



Every Healthcare Professional Is a Leader

White Paper — Series Overview and Institutional Integration Brief

A Practical Guide for Individual, Team, and Organization Development in Clinical and Clinical-Supporting Settings

First Edition, forthcoming from Readiness Network, Inc. (Command College Press) — Q4 2026

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1.1 Purpose of This Paper

This paper summarizes what is contained in Every Healthcare Professional Is a Leader (EHPIAL) and its two companion Field Guides and sets out the case for considering the series as a working component of an institution's leadership-development, onboarding, workforce-safety, and academic-curriculum programs. It replaces the earlier edition of this paper, which was prepared to attract Foreword and book-review contributors. That work is complete: five Forewords and an independent book review have been written, reviewed, and integrated into the front matter of the first edition.

The paper is written for the reader who must decide whether the series belongs in a program — the chief nursing officer, the director of professional practice or organizational development, the pharmacy or laboratory or imaging director, the healthcare-security or emergency-management leader, the academic program lead, and the education or library purchaser who supports them.

1.2 Executive Summary

Every Healthcare Professional Is a Leader is a first-edition trade-professional book scheduled for publication in the fourth quarter of 2026 by Readiness Network, Inc. under the Command College imprint. It is accompanied by two companion Field Guides — **Field Guide #1: Sixty Individual Leadership Skills for Healthcare Leaders** and **Field Guide #2: Emergent Skill Sets and Reflection for Healthcare Leaders**. Together the three volumes — 318, 260, and 126 pages — form a single framework for individual, team, and organization development across the full spectrum of clinical and clinical-supporting settings.



Six characteristics distinguish the series from the general healthcare-leadership shelf:

- **A named architecture.** Sixty individual leadership skills and thirteen emergent skill sets, each defined, each supported by behavioural indicators, and each traceable to the others through cross-referenced Contributing Individual Skills lists.
- **A practice apparatus, not only a text.** Four-page workbook entries per individual skill and five-page entries per emergent skill set, with dated five-level Self-Assessment blocks and three named Try It Out exercises per entry, designed for repeated return visits across a career.
- **Clinical-support leadership as equal-weight primary audience.** Pharmacy, laboratory medicine, diagnostic imaging, biomedical engineering, respiratory therapy, allied health, clinical informatics, and healthcare security are treated as primary readerships alongside nursing and medicine, not as secondary audiences.
- **Workplace violence framed as a clinical leadership competency.** Skill Set #13 (Creating a Safe Workplace) is new to this edition and is written to be read with Skill Set #10 (Workforce Safety, Health, and Mental Fitness). Both are positioned as core clinical-leadership work supported by the security department, rather than as security or human-resources projects.
- **Canadian and United States practice in parallel.** Where the two regulatory environments differ, both are named; where they converge, the underlying practice is described in language usable in either jurisdiction.
- **A four-decade framework lineage, used with permission.** The Transforming Leadership Principles and the 60 Leadership Skills Framework are the intellectual property of Consulting Resource Group International Inc. (CRG) and are used with permission for this healthcare adaptation.



Every Healthcare Professional Is A Leader

*A Practical Guide for Individual, Team, and Organization
Development in Clinical and Clinical-Supporting Settings*

Co-Authors

Kenneth D. Gisborne, MA (DEM), CPP
Terry D. Anderson, Ph.D.
Pat Lynch, Ph.D.

With Forewords by

Graham A.A. Dodd, MSc, MD, CCFP(EM), MA(DEM)
Karen Collins, EdD (Leadership), ABCP, CRM
Kathryn Hollis, RPh, BScPhm, ACPR, MHA
Erin Gisborne, RN, BScN, MN (Leadership)
Jeff Young, CPP, CHPA

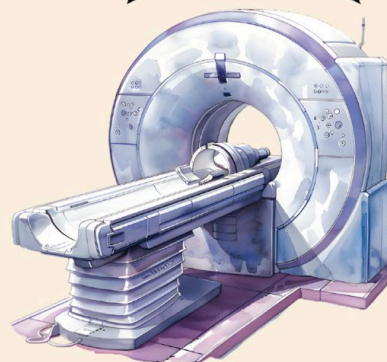


Figure 1 Front cover, first edition — *Every Healthcare Professional Is A Leader*, with the five integrated Forewords named on the cover.



1.3 The Gap the Series Addresses

Three conditions, observed consistently across three decades of clinical and clinical-support security and risk engagements in Canadian and United States facilities, gave rise to the series.

First, the leadership skills on which the clinical and clinical-support workforce depends every shift are, in most institutions, unnamed. The charge nurse who holds a difficult unit together is exercising grounding, presence, listening, advanced empathy, situational leadership, and the reading of a team's developmental stage. Those practices rarely appear in the position description, and they are rarely taught. Skill that cannot be named cannot be taught, and skill that cannot be taught will not be passed on at scale.

