COLORADOCENTER
for Nursing Excellence

Long Term Care Leadership
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Notes:

HEALTHY BOUNDARIES for Leaders

Facilitators: Deb Center

Reflection: ***Homework discussion***

The 5 "Self-skills" for showing up as an effective leader:

1. **Self-regard**: holding self in warm regard despite imperfections & limitations
2. **Self-awareness**: knowing one's own experiences and sharing them politically
3. **Healthy Boundaries: ability to protect & contain oneself while remaining connected to others**
4. **Interdependence:** identifying one's wants & needs. Caring for self/letting others care for one appropriately
5. **Moderation**: experiencing & expressing oneself moderately

Reference: Terry Real ~ www.terryreal.com

Definition of Healthy Boundaries:

- Intentional words or behaviors that help you protect yourself both physically & emotionally
- Keep others' actions & behaviors from hurting, distracting, annoying or imposing on you (as well as how you treat yourself)
- Are limits YOU set and communicate clearly on how others can treat you or behave around you

Additional thoughts:

Examples of Common Work Situations Impacting Healthy Boundaries:

Healthy Boundaries in Action: *"Give Yourself Permission"* Reflection

1. **Truth**: If you have a good boundary, you concentrate on telling the truth (with compassion) in a respectful manner.
   - What is the truth for you?

2. **Clarity**: You are clear about what works and what doesn't.
   - What does it take for you to be clear about your boundaries?
   - What do you need to communicate more clearly?

3. **Self-Talk**: You take time to consider:
   - What is reasonable and realistic?
   - Do you value the relationship?
   - How can you include yourself and others?
   - Is it empowering and has power within and not power over another?
   - Does it include the values of collaboration, mutual respect, interdependence?
   - Do you believe the feedback you are hearing?

     When your internal listening protective boundary is functional, you effectively filter what other people are saying & only take in the truth. If you believe it is untrue-you would not be reacting to it. Holding healthy boundaries does not require you believe everything said to you. You decide what works for you and then are free to communicate what does not.
   - Do you mean what you say?

     When you communicate a healthy boundary → Mean it! DWYSYWD

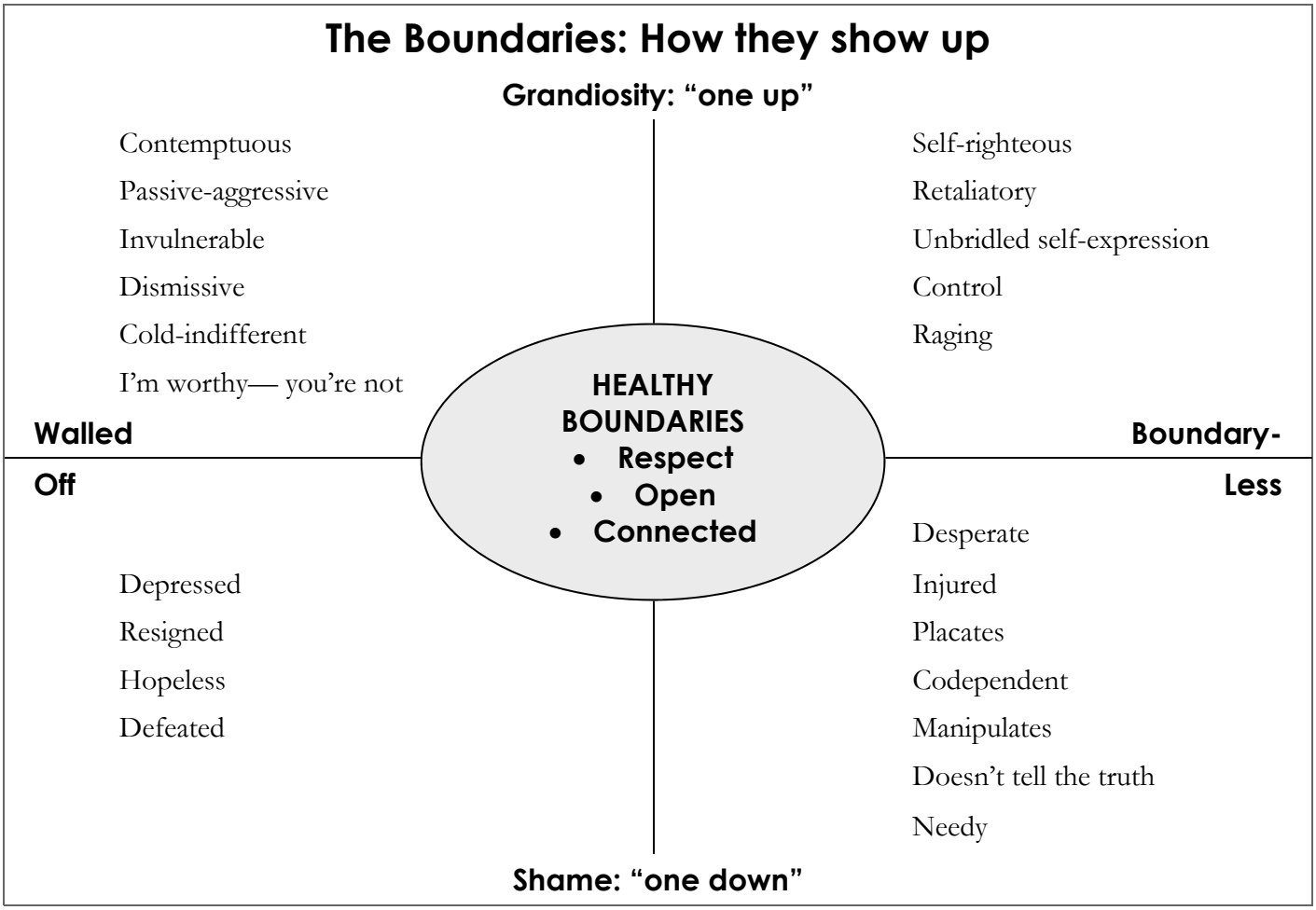
4. **Reinforce:** Re-establish all broken boundaries with a respectful and purposeful conversation.

Types of Boundaries: Physical & Emotional

Boundaries may be both conscious and unconscious.
Unconscious boundaries can result in reactive responses. ***Conscious*** and clearly communicated boundaries result in proactive and healthy responses.

	Containment Boundaries	Protection Boundaries
INTERNAL — SELF-TALK	**Inside part:** the part that protects the world from you. This part is about you NOT leaking your parts onto others (i.e. raging, name-calling etc.) • The ability to ***contain*** yourself with others **Examples:** 1. When I don't speak up (I go silent) when someone's behavior is inappropriate, distracting, unprofessional 2. I withhold my sharing of time, information, or input because I don't trust, I don't like, I am not in the mood 3. I become agitated, frustrated, or angry by others actions/inactions and "lose it" 4. Speaking up to the right person when I am in overwhelm and have too much to do 5. I am passionate about an idea, then I notice others start reacting because of my intensity	**The outer part:** the part that protects you from the world. It allows you to hold yourself in high positive regard even when others are giving constructive criticism, saying negative things about you or being purposefully hurtful. • The ability to ***protect*** yourself from others **Examples:** 1. Protecting my time to do my work by limiting/ stopping interruptions 2. Not taking or worrying about work at home (protecting my time at home) 3. Protecting my time by delegating more 4. Protecting myself from others that are out of control 5. Not taking others personally 6. The dance between being a team player and setting time to get work done.
	Diffuse Boundaries No Boundaries	**Rigid Boundaries**
EXTERNAL — Show Up	**Boundary-less:** Insufficient or no boundaries • Thinned skin, diffuse-you take on what the other person is feeling • Can't stand up for self • Overly accommodating • See others only • If you have no boundary, you say whatever comes to mind without monitoring it and without the mindfulness to be respectful	**Walled off**: You are protected and nothing comes in. And, ***when you are behind a wall you cannot effectively listen.*** • Strict, rigid • Not negotiable • World is black & white – no flexibility • I am right – you are wrong • Don't work well with others • See self only • If you have a wall, you don't tell anyone about what is important to you

Adapted from Reference: Terry Real ~ www.terryreal.com



The Relational Grid: Terry Real & Pia Melody

What are the **themes** of each quadrant?

1. _____
2. _____
3. _____
4. _____

Self-Reflection:
What quadrant gets in your way?

What quadrant is your challenge with others?

EXERCISE: Creating a New Healthy Boundary

Step #1: Naming It

1. My top boundary challenge is: _____
2. What is the outcome to me if I do not create a healthy boundary?

3. Rationale: What is the benefit or purpose to me for creating a healthy boundary?

Step #2: Writing a Script to Communicate the Boundary

1. I am creating a healthy boundary (name it): _____
2. This is important to me because: _____
3. My request is: _____
4. If at any time this boundary is broken (identify accountability), what will happen is:

   _____

Step #3: Cognitive Rehearsal and FEEDBACK

Feedback on my script for clarity:

Consistency of words, tone, & body language:

Suggestions to consider:

Step #4: Self-Reflection and Plan

Adjust the script following your feedback to ensure:

- I clarify what I value and stand for
- I am being authentic & told the truth respectfully
- I am clear about what is the right thing to do
- I am respectful to others

Final Healthy Boundary Script:

1. I am creating a healthy boundary (name it): _____
2. This is important to me because: _____
3. My request is: _____
4. If at any time this boundary is broken *(identify accountability)*, what will happen is: _____

_____

Make a Plan: I will communicate this script to _____ by _____.

Reflection after communicating the plan:

1. What went well?
2. What would you do differently next time add clarity and accountability?
3. How will you celebrate your successes?
4. What other healthy boundaries do you need to communicate? (Write a script and plan for each one!)

Strategies to Change Boundaries

beliefs—thoughts (self-talk)—emotions—behaviors

1. Become aware of your old stories /patterns of unhealthy boundaries.
2. Identify reason for changing – WIIFM (what is in it for me) - to change (personal rationale for the change)
3. Create the new healthy boundary
4. Specify the actions
5. Interrupt the old patterns by re-writing new stories
6. PRACTICE or rehearse and repeat! ***(rewires your brain!)***

The Key: Reinforce Healthy Boundaries → When Broken

Strategic Recipe:

1. **Awareness**→ acknowledge broken boundary or expectation
2. **Breathe**→ take time to be clear
3. **Make a Choice**→ DWYSYWD→ requires a conversation→ silence gives permission = unhealthy boundary
4. **Write New Script** → Create clarity & expectations
5. **Hold the Conversation** → Share script and ask questions to ensure understanding
6. **Accountability** → follow-up, "mean what you say and say what you mean"
7. **Repeat as often as necessary!**

What you permit you promote.
—Kathleen Kerfoot

Reflection: What else needs to be in your recipe?

Four Examples of Healthy Boundaries

#1: Whose Decision is it? Decision-Making Approaches:

- Shared decision
- Shared decision with timeframe
- Input into decision ⟶ Leader decision
- Leader decision

#2: Closed Door Signs: Example Signs

- Working on a deadline, email me to schedule an appointment.
- In a meeting, please come back later.
- My door is closed to reduce office noise, please knock if you need my assistance.
- My door is closed because I need some quiet time. Please respect my need for this at this time. Email me to schedule an appointment and I will respond as soon as possible. Thank you.

#3: - Three distinctions for listening to someone's story (proactively) What do you need from me?

1. I want you to listen only.
2. I want you to listen, then tell me what you heard.
3. I want you to listen, tell me what you heard, then give me your thoughts.

#4: How to Stop a Fixer

- Acknowledge you are being "fixed"
- Respectfully request to not be fixed!

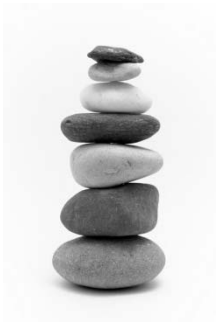
Healthy Boundaries ⟶ The importance of choosing to value ourselves

Bottom Line: It is your choice!

Will you repeat and rationalize → or → Recognize and reorganize?

Sometimes we need to set boundaries. When we place ourselves first above all others we are not being selfish or inconsiderate. It is only when we nourish and love our own spirit and bodies that we are able to be generous with our love and compassion for others.

--Joe Keane



What is a Capstone and is its bite fatal?

Capstone definition from dictionary: something considered the highest achievement or most important action in a series of actions

Capstone defined for this project: an individual project completed by each course participant that:

- Utilizes the newly acquired leadership skill set and assists the participant in implementing and consolidating these new behaviors.
- There are specific steps and skills that you will learn that will assist you in the implementation of this project. The planning, implementation and evaluation of this project can take as much as a year.
- This project should be designed as something that will be of direct benefit on your own unit or organization.
- This is *NOT* intended to be the creation of additional work or "busy" work. What is something that really holds some interest for you? Think about something that you have thought about doing or that "really needs to happen." Could you implement something that has been sitting in your "to-do" list already? This just means moving it more to the top of the list.
- As you consider what you want to accomplish also consider how you can measure your outcome. In other words, how will I know if my plan has been successful? You need to be able to plan a method to collect some sort of data before you implement your project and after its completion for comparison.
- At the end of the project time you will prepare a presentation such as a Powerpoint or a poster that will allow you to share with others in your organization and other course participants what you did, what you learned and how it worked.
- Your coach can provide you support and encouragement with this process. Additionally, workshop faculty are very pleased to have the opportunity to assist you.

Long Term Care Leadership Workshop Capstone Project

Due Date: _____

Name: _____

Project:

_____

_____

_____

Unit/Area project is based:

_____

Who will you be working with?

_____

What is your plan in as much detail as you can provide? (Measurable outcomes if possible)

_____

_____

_____

_____

_____

_____

_____

_____

Who is your Coach?

_____

Coach email:

_____

Supervisor:

_____

Supervisor email:

_____

Capstone Examples

A component of the leadership development is a capstone experience. The leadership development is a synthesis of the intensive course, the coaching experience and the facility-based capstone project. Each project participant develops and implements a leadership project in cooperation with other members of the leadership team in their facility. This project allows the leader to apply their newly acquired leadership knowledge, skill sets and competencies. This project will produce measurable results for the institution.

Examples of capstone projects completed by previous cohorts include:

- Improving assessment and early detection of skin breakdown in their population, dramatically decreasing the number of skin ulcerations in their facility over the year-long project.
- Increasing staff compliance (both nursing and non-nursing) with proper use of personal protective equipment (PPE). A creative teaching method was used to educate staff on the proper way to don their PPE and was reinforced through flash mob activities. The result was an improvement rate in the use of PPE evidenced by all staff.
- New graduate programs to provide a more structured orientation for new graduates, minimize the risk of patent safety issues and improve staff retention. The orientation program was evaluated as a success by new graduates and existing staff. New graduates expressed an increase in their ability to critically solve problems while being supported and not clinically overwhelming.
- Decrease falls by improving fall risk assessment and intervention process. Over the year new systems were put in place to assess fall risk, such as medication reviews and physical environment changes, staff education and the use of new tools. This agency will continue to monitor falls and will evaluate if the changes have been successful.
- Implementation of new quality improvement tools. One facility implemented the QIS process to improve quality of care and life for nursing home residents, which in turn improves resident satisfaction and survey results.
- Improve teamwork & communication among care partners to improve employee satisfaction, work environment and resident care by improving effective communication between care partners through education on effective communication skills such as giving & receiving feedback, active listening, asking questions and validation. Measurements included the number of care partners who received the education, return demonstration of skills, attendance at monthly meetings and 1:1 meetings. Competency & completion of education, role playing, satisfaction surveys.
- Honoring resident preferences. Measurable outcomes were made through the Abaqis system and resident, staff, and family feedback.
- Decreasing the use of resident anti-psychotics.

Kotter's 8 Steps in Successful Change

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

THOUGHTS TO PONDER ON CHANGE AND TRANSITION

- For things to change, I must change.
- For things to get better, I must get better.
- If you do what you've always done, you'll continue to get what you've always gotten.
- All change and loss is about doors opening and closing. However, these hallways are so dark!
- Take the time…..give back to yourself what the chaos has taken away.
- Truly, you cannot give what you do not have.
- Change your mind and you can change your life.
- It is not where you've come from, it's where you are going.
- "Not everything that is faced can be changed, but nothing can be changed until it is faced." —*James Baldwin*
- "All too often, men and women are battered, wives or abused children. We hold onto the continuity we have, however profoundly it is flawed…..If change were less frightening, if the risks did not seem so great, far more could be lived." —*Mary Bateson*
- "The human mind can process data much faster than the heart can." —*D. Connor* in *Managing at the Speed of Change*
- "One doesn't discover new lands without consenting to lose sight of the shore for a very long time." —*Andre Gide*
- "There is a time for departure even when there is no certain place to go." —*Tennessee Williams*
- "The last of the human freedoms is to choose one's attitude in any given set of circumstances." —*Victor Frankl*
- "The most dangerous times in the life of nations is the time between systems…when old ways are being discredited and new habits and new institutions have not taken shape." —*Michael Novak*
- "There is very little difference in people. But that little difference makes a big difference. The little difference is attitude. The big difference is whether it is positive or negative. " —*W. Clement Stone*
- "He that lacks time to mourn lacks time to mend." —*William Shakespeare*

—Compiled by Diane Pisanos

Notes:

~ Creating a Culture of Civility ~
Awareness to Action
~ It is up to YOU! ~

By: Deborah Center, MSN, RN, CNS, Coach-CTA

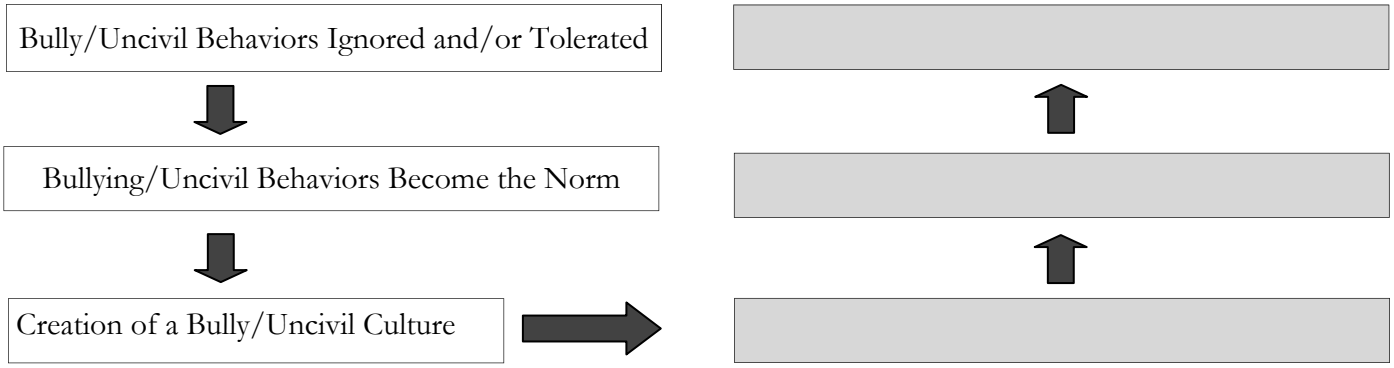
Questions to Ponder:

- Ever have a bad day?
- Ever infect someone with your bad day or been contaminated by theirs?
- Who is responsible for setting the tone for civility within your work or classroom environment?

Rules of Civility: by George Washington
Civility in America – it is not just an issue in nursing and healthcare.

What is Incivility? → Unacceptable Behavior	What is Civility? → Acceptable Behavior
Disregard and insolence for others, causing an atmosphere of disrespect, conflict and stress. —Emry & Holmes (2005)	***Authentic respect for others requiring time, presence, engagement, and an intention to seek common ground.*** —Clark & Carosso (2008)

Culture is what you create:



Adapted from model by Clark, 2012

Three A's of Civility: Action Steps ~ Strategies:

1. _____
2. _____
3. _____

Civility Action Step #1: AWARENESS — *Creating a sense of urgency!*

Setting the Tone: Your reaction or response is your choice!

All I really know is people do the best they can with what they know. —Oprah

There are only two things in life you can control: your _____ and your _____. The rest is an _____. —Coach O

Exercise: Name It:_____

Feel It: _____ _____ _____

How did you respond?_____

How high was your emotional intelligence?

Trigger	Tilt	Triggered	Impulse Control	Amygdala Hijack	Empathy
Identify ahead:	1st physical sign	Physiologic Response:	Pause or react?	Out of Control	Compassion for self
Make a choice	Response:	Take Time Out!	Strategy	Take Time Out!	Compassion for others

First Consciousness – Amygdala → In Reaction
Sympathetic Nervous System

- "I had to defend myself & I yelled back." **(*FIGHT*)**
- "I just walk away." **(*FLIGHT*)**
- "I couldn't focus and didn't even hear what they were saying." **(*FREEZE)***
- "I was so taken off guard I could not speak. I just sat there." **(*FREEZE*)**
- "I pass out!" **(FAINT)**

Second Consciousness – Rational Brain → Conscious Response
Parasympathetic Nervous System

- "I remember to breathe and do not take it personally, so we can talk peacefully." **(*FLOW)***

Emotional Intelligence Self-Reflection:

Strategy to grow your self-awareness and self-management:

- What was the Trigger? What are your other triggers? What is your TILT? (first feeling)
- Can you control your impulse or need to speak?
- Are you aware of your stress level and how it impacts communication?
- What do you feel when TRIGGERED? (In reaction)
- What happens when you are hijacked? (out-of-control)
- In the future, how will you catch yourself before you are hijacked?

Strategy to grow your relationship awareness and relationship management:

- Is the other person tilted, triggered or hijacked? If so, remember your reaction will have an impact – pause to breathe and think before speaking.
- Can you have empathy or compassion for their situation? *(This does not mean you agree with their behavior, rather, put yourself in their shoes)*
- How can you best respond to avoid further hijacking?

