my new position as an EMS Chief.

The lesson to take away here is one that is profoundly simple, yet incredibly powerful. Take the time to choose a project that is a good fit for you, for your sponsor organization, and for where your career may take you in the future. If you choose wisely, the research topic will be more than a means to an end to receive your degree; it will become your passion and help define you as a leader.

Keep it Focused

One of my direct reports was starting the LEAD563 course at Royal Roads University and asked me for some advice about choosing a major project. My advice to him as he contemplated his research question was: keep it simple, and keep it very focused. Even the most basic inquiry will generate a large amount of data, and regardless of the questions and research methodology, there will be more than enough data to analyze. I believe researchers desire to comprehensively answer every question that emerges from their research—the fact is, action research always generates more questions. Although the Royal Roads University major project is intended to contribute to an existing body of evidence and establish a foundation for future research, it is first a

foremost and educational tool designed to teach learners how to become researchers.

Therefore, to maximize the ability to learn, it is important to plan a fairly simple project and include ample time to reflect on your learning and grow as a researcher.

A focused action research question will identify a problem, the available literature may help define the problem and perhaps identify some possible solutions, and the research data will triangulate multiple perspectives to develop a solution to answer the question. As stated above, the researcher will also come up with more questions that require further study. I believe that if a research question is too broad, too complex, or just too ambitious, it is likely that the researcher will only be able to superficially examine the topic and probably come up with weak recommendations. Choose a simple, focused topic that will have a simple, focused solution and change the world!

Find an Excellent Supervisor

This recommendation cannot be taken lightly because it is crucial to the success of the major project. To me, the project supervisors serve several roles: they are the contact with Royal Roads University, they understand the process and expectations of the major project, they challenge you as a learner and a researcher, they evaluate your performance as a learner, they protect you and ensure your final report meets the academic rigour required by the university, and they share the whole research experience with you, start to finish. In my case, my supervisor also became a trusted personal, professional, and academic advisor and a friend.

My supervisor was very engaged from the very first day. She checked in on me regularly, requested progress reports, and generally kept me on track. Most importantly, she provided a trained, empathetic ear to listen to my struggles and helped provide clarity

to the process of going along this journey. She was always there to provide an expert opinion or challenge one of my unsubstantiated positions. She motivated me to persevere, provided constructive feedback, supported me at the low points, and celebrated with me at the high points.

The supervisor is your guide through what can sometimes feel like a dark, lonely cave. This position has great responsibility, and it is essential that a trusting relationship be established as early as possible. I recommend that learners interview and select a supervisor as soon as possible. Although waiting until second residency is recommended by Royal Roads University, I suggest that a relationship should be established much earlier and a mutual understanding to consider working together be made well before LEAD563. I was able to establish an informal agreement with my supervisor prior to second residency that was not a commitment or obligation, but certainly provided some security and eliminated the panic of trying to find a supervisor after residency.

Engage an Excellent Editor Early

An excellent editor is worth their weight in gold! Hiring an editor as soon as you finish chapter one is very important because you can receive guidance and suggestions regarding APA requirements for grammar, formatting, citations, references, and even tables and figures. This advice is essential to ensure you do not make the same mistakes for the next five chapters. In this regard, the editor is also a teacher. A great editor will understand the format and flow for a Royal Roads University MA in Leadership major project and be able to start building your final report as soon as you complete each chapter.

The best thing about working with an editor is that they take away all the worry and stress about APA formatting and let you concentrate on the research, the data, and the writing. Most supervisors require hiring an editor. This allows them to be able to focus on your content and writing process instead of editing your grammar, punctuation, and APA citations. The writing team of an editor, a supervisor, and researcher is a great blend of people with specialized skills who can turn out an excellent product.

Study the Literature Comprehensively

When embarking on a major project, it is easy to become focused on using only a limited set of resources. Some of my classmates were tied to their textbooks from the leadership courses, others depended on the Internet and on-line references, and others were library keepers who only used the resources and staff of the Royal Roads University library.

I was stuck on the literature review in chapter two for a while until I learned to expand my horizons and do a more comprehensive search for more resources. I found a wealth of resources at the University of Alberta library that became available to me as soon as I used my Royal Roads University identification to get a library card. I instantly had access to virtually every textbook you could ask for. For the books not on the shelf, I was able to request them from the Royal Roads University library, who conveniently mailed them to my home with a postage paid return envelope. I had access to both Royal Roads University's and University of Alberta's on-line databases where I could call up and print every journal, article, book summary, thesis, or major research project that I wanted.

The method that finally clicked for me was to spend several days searching and reading on-line journal articles about my research topic. I paired the results down to a few gems that provided a foundation for my literature review sections. Then I used the reference lists from the best articles to open the door to a huge number of other references that provided great depth and breadth to my literature search. I then photocopied everything that I thought I would use, highlighted key areas, made notes in the margins, built a comprehensive outline, and then I started writing. Special thanks goes to my wife, Tania, who recently graduated from a master's program and who generously shared with me this method of doing a comprehensive literature review.

The key to the literature search is to access every possible resource: the Royal Roads University library, other academic libraries, the Internet, and most importantly, on-line journals. Doing a comprehensive search first and then pairing it down before you start writing is absolutely essential. I expect my greatest sense of loss upon graduating from Royal Roads University, after missing my cohort and my supervisor, will be that I will no longer have access to the library or the on-line journals!

Ask the Right Questions

I found the most thought-provoking part of the major project experience was articulating interview and survey questions in a manner that fit the scope of my research and gathered the information I needed. Although I spent a considerable amount of time drafting and re-drafting my questions, I found in the data analysis phase that I could have asked different questions that would have produced better data.

My advice to future researchers is to go through the following steps when you are developing your questions for your data collection methods: (a) always consider your

primary and sub-research questions and ask yourself if the tool you are building will gather enough data to answer your main questions; (b) test pilot your questions and data collection tools with content experts and non-content experts because their input into both the quality of the question and the logic of the tool is invaluable; and (c) if your interview questions are not working, ask probing questions to add to the richness of your data.

There is incredible value in taking the time up front to carefully consider and test your questions because this investment ensures you gather the right data to answer your primary research question. The quality of the major project hinges on the quality of data collected; asking the right questions is paramount.

Build in a Method to Validate Your Findings

This master's program and the completion of this major project taught me a great deal about research methods and data analysis. I spent a considerable amount of time identifying the methods I would use to collect the most rich, most comprehensive data possible. I selected an active method of data collection by doing interviews. I also selected a survey as a passive collection method to engage a larger sample size. I was satisfied that both research methods served their purpose and produced quality data that guided my findings and recommendations.

If I have one regret in this research project, it is that I did not include a third research method—one that would validate my findings. In retrospect, I would have added a focus group after I completed my first draft of the data analysis and the research findings. This focus group would have served at least two purposes: it would help to validate my findings, and it would create discussion that could have led to me supporting my findings with more or better literature or research data. Unfortunately, I did not build

in this step on the front end, and the time limits did not allow me to add it in before the deadline. I do, however, plan to review my conclusions and recommendations with the board of directors of EMSCC, who will provide feedback and generate discussion that may lead to further analysis or perhaps future research.