Second, operating conditions have changed faster than leadership preparation. The pandemic compressed years of strain into months and accelerated retirements at every clinical and clinical-support level, with the effect that emerging leaders are stepping into scope two and three years earlier than they would have a decade ago. Violence directed at healthcare workers has reached a scale no contemporary leadership treatment can responsibly omit. Digital health, artificial intelligence in clinical decision-making, interoperability mandates, and cybersecurity exposure across connected medical devices have each become leadership domains that the clinical leader is expected to operate inside, frequently without explicit preparation.

Third, a framework equal to those conditions already exists and did not need to be invented. It required adaptation — a deliberate transposition of a forty-year leadership-development discipline into the clinical register, with the emergency-services vocabulary of the source editions removed and the military and combat imagery deliberately replaced by clinical, relational, and public-health language.

Healthcare is one of the few domains where leadership is expected of everyone yet formally taught to very few. Charge nurses, technologists, pharmacists, lab professionals, biomedical engineers, and countless others engage in leadership behaviours every day ... Yet these behaviours often go unnamed, unrecognized, and unsupported.

— Dr. Karen Collins, EdD, CRM, ABCP, Foreword 2, *Every Healthcare Professional Is a Leader*

1.4 The Premise

The framework rests on a single premise: every healthcare professional — not only those holding formal leadership titles — exercises leadership in the course of daily work, and the quality of care an institution provides is the sum of that leadership practice across the workforce. The series is written to make that premise operational rather than aspirational.

The operational consequence is straightforward. A skill that can be named can be practised; a skill that can be practised can be assessed; and a skill that can be assessed can be taught to the next professional who needs it. The series supplies the naming, the practice material, the self-assessment instrument, and the institutional-implementation guidance in a single coordinated set.

A note on scope

The series does not position leadership as an additional burden placed on an already burdened workforce. It names the leadership that the workforce is already providing and argues that those providing it are owed the language, development, support, and organizational conditions to do it well.



1.5 What Is in the Main Book

The main book runs to twelve chapters and 318 pages at an 8 by 10-inch trim, with a dedication, an author's preface, five Forewords, an independent book review, and back matter comprising a bibliography and a Digital Health primer.

Chapter	Content	Companion material
Chapters 1–2	The premise, the Transforming Leadership foundation, and the structure of the framework as adapted for healthcare practice.	—
Chapters 3–7	The sixty individual leadership skills, grouped as Personal Mastery, Interpersonal Communication, Coaching, Team and Organization, and Versatility.	Field Guide #1
Chapter 8	The thirteen emergent skill sets — the combinations through which individual skills become institution-scale leadership work.	Field Guide #2
Chapter 9	Eight extended composite stories spanning bedside nursing, pharmacy, medical laboratory technology, imaging, biomedical engineering, cancer care, oncology infusion, and MRI safety.	—
Chapter 10	Ethical decision-making: five ethical frameworks, the Beauchamp and Childress four principles, the just-culture work of Reason, Marx, and Dekker, the Five Rs decision model, and the CHAIRS principles.	Field Guide #2 reflection module (six artifacts)
Chapter 11	The Magnanimous You: the classical MAGNUS practice of thirty character values, with a Franklin thirty-value tracking grid and a four-cardinal-virtues self-assessment.	Field Guide #2 reflection module (five artifacts)
Chapter 12	Institutional-implementation recommendations across workforce, curriculum, and evaluation, including the workplace-violence call to action.	—
Back matter	Bibliography and a Digital Health primer covering the electronic health record, patient portals, AI-mediated communication, ambient documentation, and clinical-decision-support literacy.	—

Table 1. Chapter map of the main book and the companion material attached to each chapter.

Every skill in the main book is illustrated by a short composite story. The composites are fictionalized blends drawn from many real clinical and clinical-support cases across multiple institutions and jurisdictions and are labelled as composites wherever they appear. They allow the book to speak to the specific realities of nursing, pharmacy, laboratory medicine, imaging, biomedical engineering, cancer care, and healthcare security without depicting any identifiable person, patient, family, colleague, or institution.

1.6 The Framework at a Glance

The architecture is the feature that makes the series usable as a program rather than as a single reading. Sixty individual skills are distributed across five chapters of the main book; thirteen emergent skill sets in Chapter 8 combine those individual skills into the institution-scale work that senior clinical and clinical-support leaders are accountable for.



Figure 2 sets out the sixty individual skills as they are grouped in Chapters 3 through 7. Figure 3 sets out the thirteen emergent skill sets in three families — how the leader reads the environment, how the leader builds the workforce, and how the leader protects the people. In both figures, red-accented tiles mark the skills, and skill sets the author identifies as the most consequential starting points for a leader or an institution beginning work with the framework.