The Evidence: Making a Case for Civility ~ Reference Information

Cost of Incivility:

According to Pearson and Porath, $_____ is spent annually in the US due to "bad behavior" in the workplace.

- The first reported publication promoting civility was written in 1405
- 80% of workers in US believe incivility is a problem → 96% experience incivility at work.
- 60% report experiencing significant stress due to incivility at work.
- 48% believe they are treated uncivilly at least once per week.
- 3 out of 4 employees are dissatisfied with how incivility is handled in their company
- More than 50% say they would have a career problem if they reported the incivility.
- Only 9% have reported to HR or their EAP – *silent witness*
- 12% left their job because of incivility

Example: Hospital Organization Total Cost: Gross income -- $999,856,000.
LOST REVENUE and EXPENSES: Grand total estimated cost caused by incivility = **$70,911,390.55** which is a little under **8% of their total income**. Calculations include time that *can be estimated* – and does *not* include all factors of disengagement, lost attention/focus, reduced productivity, etc.

National Workforce Data

- Average Price to replace each employee = $50,000 (***1.5-2.5 times the annual salary.)***
- Amount of time Fortune 1000 executives spend resolving employee conflicts = ***7 wks /yr***

Study → Lost productivity due to incivility in the workplace = *$11,581 per nurse per year*
(Lewis & Malecha, 2011)

Silence Kills Findings: **How does incivility impact quality?** www.silencekills.com

- 60% of medication errors are caused by mistakes in interpersonal communication.
- 84% of MD's have seen coworkers taking shortcuts that could be dangerous to patients
- More than 50% of healthcare workers have witnessed coworkers break the rules, make mistakes, fail to support, demonstrate incompetence, show poor teamwork, and disrespect them and micromanage.
- 23% of nurses said they considered leaving their units because of these concerns.
- 195,000 deaths in US Hospitals because of medical mistakes
- 78% said it was difficult or impossible to confront a person directly if there was witnessed incompetent care – **with fewer than 10% of MD's, RN's and clinical staff have the skills needed to directly confront their colleagues about concerns**

Impact of Incivility – often the non-measurable costs:

- **Erodes Self-Esteem and Self-Regard**
  - ◊ Exhausts our mental defenses and creativity and creates self-doubt, mistrust and anxiety
  - ◊ May cause withdrawal, avoidance, resentment, and anger
- **Damages Relationships**
  - ◊ Creates feelings of failure, isolation, mistrust and loss
  - ◊ Causes conflict and threats to serenity and contentment
  - ◊ Can lead to retaliation to get 'even'
  - ◊ Impacts patient satisfaction and may impact "choice" of selecting organization for care
- **Increases Stress-** *Incivility is a serious stressor*
  - ◊ Weakens the immune system, causes wear and tear on the body, spirit, and soul
  - ◊ Stress, distress, and emotional pain → Depression and PTS
- **Contaminates the Workplace**
  - ◊ Seriously threatens our quality of life - Results in absenteeism, tardiness, and resignations
  - ◊ Impacts work compensation claims and grievances
  - ◊ Lowers commitment, engagement, morale, organizational trust, and job satisfaction
- **Increases Risk to Patient Safety**
  - ◊ Interferes with teamwork, collaboration, and communication
  - ◊ Withdrawal and avoidance can lead to patient errors and mistakes
- **Escalates into Violence –***Incivility and violence are partners*
  - ◊ Violence often begins with a slight or perceived - loss of face or non-verbal cue
  - ◊ Minor acts can spiral into physical violence if left unchecked
  - ◊ Disrespect can lead to aggression, defensiveness and physical threats and violence

Impact of Incivility on the Organization → Negatively Impacts:

- Recruitment and Retention
- Morale and Turnover → Job Satisfaction and Intent to Leave
- Relationships and Teamwork
- Patient Care, Medical Errors and Quality Outcomes
- Organizational Culture
- Financial Bottom Line

Cost of Civility:

Self-reflection: Based on the evidence related to the cost of incivility and civility – what is your priority to begin to decrease the cost within your work environment?

Listening Exercise: What do you hear?

Points to Remember:

- "Incivility has the power to intimidate people into silence. It isolates the targets and makes them feel ashamed and responsible. Angry words lead to physical avoidance and withdrawal." —*Silence Kills*
- "Memory of incivility can linger for years." → Diagnosed PTSD r/t incivility in the workplace & classroom.
- "Incivility often occurs when people are: stressed, unhappy, rushed. When these are experienced together, anything can happen. " (Forni, 2009)

Incivility → leads to _____ and increased _____ of self or others.

The percentage of workers treated uncivilly:

_____**%** get even with their offender

_____**%** get even with their organization

Examples of Retaliation:

Websites to check-out: People can post reviews for:
Company Reviews: www.glassdoor.com and Boss Reviews: www.ebosswatch.com

Social Media:

Reference: Weckerle (2013) *Civility in the Digital Age:*

Did you know?

_____% of our actions and behaviors are Unconscious Reactions.

Only _____% is Conscious Responses.

If we want to change → we must bring information into awareness

Reference: Krueger, D. (2006) *The Quantum Physics - Neuroscience of Change* – www.mentorpath.org

Self-Awareness: Examining our Blind Spots

How does this impact engagement? (team / classroom)

Effective ways to learn about our blind spots:

- Personality Assessment — *Examples: DiSC, Myers-Briggs, etc.*
- Constructive feedback → Learn from feedback
- Make requests for feedback
- Give compassionate feedback

Exercise:

What do you see? What are your assumptions?

Johari Window

	Conscious	
Public	**Public Self** Known to me and others	**Private Self** Known to me only
	Hidden Self Known to others, but not to me	**Unknown Self** Not known to me or anyone else
	Unconscious	Private

Exercise continued:

What are the facts?

What is the self-talk?

EI: Character Incompetence (versus Technical Incompetence) → *Conscious or Unconscious*

- Fear of Rejection
- Lack of Trust
- Shame
- Unworthiness & Poor Self-Regard/Esteem
- Blame & Judgment
- Pretending & Assumptions
- Lack of Courage
- Lack of Compassion
- Lack of Vulnerability* (*Recommend: Brené Brown – Power of Vulnerability – TED Talks Video)
- Lack of Personal Accountability
- Sabotage

Hurt people, hurt people. —Bill Cosby

Humor & Incivility: How does this impact your classroom or your team?

Self-Reflection: How does this impact your role as a leader?

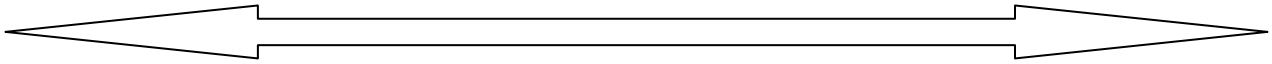
Stress: A Major Contributor to Incivility

Staff Stressors	Leader Stressors
• Workload (assignments, exams, group activities, deadlines, staffing, quality, accreditation, etc.) • Balancing family, school, work, etc. • Financial obligations • Competition for performance • Unclear expectations • Entitlement attitude → "know it all"; consumer mentality; "owed an education"; not taking personal responsibility (i.e.: blame others, lack accountability or make excuses) • Others:	• Workload or workload inequity • Balancing family, work, and other competing demands • Requirements for higher education/career growth • Publication, grants, or other scholarly requirements • Power imbalances (levels of leaders) • Maintaining Clinical or Practice Competency • Problematic staff • Salary and Financial Obligations • Keeping current with technology and online obligations • Regulation and accreditation • Retention • Recruitment • Changing healthcare environment • Others:

Definitions:

- **Horizontal Hostility and Lateral Violence** - "A consistent (hidden) pattern of behavior designed to control, diminish, or devalue another peer (or group) that creates a risk to health and/or safety" (Bartholomew, 2006)
- **Incivility** - "Rude or disruptive behaviors which often result in psychological or physiological distress for people involved, and if left unaddressed may progress into threatening situations, or result in temporary or permanent illness or injury." (Clark, 2010)
- **Bullying –** is when a person is picked on over and over again by an individual or group with more power, either in terms of physical strength or social standing.

Continuum of Incivility: (Clark, 2010)



Eye rolling **Physical Violence**

Evidence from Violence Literature:

Face-to-face AND Online/Text

Non-verbal → Verbal → Physical (self/others)

Therefore, to PREVENT physical violence - ***stop all forms of violence.***

Signs of Incivility:

Overt:

name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip and spreading rumors, shouting, blaming, put-downs, raising eyebrows, trivializing, assumptions, judgment, accusations, anger, threats, → physical violence etc.

Covert:

unfair assignments, eye-rolling, ignoring, making faces (behind someone's back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion,, fabrication, withholding information, secrecy, undermining, discounting, silence, denial, mobbing, triangulation, resentment, frustration, worry, fear, etc.

Forms:

Verbal, non-verbal, physical, public, private, email, text-message, telephone, written, one-on-one, and mobbing

What does it look like in your team? → NAME IT:

For Incivility to THRIVE – there needs to be:

1. _____
2. _____
3. _____

According to C. Clark (2011), Bullying is allowed to occur for three reasons:

1. Because it can.
2. Because it is modeled.
3. Because it is left unchecked.

Incivility occurs due to:

- Oppression Theory -- Occurs when there is an _____ of _____ that is _____ or _____.

Who are the Victims or Targets?

Who are the Perpetrators or Offenders?

_____% of offenders are from a higher position

_____% of offenders are from a lateral position

_____% of offenders are from a lower position

Gender:_____

Age:_____

Employees (and students) model the behavior and communication styles of those above them or respond and adapt to their leader's communication to protect their position. —Skip Wiesman

Who are the Silent Witnesses or Bystanders?

A Silent Witness is the _____.

Civility Strategy #1 Awareness: CREATE A SENSE OF URGENCY! Make it Conscious!

Naming IT so everyone can SEE IT – No more silence!

Self-Reflection:

- Does your staff see it?
- Does your interprofessional team see it?
- How can you name it to make them conscious? How can you name it to help them see it?
- What are the greatest challenges impacting civility in your team?

Take a New _____!

Learn from the past and then _____!

TEAM AWARENESS EXERCISE: "Penny for Your Thoughts"
Confidential Exercise

The following questions will help provide your team with some baseline information related to the topic of "incivility and horizontal violence and bullying." All the information shared will be held in the strictest of confidence. Completed forms should be placed in the envelope provided. Once all of the team members have completed the exercise the envelope will be sealed. _____ will be the only person to see the completed forms and will compile all the responses into a summary for the team to use in further developing this topic.

All forms will be shredded upon completion of the summary to protect the anonymity of the individual team member. Please do not add your name to the form. Please complete both pages.

I have experienced hostility, incivility or bullying while part of this faculty/staff. Yes – No

If yes, please answer the following three questions. If no, go to the next page.

- **In the space provided, please briefly describe the experience:**
- **Please write a "few words" to describe how this incident made you feel:**
- **I think the priority focus for changing the climate towards civility should be:**

Please respond to the following questions. All answers will be anonymous and provided back to the unit in a collated manner.

1 = Strongly Agree / 2 = Agree / 3 = Neutral / 4 = Disagree / 5 = Strongly Disagree

I am respected by my peers.	1	2	3	4	5
I feel supported by my peers.	1	2	3	4	5
My work group is a safe environment in which I can express my opinions.	1	2	3	4	5
If I have a problem with any member of this group, I feel good about talking to that person directly.	1	2	3	4	5
My peers respect my opinion.	1	2	3	4	5
I have a good working relationship with all team members.	1	2	3	4	5
In the past month, I have not participated in any discussion about a team member who is not present.	1	2	3	4	5
I receive constructive feedback from my peers that help me to improve my performance.	1	2	3	4	5

What I like most about this team is:

What I need more from this group is:

Thank you for your input.

Questions adapted from Bartholomew (2006) Ending Nurse-to-Nurse Hostility, p. 125

Civility Strategy #2: Authentic Conversations

Every day, in every interaction, we either approve the old script or write a new one.

—Bartholomew

Reflection Exercise: What kind of conversations do you have?

Think about the conversations you have at work – with your boss, your co-workers, students, and patients. Reflect on emails, telephone, meetings and one-on-one conversations. During challenging situations – do they reflect "parent-to-child", "child-to-child" or "adult-to-adult" conversations?

Parent-to-child & child-to-child conversations represent power over another, defensiveness, blame and judgment. These conversations are often reactive resulting in slow progress, drama and exhaustion. You may lead these conversations confused, frustrated and feel progress is going backward or has stopped.

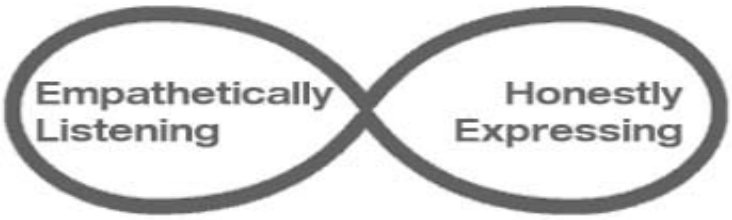
Adult-to-adult conversations are based with mutual respect, mutual learning and mutual accountability. These conversations lead to empowerment, confidence and trust. The result is a proactive response leading to new outcomes. You should leave these conversations with a feeling of forward movement.

Parent-Child/Child-Child	**Adult-Adult**
Learned Patterns → **Need to UNLEARN**	Learn **NEW** PATTERNS

Reflection:

What kind of conversations do your staff have with each other?

NON-VIOLENT COMMUNICATION MODEL:



Empathetic Listening	**Honestly Expressing**

• Observations
• Feelings
  ♦ Satisfied
  ♦ Not Satisfied
• Needs – Met & Unmet
• Requests
	• Observations
	• Feelings
	  ♦ Satisfied
	  ♦ Not Satisfied
	• Needs – Met & Unmet
	• Requests

Reference: Center for Non-violent Communication - www.cnvc.org

The 8 Rights of Adult-to Adult Conversations:

1. Right _____

   Within _____

2. Right _____

3. Right _____

4. Right _____

5. Right _____, _____,

   and _____ .

   TRANSFORMATIONAL VOCABULARY -- **You** have a **CHOICE** to shift the words you use to ensure your intention is met, the information is actually heard and understood. Language makes a difference. ***One word can be the difference between being proactive versus reactive!***

   Cognitive Rehearsal— PRIOR to critical conversations: Includes writing a script, practicing out loud and getting feedback from a trusted colleague.

6. Right _____

   Breathe!!!! Control your self-talk.
   No Interrupting.
   Pause and THINK Before You Speak →
   Ask – Is it **T**rue? Is it **H**elpful? Is it **I**nspiring? Is it **N**ecessary? Is it **K**ind?
   Empathy and Compassion: Consider other person's perception and reality. To be empathetic and compassionate does not mean you must agree with them or their behavior. It is about caring and respect for self and others.

7. Right _____

8. Right _____

Cognitive Rehearsal – Cueing Ideas to Improve Civility

Cognitive Rehearsal is a strategy used to prepare ahead for critical conversations. This is a strategy used by leaders with high emotional intelligence and self-regard in order to avoid tilts, triggers or hijacks during crucial conversations. This strategy promotes one's ability to depersonalize the situation in order to remain objective and find solutions.

Cognitive rehearsal involves the following steps:

- Writing Scripts
- Practicing Scripts Verbally
- Evaluating choice of words or obtaining feedback to ensure right choice of words
- Planning for conversation

Five Models for Writing Scripts:

1. I feel, I think, I want…
I FEEL – (*Accountability*) – Identifies what you feel with the situation – (one word) **I THINK** – (*Compassion*) – what it is about (one sentence) **I WANT** – (*Respect*) – What you want for ***yourself*** – not what you want from the other person.
2. DESC Model
D – **DESCRIBE** the behavior **E** – **EXPLAIN** the impact of the behavior **S** – **STATE** the desired outcome **C** – **CONSEQUENCE** what happens if the behavior continues
3. SBAR Model *(Navy Submarines)*
S - **Situation:** What is happening at the present time? **B - Background:** What are the circumstances leading up to this situation? **A - Assessment:** What do I think the problem is? **R - Recommendation:** What should we do to correct the problem?
4. CUS Statement *(Aviation)*
C – I am **concerned**… **U** – I **understand**… **S** - It is a matter of **safety**…
5. Tagging
Goal/Intention – in one sentence state intention for the conversation **Observation –** In 1-2 sentences, state your observations, feelings, concerns, emotions and areas where need clarity. (The longer you speak, the more room for defensiveness and disagreement.) **Pause for Feedback –** This step is where you pause to engage the other and ask a question. The question is intended to clarify understanding or agreement. Example: *Have you ever noticed this before?* **Suggestion –** give a suggestion or invite the other to help create next steps.

Remember: You make the ***CHOICE*** to React – Respond – or Clarify.

- Use "**I**" statements
- **AVOID**: "***You***" statements create blame; "***But***" statements may imply excuses and undermine words; and "***Why"*** questions lead to intimidation.

Tool for Cognitive Rehearsal – And Preparing for Authentic Conversations:

1. **Identify** Situation for a Authentic Conversation: _____

2. What steps do you need to take to ensure you have the conversation at the best time to allow you to stay calm, respectful and clear?

3. **Write** the Script: ***Avoid: You; But; and Why***

   Strategy - Tagging: Intention ~ Observation ~ Pause ~ Suggestion

   It is my intention to _____

   I have observed _____

   (Ask for feedback by asking a question followed by a pause) _____

   My suggestion is/Or What suggestions do you have? _____

4. **Review** script to ensure wording will not hijack the person you are speaking to – is it clear? Is there blame or judgment? Are there any words I should *soften* to ensure my concerns are heard?

   This step can be hard if you are still angry or upset. The process of writing will help you see better choices. It may take several scripts to get the wording accurate for your meaning AND to avoid creating a defensive reaction. Don't be afraid to write it out – it will help you see your challenge.

5. **Practice** the script by saying it out loud – preferably to another trusted friend or colleague. Adjust the wording as needed based on constructive feedback. (Practicing this silently in your head will cause you to miss your tonality and sense body language.) Invite feedback on your words, tone and body-language.

6. **Before** the conversation → Ensure the 8 Rights of Adult-to-Adult Conversations - Set your intention for compassion for self and the other person. (Do within 48 hours!)

7. **During** the conversation: Begin Eye-to-Eye! (*Both sit or stand.)* It is best to do in person when crucial topics. If need to do from a distance, use technology for face-chat, Skype, internet meetings etc. in order to enhance understanding. AVOID email.

   Slow-down and really ***LISTEN***! Pause and ***THINK*** before responding. Remember to breathe!

   If you feel triggered or tilted, pause and breathe or take a time-out to avoid becoming defensive. Having a script ready as an exit strategy is a good idea. For example: *I need some time to think about this, can we take a break and meet back _____?*

8. **After** the conversation – reflect on the following questions:

   - What went well during the conversation?
   - What did you learn from this process that you want to integrate in future conversations?
   - How will you celebrate your success?

Examples of Scripts:

The following are challenging situations where you may need to respond. Each situation has a specific statement you can use to respond or to clarify the situation using the five models.

Adapted from Griffin, M. (2004) Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses. *The Journal of Continuing Education*, 35(6), p. 260.

Nonverbal Innuendo (raising of eyebrows or face-making)

- I sense (I see from your expression) that there may be something you wanted to say to me. It's okay to speak directly to me.
- I noticed you rolled your eyes. Can you help me understand what you intended to communicate to me?

Verbal Affront (covert or overt, snide remarks, lack of openness, abrupt responses.)

- The individuals I learn the most from are clearer in their directions and feedback. Is there some way we can structure this type of situation?
- I just heard you say _____. Can you help me understand what your intention was with that statement?

Undermining activities (turning away, not available)

- When something happens that is "different: or "Contrary" to what I thought or understood, it leaves me with questions. Help me understand how this situation may have happened.
- When I see you turn away (or other behavior) I feel we are not communicating effectively. I think it is important for us to be able to communicate and understand each other. I want to be able to work with you. Can you help me understand this?

Withholding information (practice or patient)

- It is my understanding that there was (is) more information available regarding this situation and I believe if I had known that (more), it would (will) affect how I learn or need to know.
- I feel confused. I think there is more information I need from you. I want to be able to do the best job and need for you to feel confident in sharing information with me. How can we improve this?

Sabotage (deliberately setting up a negative situation)

- There is more to this situation than meets the eye. Could you and I meet privately and explore what happened?
- I feel set-up. I think there is more to this than I understand. I want us to be able to work together. Can we discuss this?

Infighting (bickering with peers). Nothing is more unprofessional than a contentious discussion in a non-private setting. ALWAYS avoid.

- This is not the time or place for this. Please stop (physically walk away or move to a neutral spot.)
- We need to take this discussion to a private location. Please come with me so we can finish this discussion.

Scapegoating (attributing all that goes wrong to one individual.) Rarely is one individual, one incident, or one situation the cause for all that goes wrong. Scapegoating is an easy route to travel, and rarely solves the problems.

- I don't think that's the right connection.
- I feel I am being blamed. I think we need to look at this situation together. I want to get to the source of the problem.

Example Scripts Continued:

Backstabbing (complaining to others about an individual and not speaking directly to that individual.)

- I don't feel right talking about him/her/this situation when I wasn't there and don't know the facts. Have you spoken to him/her?
- This is a conversation that needs to include ____. I feel we need to stop this conversation until ___ can be present.

Failure to respect privacy.

- It bothers me to talk about that without his/her/their permission.
- I cannot speak for anyone other than myself. That information should not be repeated.

Broken confidences.

- Was that information said in confidence?
- That sounds like information that should remain confidential. He/She asked me to keep that confidential.