Develop Relationships with Your Participants

I would define the key participants in this major project as my sponsor and my interview and survey respondents. Without question, the most profound learning opportunities through this research project came from these individuals. It is key to develop strong relationships with all of these participants in order to maximize the benefits of the project.

The sponsor organization is the ultimate beneficiary of the benefits of the research. My goal was to ensure that I served my sponsor well and developed a report that they would ultimately endorse. My sponsors were very busy people, and I needed to earn their trust early so that they knew I was on track with the research and would deliver on what I promised. The sponsors were also key to providing me with data for the literature review and gaining access to the research participants. My sponsors trusted that I would keep secure all confidential research information so as not to compromise the members of the organization or embarrass any of the municipalities or organizations for which they work. Furthermore, my sponsors trusted that I would represent them well and develop a project that would enhance their organization's mission and vision. This trust was earned through a close relationship with the sponsors.

The research participants were my colleagues from EMS services across the country. While I have not personally met all of the participants, I know their excellent

reputations through the small network of Chiefs in the EMS profession. It was important to ensure that the participants understood my goals for this research and understand how the outcomes would positively impact them. By establishing a relationship with each of the participants, I was able to demonstrate the mutual benefit of the research that helped ensure they provided the most accurate, most complete information possible.

Furthermore, the participants needed to trust me if they were going to share accurate personal and professional information. To develop trust, you need to develop a relationship.

Manage Your Time

I am by nature, not a procrastinator. However, as work and life priorities started to interfere with schoolwork, I found myself saying, “I have seven more months until it is due, I can do this other thing instead.” There were occasions where several weeks would go by, and I would find that I was no further ahead in my project, and my deadlines were fast approaching.

My method to get work done was to schedule days in my calendar when I could work on large chunks. I would take a Friday off work and book a Friday and a Sunday to complete a major task. I would also communicate my self-imposed deadlines to my wife, my supervisor, and my editor. This team of people helped hold me accountable, and my commitment to them forced me to accomplish my goals on the schedule that I set.

The importance of enjoying life cannot be overemphasized. During the year of this major project, I was able to take a vacation in Costa Rica and Hawaii, go on several camping trips to the mountains, and enjoy a number of family activities. Balance is important; although it is difficult, sometimes it was necessary to turn off the voice in my

head that kept telling me my major project deadline was fast approaching and I need to get more work done instead of enjoying life.

The best advice I received about time management came during residency, from one of the faculty who told us to take one week off from work before Christmas and one week off after Christmas. I took this advice and was able to use the dedicated time to get an incredible amount of work done. Not only was I able to accomplish a lot, I was able to focus only on the major project—I completely engaged in my research data, reflected on the findings, and articulated my recommendations. This dedicated time away from work allowed me to catch up and remove a great deal of pressure, thus making the three months prior to the due date much more liveable.

Recognize and Appreciate that Life Will Get in the Way

One of the realities of completing a project like this while working full-time is that you have to find a balance between school, life, and work. The project becomes an overarching piece of your life for the year you are working on it. It seemed that regardless of what I was doing, I was constantly reminded that I should be writing, reading, researching, or reflecting. The problem was that the commitments and pressures related to work and home were also always present, and I quickly realized it was a complex juggling act between the various priorities.

During the year that I was engaged in the major project, I was promoted to Chief, elected to the EMS Chiefs of Canada board of directors, renovated a house, moved homes, chaired a Pan-Canadian Advisory Committee for a Canadian Patient Safety Institute research study, and most significantly, managed the change processes around a provincial announcement that EMS was transitioning from a municipal responsibility to a

provincial health care governance structure. In fact, as I write this section, I am preparing to start a new job as a director of EMS for one of the five zones in the new provincial EMS system.

There were a number of times when work and life were so busy that I did not believe it would be possible for me to meet the deadlines of this project. There were moments of anxiety when I felt it was impossible to achieve success at work, meet my family commitments, and do a comprehensive, quality job on this major project. Fortunately, my interest in the research topic and my passion for producing a quality product over-rode the mountain of adversity, and I was able to survive the year without any major failures in my work, my family, or this project.

Final Thoughts

The experience of working with my esteemed colleagues across Canada during this research project was amazing and frightening at the same time. I was truly blessed to have the opportunity to learn from incredible and experienced EMS leaders whom I admire and respect. However, I felt considerable pressure and immense responsibility to properly and accurately reflect the richness and diversity of the information they entrusted to me during the interviews and the surveys. While compiling this report, I often reflected on the conversations I had with my participants and hoped that I was doing justice to the investment of their time and wisdom in this project.

I passionately believe leadership capacity can be enhanced in EMS systems in Canada. This conviction may lead me to become even more involved with my national, provincial, and local associations, or it may compel me to pursue further academic

studies. So in effect, the completion of this research study simply marks the beginning of my learning—not the end.

REFERENCES

- American College of Emergency Physicians. (2009). *Cultural awareness and emergency care*. Retrieved February 21, 2009, from <http://www.acep.org/practres.aspx?id=29158>
- Abrashoff, M. (2002). *It's your ship: Management techniques from the best damn ship in the Navy*. New York: Warner.
- Alberta College of Paramedics. (n.d.a). *Approved education programs*. Retrieved November 9, 2008, from http://collegeofparamedics.org/pages/Practitioner_Resources/ApprovedEducationPrograms.aspx
- Alberta College of Paramedics. (n.d.b). *Code of ethics*. Retrieved November 16, 2008, from http://www.collegeofparamedics.org/pages/Professional_Conduct/codeofethics.aspx
- Alberta Health and Wellness. (2008). *A renewed model for patient-centered and coordinated EMS*. Retrieved May 31, 2008, from http://www.health.alberta.ca/public/EHS_EMS-Transition-Handbook-08.pdf
- Alberta Health and Wellness. (2009). *Ground ambulance*. Retrieved February 22, 2009, from <http://www.health.alberta.ca/services/EHS-ground-ambulance.html>
- Alimo-Metcalfe, B., & Alban-Metcalfe, J. (2005). The crucial role of leadership in meeting the challenges of change. *VISION—The Journal of Business Perspective*, 9(2), 27–39. Retrieved November 21, 2008, from the EBSCOhost database.
- Ambulance Services Act, 1990, c. A-39. [Alberta] Retrieved February 22, 2008, from <http://www.qp.gov.ab.ca/documents/acts/A39.cfm>
- Avolio, B. (1999). *Full leadership development: Building the vital forces in organizations*. Thousand Oaks, CA: Sage.
- Bass, B. (1993). *Transformational leadership*. New York: Academic Press.
- Bennis, W. (1994). *On becoming a leader*. New York: Perseus Books Group.
- Bennis, W., & Townsend, R. (1995). *Reinventing leadership: Strategies to empower the organization*. New York: William Morrow.
- Berg, B. L. (2004). *Qualitative research methods for social sciences* (5th ed.). Boston: Pearson Education.
- Berke, D., Kossler, M., & Wakefield, M. (2008). *Developing leadership talent*. San Francisco: Pfeiffer.