The Framework at a Glance

Sixty individual skills across five chapters of personal, interpersonal, coaching, team, and versatility work

Ch. 3 PERSONAL MASTERY	Ch. 4 INTERPERSONAL COMMUNICATION	Ch. 5 COACHING	Ch. 6 TEAM & ORGANIZATION	Ch. 7 VERSATILITY
1 Grounding	13 Self-disclosure	25 Advanced Empathy	37 Informal Assessment	49 Assessment of Personal Styles
2 Centering	14 Image Management	26 Problem/Opportunity Exploration	38 Formal Assessment	50 Personal Style Shifting
3 Beliefs Clarification	15 Impression Management	27 Problem/Opportunity Specification	39 Change Management Facilitation	51 Assessment of Roles
4 Purpose & Vision	16 Attending	28 Problem/Opportunity Ownership	40 Need Clarification	52 Role Shifting
5 Identifying Values	17 Observing	29 Goal Setting	41 Readiness Checking	53 Assessment of Skills
6 Life Planning	18 Suspending Your Frame	30 Goal Ownership	42 Values Alignment	54 Skill Shifting
7 Education Planning	19 Questioning	31 Action Planning	43 Vision & Purpose Consensus	55 Recognizing Team Stages
8 Career Planning	20 Listening	32 Implementing Action Plans	44 Strategy Consensus-Building	56 Facilitating Team Stages
9 Time Management	21 Responding with Understanding	33 Confrontation	45 Implementation Planning	57 Cross-Functional Improvement Team
10 Stress Management	22 Assertiveness	34 Self-Sharing	46 Assessing Team Performance	58 Assessment of Leadership Skills
11 Energy Management	23 Confrontation	35 Immediacy	47 Continuous Learning	59 Coaching Other Leaders
12 Positive Mental Attitude	24 Challenging	36 Effective Referral	48 Building Accountability	60 Environmental Scanning

Red-accented tiles mark the fifteen foundational skills the author flags as most consequential across the five chapters.

1 of 2

Figure 2. The sixty individual leadership skills, Chapters 3–7 of the main book, each with a four-page workbook entry in *Field Guide #1*.

The five groupings of Figure 2 are cumulative rather than parallel. Personal Mastery (Chapter 3) establishes the leader's own grounding, values, planning, and stress and energy management. Interpersonal Communication (Chapter 4) builds the attending, observing, questioning, listening, and assertiveness work on which every subsequent skill depends. Coaching (Chapter 5) moves the leader from communication into the development of another person through problem and opportunity work, goal ownership, action planning, and confrontation. Team and Organization (Chapter 6) scales that practice to the unit, the department, and the service line. Versatility (Chapter 7) is the capacity to read a situation and shift style, role, and skill deliberately — the competence that distinguishes the experienced leader from the capable one.

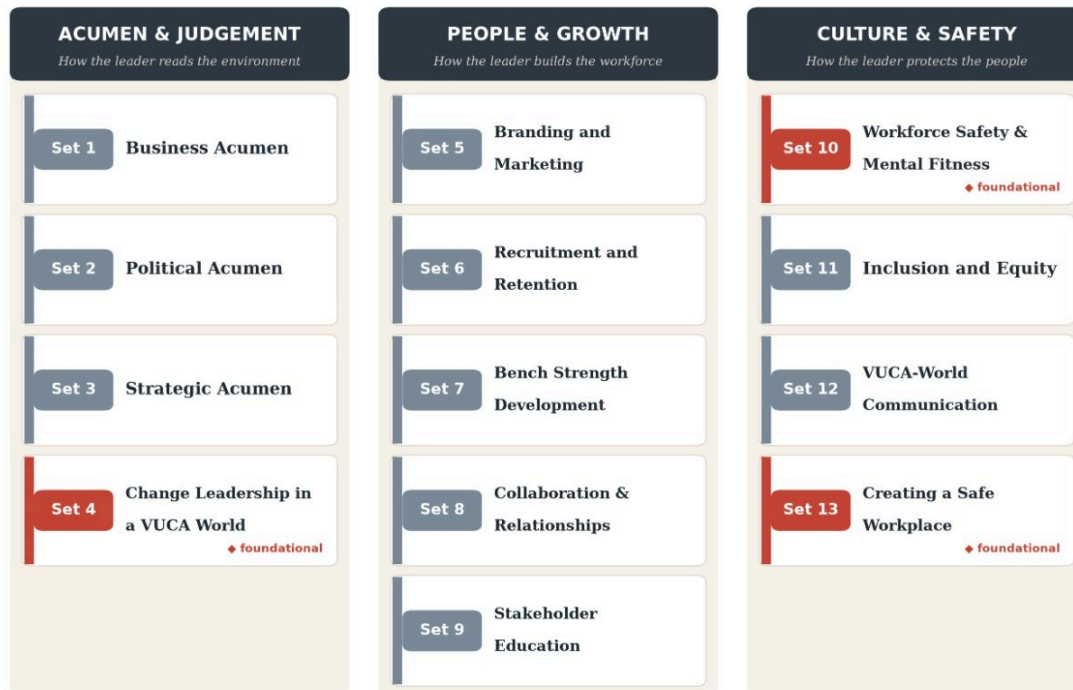
The fifteen skills and three skill sets marked in red are the recommended starting points. An institution that cannot begin with the whole framework can begin with those, and an individual leader who works nothing else will still have addressed the behaviours the author identifies as most consequential.