My greatest Challenge: _____

Possible scripts:

- _____
- _____
- _____

My Scripts for an Exit Strategy if I feel Tilted or Triggered during a conversation:

Possible scripts:

- _____
- _____
- _____

Civility Strategy #3: Accountability

There is <u>no</u> accountability without clarity. —Tim Porter-O'Grady

1. **Create a "*Safe & Trusting*" Environment**
   - **Ground-rules & Clear Expectations/Boundaries** – *"Zero Tolerance Policy"*
     - What is unacceptable behavior?
     - What are the consequences for unacceptable behavior?
     - What is acceptable behavior?
     - Policies should be establish clear, confidential, non-punitive process for reporting
     - Polices should include remediation process, sanctions and rewards.
     - Take complaints seriously. Do not blame the messenger.
   - **Situations that Demand a Conversation:** (From Silence Kills)
     - Broken Rules and Agreements
     - Mistakes
     - Lack of Support
     - Incompetence
     - Poor teamwork
     - Disrespect
     - Micromanagement

Levels of Accountability

8. Take action/Make it Happen
7. Find Solutions
6. Accept ownership: "own it"
5. Acknowledge reality

EMPOWERMENT

DISEMPOWERMENT

4. Wait & hope
3. Blame self "I can't" excuses
2. Blame others
1. Denial: unaware and/or unconscious

   - **Personal Agreements** *"The Five Agreements"*
   - **Team/Classroom Agreements/Social Norms:** "What you permit you promote."
     "*Commitment to My Co-worker"/"Classmate"* – should include the three principles of mutuality:
     1. Mutual Respect
     2. Mutual Learning
     3. Mutual Accountability

2. **Make Feedback a "*Learning Opportunity*"** → give and invite feedback early and often
   - Include on the agenda for team meetings.
   - Encourage 360 Evaluations
   - Conduct exit interviews.
   - Include civility on patient and staff satisfaction evaluations.

3. **Continuous Quality Improvement** → P*rioritize time for "Check-in" - "Huddles" – "Debriefing"*
   - Create "Civility Teams"
   - Example: CREW – from Veteran's Health Administration (see references) *Civility, Respect, Engagement in Workforce Program*

4. **DWYSYWD** – Do What You Say You Would Do

5. **If things escalate: Take a TIMEOUT – to BREATHE if hijacked**. Create a code that is acceptable. To be accountable, establish a timeframe within **<u>48 hours</u>** to get together.

Be:

To Create a Culture of Civility Requires:

- Principled and Ethical Leadership & Role Modeling
- Raising Awareness and Focused Orientation/Training/Coaching
- Strategies for Stress Reduction and Self-Care and Team-Care
- Fostering Effective Communication
- Co-creating Norms and Agreements
- Policy Development
- Institutionalizing Organizational Civility –Top-down, Civility Teams & Quality Improvement

Cultural change occurs only after people alter their behavior, after performance improves and once the change produces benefits to the organization.

—John Kotter

Final Quotes:

The future doesn't take form irrationally, even though it feels that way. The future comes from where we are now. It materializes from the actions, values, and beliefs we're practicing now. We're creating the future every day, by what we choose to do. If we want a different future, we have to take responsibility for what we are doing in the present.

— Margaret Wheatley

I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate.
It is my daily mood that makes the weather. I possess tremendous power to make a life miserable or joyous.
I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal.
In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person humanized or de-humanized.
If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.

—Johann Wolfgang von Goethe

My two greatest take-aways from this session are:

I WILL – CALL TO ACTION

Promise to **myself**: I will
Promise to **staff**: I will
Promise to **peers:** I will
Promise to **boss/leader**: I will
Promise to **significant relationships**: I will

Example of PERSONAL AGREEMENTS:

The Five Agreements to Live By – The following information has been adapted from *The Fifth Agreement, A Practical Guide to Self-Mastery* by Don Migule Ruiz and son, Don Jose Ruiz. These few statements, if really imbedded into your life, can radically change your life, your team and your students! Use them in your daily practices or for reflective practice and you will be amazed by how simple they become. Place them in places to help your remember and please feel free to share them with others in your life!

1. **Be impeccable with your word.**
   Speak with integrity. Say only what you mean. Avoid using words to speak against yourself or to gossip about others. Use the power of your word in a proactive direction from a place of truth and compassion. If you make a mistake, as humans do, be accountable to yourself and others, apologize and take steps to move forward and learn from the experience.

2. **Don't take anything personally.**
   Nothing others do is because of you. What others say and do is a projection of their own reality, their own dreams and their reaction from past experiences. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering. Forgive and move on.

3. **Don't make assumptions.**
   Find the courage to ask questions and to express what you really want. Think about and ask questions to clarify cultural, language, generational differences and written words. Pay attention to non-verbal cues and clarify when verbal communication is inconsistent. When you communicate with others, be clear to avoid misunderstanding, judgment, sadness and drama. Be sure to follow-up by validating the other individual's understanding matches your intention. Remind yourself of this one frequently!

4. **Always do your best.**
   Your best is going to change from moment to moment; it will be different when you are healthy as opposed to sick. Under any circumstance, simply do your best, and you will avoid self-judgment, self-abuse and regret. As life-long learners our best can get better!

5. **Be skeptical. But, learn to listen.**
   Don't believe everything you hear or see. Don't believe yourself or anybody else, rather ask questions to find the truth. Use the power of doubt to question everything you hear: Is it really the truth? Are you asking the right person? Always listen to the intent behind words and you will understand the meaning.

Example TEMPLATE* for TEAM AGREEMENTS: Commitment to Coworkers

"It is much easier to build a good relationship than to struggle with a bad one."

Adapted from: Bartholomew (2006) *Ending Nurse-to-Nurse Hostility* and
Bjork & Manthey *(2007) Commitment to My Co-Workers: A Brief History.*

I, _____ agree with the following statements and by signing below I am making a commitment to my team and the organization to abide by these commitments.

- I will maintain a supportive attitude with colleagues, creating a positive healthy team environment by recognizing our colleagues for performance that exceeds expectations. I will hold my team members accountable for behaviors and performance, recognizing that the actions of one speak for the entire team.
- I recognize that each of us plays a vital role in the home care agency's operations and treat each other accordingly.
- Rudeness is never tolerated. There is no blaming, finger pointing, or undermining of fellow team members or the leadership. I will not engage in the "3B's" (Bickering, Back-biting, and Blaming) and ask my team members to not as well.
- I will be on time for our team meetings and when returning from breaks. I will not call in sick unless I am sick.
- I will welcome and nurture newcomers.
- I recognize that many hands make light work and will offer to help each other.
- I will show appreciation and support to staff that come from other departments.
- I recognize that we all have strengths and challenges and that it takes many diverse personalities to make a team
- I will respect cultural, spiritual, and educational differences in my team.
- I will praise my team members in public and provide constructive feedback in private.
- I will not gossip. I will protect the privacy and feelings of our fellow employees. I will talk promptly and directly with my team members, if I have a problem. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate appropriately.
- I will practice the "3C's" (Caring, Commitment and Collaboration) in my relationship with team members and will ask they do the same with me.
- I will be committed to finding solutions to problems and will not complain about another team member and ask them not to as well. If I hear anyone doing so, I will ask them to talk to the correct person.
- I will accept each member of the team as they are today, forgiving past problems and ask they do the same with me.
- I will respect other's time and avoid urgent requests.
- I will remember that no one is perfect and that human errors are an opportunity for learning, not for shame or guilt, rather for forgiveness and growth.
- I will remember to have fun and keep a sense of humor at work.

I expect, if at any time, I do not comply with the above statements, my peers and the administration will have a confidential conversation with me directly and hold me accountable for the above commitments.

I agree to hold my peers and the administration accountable to the above commitments and I will have confidential conversations directly with any individual that does not follow this agreement in an effort to promote a healthy work environment.

Signature: _____ Date: _____

**In order to increase engagement and accountability, these should ALWAYS be written by the team, using team language and team priorities. Each member of the team should sign and date. This allows all members of the team to refer to the agreements objectively during future conversations.*

Notes:

- ❑ **1. Health Care Reform: What Tomorrow Will Bring**

  Hold on to your hats!!!!

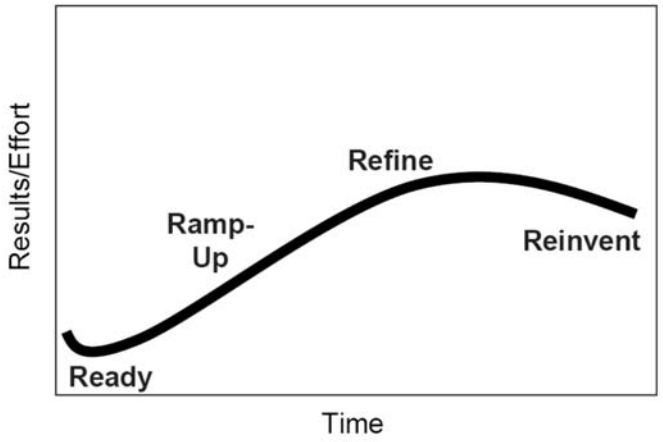
- ❑ **2. Where we've been…**

  Where we are…

  Where we're going

- ❑ **3. Where Hospital Industry Falls on the S Curve**

- ❑ **4. The S Curve**

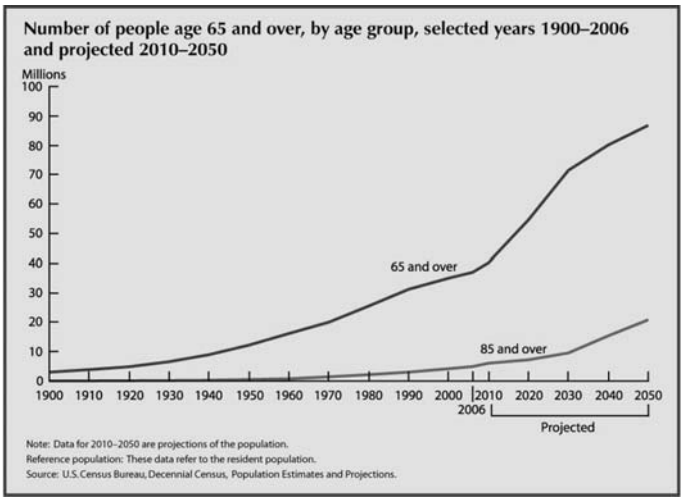


- ❑ **5. Heathcare's Perfect Storm**

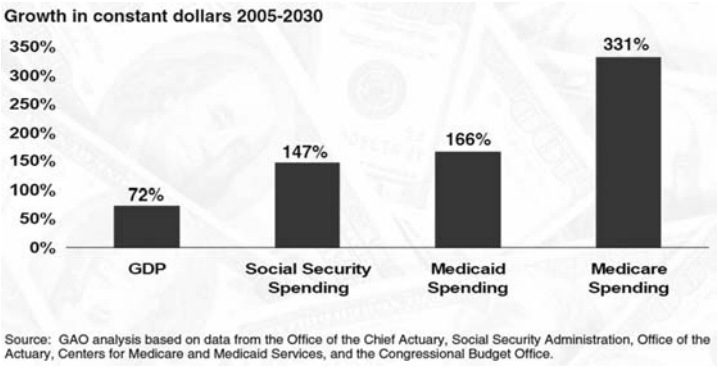
Medicare	1965	2008
Age of Eligibility	65 years old	65 years old
Ave lifespan >65	4 years	20 years
Ratio Tax Payers to CMS Recipients	10:1	3:1
Number of 65+	< 10 million	44 million

❑ 6. Indicator: Number of Older Americans❑

Notes:



❑ 7. Program Growth in Spending vs. GDP

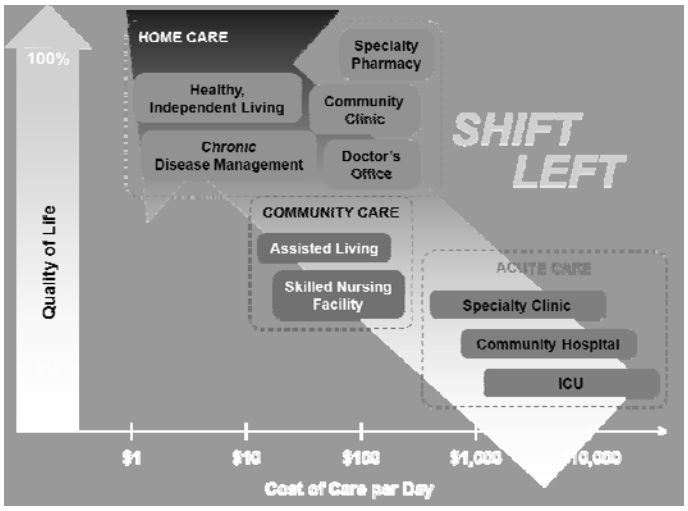


❑ 8. Medicare Will Go Broke By 2018, Trustees Report

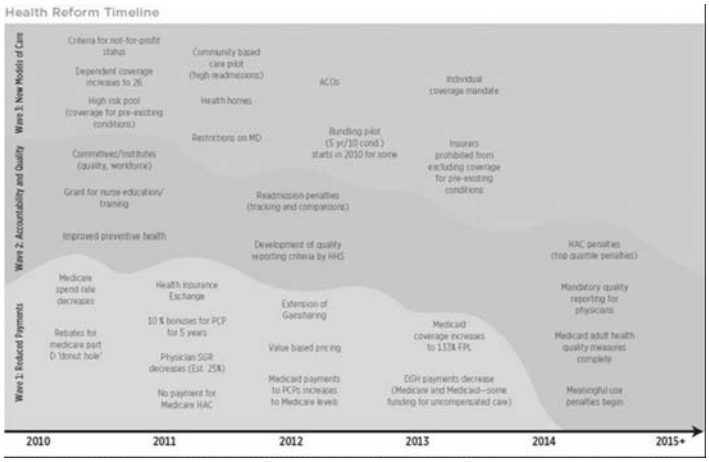
Washingtonpost.com

❑ 9. Consumer-Centered Healthcare

Notes:



❑ 10. Health Reform Timeline



❑ 11. PL111-148 & Amendments: Impact on Post-Acute Care for Healthcare Systems

Notes:

- Three key provisions of the law that will have direct impact on post-acute care needs and utilization:
- Avoidable hospital readmission penalties
- Accountable Care Organizations (ACOs)
- Bundled Medicare payment

❑ 12. Avoidable hospital readmission penalties

- Effective October 1, 2012, hospital's Medicare payments will be reduced for avoidable readmissions for three conditions:
- AMI
- Pneumonia
- CHF
- In 2015, the number of conditions subject to Medicare payment reductions for avoidable may be increased.

Notes:

❑ 13. Avoidable hospital readmission penalties:

- Medicare payment reductions will be based on a formula related to avoidable readmissions and aggregate Medicare payments to a hospital and subject to a "floor," that is, the payment reductions will be no greater than the following percentages of aggregate Medicare payments a hospital:

- -FY2013 1%
- -FY2014 2%
- -FY2015 and beyond 3%

❑ 14. Acute Hospital Readmissions From Post-Acute Venues

❑ 15. Implication: accelerated adoption of current preventative programs and program innovations.

1. Care transitions
2. Telehealth
3. Project RED
4. Electronic Medical Record expansion and utilization across sites of care
5. Call back activities

❑ 16. Care Transitions

Notes:

- Care transitions facilitate patient self management of health and chronic illness through coaching and effective management of transitions of care. The term "care transitions' refers to the movement patients make between health care practitioners and settings as their condition and care needs change during the course of chronic or acute illness. (Dr. Eric Coleman) Example of settings might include: Acute Care Facilities, long term care, home based ambulatory services such as: Primary Care Providers, PCMH, home care, and/ or telehealth.

❑ 17. Telehealth

- Provision of nursing care technology:

  a. Video

  b. Monitoring

  c. Combination of both

❑ 18. Case for Telehealth

- 90% of Americans over 65 have 1 or more chronic diseases
- 70% have 2 or more
- 95% of total medical expense for Americans over 65 are spent on chronic diseases

❑ 19. Telehealth Equipment

Notes:

- Internet connection to review patient's vital signs. Nurse can review data from home.
- Patients answer questions about their health and disease progress through a touch screen
- Patients are monitored seven days a week.

❑ 20. Telehealth Interventions and Teachings

- TEACHINGS
  - Understanding disease process
  - Medication instruction
  - Safety concern with 02
  - S & S of Edema
  - Counting Pulse
  - Dietary & fluid restriction
  - Daily wts & instruction

- INTERVENTIONS
  - Whom to call for help, RN, MD, 911
  - Shortness of breath
  - Prompted MD order
  - Telehealth prompting MD visit
  - MD notified
  - Lab draws

❑ 21. Telehealth and Readmission Rate

Notes:

- For patients in the Centura system, we tracked the number of hospital admissions before Telehealth services were started
- 90.6% of Telehealth patients had at least 1 or more hospitalizations
- Centura hospitals statewide have an average of 21% readmission rate for heart failure*
- Through Telehealth, heart failure patient's readmission rate was 9.7% within a 30 day period *2007-2008 CMS

❑ 22. Project RED

- Re-Engineered Discharge (RED)— focuses on improved discharge processes, hand-offs and patient teaching
- AHRQ funded research project built on 11 components that foster better care coordination and patient engagement at discharge. In CO sponsored by CHA, funded by AHRQ who is using Joint Commission Resources (JCR) to serve as experts to get the project launched and coordinated.
- Deploys various tactics including:
  - Ensuring patients are discharged with appropriate education, deliberate in using the "teach back" methodology
  - Have follow up phone calls to reinforce teaching and post acute care needs
  - The major outcome metrics is to reduce hospitalization and also to boost patient experience scores.
  - Improved discharge processes, hand offs and patient teaching.

❑ 23. Electronic Health Record

Notes:

- Integrated
- Interfaced
- Innovated

❑ 24. Call Back Activities

1. Navigation
2. Call Centers-outsourced of internal
3. Acute Care Unit Based initiated

❑ 25. Accountable Care Organizations (ACOs)

- Accountable Care Organizations (ACOs), while still evolving, are expected to connect groups of providers who are willing and able to take responsibility for improving the health status, efficiency and experience of care for a defined population. An effective ACO model will include:
- People-centered foundation that designs the ACO from a population's perspective to foster better engagement, satisfaction and increased accountability for health.
- Health homes that deliver primary care and manage health
- New approaches to primary, specialty and hospital care to reward coordination, efficiency and quality outcomes.

- Tightly integrated relationships with specialists, ancillary providers and hospitals so they are similarly and aligned to achieve high-value outcomes.

- Provider/payer partnerships and reimbursement models that incent improved outcomes, rewarding value over volume.

- Population health IT infrastructure, including health information exchanges to enable coordination

Notes:

❑ 26. ACO

Sg2's Bill Woodsen, "an ACO should be considered as a set of competencies rather than a specific organizational structure"

❑ 27. Accountable Care Organizations (ACOs) – why is there interest?

Notes:

- Provide an opportunity for hospitals to "gain-share" by being efficient and creating patient outcomes.
- Becoming eligible for shared savings may be one of the few methods available to hospitals and health care systems to remain financially viable, particularly as the percentage of Medicare admissions due to demographic factors, namely, the aging of America
- A mandated market basket reduction beginning in FY2014 and extending at least through FY2019 will likely further reduce hospital Medicare margins.

❑ 28. Accountable Care Organizations (ACOs) — potential impacts

- Medicare payment savings for the gain-sharing will push systems to effectively manage inpatient, outpatient, and physician costs as well as avoidable readmissions
- Must be able to control the utilization, cost, quality, and outcome of post-acute venues.
- The percentage of Medicare post-acute HHA users will increase
- Home technologies, telemedicine, chronic care management, and home-based services all are encouraged in the new law; minimally invasive surgeries will create more opportunities for discharge to home.

❑ 29. Accountable Care Organizations (ACOs) — potential impacts

Notes:

- Health systems that anticipate developing ACOs will want to be able to have control of all post-acute venues

- Control can occur by means of ownership, joint ventures, management agreements, or preferred provider relationships. Many hospitals do not have the expertise or financial capability for managing or purchasing a LTACH, IRF, SNF, or HHA. An increase in preferred provider relationships may occur.

- Post-acute venues, regardless of their relationship to hospitals and ACOs, must be able to prove that they can manage patients effectively to: ensure there are minimal, if any, avoidable readmissions; create seamless care continuum that transitions patients to the lowest setting; and have the best possible patient outcomes.

❑ 30. Bundled Medicare Payment

- Bundling Medicare payments for all servicesrelated to an acute hospital readmission, three days prior and 30 days after discharge, will begin on January 1, 2013

- Focus will be one or more of eight conditions and the single payment will apply to all of the following services provided during the episode:

  – Acute inpatient services (hospital admissions & readmissions)

  – Physician services (in and our of the hospital setting)

  - Outpatient hospital services, including emergency department services

  – Post-acute services

- Eight conditions found by MedPAC to have a high rate and volume of avoidable hospital readmissions for Medicare fee-for-service beneficiaries

Notes:

❑ 31. Bundled Medicare Payment

- The pilot is expected to include use of the Continuity Assessment Record and Evaluation (CARE) tool, or a similar tool, to determine the most clinically appropriate post-acute care venue…..

- IMPLICATIONS for the discharge process

❑ 32. So what is all this about Patient Centered Medical Home (PCMH)?

- The PCMH is a medical practice organization to produce higher quality care and improved cost efficiency.

- In a patient-centered medical home:

  – Patients have a relationship with a personal physician.

  – A practice-based care team takes collective responsibility for the patient's ongoing care.

  – The Care team is responsible for providing and arranging all the patient's health care needs.

  – Patients can expect care that is coordinated across care settings and disciplines.

  –Quality is measured and improved as part of daily work flow.

  – Patients experience enhanced access and communication.

  - Practices moves toward use of EHRs, registries, and other clinical support systems.