- Blanchard, K. (2007). *Leading at a higher level*. New Jersey: Prentice Hall.
- Boaden, R. J. (2006). Leadership development: Does it make a difference? *Leadership & Organization Development Journal*, 27(1), 5–27.
- Bolman, L., & Deal, T. (2003). *Reframing organizations: Artistry, choice, and leadership* (3rd ed.). San Francisco: Jossey-Bass.
- British Columbia Ambulance Service. (2008). *Statistics*. Retrieved February 22, 2009, from http://www.bcas.ca/assets/About/PDFs/Statistics_December%202008.pdf
- Canada Public Service Agency. (2006). *Key leadership competencies*. Retrieved March 21, 2008, from <http://www.psagency-agencefp.gc.ca/tal/kcl/dwnld/klc-eng.pdf>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council of Canada. (1998). *Tri-council policy statement: Ethical conduct for research involving humans* (with 2000, 2002 and 2005 amendments). Retrieved April 10, 2008, from <http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm>
- Canadian Medical Association. (2007). *Guidelines for paramedic programs on the use of the Paramedic Association of Canada's national occupational competency profiles in the CMA conjoint accreditation process*. Retrieved November 16, 2008, from http://www.cma.ca/multimedia/CMA/Content_images/Inside_cma/Accreditation/pdf/2008_guidelines_NOCP_e.pdf
- Centre for Creative Leadership. (2008). *Quick facts*. Retrieved December 19, 2008, from <http://www.ccl.org/leadership/about/quickFacts.aspx>
- City of Edmonton. (2008). *Leadership competencies for all departments*. (Available from 3rd Floor, City Hall, #1 Sir Winston Churchill Square, Edmonton, AB, Canada T5J 2R7)
- Coghlan, D., & Brannick, T. (2005). *Doing action research in your own organization* (2nd ed.). Thousand Oaks, CA: Sage.
- Collins, J. (2001). *Good to great: Why some companies make the leap . . . and others don't*. New York: Harper Business.
- Collins, J. (2005). *Good to great and the social sectors: Why business thinking is not the answer*. Author.
- Collins, J., & Porras, J. (1994). *Built to last: Successful habits of visionary companies*. New York: Harper Collins.

- Commission on Accreditation of Medical Transport Systems. (2007). *Best practices book*. Retrieved February 7, 2009, from http://www.camts.org/component/page,shop.product_details/flypage,flypage.tpl/product_id,4/category_id,2/option,com_virtuemart/Itemid,79/
- Conger, J. A. (1993). The brave new world of leadership training. *Organizational Dynamics*, 21(3), 46–58. Retrieved November 2, 2008, from ScienceDirect database.
- Conger, J. A., & Ready, D. A. (2004, Spring). Rethinking leadership competencies. *Leader to Leader*, 32, 41–47. Retrieved October 18, 2008, from EBSCOhost database.
- Conger, J. A., & Xin, K. (2000). Executive education in the 21st century. *Journal of Management Education*, 24(1), 73–101. Retrieved November 2, 2008, from Sage Publications database.
- Daniels, A. C., & Daniels, J. E. (2007). *Measure of a leader: The legendary leadership formula for producing exceptional performers and outstanding results*. New York: McGraw-Hill.
- Department of Health. (2005). *Taking healthcare to the patient: Transforming NHS ambulance service*. Retrieved February 3, 2008, from www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4114270.pdf
- DePree, M. (1989). *Leadership is an art*. New York: Doubleday.
- Doh, J. P. (2003). Can leadership be taught? Perspectives from management educators. *Academy of Management Learning & Education*, 2(1), 54–67. Retrieved November 2, 2008, from Business Source Premier database.
- Edmunds Group Inc. (2008). *Individual and organizational assessments*. Retrieved February 21, 2009 from, <http://www.edmundsgroup.com/assessments.cfm?sid=individual+and+organizational+assessments>
- Emergency Medical Services Chiefs of Canada. (2004). *Framework, policies and guidelines* [version 1.0]. Retrieved December 11, 2008, from http://www.emscc.ca/Membersite/docs/Policies/Framework/Framework_Policies_v2_Jan31.doc
- Emergency Medical Services Chiefs of Canada. (2006). *The future of EMS in Canada: Defining the new road ahead* [White paper]. Retrieved February 3, 2008, from <http://www.emscc.ca/docs/EMS-Strategy-Document.pdf>

- Emergency Medical Services Chiefs of Canada. (2008a). *Defining the road ahead: The future of EMS in Canada* [On-line video]. Retrieved February 3, 2008, from http://www.torontoems.ca/flv_streams/2007/emsc_defining_the_road_ahead/v2_320x250.html
- Emergency Medical Services Chiefs of Canada. (2008b). *EMS Chiefs of Canada: Home page*. Retrieved November 25, 2008, from <http://www.emsc.ca/about.html>
- Fey, M. (2002, March). *The coaching trek: Inspiring those you lead*. Retrieved March 19, 2008, from http://www.lifeascentcoaching.com/solutions/c_trek_march_inspiration_hope.htm
- Fleming, B. (2006). *National EMS management curriculum committee report*. Retrieved November 29, 2008, from www.usfa.dhs.gov/downloads/pdf/nfa/higher_ed/nemsmc_report.pdf
- Frank, W. (2005, August). These 10 core competencies comprise good leadership. *Denver Business Journal*. Retrieved March 12, 2008, from <http://www.bizjournals.com/denver/stories/2005/08/29/smallb3.html?page=2>
- Fulmer, R. M. (1997). The evolving paradigm of leadership development. *Organizational Dynamics*, 25(4), 52–72. Retrieved November 2, 2008, from ScienceDirect database.
- Fulmer, R. M., & Wagner, S. (1999). Leadership: Lessons from the best. *Training & Development*, 53(3), 28–32. Retrieved November 2, 2008, from Business Source Premier database.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston: Pearson Educational.
- Goleman, D. (1998). *Working with emotional intelligence*. New York: Bantam Books.
- Goleman, D., Boyatzis, R., & McKee, A. (2002). *Primal leadership*. Boston: Harvard Business School Press.
- Hannum, K., Martineau, J., & Reinelt, C. (2007). *The handbook of leadership development evaluation*. San Francisco: Jossey-Bass.
- Health Emergency Act, R.S.B.C. 1996, c. 182. [British Columbia] Retrieved February 22, 2008, from http://www.qp.gov.bc.ca/statreg/stat/H/96182_01.htm
- Hollenbeck, G. P., McCall, M. W., Jr., & Silzer, R. F. (2006). Leadership competency models. *The Leadership Quarterly*, 17(4), 398–413. Retrieved October 18, 2008, from ScienceDirect database.
- Kellerman, B. (1999). *Reinventing leadership*. Albany, NY: State University of New York Press.