The Framework at a Glance

Thirteen emergent skill sets that combine the individual skills into institution-scale leadership work

Chapter 8 · Application of Emergent Skill Sets



Red-accented tiles mark the three skill sets the author identifies as most consequential in Chapter 8.

2 of 2

Figure 3. The thirteen emergent skill sets, Chapter 8 of the main book, each with a five-page workbook entry in Field Guide #2.

1.7 What Is in the Field Guides

1.7.1 Field Guide #1 — Sixty Individual Leadership Skills

Field Guide #1 runs to 260 pages at a 5.5 by 8.5-inch trim and carries sixty-four-page workbook entries, one per individual skill, organized in five Parts corresponding to Chapters 3 through 7 of the main book. Each entry contains:

- the verbatim skill definition drawn from the main book, so that the workbook and the text never drift apart;
- the bolded **In-practice line** — a one-sentence clinical example of how the skill lands in real practice, new to this edition and the workbook's clinical bridge;
- the behavioural indicators by which the skill can be observed and assessed;
- agenda-shaped Suggestions the reader can act on without further preparation;
- three named **Try It Out** exercises per entry;
- a dated five-level Self-Assessment block, designed to be completed more than once so that development is visible over time; and
- ruled Personal Notes lines.



1.7.2 Field Guide #2 — Emergent Skill Sets and Reflection

Field Guide #2 runs to 126 pages at the same trim and carries thirteen five-page workbook entries for the emergent skill sets of Chapter 8, plus a six-artifact reflection module for Chapter 10 (Ethical Decision-Making) and a five-artifact reflection module for Chapter 11 (The Magnanimous You). Each skill-set entry includes a Contributing Individual Skills tracking list that links the skill set back to the relevant entries in Field Guide #1, so that a leader working on an institution-scale responsibility is directed to the individual skills that responsibility depends on.

1.7.3 How the Three Volumes Are Used Together

The main book is the argument and the reference; the Field Guides are the instruments of practice. A reader can begin in any of the three and be directed to the other two.

Volume	Role in the program	Typical pattern of use
Main book	Framework, definitions, composite stories, ethics, character, and institutional implementation.	Read through once; retained as the reference text and as the source of discussion material for cohort sessions.
Field Guide #1	Sixty individual-skill workbook entries with assessment and exercises.	Worked one skill at a time, in cohort or individually; Self-Assessment blocks revisited at intervals across a career.
Field Guide #2	Thirteen emergent skill-set entries and two reflection modules.	Worked by leaders carrying department, program, or institution-scale responsibility, with cross-reference back to Field Guide #1.

Table 2. The division of labour across the three volumes.

1.8 Healthcare Anchoring and Named Frameworks

The series was written to bring the relevant healthcare literatures into the leadership-development conversation rather than leaving them inside the specialist literatures where the front-line clinical leader rarely encounters them. Where a recognized framework or an established body of research applies directly to a skill, the framework is named in the entry, frequently by its full title. Where the named-framework literature is thinner, the entries rely on general clinical and leadership language rather than force a framework where none fits; the density of named frameworks therefore varies from entry to entry, deliberately.

Framework, standard, or body of research	Where it is applied in the series
Quintuple Aim	The overall framing of leadership purpose across the series.
CSA Z1003 — Psychological Health and Safety in the Workplace	Skill Set #10 (Workforce Safety, Health, and Mental Fitness).
TJC Workplace Violence Prevention Standard EM.12.01.01; OSHA guidance	Skill Set #13 (Creating a Safe Workplace), United States regulatory layer.
Canadian federal Workplace Harassment and Violence Prevention Regulations; provincial OHS Acts; WorkSafeBC	Skill Set #13, Canadian regulatory layer.
CPTED — Crime Prevention Through Environmental Design	Skill Set #13; the environmental-design literacy layer.
AONL Early Warning System	Team and organizational assessment skills.