❑ 33. Core Features of Medical Home

Notes:

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and/or Integrated
- Quality and Safety
- Enhanced Access
- Payment Reform

❑ 34. Payment Model for the PCMH?

- The framework for payment is a blended model that combines fee-for-service with a care management fee(based on the level of medical home designation – Level I, II, III), and performance-based compensation.

COMMUNICATION

Definition:

The one thing humans do more than communicate:

_____

We can not NOT _____

Communication consists of

_____

_____

Humans Communicate

_____

_____

_____

_____

_____

E-mail Management:

Once the message is sent, it

_____

It can be amended AND the first impression is

_____

This is often unconscious.

How we communicate determines what kind of relationships we make.

Self-regard is a major influence in all communication.

Stress results when self-regard is threatened.

Communication is learned from

_____

Poor Communication leads to:

_____

_____

_____

_____

_____

Little focus is placed on communication in the work place. Yet it is

_____

to smoothly functioning teams.

GUIDELINES FOR COMMUNICATION

1. Approach each interaction as though the other person has no knowledge of effective communication. Assume responsibility for creating the sender-receiver rhythm.

2. Share your thoughts and feelings. Be self-revealing.

3. Casual conversation or "small talk" can be important to relationships, particularly when it is light and humorous. It balances the deep meaningful talk.

4. Acknowledging, praising, and encouraging the other person is supportive and brings life and energy to the relationship.

5. Present messages in a way that the other person can receive them.

6. When you have a problem or issue with another, take responsibility for the problem and speak about it as your problem also.

7. Use language of equality even when position titles are not of the same level.

COMMUNICATION PATTERNS

Pattern	Interaction	Source	Example
Attribution of blame	Sender blames receiver	Fault-finder dictator acts superior as camouflage for fear and low self-esteem	Mostly "you" messages; for example, "You really blew it!"
Placation	Sender placates receiver	Sender's low self-worth: puts herself/himself down	"I was wrong. I'm sorry. It's all my fault."
Constrained cool headedness	Sender is correct and very reasonable without feeling or emotion	Feelings of vulnerability covered by cool analytical thinking	"Studies have shown that in 75% of cases the patient is correct. I decided to use research data in coming to a solution."
Irrelevant	Sender is avoiding the issue, ignoring own feelings and feelings of the receiver	Fear, loneliness, and purposelessness	"Wait a minute. Let me tell you about…" (changes the subject)
Congruence	Sender's words and actions are congruent; inner feelings match the message	Any tension is decreased and self-worth is at a high level	"For now, I feel concerned about the anger and hostility exhibited by Dr. X. I'm wondering what approach would de-escalate him."

COMMUNICATION PITFALLS

1. Advice Giving

It is so tempting to give advice when a co-worker comes with an issue or problem. *Don't!* Most often what the person wants is to work through the issue by talking out loud. Just listen.

2. Making others wrong

When telling others "our" story of distress, the adversary is always "wrong." The telling of the story to a third party only reinforces how right "I" am and how wrong, bad, or terrible the other person is. If you have an issue or problem, take the problem to the person with whom you are upset. "Take the mail to the correct address." Don't gossip!

3. Defensiveness

Defensiveness occurs when you do not listen, are hostile or aggressive, or respond as if attacked when there was no attack. Look for a physiological signal in your body so that you can identify your own distress. Stop. Breathe. Acknowledge that the message did not come out the way you intended and begin again.

Also, defensiveness can occur when met with hostile, aggressive behavior from another. Rather than choose an emotional response or react to the attack, know that the other person's behavior has nothing to do with you personally but is the response chosen by that person in a moment of stress. Any one of a dozen other responses could have been chosen. Understand the person is motivated by fear or hurt.

4. Judging the other person

Evaluating another person as "good" or "bad," as someone you like or don't like, or judging their actions or behavior as "stupid" or "crazy" or "inappropriate" is a reflection of how you judge yourself. Who is the hardest person on you? Of course, you are. Know that you can have feelings about situations or behaviors without judging the other person in a negative way. Rather, you can feel compassion for their stress and fear, which often drives behavior. This is true particularly when a supervisor or physician is reprimanding you.

5. Patronizing

Speaking to another as if they are less than human or in need of custodial care fails to honor them as a human being. You do not have to be condescending or seek to humiliate in an overly sweet voice. These are merely other versions of judging or making the person wrong. Another approach is to question what is at issue for them in the moment.

6. Giving False Reassurance

One of the great temptations of nurses is to "fix" things and make them better, to rescue the situation or the person involved. To accomplish this goal, sometimes we reassure inappropriately. Know that you do not have to fix every situation. You can support people to work through the situation themselves.

7. Asking Why Questions

When working in a team, refrain from asking why questions. These tend to create a defensive response in the other person. Instead, ask, "What makes you think…"

8. Blaming Others

Saying things such as "You make me so angry" is blaming the other person for your feelings, which you choose at any given time. In nearly every situation, the responsibility for communication breakdown is a joint responsibility. You can always choose your response, even if that response is to say, "I can't discuss this with you now. I would like to talk about this later when I am calmer."

TRIANGULATION

Fun Game

- You can enter the game at any door

  _____

- Your preferred position is

  _____

- If I'm a victim

  _____

- After I've been "persecuted"

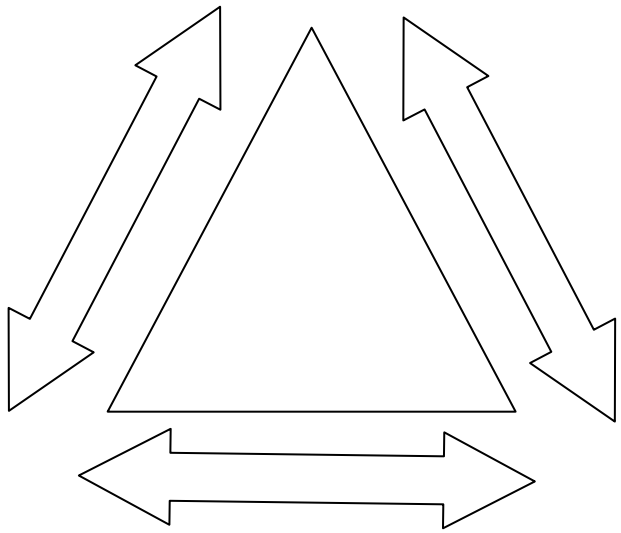
  _____

- Rescuer goes to Persecutor

  _____

- In this game we can take any role

  _____



Dealing with Difficult People

Definitions:

Relationship - the state of being related or connected or bonded together

Conflict – competitive or opposing action of incompatibles: antagonistic state or action opposing needs, drives, wishes or demands

Confront – to face especially in challenge; meet or bring face to face

A _____

C _____

T _____

Differentiation/Awareness Model

1. Introduction

- Difficult person
- Difficult situation

Empowerment in a conflict situation is defined as:

_____

_____

2. Stimuli for upset or reaction:

- Trigger is Outside
- The responding Feeling is Inside
  "You Make me Feel so …..

3. What are Responses?

- Stress or Fear

4. Automatic Reactions?

- Unconscious – fight or flight

Physiological Responses?

- **Create list of responses / reactions**

_____

_____

_____

_____

_____

_____

_____

- **Patterns:**

  Raised adrenalin leads to:

  Assumptions

  Examples:

_____

_____

_____

- **We go through life reacting to**

External World

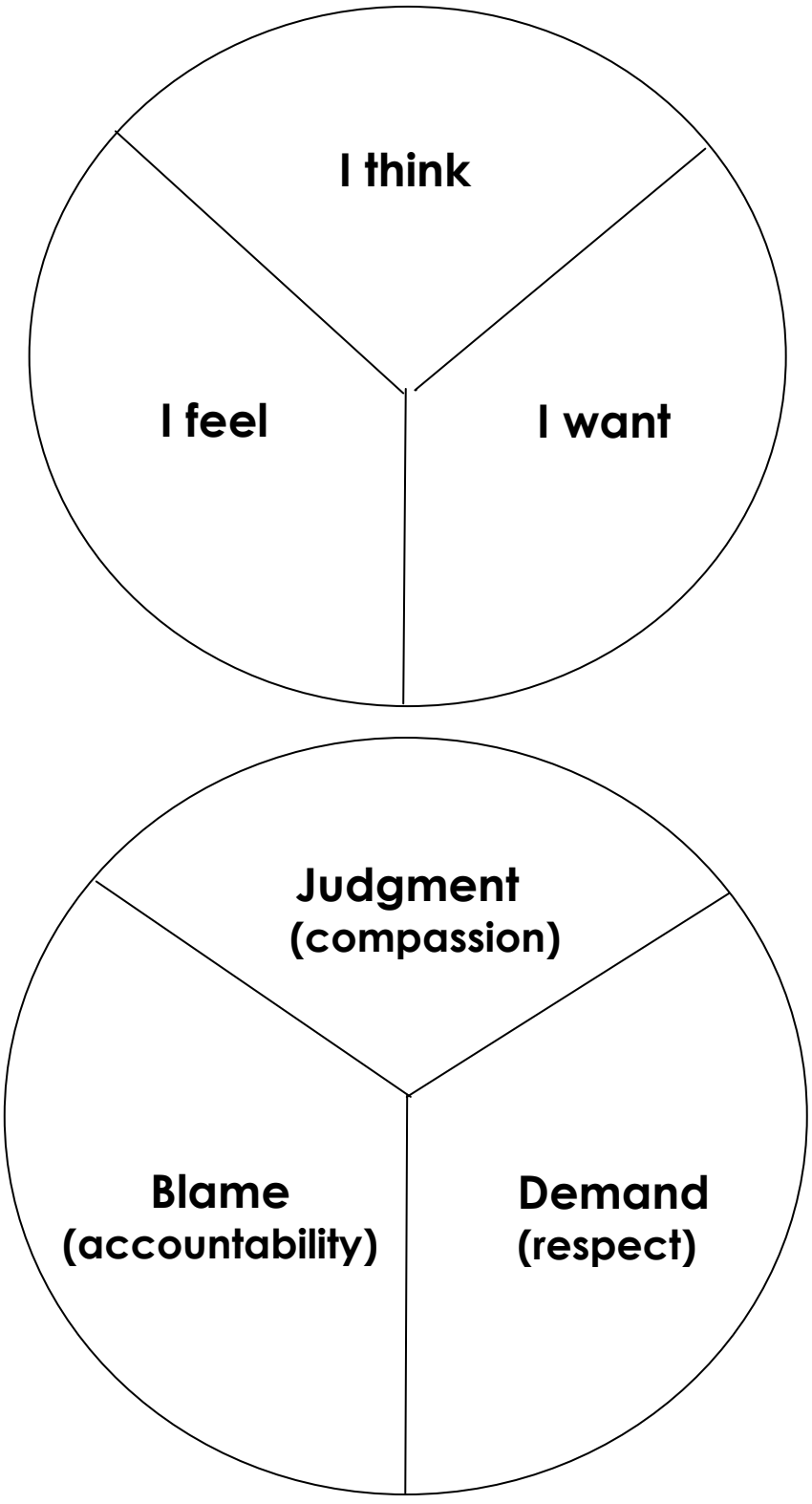
Vs.

Responding Creatively

Internal

1. **Feelings** _____
2. **Thoughts** _____
3. **Wants** _____

Differentiation: Clarifying Internal Drivers



Communication Practice Session

identify feelings or sensations
I'm feeling

_____

_____

_____

_____

refer to your perspective of the situation, check assumptions
I think

_____

_____

_____

_____

_____

identify what you want from the relationship or situation
I want

_____

_____

_____

_____

How I'd like to work together is

_____

_____

_____

_____

_____

Communication Practice Session

identify feelings or sensations
I'm feeling

_____

_____

_____

_____

refer to your perspective of the situation, check assumptions
I think

_____

_____

_____

_____

_____

identify what you want from the relationship or situation
I want

_____

_____

_____

_____

How I'd like to work together is

_____

_____

_____

_____

_____

Feeling Descriptions

afraid
agitated
aggravated
alarmed
alienated
alone
angry
anxious
apathetic
appreciated
ashamed
attacked
awkward
bewildered
blamed
blamey
blank
burned-out
calm
caring
closed
cold
comfortable
committed
compassionate
competent
complete
concerned
confident
conflicted
confused
connected
considered
contented
controlled
creative
curious
cut-off
cynical
touchy
trusting
unappreciated
uncomfortable
unconsidered
understood
unresponsive
unsure
defeated
defensive
dejected
dependent
depressed
deprived
desperate
disappointed
disrespected
doubtful
eager
easy
embarrassed
engaged
envious
evasive
excited
excluded
exhilarated
fearful
foggy
friendly
frustrated
full
furious
generous
genuine
gentle
glad
grateful
guilty
helpless
hopeful
hopeless
hostile
humiliated
hurried
hurt
ignored
uptight
useless
victimized
vindictive
violent
washed-up
wishy washy
worn out
immobilized
impatient
inadequate
incompetent
indecisive
ineffective
inhibited
insecure
involved
isolated
jealous
judgmental
left out
lonely
lost
mean
misunderstood
nervous
numb
open
optimistic
overwhelmed
out of control
pain
paralyzed
paranoid
passionate
peaceful
persecuted
pessimistic
playful
pleased possessive
preoccupied
pressed
pressured
protective
proud
pushed
pushed-out
quiet
regretful
rejected
relieved
remorseful
repelled
repulsed
resentful
resentment
resigned
respected
restrained
rigid
sad
scared scattered
secure
set-up
self-reliant
shy
silly
sincere
sleepy
sluggish
sorry
stiff
stubborn
stupid
supported
supportive
suspicious
sympathetic
tender
terrified
threatened
tired
torn
worried

How to Confront Effectively

Definition of Confrontation

1. Direct Communication
2. Face to face communication
3. Focus on a specific problem.
4. Confrontation can be high intensity or low intensity.
5. Two-part goal for successful confrontation:
   a. Produce the desired behavior change.
   b. Maintain productive relationship.

Guidelines for When Confrontation is Appropriate

Don't Confront:

Who: External Customers

When: You are angry or out of control.

The personal risk is too high.

Do Confront:

Who: Colleagues and personal relationships

When: Quality of work is the issue.

Relationship will be damaged if not confronted.

Personal quirks – less important but still legitimate.

Confrontation Steps

Set the Climate and State Your Case

Ask for time.

State your intentions.

State your concerns or reservations.

Own your responsibility.

Describe the behavior being confronted.

State the impact of the behavior (thoughts and feelings).

Listen for Understanding

Give 100% attention.

Demonstrate understanding.

Negotiate and Make Agreements

Make specific personal requests.

Offer help in the change.

Describe the positive/negative consequences.

State the agreements reached.

Establish a follow-up.

Share the appreciation.

More Tips on Handling Angry People

The behaviors suggested below are additional ideas for how to handle an angry person who is yelling, threatening, or having a full blown temper tantrum. There is no one right way to handle these situations. It depends on the situation, your own personality, and the personality of the other person. Look over this list and pick out the ideas that might work for you.

1. Stay matter of fact and neutral in tone. Never respond to hostile comments with a hostile remark of your own.

2. Responding to hostile comments:

Apologize to the person. Not a personal apology such as "It's all my fault." A more neutral, ***professional apology***, "I'm sorry we're having difficulty agreeing on this issue" or "I'm sorry you're upset."

3. Do not focus on their wrongness. Focus on a solution or an agreed understanding of the problem. Give the other person a way to save face.

4. Keep the discussion tentative.

- Raise questions
- Mention other possibilities
- Suggest ways to give both of you time to think

5. Avoid your own dogmatic statements. Stay flexible. Try temporary arrangements, especially if the problem is temporary.

- Yelling, screaming, and physical gestures. The words often contain threats and are not always coherent or logical.
- This tactic is usually unpredictable even to the person who uses it.

6. Let the other person run down for a while. How long you have often depends on the situation and how much time you have.

7. Get the other person's attention. Speak loudly, but do not use an angry tone. Use phrases such as:

"Stop, stop" "Hold on"

"Wait a minute" "Slow down"

"Ok, I understand"

8. State your intention to solve the problem. "I can see this is important to you and I'm willing to discuss it. But not this way."

9. Be prepared to repeat yourself, but do not use an angry tone in the repetition.

10. Take a break. Give the other person a chance to calm down. Move to a different location.

11. If you continue talking, keep pulling the conversation back to specific, current issues. Move the focus away from "never" and "always" statements and concentrate on what actually happened today.

12. Take the other person's either/or statement and turn it into multiple choice options. Try to come up with several options that might at least be partially acceptable to the other party. Make one of the options totally unacceptable to them.

13. Walk out. Only do this if you are in physical danger or are losing control of yourself. It is usually not a powerful move to make.

14. Respond with calm silence. This kind of silence equates with power in our culture. Offer to postpone the conversation until the other person calms down.

❑ 1. Honoring Nurses through Culture Change

Notes:

- Carmen Bowman, MHS
- Regulator turned Educator

❑ 2. Do nurses resist culture change?

- Maybe nurses resist culture change ideas if interventions:
- Threaten quality of care
- Reduce their control over resident care
- Diminish nurses' authority over aides
- Maybe you do, maybe you don't…

❑ 3. Maybe nurses are perceived as resisting culture change

- Have a nursing license to protect
- Status quo to adhere to
- Gatekeepers of medical care
- Responsible for quality of care
- Ask lots of questions

❑ 4. Your Nursing License

Notes:

- What does a license mean?
- Licensed to practice as a nurse:
  - ◊ Give medications and treatments
  - ◊ Conduct assessments
  - ◊ Carry out physician orders
- You are a medical care broker
- Turn of tides, so… if an order doesn't make sense for a person, you let the doctor know and advocate for a better option, right?
- How are you using your license?
- By the way, who REALLY writes a physician order?

❑ 5. Gatekeepers of Care

- You have power.
- Do you use your power for good?
- Do you use your power to better the lives of the people you serve?

❑ 6. Nurses' Contributions to Residents' Quality of Life

Notes:

- Nursing Culture Change Practices
- Honoring Nursing and Nurses all along the way

❑ 7. Beautiful Sleep

- Why do we wake people living in nursing homes?
- No job to go to
- Worked hard all their life
- Not waking someone actually honors a person
- How many of you would like to be sleeping?
- What are benefits of being well rested?

❑ 8. Breakfast drives the "get up rush hour"

Notes:

- Arbitrary "breakfast" time
- Breakfast drives our pattern of waking people up
- "Wake up list"
- How many of you do not even eat breakfast?
- What would happen to us?
- Open dining times become the answer

❑ 9. Open Dining, Crestview, Bethany, MO

❑ 10. Open Dining Regulations

- Tag F368
- Three meals daily
- No more than 14 hours elapse between supper and breakfast unless…
- A nourishing snack is provided at bedtime, 16 hours can elapse if a resident group agrees and the nourishing snack is provided
- Tag 242 Choices

❑ 11. The Typical Med Pass

Notes:

- What's it look like?

❑ 12. The Typical Med Pass

- Standard, one-size-fits-all med times
- Rigid routine, especially for the nurse
- Meds administered in the dining room
- Disruption to resident's mealtime
- Noisy
- Institutional
- Everything tied to the med cart – including the nurse!

❑ 13. Person Centered Med Pass

Notes:

- How homes are doing it differently:
- Physicians order medications qd, bid, tid, qid
- We used to tell the pharmacy what time to assign to each medication
- A person-centered schedule flows with the routine of the person
  - ◊ "Meds upon rising"
  - ◊ "Meds at hs"

❑ 14. What if there were no more med carts?

❑ 15. In-room Med Administration (and no med carts)

- What if? What would it be like?

❑ 16. Without med carts…

Notes:

- Nurses don't hover "It's like Ground Hog day… every day…."
- Nurses have some one-to-one time with residents
- Nurses' shoulders are spared
- All of one person's medications are in one place creating less chance for error
- Med pass becomes person-centered
- Eliminates this hallmark of the institution

❑ 17. So many benefits

- Quiet
- Confidential
- Normal
- Like home
- Supportive of person's routine, personal
- Meals not interrupted
- Helps to create home and minimize "institution"

❑ 18. No regulations require med carts

Notes:

- There are no federal regulations requiring med carts.
- It is doubtful there are state regs that require the use of med carts, please check yours.

❑ 19. Progression

- 1. Consider starting with passing medications somewhere outside of the dining room
- 2. Move to resident rooms
- 3. Create in-room built-in locked med cabinets or drawers

❑ 20. An inexpensive way to start

- Unfinished cabinets
- Finish, locks and hardware done by facility
- Cabinet $20.00
- Finish, etc. $10.00
- Plastic cont. $ 5.00
    - ◊ Total $35.00
    - ◊ Per res. $17.50
    - ◊ Freedom from med cart = priceless!

Notes:

- ❑ **21. Perham Memorial Home Perham, MN**

- ❑ **22. Logistics**

  - ♦ MAR and TAR kept in resident room
  - ♦ Timeline used by nurses to indicate what time each resident receives meds
  - ♦ Caregivers communicate when residents awake and ready, cares completed
  - ♦ Report sheet used by nurses to document meds and times given
  - ♦ Narcotics kept under double lock in medication room
  - ♦ Now record the time meds were given so the next nurse knows.

- ❑ **23. Built-in Medication Cabinets (photo)**

- ❑ **24. Built-in Medication Cabinets (photo)**

- ❑ **25. Built-in Medication Cabinets (photo)**

- ❑ **26. Built-in Medication Cabinets (photo)**

- ❑ **27. Built-in Medication Cabinets (photo)**

- ❑ **28. The Future of Med Carts**

  - ♦ Refurbished into a garden cart

❑ 29. "I would never go back"

Notes:

- "I opposed this change with every energy. I just did not think we could get the right meds to the right people at the right time without med carts. Now that we do this everyday, I cannot imagine it any other way and I would never go back. They have a good life everyday in the households. I used to leave work every day grieving for the things I could not do for my resident, now I leave every day, dead tired, but thinking of the many good things I was able to do for them today and plan to do for them tomorrow."