- Kierstead, J. (1998). *Competencies and KSAO's*. Retrieved January 16, 2009, from www.psagency-agencefp.gc.ca/arc/research/personnel/comp_ksao_e.pdf
- Kotter, J.P. (1990). *A force for change: How leadership differs from management*. New York: Free Press.
- Kouzes, J. M., & Posner, B. Z. (2007). *The leadership challenge* (4th ed.). San Francisco: Jossey-Bass.
- Kuehl, A. E. (2002). *Prehospital systems and medical oversight* (3rd ed.). Dubuque, Iowa: Kendall/Hunt.
- Leadership Coaching Inc. (2007). *Mentoring generations of leaders*. Retrieved February 1, 2009, from <http://www.leadershipcoachinginc.com/>
- Lewin, K. (1944). *A research approach to leadership problems*. Retrieved March 22, 2008, from JSTOR database.
- Ludwig, G. (2007). Mentor state of mind: Coaching the newly promoted. *Journal of Emergency Medical Services*, 23(9), 30.
- MacPhee, M., & Bouthillette, F. (2008). Developing leadership in nurse managers: The British Columbia Nursing Leadership Institute. *Nursing Leadership* 21(3), 64–75.
- Maxwell, J. (2008). *Leadership gold: Lessons learned from a lifetime of learning*. Nashville: Thomas Nelson.
- Morton Cooper, A. (2000). *Action research in healthcare*. London, UK: Wiley-Blackwell.
- Municipal Government Act, 1994, c. M-26. [Alberta] Retrieved February 22, 2008, from <http://www.qp.gov.ab.ca/Documents/acts/M26.CFM>
- Murphy, S. E., & Riggio, R. (2003). *The future of leadership development*. Mahwah, NJ: Lawrence Erlbaum.
- National Academy of Sciences. (2006). *Emergency medical services: At the crossroads*. Washington, DC: National Academies Press.
- National EMS Management Association. (2007). *Home page: Mission*. Retrieved February 1, 2009, from <http://www.nemsma.org/>
- National EMS Management Association. (2008). *Management and leadership development in America: An agenda for the future*. Retrieved December 19, 2008, from <http://www.nemsma.org/LinkClick.aspx?fileticket=FGTTfMTe5CU%3d&tabid=37&mid=409>

- National Highway Traffic Safety Administration. (2002). *Module 21: Cultural awareness*. Retrieved February 21, 2009, from www.nhtsa.dot.gov/people/injury/ems/Instructor/Module%2021%20-%20Cultural%20Awareness.pdf
- Palmer, R. E. (2008). *Ultimate leadership: Winning execution strategies for your situation*. Upper Saddle River, NJ: Wharton School Publishing.
- Palys, T., & Atchison, C. (2008). *Research decisions: Quantitative and qualitative perspectives* (4th ed.). Toronto, ON, Canada: Nelson.
- Paramedic Association of Canada. (2007a). *History*. Retrieved February 2, 2008, from <http://www.paramedic.ca/Content.aspx?ContentID=24&ContentTypeID=1>
- Paramedic Association of Canada. (2007b). *National occupational competency profile*. Retrieved February 22, 2008, from <http://www.paramedic.ca/Content.aspx?ContentID=4&ContentTypeID=2>
- Paramedic Association of Canada. (2007c). *National occupational competency profile: Table of contents*. Retrieved January 16, 2009, from http://www.paramedic.ca/Uploads/table%20of%20contents_1.pdf
- Parker, P., Hall, D. T., & Kram, K. E. (2008). Peer coaching: A relational process for accelerating career learning. *Academy of Management Learning & Education*, 7(4), 487-503. Retrieved February 7, 2008 from EBSCOhost database.
- Pharmaceutical Sales Management Group. (2005). *Executive coaching: Ten success factors for creating a coaching culture*. Retrieved February 7, 2009, from <http://www.pharmamanager.co.uk/default.aspx?issueID=7&articleID=65>
- Quinn, R. (1996). *Deep change: Discovering the leader within*. San Francisco: Jossey-Bass.
- Replanski, D. (2006). *Promoting healthy living in BC's multicultural communities*. Retrieved February 21, 2009, from <http://www.amssa.org/multiculturalhealthyliving/phase2/data/files/Reportfinalversion.Nov10.06.pdf>
- Royal Roads University. (2007a). *Policy on integrity and misconduct in research and scholarship*. Retrieved April 12, 2008, from Research at RRU Web site: <http://www.royalroads.ca/research/policies/integrity-misconduct-policy.htm>
- Royal Roads University. (2007b). *Research ethics policy*. Retrieved April 12, 2008, from Research at RRU Web site: <http://www.royalroads.ca/research/ethical-reviews/ethics-policy.htm>
- Royal Roads University. (2008). *Major project/thesis handbook, version 11.0*. Victoria, BC: Author.

- Sinnema, J. (2009, January 9). Non-profit offers foreign doctors free paramedic classes. *National Post*. Retrieved January 14, 2009, from <http://www.nationalpost.com/related/topics/story.html?id=1146784>
- Schein, E. (2004). *Organizational culture and leadership* (3rd ed.). San Francisco: Jossey-Bass.
- Spencer, L. M., & Spencer, S. M. (1993). *Competence at work: Models for superior performance*. Toronto, ON, Canada: John Wiley & Sons.
- Statistics Canada. (2007). *Ethnic diversity and immigration*. Retrieved January 2, 2009, from http://www41.statcan.gc.ca/2007/30000/ceb30000_000_e.htm
- Stogdill, R. M. (1974). *Handbook of leadership: A survey of the literature*. New York: Free Press.
- Stringer, E. T. (2007). *Action research* (3rd ed.). Thousand Oaks, CA: Sage.
- SurveyMonkey. (2008). Survey Monkey (Professional version) [Computer software]. Retrieved March 5, 2008, from <http://www.surveymonkey.com>
- Suutari, V., & Viitala, R. (2008). Management development of senior executives: Methods and their effectiveness. *Personnel Review*, 37(4), 375–392. Retrieved November 2, 2008, from Emerald Journals Online database.
- Thinkexist. (2006). *Immanuel Kant quotes*. Retrieved November 29, 2008, from http://thinkexist.com/quotes/immanuel_kant/2.html
- Thorn, A., McLeod, M., & Goldsmith, M. (2007). *Peer coaching overview*. Retrieved February 7, 2009, from <http://www.marshallgoldsmithlibrary.com/docs/articles/Peer-Coaching-Overview.pdf>
- Ulrich, D., Zenger, J., & Smallwood, N. (1999). *Results-based leadership*. Boston: Harvard Business School Press.
- Williams, D. M. (2007). Grow your own EMS leaders. *EMS Insider*, 34(10), 1–3.
- Williams, D. M. (2008). JEMS 2008 salary and workplace survey. *Journal of Emergency Medical Services*, 33(10), 49–64.
- Yukl, G. (2006). *Leadership in organizations* (2nd custom ed. for Royal Roads University). Upper Saddle River, NJ: Prentice-Hall.

APPENDIX A: EXISTING LEADERSHIP COMPETENCY PROFILES

Government of Canada: Key Leadership Competencies – Director General**VALUES AND ETHICS – *Service through integrity and respect***

- Demonstrates Values and Ethics, including the Code, in personal behaviour
- Integrates Values and Ethics, including the Code, into directorate practices
- Builds departmental values into directorate policies and programs
- Reflects a commitment to citizens and clients in own and directorate activities
- Builds and promotes a safe and healthy, respectful directorate, free of harassment and discrimination
- Promotes transparency and fairness
- Creates opportunities for and encourages bilingualism and diversity in the directorate, based on OL and EE policies

STRATEGIC THINKING – *Innovating through Analysis and Ideas**Analysis*

- Frames questions and analyses with a thorough understanding of sectoral and policy issues
- Seeks clarification and direction from the ADM
- Conducts strategic analysis of trends within the directorate, organization, and external environment
- Integrates multiple domains of information and identifies the links
- Seeks broad perspectives and expertise
- Tracks changing organizational dynamics
- Analyzes setbacks and seeks honest feedback to learn from mistakes

Ideas

- Identifies key elements of the vision and implications for the directorate
- Translates vision and policy into concrete direction and plans
- Links directorate programs and services to department and branch policies
- Makes effective recommendations to the ADM
- Seeks input of staff to create plans and solutions
- Encourages constructive questioning of practices
- Encourages experimentation to maximize potential for innovation
- Identifies solutions, alternatives, and consequences
- Teaches and learns from others

ENGAGEMENT – *Mobilizing people, organizations, partners*

- Implements inclusive, cooperative approaches with peers, staff, and superiors
- Fosters an inclusive and sensitive interpersonal climate
- Promotes consensus across diverse groups, interests, and opinions
- Solicits and listens to ideas and concerns of staff, unions, and other stakeholders
- Mobilizes the team to achieve directorate and departmental goals
- Communicates and supports corporate decisions
- Fosters enthusiasm and common purpose
- Shares information with staff regularly and as it becomes available
- Follows through on commitments
- Communicates vision and information with clarity and commitment
- Manages relationships between stakeholders

MANAGEMENT EXCELLENCE – *Delivering through Action Management, People Management, Financial Management*

Action Management – Design and Execution

- Identifies and communicates priorities, milestones, timelines, performance measures, clear accountabilities, and performance agreements for Directors
- Coordinates and manages across multiple directorate programs and projects
- Ensures necessary resources, processes, and systems are in place
- Develops process with management team to set priorities, make decisions
- Performs risk analysis to assess viability of opportunities
- Coordinates activities within directorate to assign accountability and avoid duplication
- Seeks and heeds early warning signs, adapting plans and strategies as required
- Follows through on the directorate’s business plan from planning, implementing, monitoring, and evaluating to reporting
- Integrates Comptrollership, MAF, federal legislation, regulations, and policies into directorate practices
- Manages own and others’ work-life balance
- Responds decisively and quickly to emerging opportunities or risks
- Maintains sound judgment and decision making in demanding or stressful situations

People Management – Individuals and Workforce

- Implements HR strategy to ensure workforce capacity and diversity to meet current and future directorate needs
 - Coaches, challenges, and provides opportunities for growth
 - Sets clear expectations and provides clear direction
 - Manages staff workload
 - Builds complementary teams
 - Provides honest, straightforward feedback and manages non-performance
 - Recognizes and acknowledges good work
 - Acts as a role model for Directors
-

- Develops strategies to reduce stress within the directorate
- Secures funding for OL and other training
- Implements rigorous HR practices and fulfils obligations for HRM accountabilities

Financial Management – Budgets and Assets

- Allocates and manages directorate resources transparently
 - Implements strategies to achieve operational efficiencies and value for money
 - Operates and monitors rigorous systems for Financial Information Management, internal audits, and evaluation
 - Fulfils obligations of accountabilities for directorate finance and assets management
 - Acts on audit, evaluation, and other objective directorate performance information
-

Note: From *Key Leadership Competencies* (pp. 10–11), by Canada Public Service Agency, 2006. Retrieved March 21, 2008, from <http://www.psagency-agencefp.gc.ca/tal/kcl/dwnld/klc-eng.pdf> Reprinted with permission from the Treasury Board Secretariat of Canada.

City of Edmonton Leadership Competencies for all Departments

Definition: Leadership competencies are skills, abilities, characteristics, behaviours and actions demonstrated by a leader at a senior level.

Sets Direction & Aligns Resources

- Develops, communicates and builds commitment to the vision for the branch/department/business unit, consistent with Council's strategic vision
- Aligns people, plans, processes and structures with the desired future state, to produce valued outcomes
- Creates and evaluates measures of outcome achievement and contribution to strategic priorities

Grows & Retains Talent

- Attracts and retains a workforce that reflects the diversity of the community while achieving sound business results
- Builds leadership succession, consistent with the strategic direction of the organization
- Coaches, measures performance, and rewards staff for achieving valued outcomes

Creates a High Performance Climate

- Models leadership that effectively manages ambiguity and adapts to changing strategic priorities of the organization
- Creates an environment for employees to innovate, take reasonable risks and learn from others
- Draws on diverse perspectives and experiences to make sound decisions and improve team performance
- Deals effectively with non performers

Steers Change

- Initiates, develops, and communicates a clear change agenda
- Navigates the best routes and guides resources through change processes
- Accepts responsibility and is accountable for declared outcomes delivered within stated timelines

Builds Influential Business Relationships

- Forges alliances with others inside and outside the organization for strategic benefit and outcome achievement
 - Works collaboratively across organizational lines, throughout the community, in municipal and/or industry partnerships and with other orders of government
-

Note: Adapted from *Leadership Competencies for All Departments* (pp. 1-2), by City of Edmonton, 2008, Edmonton, AB, Canada: Author. Copyright 2008 by City of Edmonton.

Royal Roads University Masters in Arts of Leadership Competencies

CHARACTER:

The extent to which the underlying qualities of character of the leader ensure stability, reliability and responsibility.

ETHICS:

The extent to which the leader recognizes ethical values and considerations, and models and promotes honesty and integrity within and with others.

STYLE:

The extent to which the leader works effectively with people in a leadership capacity, is able to modify his/her personal style to accomplish reasonable objectives, and can apply skills to keep his/her priorities in appropriate balance.

CREATIVITY:

The extent to which the leader is far-sighted, open to exploring and developing new and imaginative ideas, and willing to take risks in testing creative ideas under conditions of uncertainty.

COMMUNICATION SKILLS:

The extent to which the leader listens well and presents ideas clearly and effectively when speaking and writing and uses practical skills in communication to encourage creativity among others.

TEAM BUILDING SKILLS:

The extent to which the leader encourages healthy and open social interactions among individuals, facilitates collaboration, and encourages group organization and group achievement.

LEARNING AND TEACHING SKILLS:

The extent to which the leader teaches and learns well and explores, discovers, and develops creative teaching/learning environments with and for others.

RESEARCH AND INQUIRY:

The extent to which the leader can understand, evaluate, and use technology, including advanced computer technology to achieve objectives in learning and communication.

SYSTEMS THEORY, THINKING, AND PLANNING:

The extent to which the leader understands and applies systems theory and systems thinking within and with others as he or she explores relationships among individuals in groups teams, among groups in organizations, organizations in natural and global settings, and in a variety of local and global ecosystems.

ORGANIZATIONS AND ORGANIZATIONAL CHANGE:

The extent to which the leader understands the structural and systemic nature of organizations and organizational change and can assist others as they apply that understanding to explore, develop, and accomplish creative organizational objectives in

specific organizations and among organizations in local and global contexts.

LEADERSHIP:

The extent to which the leader is an aware, meaningful, responsible participant open to learning – willing and able to explore, discover, and develop competencies in a variety of areas within and with others while living a balanced and creative life.

Note: Adapted from Learner Assessment (pp. 94–97). RRU MA in Leadership Major Project/Thesis Handbook, version 11.0, For MA in Leadership 2007 learners, by Royal Roads University, 2008, Victoria, BC, Canada: Author. Copyright 2008 by Royal Roads University.

*National Professional Development Matrix – Executive EMS Officer***Leadership Competencies**

Understands organizational life and key challenges/opportunities of managing public organizations; organizational mission, values, communication, culture, policy process, legislative-executive relations, and media relations

Understands organizational design, personnel, and management in mission-driven organizations; includes organizational design, networks, service delivery, managing for performance, and ethical leadership

Understands decision making from normative, prescriptive, and descriptive perspectives; individual decision making and organizational decision practice; decision analysis

Understands managerial uses of accounting and financial management; including fund accounting, cost accounting, asset accounting, internal controls, auditing, financial analysis and reporting

Understand the issues involved in the implementation of public policy and programs; the institutional and political constraints in policy making and the skills needed to address them

Understands the nature of executive life; the functions of leadership in implementing and changing policy; leadership styles; the relation of leadership to its constituencies

Understands the legal framework of administrative action; constitutional requirements; operation of the administrative process; and judicial review of administrative activity

Understands moral issues in public life; integration of moral concerns into public discussion resulting in good policy without polarization

Understands possibilities offered by mediation and negotiation techniques to resolve disputes and disagreements over public-policy issues

Understands theories and models of behavioural sciences in organizational diagnosis and development (OD); review of the OD approach; diagnosis; problem confrontation, and team building

Understands theory, practice, and politics of program evaluation; from simple feedback mechanisms to evaluation of large-scale programs

Understands theory, practice, and politics of developing an organizational strategic plan; incorporating multiple, diverse stakeholders

Understands theory, practice, and politics of developing and carrying out an implementation plan for an organizational strategic plan

Understands how to formulate research questions, conduct research, and assess statistical tools or research methods to answer different types of policy or management questions

Understands EMS contract development and administration

Understands International EMS applications

Note: Adapted from *National EMS Management Curriculum Committee Report* (Appendix 6D), by B. Fleming, 2006. Copyright 2006 by B. Fleming. Retrieved November 29, 2008, from www.usfa.dhs.gov/downloads/pdf/nfa/higher_ed/nemsmpc_report.pdf

Core Competencies of the BC Nurse Leadership Institute Curriculum

Developing the Leader

- Self-assessment
 - Understanding and using the power of influence
 - Developing your power base
 - Effective leadership styles
 - First-line nurse leaders; leading from the middle
 - First-line nurse leaders as change agents and innovators
-

Leading Others

- Empowering others
 - Team-building
 - Conflict management
 - Influence strategies
 - Healthy work environments
-

Leading through Effective Planning

- Change management
 - Project planning
 - Innovation strategies
 - Fiscal budgeting
 - Resource allocation
 - Developing work-related projects
-

Note: Adapted from “Developing Leadership in Nurse Managers: The British Columbia Nursing Leadership Institute,” by M. MacPhee & F. Bouthillette, 2008, *Nursing Leadership* 21(3), p. 67. Copyright 2008 by M. MacPhee & F. Bouthillette.

APPENDIX B: INTERVIEW LETTER OF INVITATION

My name is Joe Acker and as part of my Masters study, I am researching ways to enhance leadership capacity in EMS across Canada – my specific focus is the development of future EMS leaders. This research project is part of the requirements for a Master of Arts in Leadership at Royal Roads University. I am looking for Chiefs, Deputy Chiefs, and other senior EMS leaders to participate in individual interviews that will take place during October 2008. The purpose is to generate discussions and ideas about the essential leadership competencies of an EMS Chief and successful professional development models.

The purpose of this email is to ask if I can interview you, in person, over the telephone, or by video-conference. The interviews will take approximately 60 minutes, and I will schedule the interview around your schedule. I am soliciting current Board Members of the EMS Chiefs of Canada as well as other EMS Chiefs representing specific geographic regions in Canada. If you do not wish to be interviewed and tape-recorded, and prefer to complete the questionnaire, I will make this option available to you. Your written results will remain confidential and non-identifiable in the body of the final report. A copy of the final report will be published. A copy will be housed at Royal Roads University, available online through UMI/Proquest and the Theses Canada portal and will be publicly accessible. Access and distribution will be unrestricted.

Your participation would be voluntary and you will have the right to withdraw at any time in the study. Your identity, and the identity of your EMS service and/or your municipality will be kept confidential and your contributions to the discussion will be used in a general format and will not be traceable back to you.

I have been a member of the EMS Chiefs of Canada for more than five years, and have been a board member since May 2008. I view the relationship between me (the researcher), and you (the participant) as one of peers and colleagues, therefore, there will be no conflict of interest as I will not be in a position where any of the participants are working directly with me or for me.

If you would like to learn more about my research please contact me at (xxx) xxx-xxxx or jjacker@xxxxx.xx. As well, if you have any concerns about the validity of my research project, please contact Dr. Gerry Nixon, Acting Program Head, MA-Leadership, School of Leadership Studies at (xxx) xxx-xxxx.

Thank you!

Joe Acker

APPENDIX C: INTERVIEW LETTER OF INFORMED CONSENT

My name is Joe Acker, and this research project is part of the requirement for a Master of Arts in Leadership at Royal Roads University. If you have any concerns about the validity of my research project, please contact Dr. Gerry Nixon, Acting Program Head, MA-Leadership, School of Leadership Studies at (xxx) xxx-xxxx.

This document signifies your agreement to participate in my research project. I am researching ways to enhance leadership capacity in EMS across Canada – my specific focus is the development of future EMS leaders.

The research will consist of an individual interview and will take about an hour of your time. The questions you will be asked will center around the ideas of the essential leadership competencies of an EMS Chief and successful professional development models. The interview questions are attached so you have time to prepare, or if you wish withdraw from participating. Please note that the interviews will be audio recorded and transcribed so I can have access to the data you provide afterwards and will not have to rely solely on notes taken during the discussions. This will ensure validity of the results, and all recordings will be destroyed after this Major Project is accepted by Royal Roads University.

Information will be recorded in hand-written format and audio recorded, and then transcribed so it can be analyzed and summarized in an anonymous format in the body of the final report. As well, I may choose to use my research for other educational purposes (such as writing journal articles or a book, making presentations, etc.). At no time will any specific comments be attributed to any individual unless specific agreement has been obtained beforehand.

All documentation will be kept strictly confidential and solely in my possession. All data collected will be stored on my home computer in a protected file and hardcopies will be stored in a locked cabinet. While I will keep the summaries of the data analysis, I will destroy all actual data collected at the interviews within twenty-four months.

The only personal information I will collect will be for demographic purposes. Participants will be asked their position in the organization, their level of formal education, their years of leadership and management experience, their region of Canada, and the population served by their organization. This information will not be attached to any dialogue, but may be useful to me in summarizing the results.

In addition to submitting my final report to Royal Roads University, I will also be sharing my research findings with the EMS Chiefs of Canada and my employer, the City of Edmonton. The results and recommendations of this research study may also be presented at open meetings and/or conferences, and may be published in trade magazines or peer reviewed articles. A copy of the final report will be published. A copy will be housed at Royal Roads University, available online through UMI/Proquest and the Theses Canada portal and will be publicly accessible. Access and distribution will be unrestricted.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice and all data provided will be deleted. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

I have been active in EMS for almost twenty years, as well, I have been a member of the EMS Chiefs of Canada for more than five years, and have been a board member since May 2008. I view the relationship between me (the researcher), and you (the participant) as one of peers and colleagues, therefore, there will be no conflict of interest as I will not be in a position where any of the participants are working directly with me or for me.

If you would like to learn more about my research please contact me at (xxx) xxx-xxxx or jjacker@xxxx.xx.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): _____

Signed: _____

Date: _____

Please return this signed letter to me as soon as possible by any of the formats below:

Fax to (xxx) xxx-xxxx Attn: Joe Acker

Mail to: [xxxxxxxxxxx]

Scan and email to jjacker@xxxx.xx

APPENDIX D: INTERVIEW QUESTIONS

Demographic Questions:

1. How many years have you held a leadership position in EMS?
2. What is the highest level of education you have completed?

Leadership Competency Profile Questions:

3. What do you believe makes an EMS leader competent?
4. Which leadership competencies are your greatest assets?
5. Which leadership competencies do you most admire in other EMS Chiefs?
6. What leadership competencies do you seek when hiring a Deputy Chief?

Professional Development Questions:

7. How do you manage your own leadership development?
8. If you had three wishes for your organization's professional development – what would you wish for?
9. If you were to design an EMS leadership development program, what topics would the curriculum include?
10. If you were to design an EMS leadership development program, how would it be delivered?

APPENDIX E: SURVEY QUESTIONS

Enhancing Leadership Capacity in EMS

1. Informed Consent

1. Dear Survey Participant,

Thank you for your interest in my research project. I am investigating ways to enhance EMS leadership capacity in Canada. This survey will take approximately ten to fifteen minutes to complete.

Your participation is voluntary and you have the right to withdraw at any time in the study. Your identity, and the identity of your EMS service and/or your municipality are anonymous. Your contributions to the discussion will be used in a general format and will not be traceable back to you.

Do you wish to participate in this survey?

- Yes, I wish to complete the survey
- No, I do not wish to complete the survey

Enhancing Leadership Capacity in EMS

2. Demographic Information

2. Which of the following choices best describes your work location:

- Western Canada
- Central Canada
- Atlantic Canada
- Northern Canada
- I do not wish to answer this question

3. Which of the following choices best describes your EMS service delivery model:

- Municipal EMS Service
- Regional EMS Service (including Authority or Commission)
- Integrated Fire / EMS Service
- Private Contractor EMS Service
- Provincial EMS Service
- Health Region / Hospital Based EMS Service
- Air Ambulance
- Military
- I do not wish to answer this question

4. Which of the following choices best describes your EMS service delivery area:

- Large Urban(> 250,000 population)
- Small Urban(< 250,000 population)
- Rural
- Mixed Rural / Urban
- Provincial
- Air Ambulance
- Military
- I do not wish to answer this question

Enhancing Leadership Capacity in EMS

5. How many years experience do you have in a leadership role (operational supervisor or above)?

- less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- more than 25 years
- I do not wish to answer this question

6. Which of the following choices best describes the highest level of academic achievement that you have completed:

- Some University Courses
- Paramedic diploma
- Post secondary certificate
- Undergraduate degree
- Graduate degree
- Post graduate degree
- I do not wish to answer this question
- Other (please specify)

Enhancing Leadership Capacity in EMS

3. Leadership Attributes and Competencies

7. Based on your experience and understanding of what makes an EMS leader successful, please rank the following leadership skills or abilities, in order, from most important (1) to least important (8):

	1 - most important	2	3	4	5	6	7	8 - least important
Political Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing and Mentoring Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating and Communicating a Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Values / Integrity / Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change Management Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any other skills, attributes, or competencies you believe are important but not listed above

8. Please select ONE of the following that best describes what you would most like to develop in your own leadership practice:

- Formal Education (ex. degree, certificate, or new professional designation)
- Communication ability (ex. write like Dickens, speak like Obama)
- Technical ability (ex. finance, human resources, EMS deployment, EMS operations, clinical excellence, performance measurement)
- Skill, knowledge, and ability to manage change (ex. new system design, huge cultural shift, major political or economic change)
- Political savvy (ex. ability to function effectively in all 3 political environments)

9. When hiring into a new EMS leadership position, which of the following best describes the most important competency or attribute for a candidate to possess:

- Relevant post secondary education
- Significant and relevant experience in EMS
- Well developed "people skills" (social and self awareness)
- Demonstrated "natural" leadership ability (recognized by their peers)
- Technical skills or knowledge
- Demonstrated ability to learn and develop

Enhancing Leadership Capacity in EMS

4. EMS Leadership Professional Development

10. From the list below, select the method(s) that you use to manage your own leadership development (choose all that apply):

- Attend seminars, workshops, and courses
- Stretch assignments (ex. secondments, job shadow, job exchange, special assignments)
- Pursue formal education (diploma, degree)
- Teach, coach, and mentor others
- Challenge myself with new opportunities at or away from work (ex. church, community league, teams)
- Work with a mentor or coach
- Read books, articles, and/or journals
- Use multimedia tools (ex. podcasts, online courses, videos)
- Other (please specify)

11. From the list below select the choice(s) that describe the support you receive from your employer for professional development (choose all that apply):

- Full tuition for formal education
- Partial tuition for formal education
- Courses, seminars, workshops, and other training provided in-house
- Leadership coaching (through my organization or through a third party)
- Opportunity for stretch assignments (secondments, special projects, mentoring)
- Journals, books, trade magazines
- Formal succession plan

Other (please specify)

Enhancing Leadership Capacity in EMS

5. Leadership Education - Curriculum and Delivery Method

12. If you were asked to design a curriculum for an EMS Leadership Development program, which of the following topics would you include (choose all that apply)

- Communications (written and verbal)
- Team Building
- EMS Operations (deployment modeling, quality assurance, benchmarking, EMS best practices)
- Health Systems in Canada
- Finance & Accounting
- Emotional Intelligence
- Time Management
- Political Science (3 levels of government in Canada)
- Project Management
- Conflict Resolution and Mediation
- Research and Epidemiology
- Law
- Health Economics
- Cultural Awareness
- Strategic Planning
- Lean Thinking
- Values Based Leadership
- Public Relations and Social Marketing

Please add any other topics you would include:

13. Which of the following do you believe is the best way to deliver EMS Leadership Education:

- On-line distance education
- Full-time in the classroom
- Blended learning (balanced between on-site and on-line)
- On-the-job training (mentoring / coaching / stretch assignments)
- Other (please specify)

Enhancing Leadership Capacity in EMS

14. When participating in formal education programs, courses, or workshops, which of the following models do you believe is best for future EMS Leaders:

- non-cohort based (the learner participates in courses asynchronous to other learners)
- cohort of learners, all with an EMS background
- cohort of learners, all with a health background
- cohort of learners, all with an emergency service background
- cohort of learners from a variety of professional backgrounds
- Other (please specify)

Enhancing Leadership Capacity in EMS

6. Thank you!

Thank you for taking the time to participate in this survey. I appreciate your commitment to enhancing EMS leadership capacity in Canada.

Regards,

Joe Acker

APPENDIX F: SURVEY LETTER OF INVITATION

Dear EMS Leader and Potential Research Participant:

As part of my Masters study I am researching ways to enhance leadership capacity in EMS across Canada – my specific focus is the development of future EMS leaders. This research project is part of the requirements for the Master of Arts in Leadership Degree at Royal Roads University.

I am looking for Chiefs, Deputy Chiefs, and other senior EMS leaders to participate in a survey that will take approximately ten to fifteen minutes to complete. The goal is to generate discussion and ideas about the essential leadership competencies of an EMS Chief, a successful professional development curriculum, and effective program delivery models.

Your participation is voluntary and you will have the right to withdraw at any time in the study. Your identity, and the identity of your EMS service and/or your municipality will be kept anonymous and your contributions to the discussion will be used in a general format and will not be traceable back to you. A copy of the final report will be housed at Royal Roads University, available online through UMI/Proquest and the Theses Canada portal, and will be publicly accessible. Access and distribution will be unrestricted.

If you would like to learn more about my research please contact me at (XXX) XXX-XXXX or jjacker@XXXX.XXX. As well, if you have any concerns about the validity of my research project, please contact Dr. Gerry Nixon, Committee Chair, MA-Leadership, School of Leadership Studies at (XXX) XXX-XXXX.

If you wish to participate in this short survey, please click the link below:

http://www.surveymonkey.com/s.aspx?sm=J9V_2bBnqiA9ZoWIstl1SylQ_3d_3d

This survey will be closed at midnight on December 31, 2008.

Thank you for your time and consideration.

Warm Regards,

Joe Acker
Chief, Edmonton EMS & EMSCC Board Member

APPENDIX G: PROPOSED EMS LEADERSHIP COMPETENCY PROFILE

Domain	Competency	Sub-Competencies
1.0 Leads Self	1.1 Demonstrates Personal Values, Integrity, and Ethics	1.1.A. Communicates and lives positive personal values 1.1.B. Builds and maintains credibility 1.1.C. Acts with integrity 1.1.D. Consistently demonstrates ethical behaviour
	1.2 Increases Self-Awareness	1.2.A. Demonstrates self-awareness 1.2.B. Seeks and uses feedback from others 1.2.C. Pursues self-development 1.2.D. Open to criticism
	1.3 Increases Personal Capacity to Learn	1.3.A. Constantly seeks opportunities to learn 1.3.B. Learns from mistakes 1.3.C. Learns from experience
	1.4 Displays Drive and Purpose	1.4.A. Achieves success through personal energy 1.4.B. Exhibits drive and ambition 1.4.C. Committed to making a difference
2.0 Leads Others	2.1 Communicates Effectively	2.1.A. Clearly communicates information and ideas 2.1.B. Listens actively 2.1.C. Communicates with passion 2.1.D. Inspires others
	2.2 Manages Effective Teams and Work Groups	2.2.A. Brings out the best in people 2.2.B. Demonstrates participative management 2.2.C. Forges synergy and builds effective teams
	2.3 Builds and Maintains Relationships	2.2.A. Puts people at ease 2.2.B. Manages conflict 2.3.C. Demonstrates compassion and sensitivity 2.3.D. Demonstrates a genuine concern for

Domain	Competency	Sub-Competencies
		others
	2.4 Values Diversity and Difference	2.4.A. Maintains multi-cultural awareness 2.4.B. Appreciates that differences matter 2.4.C. Values diversity 2.4.D. Adapts to cultural differences
	2.5 Develops and Mentors Others	2.5.A. Confronts problem employees 2.5.B. Effectively leads employees 2.5.C. Selects and develops future leaders 2.5.D. Trusts staff, delegates, motivates, and empowers
3.0 Leads Organizations	3.1 Sets Vision and Creates Strategy	3.1.A. Clearly articulates a vision 3.1.B. Demonstrates effective strategic planning and goal setting
	3.2 Solves Problems and Makes Decisions	3.2.A. Gathers information and makes sense of it 3.2.B. Uses evidence and best practices to guide decisions 3.2.C. Uses sound judgment 3.2.D. Takes action
	3.3 Manages Politics and Influences Others	3.3.A. Demonstrates diplomacy 3.3.B. Effectively and positively influences others 3.3.C. Understands the value of strategic influence
	3.4 Takes Risks and Innovates	3.4.A. Demonstrates courage to take risks 3.4.B. Behaves entrepreneurially 3.4.C. Is a strategic and tactical innovator
	3.5 Manages Change	3.5.A. Recognizes the emotional impact of change 3.5.B. Manages change sensitively and skilfully

The preceding proposed EMS Leadership Competency Profile is a summary of the findings from the literature and the data collected from EMS leaders across Canada. This profile is a non-validated, non-peer reviewed summary and intended only to represent the possibilities that exist for the EMSCC to develop and implement a National EMS Leadership Competency Profile.