Framework, standard, or body of research	Where it is applied in the series
IPEC Core Competencies for Interprofessional Collaborative Practice	Collaboration and relationship skill sets.
IHI Health Equity Framework	Skill Set #11 (Inclusion and Equity).
Sue Scott second-victim trajectory (six stages); CANDOR error disclosure	Post-incident response; Skill Set #10; Chapter 9 composites.
Just-culture practice — Reason, Marx, and Dekker	Chapter 10 (Ethical Decision-Making).
Beauchamp and Childress four principles; Five Rs model; CHAIRS principles	Chapter 10 (Ethical Decision-Making).
TRC Calls to Action #18–24; FNHA Cultural Safety and Humility framework	Inclusion, equity, and culturally safe leadership practice.
Maslach Burnout Inventory	Skill #10 (Stress Management).
Calgary-Cambridge model	Skill #19 (Questioning).
MAGNUS character practice; Franklin value-tracking method	Chapter 11 (The Magnanimous You) and its reflection module.

Table 3. Named frameworks, standards, and research bodies integrated into the series, and where each is applied.

1.9 Workforce Safety and Workplace Violence

Skill Set #13 (Creating a Safe Workplace) is new to this edition and carries twenty-two behavioural indicators. It is built around four layers of practice — threat assessment, CPTED literacy, reporting culture, and post-incident response — and around the regulatory frameworks of both the Canadian and the United States jurisdictions. It is designed to be read together with Skill Set #10 (Workforce Safety, Health, and Mental Fitness), which carries the burnout, moral-injury, and second-victim material.

The framing is the substantive contribution. The prevailing treatment in the literature has been that workplace violence is a security-department problem with clinical implications. The series inverts that: workplace violence is a clinical leadership challenge requiring a strong security-department partnership, in which the charge nurse, unit director, manager, and chief are the central actors in early recognition, prevention, response, and recovery, and the security program is a key partner, resource, and regulated function rather than the owner of the work.

What has not happened, until this book, is the framing of workplace violence as a clinical leadership competency ... The institutions in which the work is delegated to a security department — however competent the security department — are the institutions that do not have a robust violence prevention program, in which under-reporting is the norm, response is inconsistent, and staff injuries and retention suffer.

— Jeff Young, CPP, CHPA, Executive Director, Protection Services, Vancouver Coastal Health; Past President, IAHS

The jurisdictional parity the skill set establishes — naming the Canadian Bill 168 and Bill C-3 frameworks alongside The Joint Commission and OSHA standards, WorkSafeBC alongside Cal/OSHA, and the Canadian Federation of Nurses Unions position alongside that of the Emergency Nurses Association — is intended to make the material directly usable by cross-border health systems, professional associations, and academic programs that cannot afford to write to a single jurisdiction.



1.10 Digital Health as Operational Leadership

Digital health is treated throughout the series as part of how healthcare operates rather than as an adjacent technical subject. It appears alongside change leadership, professional development, ethics, workforce well-being, patient safety, and decision-making, and is supported by a Digital Health primer in the back matter of the main book.

Five layers of digital literacy are set out for leaders who will be asked to lead, implement, or sustain a digital health initiative: clinical workflow, where technology meets practice and where friction becomes visible first; interoperability and data exchange; cybersecurity and device security, understood as dimensions of patient safety and operational continuity; privacy, consent, and ethical use; and leadership and change, which connects the other four. The stated expectation is not deep technical expertise at every layer, but sufficient literacy to understand the implications for the area led, to engage the appropriate expertise, and to make informed decisions in an increasingly digital environment.

Digital health is not something happening around healthcare, it is how healthcare operates and how we provide care ... Digital literacy can no longer be treated as an additional competency required only during readiness and implementation.

— Erin Gisborne, RN, BScN, MN (Leadership), Foreword 4, *Every Healthcare Professional Is a Leader*

1.11 Audience, Voice, and Jurisdiction

1.11.1 Intended audience

Bedside clinical leadership and clinical-support leadership are treated as primary audiences of equal weight. On the clinical side, the series is written for nurse managers, charge nurses, clinical nurse specialists, clinical educators, unit directors, medical directors, service-line chiefs, hospitalist and intensivist leads, and emergency-physician leads. On the clinical-support side, it is written equally for the directors and managers of pharmacy and laboratory medicine, the lead technologists and modality leads of diagnostic imaging, the directors and supervisors of biomedical engineering, the medical and nursing leadership of cancer centres and ambulatory infusion programs, respiratory therapy and social-work team leads, clinical-informatics and digital-health coordinators, and healthcare-security and emergency-management leaders.

1.11.2 Voice and register

The series is written in a measured, prose-forward voice grounded in composite clinical stories, named healthcare frameworks, and specific practices the working reader can begin the next morning. The register sits between the executive-development bookshelf and the clinical-practice guideline — closer to Atul Gawande, Brené Brown's *Dare to Lead*, Amy Edmondson's *The Fearless Organization*, and the AHRQ TeamSTEPPS and IHI Open School materials than to any purely academic or purely popular-leadership treatment. Plural voice and the singular-they pronoun are used as the default, with gendered pronouns reserved for named characters in the illustrative composite stories.