- LPN, In Pursuit of the Sunbeam

❑ 30. Person-Centered Med Pass

- Look at each person's medications
- Can med times be combined?
- Few must be given at specific intervals
    - Schedule II narcotics, pain medications, Insulin

- Work with pharmacist
    - Drug interactions
    - Standards of practice

❑ 31. Opportunities for the Pharmacist

Notes:

- Remove unnecessary medications
- Minimize number of med passes per day **23 for one person!**
  - **Pharmacist can become the HERO**
- Get to know the Elder **before** diagnoses, disabilities, medications and lab values
- Educate/embrace the **whole team**, not just nursing

Denise Hyde, PharmD, Eden Community Builder

❑ 32.

- Identify and promote **non-drug alternatives**, especially the use of **real food** rather than artificial supplements
  - Some homes spend as much as $70,000/yr
  - Some have reduced to $20,000/yr
  - Denise Hyde, PharmD, Eden Community Builder
- Would you rather have a supplement or a malt?

❑ 33. F Tag 329 - Unnecessary Drugs

Notes:

- Non-compliant?
- Behaviors?
- Unnecessary Drugs?
- "Behaviors are not problems, behaviors are messages." -Rose Marie Fagan, founding ED Pioneer Network

❑ 34. Ways to Combine Meds

- Combine Vitamins: Vit. C, Multi-vit, Ferrous Sulfate = 3 pills, Multivitamin with iron = 1 pill
- Pain meds – instead of Vicodin QID use long-acting
- 3 HTN meds – low or WNL BP's – eliminate 1 med and monitor BP's for any changes

❑ 35. Reduction of Psychoactive Meds

- Medication = Quick fix for behaviors
- Most behaviors are related to needs that are not met
- Medication: call to family and physician, written telephone order, medication administration, documentation (extra for S/E of a fall). S/E drowsiness, drooling, jerking, etc.
- Time = 1 hour

❑ 36. Other "Intervention"/Option

Notes:

- Conversation, gum, and a ride outside.
- Possible S/E: enjoyable conversation, relationship, initiating taste sensation, fresh air, etc.
- Time = 15 min.
- Priceless!
- Mary Diffenbach, Administrator, Amberwood, Denver, CO

❑ 37. Reasons to avoid meal times

- Residents can eat uninterrupted
- Families can visit uninterrupted
- Avoid evening meal med pass especially
  - ◊ Less staff
  - ◊ Nurses can help residents with eating
  - ◊ Nurses can talk to families
  - ◊ Nurses can be available for "sun-downing" or increased confusion that occurs in the evening

❑ 38. Individualized Nighttime Care

Notes:

- At home, we don't wake up in the middle of the night to take meds
- Nighttime care per person, not per a standard making everyone the same
- Pay attention if a person repositioned him/herself
- Flashlights, dimmer switches vs. overhead lights
- Blood draws early by labs are really a violation of choice – what can you do to make a change?

❑ 39. Protecting the Purity of Nursing

- Lead CNA Role
  - ◊ Quality of Life/Non-nursing responsibilities
  - ◊ Leadership among CNA team
  - ◊ Trainer/Mentor Role
- Freed up to focus on nursing

❑ 40. Innovative Practice

- "What we find is that nurses who get involved with innovation enjoy their work more. It's a lot of fun to start thinking, 'I can do something about this and it will be better for our patients.'"
- Marilyn Chow, RN, DNSc, FAAN, Kaiser's national vice president for patient care services, Garfield Health Care Innovation Center in San Leandro, Calif.

❑ 41. A Master's Degree in Innovation?

Notes:

- Master of Healthcare Innovation
- Arizona State University College of Nursing & Healthcare Innovation
- The program itself is innovative
- Hartford Center of Geriatric Nursing Excellence
- http://nursing.asu.edu

❑ 42. Nursing Resources

❑ 43. SOFTEN the Assessment Process

- S – Support Simple Pleasures
- O – Offer Options
- F – Foster Friendships
- T – Tie-in to Tasks
- E – Equalize Everyone
- N – Normalize Now
- Workbook and training DVD
- culturechangenow.com

❑ 44. Changing the Culture of Care Planning: a person-directed approach

Notes:

- Covers:
  - ◊ Regulatory Support
  - ◊ Individual Care Planning
  - ◊ I Care Plans
  - ◊ Narrative Care Plans
- Includes:
  - ◊ Sample IN2L "Visual Care Plan"
  - ◊ Available from Action Pact culturechangenow.com

❑ 45. Vibrant Living

- Special Features:
- Written to Residents/ Householders
- Scrapbook style
- Learning Circle questions
- Audits for residents and families!

Notes:

❑ 46. Quality of Life: The Differences between Deficient Practice, Common Practice and Culture Change Practice

- Available from Action Pact at www.culturechangenow.com

❑ 47. Regulatory Support for Culture Change

- Available from Action Pact at www.culturechangenow.com

❑ 48. Living Life to the Fullest: A Match Made in OBRA '87

- Getting to Know You assessment
- Psychosocial Needs
- Ethnic culture
- Highest practicable level of
- well-being
- Activity programming according to interests, not "problems"
- MEANINGFUL ACTIVITY ASSESSMENT incorporates:
- Tag 248 Interpretive Guidance
- MDS 3.0 and culture change practices.
- Sold as a kit by Action Pact at www.culturechangenow.com

❑ 49. Alarms: The New Deficient Practice?

Notes:

- Eliminating Alarms and Preventing Falls by Engaging with Life
- Theresa Laufmann, RN and Carmen Bowman, MHS

❑ 50. Conversations with Carmen

- Every 3rd Friday
- 1 jam-packed hour
- Culture change training directly into your home and to your team

❑ 51. LEAP – Learn, Empower, Achieve, Produce

- Train the Trainer system – "LEAP Specialists"
- Module 1 - The Essential Roles of Nurses in LTC
- Leader
- Care Role Model
- Gerontological Clinical Expert
- Care Team Builder
- Module 2 - Career Development for CNAs
- Clinical ladder program
- Mentorship program

❑ 52. More Nursing Resources

Notes:

- Nurse Leadership course - Action Pact www.culturechangenow.com
- Hartford Institute for Geriatric Nursing, Pioneer Network and Geriatric Nursing Organizations
- Issue Paper: Nurses Involvement in Nursing Home Culture Change: Overcoming Barriers, Advancing Opportunities

❑ 53. As a nurse, what can you do?

- Role model. Model. Lead.
- Ask your CNAs which residents aren't ready to get up when traditionally woken up and request a meal to be served later for them.
- Ask the nurse from the shift ahead of you, what resident might need a little extra attention
- Answer resident's calls/call lights for help
- Assist CNAs in caring for residents
- Include CNAs in decision-making
- Make life normal, not institutional
- You have so much power…

❑ 54. What are you passionate about?

Notes:

- Supporting residents to sleep until they wake up naturally?
- Open dining?
- Person-centered medication pass?
- Getting rid of the med cart?
- Change in workplace culture?
- Bathing choices and personalization?
- Renovating into home?
- Creating "high involvement" of all staff, residents, and families?
- Offer to lead a committee… just do it!

❑ 55. Honoring You

- So what will keep nurses?
- What will attract new nurses?
- You have so much power you can use for good
  - ◊ over CNAs lives,
  - ◊ over residents' lives,
  - ◊ to soften that rigid culture.
- Help change long term care!

- ❑ **56. YOU as nurses have the power to honor people's lives more than any one discipline in long term care**

Notes:

- ❑ **57. Thank you for leading the way, we need you to**

  - "You did then what you knew how to do, and when you knew better, you did better."
    —Maya Angelou

Notes:

❑ 1. Creating a Diverse Workforce

Notes:

- Ruby J. Martinez, PhD, RN, PMHCNS-BC

❑ 2. Workforce diversity…

- refers to policies and practices that seek to include people within a workforce who are considered to be different from those in the prevailing constituency.
- (R. McInness, Diversity World)

❑ 3. Examples of workforce Diversity

- Ethnic/ Racial
- Generational differences
- Sexual orientation
- Faith/beliefs/religion
- Rural/urban
- Economic
- Physical & mental abilities
- Gender

Notes:

❑ 4. Why is diversity in the workplace important?

- Improve quality of services
- Help eliminate disparities

❑ 5. Working Women (www.womenemployed.org)

- 47% of all workers are women
- 52% white women, 56% black women, 77% Latinas, and 48% Asian/Pacific Islander women earn less than $30,000/ yr
- In 2010, only 4 women CEOs in Fortune 500 companies
- **For every dollar a man earns working full-time, female workers only earn 77 cents for the same jobs.**

❑ 6. Where do Women work? (1997-2006)

Notes:

- Secretaries & Admin Assistants 96.7
- Child Care Workers 94.6
- Hairdresser/Stylists, Cosmetologists 92.9
- **Registered Nurses 91.7**
- Teacher Assistants 91.5
- Medical Asst/Healthcare Support 90.6
- Auditing Clerks 90.3
- Maids & Housekeeping Services 89.2
- Home Health Aides 88.3

❑ 7. Gender diversity

- Men have a life expectancy of 6 years less than women.
- Men have higher death rates for each of the 10 leading causes of death.

❑ 8. Older adults in the workforce

- In 2002, 14% of the workforce was age 55+
- In 2012, 40% of the workforce was age 55+
- The Social Security Administration is predicting the percentage of gainfully employed 65-70 year olds will be 30%, and 70-79 year olds will be 20% by 2020.

❑ 9. Older adults stay in the workforce

Notes:

- The age requirement for receiving a full Social Security pension will rise to 67 for those born in 1960 or later.
- About 25% of Baby Boomers cannot afford to retire.
- Pension plans that pay out more the longer you work is encouraging workers to work longer.
- Older Americans are healthier than ever before and less likely to want a traditional retirement just because they hit the golden age of 66. A 2004 survey by AARP found that 79 percent of boomers plan to work in some capacity during their retirement years.

❑ 10. Silent Generation (born 1923-1945, now about age 68 to 89)

- Viewed as cautious, conventional, unadventurous, and silent.
- Women wanted careers AND family
- Hard working
- Parents of the Baby Boomers
- Martin Luther King, Beatles, Stones, J Hendrix, Janis Joplin, Jim Morrison

❑ 11. Baby Boomers- born between 1946-1964 (now age 50 to 67)

Notes:

- About 75 million in the United States.
- Boomers are idealistic, grew up with privilege (education, wealth). Its ok to question rules.
- A desire to make the world a better place (make change happen).
- "The impact of the boomer generation's aging on the health care system has been referred to as an age quake because medically, it is the equivalent of a massive earthquake. The demands on the system are enormous and growing," University of Michigan Health System family physician Lee Green, M.D., M.P.H.
- Boomers have a different set of expectations for their health care than generations past.
- Boomers want their health problems fixed.

❑ 12. Generation X- born between 1968 and 1979 (34 and 45 yr olds)

Notes:

- 41+ million in the U.S.A.
- Even more so than Baby Boomers, members of Generation X dislike authority and rigid work requirements.
- An effective mentoring relationship with them must be as hands-off as possible. Provide feedback on their performance, encourage their creativity and initiative to find new ways to get tasks done.
- As a mentor, want Gen Xers to work with you, not for you. GenX want independence.
- Thelfoldt &Scheef, 2004

❑ 13. Millennial Generation/ Gen Y (born between 1977 and 1998, age 15-36) 75 million

Notes:

- Raised at the most child-centric time in our history. Showered with attention and high expectations from parents. Grew up receiving a trophy just for participating in a sport.
- Typically team-oriented, banding together to date and socialize rather than pairing off. They prefer group work over individual endeavors.
- Good multi-taskers, having juggled sports, school, and social interests as children so expect them to work hard.
- Expect structure in the workplace. They acknowledge and respect positions/titles, want a relationship with their boss.
- Want more feedback, responsibility, and involvement in decision making.
- Technically literate like no other group.

❑ 14. What about RNs and CNAs?

- National data suggest the average age of nursing home aides is between 36 and 38. That means nearly half of the workforce is above the age of 40.
- The average age of registered nurses today is 47 yrs. One study found that 55% of registered nurses plan to retire between the years 2011 and 2020.

❑ 15. Ethnic/ Racial diversity

Notes:

- Today, minority groups make up 30% of the U.S. population.
- By the year 2050 close to half of the U.S. population will be made up of Asians, Latinos, African-Americans and other than Caucasian groups.
- In 2050, the working-age population will be 30% Hispanic, 12% non-Hispanic black, 8 % Asian,and 50% Non Hispanic white. Today the breakdown is 15% Hispanic, 12 % Non-Hispanic black, 5% Asian, and 68% Non Hispanic white.

❑ 16. Race and ethnic disparities

- The infant death rate among African Americans is more than double that of whites
- Hispanics are almost twice as likely to die from diabetes than are non Hispanic whites.
- American Indians and Alaska Natives have an infant death rate almost double that for whites.
- Vietnamese women have cervical CA five times the rate for white women.

❑ 17. Sexual Orientation- 10 to 15% of population is homosexual

Notes:

- Homophobia is the irrational hatred and persecution of lesbians and gay men solely on grounds of their sexuality.
- Homophobia can result in a hostile work environment, poor patient care.
- People who are homosexual experience discrimination in housing and employment.
- Lack of acceptance of sexual orientation by others can place a burden on mental health and personal safety (Healthy People 2010).

❑ 18. Faith or religion

- What are some of the faiths, belief systems or religions that are outside of the dominant Christian culture?
- Wicca (neopagan nature based religion)
- Muslim
- Athiest
- Great Spirit
- Quaker
- What is the supervisors role in working with these differences in your patients and staff?

❑ 19. Economically diverse

Notes:

- In general, people in lowest income households report their health as poorer than those with greater income.
- Higher incomes permit increased access to health care, enable one to afford better housing, live in safer neighborhoods, and increase the opportunity to engage in health promoting behaviors
- (Healthy People 2010).

❑ 20. People with Disabilities- 21 % of the population report some disability

- People with disabilities report more anxiety, pain, sleeplessness, and days of depression than those not disabled.
- Many lack access to health care. (Healthy People 2010)
- Unemployment rates among disabled persons tend to be twice or three times that of other workers.

❑ 21. Rural life - 25% of Americans live in rural settings

- Less likely to use preventive screening services, exercise regularly, or wear seat belts.
- Injury related death rates are 40 % higher in rural populations than in urban populations.
- Access to emergency care is limited as is access to specialty care.

Notes:

❑ 22. Diversity makes good business sense….

- Market strategy- smart companies know that diverse populations have buying power and want their products to appeal to these groups. Hispanics alone have a purchasing power of $700 Billion.
- Business Communication- vendors, partners and customers are diverse, and a diverse workforce can relate/communicate.
- Capacity-building- one Microsoft executive said," Hire people who are different- knowing and valuing that they will change the way we do business."

❑ 23. How does workforce diversity relate to better patient care?

- When patients see others who are like themselves, they may feel more accepted, more comfortable in that facility.
- Patients who are not mainstream might trust the health care system, and health care workers to a greater degree if diversity is apparent.
- We can learn about culture and diverse ways of living from each other.

❑ 24. CLAS Standards-Culturally and Linguistically Appropriate Services www.ThinkCulturalHealth.hhs.gov

- Culture influences views of health, and ways of healing. We can be culturally sensitive and plan care that is respectful, and culturally congruent.

Notes:

❑ 25. Nursing staff can become more culturally sensitive/ competent…

- Learn about self and one's own culture
- Take risks to dialogue with patients more openly about their unique qualities. "Would you teach me a little about Wicca so I can care for you better?"
- Use language that conveys acceptance of diverse others, such as "spouse, significant other or your life partner" instead of wife or husband (heterosexual language). "People with disability" instead of "the disabled". "People who are homosexual."

❑ 26. What is the role of nurse managers?

- Conduct an environmental assessment.
- Does the setting convey acceptance of wide variety of groups? (Assess the art, written materials, cultural symbols, and staff diversity).

❑ 27. Administrative actions

- Is diversity part of the mission statement?
- Do you offer teaching about health disparities and understanding values and health practices of diverse populations?
- Do the policies and procedures reflect the valuing of diversity?

❑ 28. Interpreter Services

Notes:

- Need easy to reach resources
- Teach clinical staff how to work with an interpreter
- Teach why it is problematic and unethical to use family members as interpreters
- What are your resources?

❑ 29. Supervisory Strategies in building a diverse workforce:

- Make expectations clear - in written form. Reward compliance.
- Take time for staff-5 minutes on the go is fine. Learn what motivates and what is important to them.
- Leaders set the tone for the environment. Correct people in private- allow people to save face (important in all cultures).

❑ 30. Strategies continued…

Notes:

- Talk about valuing diversity. "How can we make our diverse pts feel comfortable in this setting?"
- Set policy on your floor/facility that reflect your commitment to diversity.
- What will you do with large Latino families who come to visit? How will you handle the gay person who wants their partner to stay over night with them? Would you accommodate an American Indian person who wants to have a ceremony with the medicine man? Would you allow a drumming ceremony for the person who is Wiccan?

❑ 31. More strategies…

- Talk about diversity and convey that you appreciate differences. Behavior is what counts, not what you say.
- Appreciate that health care is difficult and rewarding work. Encourage time off and role model care for self
- Insist that conflicts be addressed – Set limits with the occurrence of any disrespect toward others (even if it is non verbal). Create an emotionally safe environment.

❑ 32. Managers control the work setting for the nursing environment much like how nurses control the healing environment for the person who is ill.

- Nurses have the power to create a work setting that respects and accepts all persons in your care.

Diversity in the Workplace

These scenarios are designed to provide food for thought. These events could never happen in "real life"- or could they?

Scenario # 1:

"I don't want that man taking care of me. Tell him to get out of here!."
An elderly Caucasian woman, Ms. Dee, who grew up in the deep south is upset that her C.N.A. for the next 4 days will be a young, African American man who is a new hire within the facility. The young man, William, is enrolled in a nursing school and working to support himself through his RN program. He is groomed nicely, well dressed, and has one ear pierced. Ms. Dee asks to speak to "the boss of the nurses." Nurse Boss Sally is called to the bedside. She respectfully asks William to leave the room so that she can understand more about Ms. Dee's concerns.

- What are some of the first questions that Nurse Sally should ask Ms. Dee?
- What action, if any, should Nurse Sally take?
- What should be discussed with William, if anything?
- What would you do if any person in this scenario used racial slurs?

Scenario #2

Nurse Sally notices that there is some tension between her more senior nurses and those younger nurses on the staff. She has heard comments such as, "These old nurses don't have a clue about technology- they need to learn it or get out of nursing!" She has also heard, "The nurses nowadays coming out of nursing school don't understand that if you are on the schedule, you need to be here!" Nurse Sally has noticed that such differences in values, goals, and norms among the nurses is interfering with the nursing team she is hoping to build.

- What can a manager do to close the generational gaps in the workplace?
- What can individual nurses do to close the gap?
- How might these generational issues interfere with the care of residents?

Scenario #3

The facility has just accepted the first gay couple and the two men will arrive in about two weeks. Nurse Sally is aware that some of her staff will be accepting of the couple, and others may be disapproving. Nurse Sally is also worried about how the couple's family will be treated when they visit. The couple have an adopted son who is married and has a young child.

- What is Sally's responsibility as a leader and manager to the soon to arrive gay couple?
- What is her responsibility to the staff?
- What about the other residents?

❑ 1. Knowledge is Power: Preventing Elder Abuse

Notes:

- Hollie Caldwell Campanella, Phd(c), MSN, RN
- Medical University of South Carolina
- College of Nursing
- hollie.caldwell@plattcolorado.edu

❑ 2. Objectives

- After a 45-minute presentation, the learner will be able to:
  - ◊ Define elder abuse;
  - ◊ Describe the types of elder abuse and signs and symptoms of each;
  - ◊ Identify characteristics of elders who are at risk for being abused;

❑ 3. Objectives (cont.)

- Identify potential perpetrators of elder abuse;
- Discuss the role of the long-term care leader in elder abuse prevention;
- Review the ethical and legal mandates related to elder abuse.

❑ 4. Colorado Statistics

Notes:

- The Colorado Long-Term Care Ombudsman
- Top Five Complaints in Nursing Facilities and Assisted Living Residences in 2009

❑ 5. Colorado Statistics

- Quality of life
- http://www.youtube.com/watch?v=wbIVoof9WTY

❑ 6. What is Elder Abuse (EA)?

- EA Definition(s)
  - ◊ WHO
  - ◊ CDC
  - ◊ National Center on Elder Abuse (NCEA)
  - ◊ Aspen
  - ◊ http://www.youtube.com/watch?v=4YEuivTYI64

❑ 7. Types of EA & Prevalence

Notes:

- National Prevalence of community-dwelling elders = 11.4% (Acierno et al, 2010)
- Prevalence of abuse in LTC
  - ◊ No reliable data
  - ◊ Hawe's (2002)Testimony to US Senate Finance Committee reported:

❑ 8. EA Prevalence in LTC

- Serious, widespread, & largely hidden problem

❑ 9. Types, Identification & Prevalence

- 1) Physical abuse:
- 2) Sexual abuse:
- 3) Neglect:
- 4) Financial Exploitation:
- **5) Emotional/Psychological:

❑ 10. Bruising?

Notes:

- What literature shows?
- Areas of bruising correlated with abuse
- Size of bruises
- What about cognitive capacity?

❑ 11. Characteristics of Elders & Risk for Abuse

- Cognitive impairment
- Physical impairment
- Decreased functional ability
- Depression
- Dependency on others for care or for food
- (World Health Organization, 2002)
- Dependency on others for management of finances
- History of family violence
- Refusal of outside services
- Poor social network

(World Health Organization, 2002)

❑ 12. Perpetrators & Prevalence:

Notes:

- Spouse
- Adult children or other family members
- Caregivers who are not related
- Fiduciary Advocates
- Medical facilities & personnel
- Financial facilities & personnel
- Other trusted individuals
- Strangers

❑ 13. Characteristics of Perpetrators of EA:

- Substance Abuse
- Mental health issues
- Dependency on elders
- Violence in life & violence at work
- Competency
- Cultural issues
- Criminality

❑ 14. EA Reporting

Notes:

- EA reporting requirements: Colorado Revised Statutes
- CRS 26-3.1-101 Definition "at risk adult"

❑ 15. EA Reporting

- CRS 26-3.1-102 Reporting requirements
  - "Urged"
  - Verbal report within 24 hours
  - Written report within 48 hours .
- Colorado Senate Bill 13-111 Sen. Evie Hudak

❑ 16. Factors leading to EA in LTC

- Insufficient nurse staffing levels, nursing staff without needed qualifications, & high nursing staff turnover rates (Maas et al, 2008a); (Collier & Harrington, 2008).
- Staffing shortages, staff burnout, & lack of staff training (Lindbloom et al, 2007; Maas et al., 2008a; U.S. Senate, Committee on Finance, 2002).

❑ 17. EA Prevention in LTC

Notes:

- "Safeguarding" - United Kingdom
- Six key concepts:
  - Empowerment
  - Protection
  - Prevention
  - Proportionate responses
  - Partnership
  - Accountability

❑ 18. EA Prevention in LTC

- "Guardianship" - from criminology literature
  - Routine activities theory
  - Situational crime prevention theory
  - 5 categories of techniques

❑ 19. EA Prevention in LTC

- Developing competencies in the following areas (DeHart et al, 2009):
  - Definitions & policies
  - Risks for mistreatment
  - Communication and respect in relationships with residents
  - Development of a cooperative work environment

❑ 20. The Role of the LTC Leader:

Notes:

- Recognize
- Report
- Create a culture of elder safeguarding, guardianship & competency

❑ 21. Question and Answers

- What are your questions or concerns?

❑ 22. References

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Notes:

Elder Abuse Examples in Long-Term Care

How does nursing leadership respond?

Example 1. An aide, angry with a resident for soiling his bed, threw a pitcher of cold water on him and refused to clean him. Another aide witnessed the incident. Instead of informing management, the witness confided in a third employee, who reported the incident to your nursing home administrator 5 days after the abuse took place.*

Example 2: One nursing home employee witnessed an aide slap a resident; two other employees hear the incident. One of the witnesses reports the incident to you. The aide denies the allegation, yet the resident developed redness, swelling, and bruising around her eye. *

Example 3: A family member visiting a resident reported hearing a nurse speak to her mother's roommate in "baby talk" while administering medication. She knows her mother's roommate well and found it to be humiliating for the resident. She also states the resident was tearful and would not take part in the conversation with her and her mother after the nurse left. The family member comes to your office and describes the incident that afternoon.

Example 4: A new CNA reports to the weekend RN supervisor that during her orientation 5 days ago she witnessed the CAN she was shadowing "hide a resident's hearing aide among the resident's belongings" and told the resident that "when he started speaking respectfully, he could have the hearing aide back."

Example 5: A resident reported to a LPN that she had been raped during the night in the nursing home. The LPN recorded this information in the resident's chart, but she did not notify you. She also discouraged the resident from telling anyone else. Two months later the resident was admitted to a hospital for unrelated reasons and told the RN in the hospital she had been raped. Hospital officials then notified law enforcement of the resident's complaint and an investigation was conducted. During the investigation, it was discovered that the resident had also told her daughter of the incident, but the daughter, not believing her mother, had dismissed it. The resident later told police that she did not report the incident to other nursing home staff because she did not want to cause trouble. The case was closed because the resident could not describe the alleged perpetrator. *

*United States General Account Office (GAO). (March 2002). GAO-02-312. Nursing Homes: More can be done to protect residents from abuse.

Colorado Elder Abuse Laws

Colorado Revised Statues: Title 26, Article 3.1:

- Identifies protective services, rules and regulations for at-risk adults (i.e., nursing home residents) who are prone to abuse.
- Nursing home residents are considered "at-risk" because their age and infirmity frequently prevent them from being able to advocate for themselves.

Physical Elder Abuse: Section 26-3.1-102

- **Report within 24 hours:**
- Elder abuse occurring in a nursing home be reported within 24 hours to the county department or local law enforcement when such abuse has either been observed or is reasonably suspected to have occurred.
- Applies to medical, law enforcement, emergency and even banking professionals as well as nursing home staff members. All other persons observing or suspecting elder abuse in a nursing home may report such abuse, but they are not legally required to do so.
- After receiving a report of elder abuse, the county department or local law enforcement agency must make a "thorough" investigation "immediately." The investigation must include an interview with the victim conducted by an interviewer who is trained in conducting sensitive interviews with at-risk populations.

Financial Elder Abuse: Section 26-3.1-204:

- **Reporting requirement**: on medical, law enforcement, emergency and banking professionals when they observe or reasonably suspect that a nursing home is financially exploiting a resident. Financial exploitation occurs when a caretaker illegally or improperly uses the resident's assets for any other individual's gain.
- As with reports of physical abuse, reports of financial exploitation must be promptly and completely investigated, including an interview with the victim.Colorado Revised Statues: Title 26, Article 3.1:
- For investigatory purposes, this Section allows the investigative team to access the victim's financial records with the victim's consent. Access to the victim's financial records is limited to the extent necessary to conduct the investigation.

Colorado Revised Statutes: Title 18, Penal code Article 6.5

- **Elder Abuse is a Crime**
- This article specifically addressing criminal acts against persons over the age of 60.
- Section 18-6.5-103 lists the specific crimes and their classifications when perpetuated against an elder. Some crimes, like sexual assault of a nursing home resident by a nursing home employee, will result in a felony charge.
- Crimes against nursing home residents are stringent because the resident is vulnerable and the caretaker is in a position of trust.
- These crimes will be given prioritized over other cases on the docket of the court to ensure the aging individual has their day in court.

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Part I: Leading with Emotional Intelligence - Content by Diane Pisanos

WARNING: Growing your EI may cause severe disruption to old beliefs & unhelpful patterns. You may have no place to go but toward your heart & soul's desire!

#1 fear in life:_____
#1 need in life:_____

Purchase ***Emotional Intelligence 2.0***: Take the test online, repeat in one year to see how you've grown!

EI Self Assessment (preparation homework):

Three Driving Forces of Competitive Advantage

(Cooper, 1997)

1. Increasing effectiveness under pressure
2. Building trusting relationships
3. Designing the Future

Our work broken down into 2 components:

- _____ competence: be able to list 10 positive traits (connected to character-the being)
- _____ competence: be able to list your top 10 skills (connected to task-the doing)

EMOTIONAL INTELLIGENCE: The Science of Human Behavior & Interaction

Does IQ or EQ steadily grow with age?

- Does IQ or EQ correlate with successful leadership?

Resonant Leadership: Boyatzis & McKee (2005)

PEA	NEA

Leaders and EI behaviors

Low EQ	High EQ
• Sound off even when it won't help • Brush people off when bothered • Deny that emotions impact their thinking • Get defensive when challenged • Focus on tasks and ignore the person • Are oblivious to unspoken tension	• Only speak out when doing it helps the situation keep lines of communication open even when frustrated • Recognize when other people are affecting their emotional state • Are open to feedback • Show others they care about the • Accurately pick up on the mood of a room
Outcomes of high EI-Employees	**Outcomes of high EI– Leaders**
• Experience less stress • Work better with co-workers, customers & bosses • Perform better on teams • Take more responsibility for their behavior & work product • Are more willing to learn & grow	• Manage their job stress more effectively • Make better decisions • Work more productively with people at all levels in their organization • Handle authority constructively • Design more productive organizations
Summary of Emotional Intelligence	
Quality of work environment: • Degree of well-being • Quality of leadership • Quality of relationships • Employee/student engagement • Ability to learn, perform, degree of excellence	The essence: • It is about GROWING > Fixing • It is about INQUIRY > Interpretation • It is about BALANCE > Extreme talents

Emotional Intelligence Competencies

EQ-I Scales (Individual Certification) Researcher: Bar-On		The TESI Scales Team EI-"Collaborative Intellgence" www.cgrowth.com
Intrapersonal • Self-regard • Independence • Assertiveness • Self-actualization • Emotional self-awareness **Interpersonal** • Empathy • Interpersonal relationships • Social Responsibility	**Stress Management** • Stress tolerance • Impulse control **Adaptability** • Reality Testing • Flexibility • Problem Solving **General Mood** • Optimism • Happiness	1. Team identity 2. Emotional Awareness 3. Motivation 4. Communication 5. Stress Tolerance 6. Conflict Resolution 7. Positive Mood*

Reflection:

What is your strongest competency? What 1 competency is your team's greatest asset at work?
What competency would you like to cultivate? What 1 competency would you like to grow in your team?

#1 Emotional Intelligence Competency: _____.

It influences Leadership, Performance, Relationships, Self-care, Communication, Civility & Well-Being

Goleman's Framework for Emotional Competencies

	SELF (Emotional Intelligence)	**OTHERS (Social Intelligence, Collaborative Intelligence)**
AWARENESS	**Self-Awareness:** Knowing ones' internal states, preferences, resources and intuitions	**Social Awareness:** Awareness of other's feelings, needs, and concerns
MANAGEMENT	**Self-Management:** Managing one's internal states, impulses, and resources	**Relationship Management:** Adeptness at inducing desirable responses in others

Change the way you live and you will change the way you lead.

— Brent Darnell

2 Levels of consciousness (Terry Real— Terryreal.com)

The 1st Consciousness	**The 2nd Consciousness**

Reflection: How will you keep yourself in the 2nd consciousness?

Simply put, mindfulness is moment-to-moment awareness. It is a systematic approach to developing new kinds of control and wisdom in our lives.

—Jon Kabat-Zinn

The 3 Centers of Intelligence: how we "show up" in life, optimal performance

IQ	EQ	CQ
Knowledge Intelligence	Emotional Intelligence	Common Sense Intelligence
Head	**Heart**	**Body/Gut**
Thinking	**Feeling**	**Sensing**
Cognitive	**Relational**	**Instinctual**
Data	**Experiential**	**Stories**
Advisor of Logic	Advisor of Emotions	Advisor of Instinct

Take away: _____

"A Recovering Jerk" <u>The Last Lecture</u> by Randy Pausch

Goal:

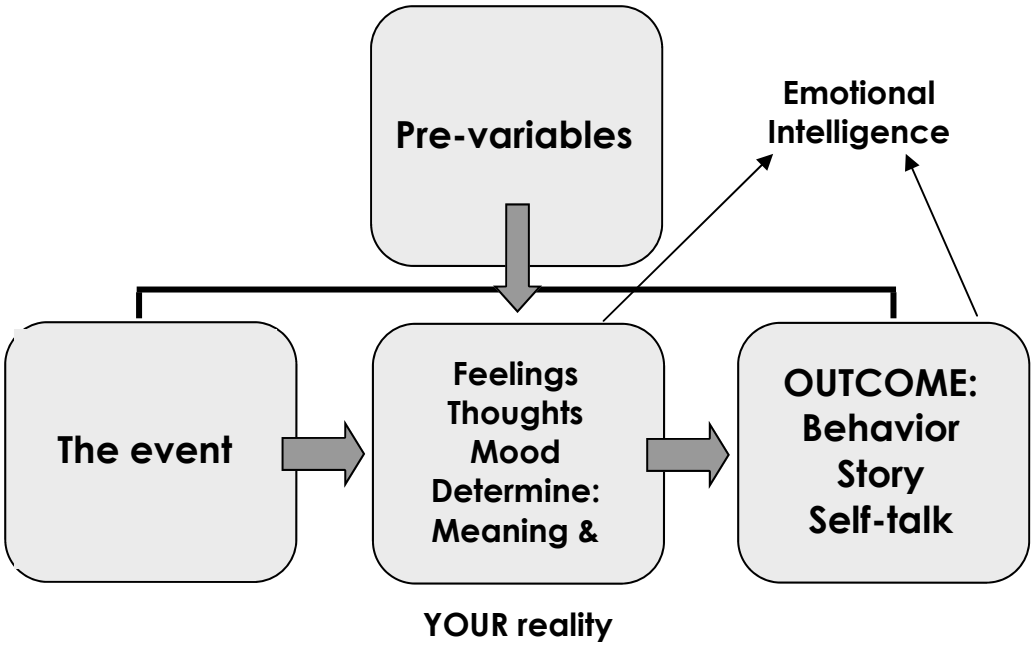
- For teachers to help students learn how to learn
- To help students learn how to judge themselves
- Do they recognize their own true abilities?
- Do they have a sense of their own flaws?
- Are they realistic about how others view them?

Take away--You cannot change something about yourself until you are able to see and accept it.

The only way any of us can improve is if we develop a real ability to assess ourselves. If we can't accurately do that, how can we tell if we're getting better or worse?

The Anatomy of an Event

Goal: ownership of your thoughts, emotions, interpretations and behavior
Ø blame, justification, avoidance or suppression!



Beliefs are usually unconscious and are at the root of our thoughts, meaning, & interpretation.

Pearl: Self-talk → interrupt yourself when it's negative and listen for the learning!

Emotions: 4 choices in using them

1._____

2._____

3._____

4._____

Take away_____

Notes:

The Seven Levels of Personal, Group and Organizational Effectiveness

(Be Above Leadership: adapted from David Hawkins' Power Vs. Force ***Highly recommended***)

7. **Synchronicity**—working from a true understanding that what is within creates what is outside; focus on creating a positive experience for all; the ability to see the gift and possibility in anything. The realm of "magical coincidence."
6. **Innovation**—the ability to set aside ego, personal agendas and perceived restrictions and explore possibilities from all angles; questing for, seeking, and focusing on the most effective solution to the problem or goal.
5. **Engagement**—the desire to bring value, to be a contributor; basic enjoyment of the enterprise; focus on assets and strengths rather than limitations and detriments.
4. **Courage**—the willingness to take a stand against previously held negative or disempowering beliefs and actions, trusting in the possibility of a positive future (often despite current evidence that a positive future is not likely or predictable).
3. **Frustration**—the focus on fighting and jockeying for position against (not with) others; the feeling that the external world (both people and circumstances) must be resisted.
2. **Fear**—the belief that one must protect against almost certain loss, attack or disappointment.
1. **Hopelessness**—the fundamental inability to see or work towards a positive future.

Highly recommended: Power Vs. Force by David Hawkins; emotions ranked by energy

Emotional Intelligence is really about Emotional Effectiveness > IQ

Emotional Vocabulary Options – Language of Emotions (Weisman, 2011)

ANGER	ANXIETY	FEAR	LOVE	JOY	SADNESS	SHAME
Agitated	Confused	Alarmed	Attention	Alive	Bummed	Ashamed
Anger	Distant	Defensive	Caring	Comforting	Crushed	Burdened
Annoyed	Dread	Doubtful	Comforting	Brave	Disappoint-ed	Condemned
Appalled	Dulled	Dread	Compassion	Capable	Discouraged	Culpable
Disgusted	Frantic	Fearful	Concerned	Comfortable	Distraught	Despised
Frustrated	Helpless	Frightened	Curious	Confident	Distressed	Disgrace
Irritated	Impatient	Reluctant	Encouraged	Curious	Empty	Dread
Outrage	Intense	Startled	Engaged	Delighted	Grief	Embarrassed
Peeved	Nervous	Suspicious	Gentle	Dynamic	Lonely	Guilty
Pissed	Numb	Tense	Honored	Eager	Lost	Harassed
Rage	Over-whelmed	Worried	Open	Ecstatic	Miserable	Humiliated
Spiteful	Paralyzed		Respect	Elated	Mournful	Inept
Upset	Perplexed		Secure	Excited	Remorseful	Inadequate
Vindictive	Queasy		Tender	Glad	Resigned	Regretful
	Skeptical			Hopeful	Sadness	
	Stressed			Joyful	Terrible	
	Uneasy			Optimistic		
				Passionate		
				Peaceful		
				Relaxed		
				Safe		
				Self-Assured		
				Surprised		

The Neuroscience of Emotional Intelligence

- **The Brainstem**: Primitive, Breathing, Heart Rate
  >500 million years old
- **The Limbic system "The Emotional Brain"**
  The mammalian brain

The Brainstem and the Limbic System = fight or flight
The Limbic System and the Neocortex = marriage of reason and emotion

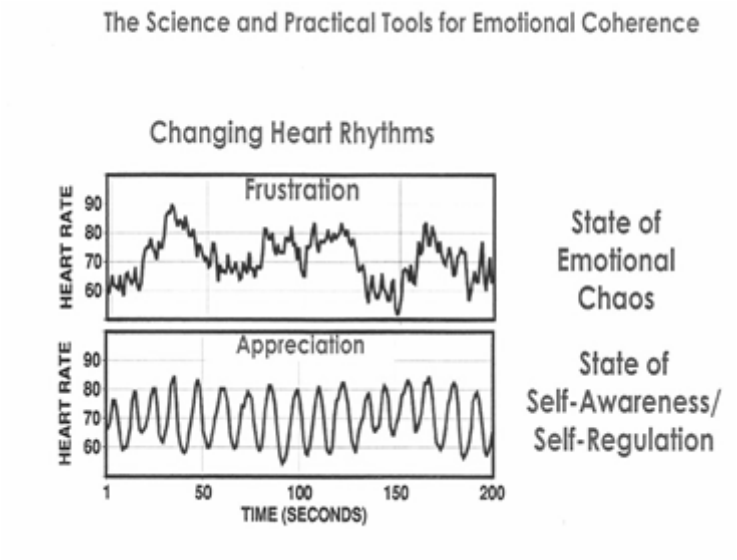
Amygdala: Scans for meaning and better choices for survival. It is like radar— always scanning!

- **The Heart Brain** The latest research shows this is probably the smartest
- **The Neocortex "The Thinking Brain"** 200 million years old. Makes us uniquely human.
- **The Heart brain— the latest research →** _____

Challenging event → Amygdala → Reaction (Limbic System) OR Respond (requires intention, patience, mindfulness, pausing to access our thinking brain → they produce 2 different outcomes. YOU CHOOSE!

Take away_____

Reflection: What will your choice of action be to choose to RESPOND > react?



Heartmath.com
"Quick coherence technique"

- Hear focus
- Hear breathing
- Heart memory

PRESENCE Matters; Dr. Jill Bolte Taylor: By Stroke of Insight

Please take responsibility for the energy you bring into this space.

Your ability to get the results you seek is directly influenced by the moods & emotions you work from
Take charge and take responsibility for your emotional state

3 Common goals for growth & maturity (The Enneagram Development Guide, Ginger Lapid-Bogda)

- Become more **aware** of your own patterns of thinking, feeling, and behaving, thus having a realistic sense of yourself and accepting who you are
- Taking **responsibility** for yourself and being able to differentiate between your responsibility and that of other people
- Maintain your **commitment** to lifelong learning, not simply pursuing growth and development when you are under duress

The Fork in the Road

The greatest sources of satisfaction in the work place are internal & emotional!
The goal: become flexible enough to respond to our world in aware, adaptive ways rather than habitual, maladaptive ways so we can increase our flourishing & that of those around us!

Take Time to Reflect……..……..……..You're worth it!

Part II: Leading with Emotional Intelligence Resource

Strategies to Grow Your Emotional Intelligence- Content by Diane Pisanos, RN, MS, NNP-E, AHN-BC, NC-BC

Don't underestimate your ability to change yourself. Don't overestimate your ability to change others.

1. Choose healthy daily practices for emotions

—Wayne Dyer

1. I assess & recognize my own feelings
2. I have a nonjudgmental attitude
3. I express my feelings in appropriate ways
4. I include my feelings when making decisions
5. I listen & respect the feelings of others
6. I listen to my inner self talk and reframe my self talk as if I am my own best friend

—Barbara Dossey RN, PhD

2. Brain Science and Change *Intention, Attention, Repetition

Dave Kreuger MD: http://www.mentorpath.com/cms/index.php

1. Prepare to make changes "in the moment"
2. Know when to override your thoughts and feelings and take the right action
3. Know your "tilt"
4. Know what helps you get grounded
5. Be conscious of what you focus on (what you focus on gets bigger)
6. Tell a new story: have a new conversation
7. Visualization counts (the brain doesn't know the difference)
8. Commitment > motivation
9. Expand your comfort zones (become comfortable with being uncomfortable)
10. Break old habits while creating new habits (positive rituals)

1. Being-the experience we have –fully focused in the present moment

Always remember the 3 S's when making a change:

- State
- Story
- Strategy

3. BE → DO → HAVE: Life consists of 3 aspects:

Cultivate first so which influences what you choose to do then you will have what you want)

2. Doing-movement or activity/strategy
3. Having-the state of being in relationship with people and things

The order in creating:
know who you are first, where you what to go (have) the how you will get there—your doing (strategy)

4. Past Present Future : Where is the Power for Learning & Generating?

Past	Present	Future
Criticize the past, preoccupied with what went wrong, regrets Stuck	Uncomfortable in the moment: anxiety from not knowing self, being defined by others, high expectations	Worry about the future: Immobilized
Learn from the past → move on	"Be" in the present moment: tapping into creativity, power, & possibility; make requests based on needs	Plan for the future → let go (non-attachment to outcomes)

5. Developmental Aspects of Growing: Meet people where they are at

What do I need to consider when working with others at their developmental level?

- Novice > Advanced beginner > Competent > Proficient > Expert (Patricia Benner)
- Unconsciously incompetent > Consciously incompetent > Consciously competent > Unconsciously competent (Maslow)
- Dependent > Counter-dependent…co-dependent > Independent > Interdependent: the ultimate goal (the ultimate goal- real collaboration) (Steven Covey)
  Highly recommended: Morler, E. (2008). ***Finally Growing Up: Living an Authentic Empowered Life.*** **SanaiPublishing**.

Reflection: What do I need to consider when working with others at their developmental level?

Goal: When working with self or others, work with the appropriate developmental level or use the levels to grow one to the next level.

When people reveal themselves to you-believe them-they know themselves better than anyone else!

—Maya Angelou

Individual Emotional Competence Skill Levels & Behaviors

(Porter-O'Grady and Malloch, 2010)

INDIVIDUAL
Novice (detached observer) • Formally educated in the principles of emotional competence • Aware of personal interaction styles and behavior patterns • Has not held a formal leadership position
Advanced Beginner (active participant) • Has increasing self-awareness but limited openness to the ideas of others • Tends to be judgmental • Has increasing confidence in ability to participate and make decisions • Begins to think and feel simultaneously; not always certain of the meaning of events or if there is a connection between an event and another's emotional reaction • Is easily discouraged and not always optimistic about the future
Competent (integrated with the process) • Has emerging compassion for others • Exhibits authentic presence in teamwork; listens actively and critically to others • Is able to think and feel simultaneously, and acknowledge the feelings of others • Gives both positive and negative feedback (a requirement of effective communication) • Is increasingly open to others' ideas • Gains comfort in challenging the status quo • Begins to develop the ability to control impulses
Proficient (therapeutic engagement) • Has emerging sense of optimism and ability to manage negative emotions • Is able to read or experience chemistry, between people (e.g., recognizes allies, identifies whom to trust, and recognizes nonsupport or hostility) • Understands the meaning of relationships • Has positive but realistic attitude; believes in the team's ability to accomplish the work to be done • Believes integrity is an essential characteristic • Has emerging passion for the process and the relationships between team members • Inspires others with passionate spirit and commitment • Begins to develop resilience to negative events • Exhibits increasing impulse control
Expert (dialogic engagement) • Demonstrates self-awareness and utilizes self-assessment information to improve personal performance and to support and understand team members • Possesses strong resilience to the negative realities of the workplace and coaches others in developing similar skills; able to manage difficult information • Is able to think and feel simultaneously • Is open to others' ideas and viewpoint • Actively seeks opinions from team members on their task processes, progress & performance • Actively coaches and mentors new members as well as current members • Exhibits well-developed impulse control

Group Emotional Competence Skill Levels & Behaviors

(Porter-O'Grady and Malloch, 2010)

GROUP
Novice (detached observer) • Team is newly formed and consists of independent participants • Members have no prior relationships with or knowledge of behavior patterns and emotions of other members
Advanced Beginner (active participant) • Group guidelines are developed and understood by members (this transition stage reflects the shift from the use of individual power to integrated goals and unified or shared support for goals) • Group cohesion is beginning to develop • Team is mainly focused on meeting processes • Team behavior patterns are beginning to emerge • At times the team is overwhelmed, easily discouraged
Competent (integrated with the process) • Members are increasingly self-aware and sensitive to communication dynamics between members • Team establishes realistic ground rules • Members understand each other's skills and emotions • Team routinely requests feedback from every member at the beginning and the end of meetings • Outcomes of the team's work are evident
Proficient (therapeutic engagement) • Team members seek feedback from others in the organization following team meetings and bring feedback to the next meeting • Team is passionate about its work and optimistic that it can make a difference • Team shows tolerance for character failings
Expert (dialogic engagement) • Team members understand the team's goals and how they relate to the organization and community at large • Team consists of experienced and mature members • Team is able to integrate local and national regulations into its work • Team often makes recommendations and moves beyond its specific assigned tasks to create better options for the organization • Team terminates itself when it is unable to add further value to the organization

6. Balance all 3 centers of intelligence (Lapid-Bogda, 2010)

Head Center	Heart Center	Body Center
Objective analysis • Understanding without bias **Astute insight** • Understanding the meaning and implications of data **Productive planning** • Structuring sets of activities effectively	**Empathy** • Identifying with and understanding another person's feelings **Authentic relating** • Relating without pretense **Compassion** • Heartfelt kindness toward another person	**Taking effective action** • Taking well-chosen and timely action **Steadfastness** • Being firm and resolute **Gut-knowing** • Having a clear and trustworthy instinctive response
At least once a day, spend 5 min. sitting still and observing your thoughts and patterns of thinking without judging them, contemplating their meaning, or overly identifying with them. Simply watch your thoughts appear in your mind; do not focus on them. Allow them to emerge, float through your mind, and then disappear.	When you experience strong feelings, whether the emotions are negative or positive, allow yourself to fully experience them throughout your body. Once you have done this, allow yourself to imagine more space around this feeling by visualizing or sensing additional space around them. As you do this, the feelings will shift into something different. When this occurs, imagine more and more space around them. Continue allowing more and more space around these feelings until they have entirely transformed.	When you are about to behave in habitual or reactive ways, tell yourself: I have a choice right now. I can choose to act in my habitual way, or I can choose something different. What else could I choose to do right now? Then make a choice. If you choose to react according to your customary patterns, take full responsibility for this choice and its consequences. If you choose to react or respond in a new and different way, take full responsibility for your choice , and also pay closer attention to the impact of your behavior on both yourself and others.
Rationale: Helps with detachment from your thoughts and thereby more choice of whether to continue thinking the same thought, to discard them, or substitute different ways of thinking.	**Rationale**: When you practice this way of responding to emotions that cause duress or that are pleasurable, you will be able to transform them when they occur.	The next time you are in a similar situation, you can choose to repeat the new behavior, if you found it effective, or select another alternative.

Remember your 4 chambered heart: open, full, courageous, and clear

♥

Fatigue & Resilience: Strategy → Self & Team Care

Long-Term Care Front-Line Leadership

Facilitated by: Deborah Center MSN, RN, CNS

When you get to work, how energized and ready are you to start your day?

How does fatigue impact you? Video: Marcia Reynolds PhD – www.outsmartyourbrain.com

What is Fatigue?

- **"A state of exhaustion or loss of strength and endurance."** (Mosby)
- **"An overwhelming sense of exhausting and decreased capacity for physical and mental work regardless of adequate sleep."** **(**Nursing Diagnosis)
- **"The result of an inadequate amount of sleep or insufficient quality of sleep over an extended period of time."** (www.jointcommission.org)

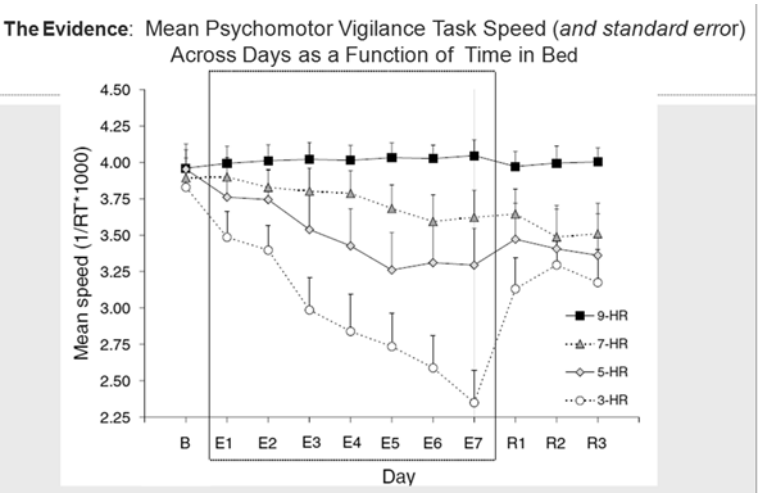
What is Compassion Fatigue?

- **Definition:** "A state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. A deep physical, emotional and spiritual exhaustion accompanied by acute emotional pain."
- It is a term generally applied to health care providers that work in intense fields and is associated with witnessing or experiencing violence/incivility and workload fatigue.
- **Current literature:** There can be both, individual and organizational compassion fatigue
- Reference Websites:
    - ◊ http://www.compassionfatigue.org/
    - ◊ http://www.healthycaregiving.com/

How much sleep do we need?

- Healthy adults require _____ hrs of sleep/_____hrs (Most adults need _____ hours per day.)
- If less than _____ hrs/24 hrs → mental abilities impaired
- If less than _____ hrs/day for a limited time (i.e. 2-3 days) will probably still function at a reasonably safe level, and are below normal function.
- If sleep deprivation is ongoing → develop sleep _____ → which results in a significant reduction in performance, alertness, response times, changes in moods, initiative, and morale.

Belensky et. al (2003) Patterns of performance degradation and restoration during sleep restriction and subsequent recovery: a sleep dose-response study. *Journal of Sleep Research, 12, 1-12.*
→ ***has been replicated many times in aviation and healthcare.***



"I'm Safe" Assessment

- **I** – Illness or Injury
- **M** – Medication
- **S** – Stress
- **A** – Alcohol/Substances
- **F** – Fatigue / Sleeplessness
- **E** – Emotion/Eating

Reference: Valerie Scott, Pilot - United Airlines, *Aviation Protocol*

Map a typical day:

What does fatigue look like? *Signs and Symptoms*

Joint Commission Research:	Others*:
• Lapses in attention • Inability to stay focused • Reduced motivation • Compromised problem-solving • Confusion • Irritability • Memory lapses • Impaired communication • Slow or faulty information processing and judgment • Diminished reaction time • Indifference and loss of empathy	• Verbal complaints ***(most common sign of fatigue)*** May be blatant or subtle. • Non-verbal signs: ◊ Look tired- pale and dark circles under their eyes ◊ Listless or lack of interest ◊ Irritable or emotionally labile ◊ Difficulty concentrating & completing assignments ◊ Seem easily overwhelmed ◊ Last to leave their shift because need to catch up on non-patient care tasks ◊ Work-related injuries and accident-prone

*Avillion, A.D. (2005) *Fight Fatigue: A Nurse Manager's Guide to Reduce Risk and Revitalize Staff.* HCPro, Inc.

What contributes to fatigue at work? *How do you find a balance?*

Work Environment Factors:	Home Life Challenges:
• Work Schedule /Shift • Staffing/Ratio – workload • Breaks and Meals • Acuity • Overtime (Voluntary/Mandatory) • Incivility- Work Environment • Policies • Others?	• Health issues • Family/Friend – Social and Health Issues ***(in and out of state)*** • Child care/Parent care • Entertainment/Holidays • Financial Concerns • Multiple Jobs • School – Self/Children • Professional Meetings • Others?

Evidence r/t Fatigue in Healthcare:

The Joint Commission Sentinel Event Alert: Issue 48, December 14, 2011
Health Care Worker Fatigue and Patient Safety

Reference: Lockley et. Al (2007) Effects of Health Care Provider Work House and Sleep Deprivation on Safety and Performance. *The Joint Commission Journal on Quality and Patient Safety*, 33(11) 7-18.

Contributing Factors:

- Shift Length
- Work Schedules
- Quantity and Quality of Sleep

Shifts longer than _____ hrs →_____ fold increase in _____; risk of _____, decreased _____.

Changes in shift --

Extended periods of wakefulness r/t being on night shift --

Chronic partial sleep deprivation --

Sleep inertia --

Sleep deprivation on learning and health --

What is the impact of fatigue?

On Staff, Physicians, Leaders:	On Patients/Residents and their Family/ Significant Others:
• ↑risk for serious, harmful and fatal medical errors • ↑diagnostic mistakes • ↑in Motor Vehicle Crashes • ↑risk of occupational injury • ↑burnout/turnover–career impact • Potential risk r/t license • Potential legal ramifications • Others?	• Impact on quality and safety • Ramifications: quality and quantity of life • Financial – cost of healthcare • Increased caregiver stress • Others?

Colorado Department of Labor

Rest Periods: "Every employer shall authorize and permit rest periods, which, insofar as practicable, shall be in the middle of each four-hour work period. A compensated ten-minute rest period for each four hours or major fractions thereof shall be permitted for all employees. Such rest periods shall not be deducted from the employee's wages. It is not necessary that the employee leave the premises for said rest period."

Reference: http://www.colorado.gov/cs/Satellite/CDLE-LaborLaws/CDLE/1248095305420

Mandatory Overtime → What is the Cost?

The American Nurses Association (ANA) has taken the position that regardless of the number of hours worked, each registered nurse has an **ethical responsibility** to carefully consider his/her level of fatigue when deciding to accept any assignment extending beyond the regularly scheduled work day or week, including mandatory or voluntary overtime assignment.

Reference: ANA Position Statement on Mandatory Overtime for Nurses: http://www.nursingworld.org/assurringsafetynurseps

Strategies Being Considered r/t Fatigue

- Safety Policies: Statement r/t multiple employers - maximum of 60 hours/wk
- Change of Shift Scheduling
- Returning to 8 hr shifts → avoid 12h+
- For long shifts – requiring sleep/rest period breaks
- Improved lighting in work spaces
- Canceling of procedures
- Space for shift recovery
- Education of Staff r/t Fatigue
- Culture of learning and civility
- Improve Staffing → reduce overtime and no mandatory overtime
- Others:

Reflection:

How does this information impact your community? Your staff? Your residents?

What action **<u>will</u>** you take to reduce fatigue in your community?

What is Resiliency?

> ***Resilience is one component of Emotional Intelligence defined as the ability to return to the original state or form after being stretched, compressed or bent. It is the ability to recover from adversity. Needless to say, developing resilience is a highly desirable quality in today's ever-changing world.***
>
> — Connor (2006) *Managing at the Speed of Change*

Resiliency is…

- A self-management competency: thinking clearly and staying focused under pressure
- A quality called "hardiness": the ability to stay committed, feel in control, feel pleasantly challenged rather than threatened by stress

Lack of Resiliency is signaled by burnout, fatigue, malaise, depression, loss of meaning, defensiveness, cynicism, and compassion fatigue.

The Goal of Resiliency is to increase one's capacity to assimilate change with minimal dysfunctional behavior.

Career resilience is the ability to deal with career changes and the threats inherent in the constant changes.

Resilient Teams:

- Show strikingly <u>little</u> blame, personal attack, or scapegoating. (High Trust—Give each other the benefit of the doubt.)
- Members take personal responsibility for their own feelings and actions and acknowledge their part/contribution to difficulties.

Debrief Homework Exercise:

- What did you learn about yourself? Your team?
- Were there any surprises?
- How do these results impact your motivation to develop care strategies for yourself? For your team?
- What is the priority?

Reflection:

- How important is self-care to you? your staff? the team?
- What is your responsibility as the leader to reduce fatigue and increase resiliency?

Strategies for Resiliency

Resiliency is like a muscle…The more you exercise it the stronger it can get!
You need to practice, practice, and practice!!!

Self-Care Strategies	Team Care Strategies
Mind: strategies to engage your mind or shift your thoughts	**Engage:** What do you do to engage members of the team?
Body: strategies to read or energize your body	**Relationships:** What do you do to grow relationships within the team?
Heart: strategies to inspire your heart or manage your emotions	**Fun:** What do you do to have fun with the team?
Spirit/Soul: strategies to connect to self, others, nature and higher purpose.	

Resiliency for Residents: *Music for Memory Project* - http://musicformemory.org/

Self-Care Strategies - <u>You</u> have the choice to increase your resiliency!

EXAMPLES: Self-care ~ *What works for you?*

- Manage your stress – breathe! BUBBLES!
- Laughter: Bill Cosby "Dentist" from 1983 "*Himself*"
- Daily Intention/Affirmation: Jessica's Affirmation
- Increase your awareness – life-long learning
- Get input from others, you are not alone
- Work with a coach!
- Play with your pet!
- Experiment with something new – adventure! New drink, route to work, recipe etc.
- Focus on 1 trait/intention at a time
- Turn to that which provides hope & perspective
- Cognitive rehearsal
- Compassion: Be outcome-oriented in relationship & task
- Authenticity & Integrity: Tell yourself the truth
- Be Curious!
- Exercise – your choice! Running, yoga, or walking – all good!
- Reading – pleasure or learning!
- Music – Singing – Dancing – Listening - Playing
- Quality time with friends/family
- Write a love letter to yourself! Or someone special!
- Religion/Spirituality/Meditation/ Prayer
- Get enough sleep and give yourself permission to take a power nap!
- Massage, facial, manicure, pedicure – relaxing
- Eat healthy – fresh is best!
- Hugs
- Bliss Board or Sand-garden
- Toys – Play-Doh, crayons, pipe-cleaners, stress balls
- Games – video, board, paper, puzzles, apps
- Art – painting, drawing, clay, etc.
- Cooking— experiment with a new recipe
- Shopping – Retail Therapy
- Housecleaning or organizing – sense of accomplishment!
- Aromatherapy
- Flowers or gardening
- Gratitude – and accepting acknowledgement
- Nature – get outside! Vitamin D and Sunshine!
- Hiking in the mountains – or by running water!
- Trip to the ocean – even if just with a picture or sounds.
- Create quiet time for reflection – with or without a journal!
- Smile – even fake ones!
- Use reminders to breathe! Examples: <u>GPS4Soul</u> or <u>Zenvibe.com</u> Or alarms on phone!
- Phone App– <u>www.getsomeheadspace.com</u>
- 21 Online Meditation Challenges – by Oprah and Deepak – <u>chopacentermeditation.com</u> – to join and login
- Meditations for while you are at your computer – with sounds and water – <u>www.calm.com</u>
- Do Nothing for 2 Minutes – computer or phone app – Has water sounds and timer. If you touch the screen – fail! Just relaxes you – <u>www.donothingfor2minutes.com</u>

Self-Care Strategies continued:

EXAMPLES: Team Care Strategies -Self-Care for the Team

"**CODE LAVENDER**" -- How can you apply this idea in your program? What would it look like? How could it impact your team?

Reference:

- Dr. Bridget Duffy – Chief Patient Experience Officer at Cleveland Clinic http://www.nickdawson.net/healthcare/codelavender/ (Watch from 21.45 – 24.01)
- Social events - **Caution alcohol as leader*
- Lunch-n-learns
- Birthday Celebrations
- Recognition at staff meetings
- Team Celebration for Quality Outcomes
- Conferences and Educational Events
- Sharing educational learnings from staff in school or from attending a conference
- Mentoring Programs
- Buddy-system
- High-5 Program
- Small Acts of Kindness
- Journal Club
- Game night
- Team Puzzle – in break room – have a new puzzle each month for the team to put together. Donate them to a school when done!
- Civility Teams – focus on improving relationships.
- Handwritten acknowledgement/thank you cards
- Briefing-Huddles – Debriefs – intentional communication.
- 10 Penny Day – put 10 pennies in one pocket. Throughout the day, acknowledge someone sincerely and move a penny to the other side for each acknowledgement. By the end of the day, have all 10 pennies on the other side.
- Gift cards or prizes for recognition – have fun!
- Have music before and after team meetings for energy or relaxation.
- Participate in service or volunteer activity together – i.e., Food-Bank or Health Fair.
- Make meetings interactive with less reporting – allow for engagement of the team in decisions when possible.
- Hold 1:1 meetings with the staff on routine basis. Allow them to bring the agenda – to tell you what they need to tell you. Encourage them to be proactive and bring suggestions for solutions to challenges.

Ted-Talks Video: "*Kelly McGonigal: How to make stress your friend."*

http://www.youtube.com/watch?v=RcGyVTAoXEU

The time is now:

If you want to improve your resiliency – you MUST prioritize self-care.
If you want to improve your team's resiliency – you MUST prioritize team care!

I WILL:

Self-care:

Team Care:

Boyatzis & McKee (2005) challenge us to wake up and smell the coffee…

"Contrary to popular belief," they write, "it is not change itself that is so hard; what is hard is being honest with ourselves, looking at ourselves with no filters and admitting that we need to change."

The future will generate even more ambiguity and chaos than we face today. Learning how to raise our individual & collective resilience is not just a good idea
—it is imperative.

Deb@ColoradoNursingCenter.org

Notes:

Notes:

InterProfessional Communications

I. Introduction
   a. Who are the other professionals the nurse leader should work with?
   b. Key characteristics of each professional
   c. How can the DON enhance/develop others?
   d. Everybody, Somebody, Anybody, Nobody

II. The importance of the connection with the Social Services Director/ team
   a. Who is the resident?
   b. Medical and psychosocial sides of the resident
   c. How each of us "came out of the egg"
   d. Tap into each of our strengths for the benefit of the resident
   e. Create environment of trust for residents/families to navigate
   f. How does your facility handle complaints?

III. Case Studies: Role Play
   a. Pop the pills
   b. Feces throwing
   c. Bed pan checking

IV. Generosity
   a. Define
   b. How can the DON demonstrate these?

V. Conclusion
   a. How to establish, increase, or improve the relationships with the other professionals

Introduction to Coaching and "Coaching~in~the~Moment" as a Leadership Skill

Created and Facilitated by: Deb Center

Three Priorities for Coaching Frontline Leaders:

1. _____
2. _____
3. _____

Initial Coaching Exercise: ~ Coaching In The Moment ~

DEBRIEF:

Coaching Steps: Coaching is Purposeful – "Closes the Gap"

1. Who You Are? – Foundation
2. Where Do You Want To Go? – Vision
3. Discover Strategies for Closing the Gap

Coaching Overview: What is Coaching ?

Definitions

International Coaching Federation (ICF*)

- Coaching is the partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

(http://www.coachfederation.org/)

International Association of Coaching (IAC*)

- Coaching is a transformative process for personal and professional awareness, discovery and growth. (http://www.certifiedcoach.org/)

Professional Nurse Coach Role – ANA 2013 -

- The Professional Nurse Coach is a registered nurse who integrates coaching competencies into any setting or specialty area of practice to facilitate a process of change or development that assists individuals or groups to realize their potential.

(http://www.ahncc.org/images/Hess_White_Paper_ Holistic_Nurse_Coaching-4.pdf)

Coaching Philosophy: Everyone is a Leader

- Leader Within
- Leader From Behind
- Leader From the Front
- Coaching to the Center Sweet Spot!

Distinctions

Coach versus Therapist ~

- Therapist = Archeologist →Analyzes the _____
- Coach = Architect →Designs the future→Moving forward

Coach versus Mentor ~

- **Mentor:**
  - ◊ Experienced in the field of the mentee
  - ◊ Shares specialized skills in the field or profession
  - ◊ Usually informal →Verbal Agreement
  - ◊ Often there is hierarchy or status →Mentor higher than mentee
  - ◊ Usually no fee or compensation
- **Coach:**
  - ◊ Requires specific coaching training and/or certification
  - ◊ May not know or have experience in the coachee's field or profession
  - ◊ Formal →Written contract →increases accountability
  - ◊ Co-creative Partnership
  - ◊ Professional coaches – typically charge an hourly fee

Leadership Skills

Roles that influence people to grow, change and improve:
Require Character Competence versus Technical Competence

- Tutoring (training)
- Consulting (advising)
- Mentoring (relating specifically)
- **Coaching (empowering)**
- Counseling (analyzing, past-oriented)
- Managing (often detail-focused, manage project >people)
- Leading (big picture, role modeling, relational competence)

Rationale for Working with a Coach:

Training alone is _____% effective, while training + coaching is _____% effective at transferring skills and changing behavior.

Reference: Making training stick. An article in Public Personnel Management (Winter 97, 26(4), p. 461, International Personnel Management Association) reported a study comparing training alone to coaching combined with training. Training alone increased productivity by 22.4% while training plus coaching increased productivity by 88%.

Purpose of Coaching:

1. **Self-awareness = Conscious empowerment:**
2. Clarifying vision, dreams and goals
3. Amplifying what works
4. Clarifying and aligning with purpose
5. Building strengths
6. Embracing obstacles and breakdowns
7. Solution/results focused
8. Growth and expanding coach & coachee
9. Mutual learning and co-creative relationship

Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure.

—Marianne Williamson

Relationships : Coaching is about CO-CREATIVE Relationships

Key points for success

1. Clear agreements
2. Permission for feedback
3. Feedback for improvement & learning (the driving force for change)
4. Focus: no distractions
5. Staying mindful of the big picture
6. **Relationship: connected, creative & empowered**
7. Mindful of coaching to successful behavior (people) vs. the project (tasks)
8. Solution focused > problem focused, desire > fear
9. Shared accountability
10. Confidence and Courage
11. Coachee's Agenda
12. Appreciation for the co-creative/partnership process
13. Integration…celebration…for the learning & results
14. Goal is to maintain internal states of resourcefulness, curiosity, and gratitude.

There are two Primary Outcomes of Coaching:

Success	"Stuckness"
Coachee is getting results: reinforce the behavior or what is working, acknowledge the attitude, skill or behavior. Celebrate!	Coachee is not getting results yet! Accept, embrace, and allow for exploration, discovery & inquiry!

BREAKDOWNS BEFORE BREAKTHOUGH!

Formula for Effective Coaching:

Purpose
Presence
Skills
Accountability
\+ Relationships
= Effective Coaching

Types of Coaching:

1. Self-Coaching (Reflective Practice)
2. Traditional : One~on~One
3. Peer Coaching
4. Group Coaching
5. Coaching in the Moment
6. Coaching to the Culture

Using the Coaching Toolkit: Checklist – The Process

The only limitation you will ever face is the limitation of your own consciousness.
--Leland Kaiser

Coaching Simplified: The Goal of Self-Management
Self-Awareness →Mobilization→New Choices →Outcomes

Our Tree Model –

1. ***Be – The Foundation or Roots– Who you are?***

2. ***Have – The Vision or Branches and Fruits – Where you want to go?***

3. ***Do – The Strategies or Trunk– How you will get there***

In all the data we've been collecting, "leaders consistently score lowest in <u>Inspiring a Shared Vision</u>."

--Kouzes and Posner

Vision without action is a daydream.
Action without a vision is a nightmare.

The end….or the beginning!

Keep in touch!
Contact Info:
Deb Center – Deb@ColoradoNursingCenter.org

LEADER BEHAVIORS

Acknowledge

Get Results

Coach

Empower

Build Trust

Visioning

1.Visioning

a) Create A Vision

- _____
- _____
- _____

b) Enroll in a Vision

- _____
- _____
- _____

2. Build Trust

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

DEFINITIONS OF ACCOUNTABILITY

Accountability: An attitude of continually asking "what else can I do to rise above circumstances and achieve the results I desire?" It is the process of "seeing it, owning it, solving it, and doing it." It requires a level of ownership that includes making, keeping and proactively answering for personal commitments. It is a perspective that embraces both current and future efforts rather than reactive and historical explanations.

Connors, Smith & Hickman

Accountability: The act of accepting ownership of the results or lack thereof.

Sullivan & Decker

Responsibility: An obligation to accomplish a task or assignment

Sullivan & Decker

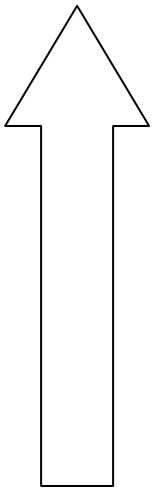
Joint Accountability: People share ownership for organizational circumstances and results that come from collective, not individual activity. Everyone works together so the "ball" isn't dropped. Should it be dropped everyone dives for the "ball" to pick up. Because staff assume joint accountability for all aspects of a project, boundaries disappear and the group is responsible for outcomes. Solutions necessitate wide scale involvement. Each team member wears a functional hat that makes them responsible for tasks that contribute to the success or failure of the overall project. They also wear a team hat that causes them to accept responsibility for overall team results. As a group, they are responsible to monitor how specific tasks are subdivided, organized and accomplished.

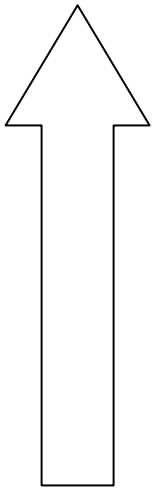
Connors, Smith & Hickman

Holding Others Accountable: Ensuring that staff/colleagues achieve identified individual and team results via collaborating with them to determine desired outcomes, periodically refining and clarifying expected results, coaching for successful performance, monitoring performance for compliance against delineated standards of practice, providing feedback regarding acceptable and unacceptable behavior, instituting corrective action measures, if necessary, and rewarding action oriented behavior that produces outcomes.

Alexander

BEING





3. Empower the People

- _____
- _____
- _____
- _____
- _____
- _____

4. Coach Staff & Each Other

- _____
- _____
- _____

5. Get Results

- To Change _____
- To Affect _____

6. Acknowledge

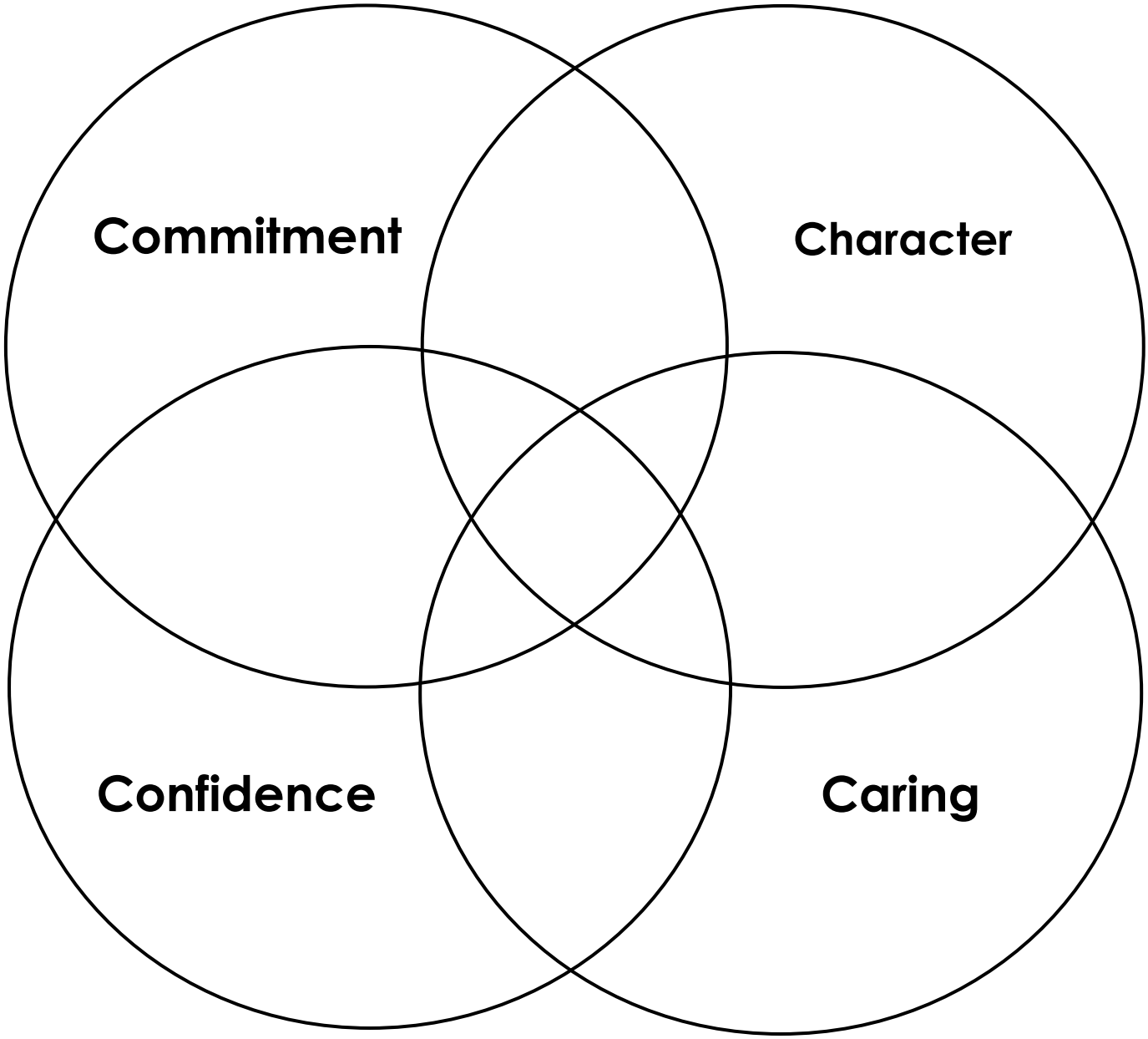
a) Guidelines

- _____
- _____
- _____
- _____
- _____

b) Honor Your People

A LEADER IS A PERSON WHO ENABLES YOU TO GO TO PLACES YOU WOULD NEVER HAVE THOUGHT POSSIBLE

CHARACTERISTICS



1. Character

Definition:

What Makes up Character?

- _____
- _____
- _____
- _____
- _____
- _____

2. Commitment

- _____

_____

_____

- _____

_____

_____

The difference between a successful person and others is not a lack of knowledge or skill, but rather a lack of commitment.

—Walt Kowalski
BreakThroughs, Inc.

3. Caring / Compassion

- **Leaders simply care about more people**
- **Caring is:**
  - **Risking being with someone and**

    _____

    _____
  - **Healing often emerges from**

    _____
  - **Give of Self _____ &**

    _____
  - _____
  - _____

- **Honor the person:**
  - _____
  - _____
  - _____

4. Confidence

Definition

- **Greatest Deterrent**
  - _____
  - _____
  - _____
- **Example -**

It's Not What Happens But

How You _____

To Respond That Determines

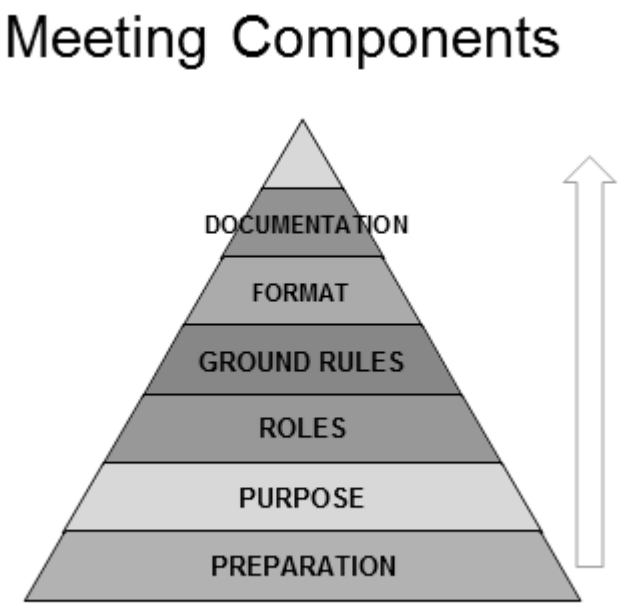
The _____ Of Your Life

Notes:

Proactively Designing Meetings

Homework: Reflective Questions

Content:
Debrief homework
Discuss meeting components



The single biggest problem in communication is the illusion that it has taken place
— George Bernard Shaw

Proactively Designing Meetings

Directions: Reflect on the questions that are your greatest challenge or you desire to change. Bring your thoughts to the workshop.
If you have different groups/teams you work with, color code it for different responses or repeat for different groups

Reflecting questions with your current meetings	Question to get you there, how you would like it to be?	Your creation & team input of what it looks like and how to evaluate it
1. What is the culture in your team meetings?	What is your desired culture?	
2. Are there agreed upon "ground rules"?	If so, which of your ground rules don't work? What rules NEED to be in place?	
3. Do you have members that under or over talk?	What are some strategies to balance this out?	
4. How efficient are your meetings?	What would efficient meetings look like?	
5. How effective are your meetings?	What would effective meetings look like?	
6. Are the right people in the meetings?	Who's missing?	
7. Are the conversations authentic?	What conversations need to take place in your meetings?	
8. How open and trusting is the environment of the meetings you attend?	What strategies would promote trust and openness?	
9. Are you pleased with the level of accountability?	What would improve participant accountability?	
10. Do you leave meetings inspired, clear on what is to be done, why you are doing what you are doing?	What would inspire and provide clarity?	
11. Do you hold "grief" meetings"?	What would grief meetings entail? When would you hold them?	
12. Should meetings be mandatory?	What is the purpose of your meetings to answer this question?	
13. Are your members engaged and attending meetings?	What would "ideal" meetings look like? Should they be mandatory to attend or just be responsible for being informed?	
14. If you could change one thing about your meetings…	What would it be?	

Meetings — Marianne Horner

Preparing for a meeting: goal is to have an efficient & effective meeting

- A collaborative approach
- Have topics and time allotment needed in advance
- Give information/data in advance and tell others what your goal and desired outcome is
- Give reflective questions on topics to discuss so members come prepared
- Types: Check in, weekly update, specific focus (brainstorming or solution driven, retreat & renew

Purpose

- Build on "what is" focusing on strengths
- Inspire & grow people
- Stay on purpose of agreements, goals, mission & vision
- Improve communications, have "crucial conversations" for optimal decision making
- Improve goal achievement/desired outcomes and accountability, clarifying and reinforcing direction, process and culture values
- Increase participation and attendance by predictable,
- worthwhile, effective meetings/consistent processes
- Enhance team intelligence for culture improvement, relationships and performance
- Acknowledge what we accomplish and what we are learning
- Briefs, huddles, & debriefs
- Model the way!

Essential roles

- Facilitator: ideally rotational, coordinator agenda in advance and ensures other roles & process, not necessarily the one with the most authority
- Time keeper: ideally rotational, keeps the pace and time allotment requested in preparing for the meeting, helps group refocus
- Recorder: ideally rotational and use a format that keeps the minutes clean: 3 columns: see sample*
    1. Content/Presented by who
    2. Discussion highlights
    3. Resolution or follow up

Rotating roles increases appreciation of skill, increases skill and more perspective

Sample ground rules, agreements and norms that represent the desired culture

1. Start and end on time
2. If there are known dominators of the group, use the talking stick* or make agreements with them personally or "round robin"
3. Encourage disagreements, allow probing questions (diversity of opinion leads to greater creativity)
4. Turn complaints into requests
5. Confidentiality: what is said in here stays here, nothing about me without me
6. Be solution oriented after issue is clarified
7. Listen to members as if your life depended on it: use the 3 levels of listening
8. Use the 5 Agreements and post them every meeting; point out what agreements are broken
9. Discourage "parking lot agendas" (agenda's unplanned that are not urgent and require information or reflecting
10. Take personal issues out of the meeting
11. Support curiosity instead of judgment
12. Generate agreements that are needed based on the history of the group
13. Have the group hold each other accountable; decide how that will be done in advance
14. Utilize the 4 levels of decision making
15. Reflect and inquire on what members need to do their job

Meeting format and rationale		
Category of content possibilities	**Comments/rational/discussion summarized**	**F/U: person/ date/**
Clearing	• This process allows for people to share what is keeping them from being present	
Information	• Only information that requires discussion and sharing of perspectives: ideally share pros & cons to anticipated difficult discussions for enriching the conversations during the meeting • Information requiring no discussion should be shared through email unless it is controversial	
Inspiration ***Some say this as an icebreaker***	• Opening or closing the meeting through a reading, an acknowledgement, or how someone made a difference • Every meeting should begin with some piece of inspiration or celebration; inspirational quotes	
Rumor control	• A forum/opportunity to clarify assumptions & rumor in order to end outside meeting conversations and direct energy into the right direction	
Issues	• This is the tine to raise new issues or concerns • The issue should be known in advance by the creation of the agenda before the meeting so people will have time to collect their thoughts	
Update on results or projects in progress & ongoing issues	• The goal is to be brief • Opportunity to make requests to others or request resources (or needs) • This can easily be done by email--the question is what needs to be discussed?	
Leadership/ Emotional Intelligence development	• Promoting behavior and growth as part of the norm (the learning environment) • Revisiting the value of growth and its influence on outcome • This is crucial to revisit vision, mission and values	
Educational piece	• Focuses on the skills of what the team or participants need • May be different from the leadership piece • Could be quarterly or based on need • Give didactic in advance	
Closure: **Oral evaluation** **Celebrate** **Acknowledgments**	• Reinforcing the value to have confidence to speak what works and what doesn't and to do it more effectively (the effectiveness & value of feedback) • Format: what is working, not working and what could improve our process and what is needed in our meetings	

Notes:

- ❑ **1. Quality & Safety Long Term Care**

Notes:

Marianne D. Horner, MS, RN, CNM

- ❑ **2. What are some of the issues that come to mind when we consider safety in a long term care facility?**

- ❑ **3. Are there other things that ought to be included as well?**

- ❑ **4. Norovirus**

- ❑ **5. Is this a big deal?**

- ❑ **6. To Err is Human, Institute of Medicine report issued in 1999**

- ❑ **7. Sports Authority Field**

- ❑ **8. Preventable Hospital Deaths**

Notes:

- ❑ **9. Bonus Question: How many will die during our presentation?**

- ❑ **10. How does the incidence of adverse events in long term care compare to acute care hospitals?**

- ❑ **11. According to the Institute of Medicine reports, the incidence is probably double**

- ❑ **12. According to the Joint Commission, more than 65% of all sentinel events have at their core communication breakdown**

❑ **13. Transitions in care can be particularly problematic because communication between caregivers and across settings is often fragmented, lacking critical information to assure continuity of care.**

One of the major risks during transition of care is medication errors according to Coleman.

Notes:

❑ **14. Introduction to TeamSTEPPS**

❑ **15. Team Competency Outcomes**

- **Knowledge**
  - Shared Mental Model
- **Attitudes**
  - Mutual Trust
  - Team Orientation
- **Performance**
  - Adaptability
  - Accuracy
  - Productiivity
  - Efficiency
  - Safety

❑ 16. Mutual Support

Notes:

- I am **C** oncerned!
- I am **U** ncomfortable!
- This is a **S** afety issue!

❑ 17. SBAR

- Situation: What is going on with the patient?
- Background: What is the clinical background or context?
- Assessment: What do I think the problem is?
- Recommendation: What would I do to correct it?

❑ 18. Questions or Comments?

❑ 1. Creating a Culture of Inquiry

Notes:

- Karren Kowalski, PhD, RN, FAAN
- Marianne Horner, MS, RN, CNM

❑ 2. Definitions

- Culture: The set of shared attitudes, values, goals and practices that characterize a unit or corporation
- Inquiry:
  - ◊ Examination into facts or principles
  - ◊ A request for information
  - ◊ Systematic investigation

❑ 3. Questions are the _____ of the mind.

❑ 4. Categories

- Questions asked _____
- Questions asked _____

❑ 5. Questions...

- Allow you to lead another through the process of discovery

❑ 6. Reasons to Ask Questions

Notes:

1. Stimulate the brain
2. Create an exchange
3. Discover knowledge and issues
4. Allows you to listen
5. Provides opportunity to acknowledge

❑ 7. Guidelines for Asking Questions

- Know Your Purpose

1. What is to be gained?
2. Put yourself in their shoes
3. Phrase as win-win

❑ 8. The Delivery

1. Speak clearly, calmly & directly
2. Be positive
3. No underlying negativity or disapproval
4. Don't bury the question
5. Display interest in the answer

❑ 9. The Response

Notes:

- Listen Actively
- Let's practice…

❑ 10. Additional Active Listening Tips

- Can you paraphrase the response?
- