**Title:**
Global Leadership Development: Education is the Key to Success

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**Session Title:**
Global Leadership Development: Lessons Learned and Strategies for the Future

**Slot:**
D 14: Sunday, 29 October 2017: 2:45 PM-4:00 PM

**Scheduled Time:**
3:25 PM

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**Keywords:**
Engagement, Risk-based motivation and Transparency

**References:**


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**Abstract Summary:**
New models for practice and education will drive the future of global leadership development. Principles will include engagement, transparency and relationship-based risk and innovation. Our speaker will address how and why we fail to deliver, and suggest strategies for leadership change with a focus on authenticity and holism.

**Learning Activity:**

<table>
<thead>
<tr>
<th><strong>LEARNING OBJECTIVES</strong></th>
<th><strong>EXPANDED CONTENT OUTLINE</strong></th>
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<td>Discuss the use of scenarios to reveal the need for changes in health systems, patient care and nursing leadership.</td>
<td>The scenario identifies new community-based system needs for primary care, prevention and chronic care management.</td>
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<td>Discuss the need for nursing leadership reforms focused on engagement, transparency, common vision and measured results.</td>
<td>Relationship-based risk and innovation are essential strategies requiring common vision. Measuring results provides the tool for accountability.</td>
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Identify the ABC’s of leadership failure as strategies for future education. An understanding of the basics is critical to success.

Abstract Text:

The healthcare systems are inadequately designed FOR chronic care management to keep people out of acute care system; FOR systems designed to prevent illness by focusing on the social determinants of health, FOR patients with mental and behavioral health conditions esp. when accompanied by other chronic conditions; FOR populations of immigrants, refugees, minorities and those without access to care because of the barriers of financing, geography and/or language. Our present healthcare system is reactionary and reductionistic, designed for the diagnosis and treatment of silo illnesses, polypharmacy and reimbursement. Patient centered care calls for systems designed for team resources in community based outreach aimed at sharing information, not diagnosing and drugging. Our models of leadership education need to change from individualism in behavior and focus to frontline engagement of teams based on needed resources and internal motivation; from secrecy and control by those at the top to assure accountability and safety to creating environments of common vision, transparency and a culture for safety with all. Leadership education needs to shift its overall focus from budgeting, staffing and performance evaluation to creating environments that develop staff and measure results. Leadership reform must examine models of duality from either-or, black-white, best-worst to models that are inclusive of And-Both. Leadership must educate for innovation, creativity and risk-taking, not simply risk reduction and avoidance. The medium for all this change is relationship-based action. Relationship based care follows patients and populations from prevention through recovery and not simply through the paid visit. Health records need to be universal and based upon relationships of necessary resources, not upon legally protecting providers and systems. Leadership education must follow the prescription of reflection, interaction and validation, not "we know what's best for you so do what we say, how we say and when we say." Examining and developing leader authenticity and purpose helps to move away from ego driven arrogance, bureaucracy and complacency. Economic models of care will change when leader abilities shift to the holism of health and illness.