1.11.3 Canadian and United States practice

Both practice environments are addressed explicitly. Where regulatory frameworks differ across the two jurisdictions, both are named; where they converge on the same practice, the underlying practice is described in language usable in either. The effect is a single set of volumes that a Canadian health authority, a United States health system, and a cross-border professional association can each adopt without adaptation.



1.12 Framework Lineage and Permissions

The series is the healthcare adaptation of a leadership framework in continuous professional use for four decades.

- **Transforming Leadership** — the source-book editions of the 1980s and 1990s (Consulting Resource Group International Inc., used with permission by CRG), authored primarily by Terry D. Anderson, Ph.D., established the sixty-skill format the current series inherits, together with twelve leadership principles and a 160-hour university leadership course.
- **Every Officer Is a Leader** — four editions across 2000–2023 (Anderson, Gisborne, Holliday, and Lynch in the fourth edition), applied the framework to North American law-enforcement leadership development.
- **Every Fire-Rescue Professional Is a Leader** — published in 2023 (Lynch, Gisborne, and Anderson), applied the framework to fire-rescue and emergency-response leadership and introduced the Field Guide structural work — the per-skill-set architecture, the Try It Out exercise architecture, and the Emergent Skill Set Self-Assessment layout — on which the present Field Guides build.
- **Every Healthcare Professional Is a Leader** — the present first edition (Gisborne, Anderson, Lynch), Q4 2026. The healthcare edition retains the sixty-skill and thirteen-skill-set architecture and the five-level Self-Assessment format. What is new is the deliberate healthcare anchoring, the In-practice clinical bridge on every workbook first page, the agenda-shaped Suggestions and structured Try It Out exercises, and Skill Set #13 (Creating a Safe Workplace).

A note on register

The healthcare edition retains the framework's forty-year discipline while replacing its emergency-services register with a clinical one. The metaphors, examples, and named frameworks throughout are healthcare; the fire-rescue vocabulary of the source editions has been removed; and military and combat imagery, common in the source editions, has been deliberately avoided in favour of clinical, relational, and public-health language.

1.13 Independent Review and Foreword Contributors

The first edition carries five Forewords and an independent book review, all written, reviewed, and integrated into the front matter. Each Foreword was commissioned to speak from a distinct vantage point on the framework, and each contributor read the manuscript in draft before writing.

Contributor	Perspective
Dr. Graham A.A. Dodd, MSc, MD, CCFP(EM), MA(DEM) <i>Associate Medical Director, Health Emergency Management BC; Physician Lead and Past Chair, Thompson Region Division of Family Practice, Kamloops, British Columbia</i>	Clinical leadership and health-system integration — leadership enacted through practice and proven under crisis rather than conferred by title.
Dr. Karen Collins, EdD, CRM, ABCP <i>Doctor of Education (Educational Leadership); three decades across public safety, medicolegal death investigation, and adult education</i>	Clinical-academic and leadership-scholar perspective — leadership literacy, trauma-informed practice, and curriculum integration.



Contributor	Perspective
Kathryn (Katie) Hollis, RPh, BScPhm, ACPR, MHA <i>Director of Pharmacy and Pharmacy Residency Program, IWK Health, Halifax; Past President, Canadian Society of Healthcare-Systems Pharmacy</i>	Support-function and medication-systems leadership — the decision to treat clinical-support leadership as equal-weight primary audience.
Erin Gisborne, RN, BScN, MN (Leadership) <i>Clinical informatics and large-scale healthcare transformation</i>	Digital health and informatics leadership — the five layers of digital literacy and the shift from implementation to sustained operation.
Jeff Young, CPP, CHPA <i>Executive Director, Protection Services, Vancouver Coastal Health; Past President, International Association for Healthcare Safety & Security</i>	Workplace violence and healthcare security — workplace violence as a clinical leadership competency supported by a security partnership.
Ken Keis, Ph.D. <i>President and CEO, Consulting Resource Group International Inc. (CRG); author, Leadership Skills Inventory-Self and LSI-360°</i>	Book review — fidelity of the healthcare adaptation to the original Transforming Leadership framework, and the developmental value of the Field Guide apparatus.

Table 4. Foreword contributors and reviewer, first edition.

From the independent review

This is not simply a generic leadership book with healthcare terminology added to it. The foundational architecture remains intact. The leadership skills retain their identity, developmental intent and progression while the authors have done the important work of placing those competencies into specific, real-world situations that healthcare professionals encounter every day.

— **Ken Keis, Ph.D.**, President and CEO, CRG

One of the weaknesses of much leadership development is that individuals consume information without actually changing their behaviour ... The behavioural indicators, exercises, reflection activities and self-assessments encourage readers to move beyond intellectual understanding into deliberate practice.

— **Ken Keis, Ph.D.**, President and CEO, CRG

From the Forewords

The people who hold a system together at the onset of a crisis are rarely those people with the most senior titles ... In retrospect, many of those called upon to provide initial leadership would not have recognized themselves as leaders, and yet all of them were. This is the exact argument this book makes.

— **Dr. Graham A.A. Dodd**, Associate Medical Director, Health Emergency Management BC

On first reading, that scaffolding gave me a place to file work I had been doing for twenty years without always having a vocabulary for it ... Too often, support functions are described as secondary to care, when they are part of the architecture of care.

— **Kathryn Hollis, RPh, BScPhm, ACPR, MHA**, Director of Pharmacy, IWK Health; Past President, CSHP



1.14 Why Institutions Should Consider Integration

The series was designed to be adopted institutionally rather than read individually. Chapter 12 of the main book sets out implementation recommendations across workforce, curriculum, and evaluation, and the Field Guide apparatus is built for cohort use. The table below maps common institutional priorities to the material that supports them.

Institutional priority	How the series supports it	Where it lives
Leadership preparation for newly appointed clinical and clinical-support leaders	A named, sequenced skill inventory with behavioural indicators, exercises, and repeatable self-assessment, usable from the first week in role.	Chapters 3–7; Field Guide #1
Workplace-violence program maturity	Workplace violence framed as clinical leadership work, with a four-layer practice model, twenty-two behavioural indicators, and both Canadian and United States regulatory anchors.	Skill Set #13; Skill Set #10; §12.3.3
Psychological health and safety of the workforce	Burnout, moral injury, and second-victim response treated as core leadership responsibilities rather than as human-resources programs.	Skill Set #10; Chapter 9 composites
Retention, succession, and bench strength	Structured development of the leadership behaviours that predict team stability, with explicit bench-strength and recruitment-and-retention skill sets.	Skill Sets #6 and #7
Interprofessional common language	A shared vocabulary usable across nursing, medicine, pharmacy, laboratory medicine, imaging, biomedical engineering, allied health, informatics, and security.	Whole series
Ethical decision-making and just culture	Five ethical frameworks, the four principles, just-culture practice, the Five Rs model, and the CHAIRS principles, with a six-artifact reflection module.	Chapter 10; Field Guide #2
Digital transformation readiness	Five layers of digital literacy, the distinction between implementation and transformation, friction tracking, and equity of digital access.	Skill Sets #4 and #9; Digital Health primer
Academic, residency, and preceptor curriculum	Workbook entries with defined indicators and assessment blocks that map directly onto course modules, preceptor development, and competency documentation.	Field Guides #1 and #2; Chapter 12
Accreditation and standards alignment	Explicit anchoring to CSA Z1003, TJC EM.12.01.01, OSHA and provincial OHS regimes, IPEC, and the IHI equity framework, supporting evidence of leadership capability development.	Table 3 frameworks throughout

Table 5. Institutional priorities and the material in the series that supports each.



1.15 Integration Pathways

Four adoption patterns are anticipated. They are not exclusive, and institutions commonly begin with the second and expand.

Pathway	Configuration	Materials
Individual practice	A leader works the Field Guide entries independently, dating each Self-Assessment block and returning to it at intervals.	One set of three volumes per leader
Unit or department cohort	A facilitated cohort of six to twelve leaders works one skill or skill set per session across a nine- to twelve-month arc, using the composite stories as discussion material.	Main book plus a Field Guide set per participant
Institution-wide leadership curriculum	The framework becomes the common language of the leadership-development program, with cohorts by level and the Chapter 12 evaluation recommendations applied.	Full series, institutional volume
Academic and residency integration	Workbook entries map to course modules, preceptor development, and competency documentation in nursing, medicine, pharmacy, and allied-health programs.	Full series plus instructor use of Chapter 12

Table 6. Anticipated adoption patterns.

Two practical observations apply across all four pathways. The first is that the Self-Assessment blocks are dated by design: their value is comparative, and an institution that records a baseline at intake obtains a measure of development that a single completion cannot provide. The second is that the series is self-contained — no proprietary certification is required to use it — while remaining compatible with the wider CRG instrument set, including the Leadership Skills Inventory-Self and the LSI-360°, for institutions that want formal measurement alongside the workbook practice.

1.16 Series Specifications

Item	Specification
Main book	Every Healthcare Professional Is a Leader — 318 pages, 8" × 10", twelve chapters, with dedication, author's preface, five Forewords, an independent book review, and back matter (bibliography, Digital Health primer). ISBN: 9798192165300.
Field Guide #1	Sixty Individual Leadership Skills for Healthcare Leaders — 260 pages, 5.5" × 8.5", companion to Chapters 3–7. ISBN: 9798192166321.
Field Guide #2	Emergent Skill Sets and Reflection for Healthcare Leaders — 126 pages, 5.5" × 8.5", companion to Chapter 8 with Chapter 10 and Chapter 11 reflection modules. ISBN: 9798192167236.
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Author team	Kenneth D. Gisborne, MA (DEM), CPP (lead); Terry D. Anderson, Ph.D. (framework architect); Pat Lynch, Ph.D. (book and field-guide structural co-design). Contributing authors: Mitch Javidi, Ph.D.; Anthony Normore, Ph.D.; Gerard Rossy, Ph.D.
Forewords	Graham A.A. Dodd, MSc, MD, CCFP(EM), MA(DEM); Karen Collins, EdD (Leadership), ABCP, CRM; Kathryn Hollis, RPh, BScPhm, ACPR, MHA; Erin Gisborne, RN, BScN, MN (Leadership); Jeff Young, CPP, CHPA.



Item	Specification
Book review	Ken Keis, Ph.D., President and CEO, Consulting Resource Group International Inc.
Framework attribution	The Transforming Leadership Principles and the 60 Leadership Skills Framework are the copyright of Consulting Resource Group International Inc. and are used with permission.
Research method	Practical clinical, security-management, and CPTED experience combined with AI-assisted literature scanning, critically reviewed and verified against authoritative healthcare and security references for both Canadian and American practice.

1.17 Enquiries

Enquiries are welcomed from health authorities, hospitals and health systems, academic programs, professional associations, and education and library purchasers. An initial email is sufficient to open the conversation. A response typically follows within one to two weeks and can include a draft table of contents, sample chapter and workbook material, and — for institutional and academic enquiries — arrangements for advance review copies ahead of the fourth-quarter 2026 publication date.

Kenneth D. Gisborne, MA (DEM), CPP President, KDG Security Management Consulting Inc. Email: keng@kdgsecuritymgmt.ca Harrison Hot Springs, British Columbia, Canada	Readiness Network, Inc. (<i>Command College Press</i>) Holly Springs, North Carolina, USA www.CommandCollege.org (919) 753-1127
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1.18 Closing Note

Healthcare leadership is the work of many people, over many years, each practising the sixty individual skills and thirteen emergent skill sets at the level of proficiency their patients and colleagues need them to reach. The framework arrives at a moment when the practical need is high, and the healthcare literatures are ready to receive it. The institution the framework describes is not built by policies; it is built by the leadership practice of the people who work in it. The series exists to support that practice. The practice belongs to the reader.



At a Glance — Series Summary Card

This page is written to stand on its own and may be printed or circulated separately from the body of this paper.

Volume	Title, extent, and role
Main book	Every Healthcare Professional Is a Leader — 318 pages, 8" × 10", twelve chapters. The framework, the evidence, and the composite narratives. Carries five Forewords and an independent book review.
Field Guide #1	Sixty Individual Leadership Skills for Healthcare Leaders — 260 pages, 5.5" × 8.5". One four-page workbook entry per individual skill, companion to Chapters 3 through 7.
Field Guide #2	Emergent Skill Sets and Reflection for Healthcare Leaders — 126 pages, 5.5" × 8.5". One five-page workbook entry per emergent skill set, plus the Chapter 10 and Chapter 11 reflection modules.

What the framework contains

- **Sixty individual leadership skills** across five domains — personal mastery, interpersonal communication, coaching, team and organization, and versatility.
- **Thirteen emergent skill sets** in three families — acumen and judgement, people and growth, and culture and safety.
- **A practice apparatus** — behavioural indicators, agenda-shaped suggestions, three named Try It Out exercises per entry, and dated five-level Self-Assessment blocks designed for repeated use.
- **Fifteen foundational skills and three foundational skill sets** flagged as the starting points for a leader or an institution beginning work with the framework.

Who it is for

Nursing, medicine, pharmacy, laboratory medicine, diagnostic imaging, biomedical engineering, respiratory therapy, allied health, clinical informatics, healthcare security, and emergency management — clinical and clinical-supporting leadership treated as one readership. Written for Canadian and United States practice in parallel.

How institutions use it

- **Individual development** — self-directed practice against a dated baseline.
- **Unit or department cohort** — six to twelve leaders, one skill or skill set per session across a nine- to twelve-month arc.
- **Institution-wide curriculum** — the framework as the common leadership language, with the Chapter 12 evaluation recommendations applied.
- **Academic and residency integration** — workbook entries mapped to course modules, preceptor development, and competency documentation.

Publication and availability

Readiness Network, Inc. (Command College Press), Holly Springs, North Carolina. First edition, fourth quarter 2026. **ISBN designations: Main book – 9798192165300; Field Guide #1 – 9798192166321; Field Guide #2 – 9798192167236.** Advance review copies can be arranged for institutional and academic enquiries. No proprietary certification is required to use the series, which remains compatible with the wider CRG instrument set, including the Leadership Skills Inventory-Self and the LSI-360°.

Enquiries: Kenneth D. Gisborne, MA (DEM), CPP, President, KDG Security Management Consulting Inc., Harrison Hot Springs, British Columbia, Canada — keng@kdgsecuritymgmt.ca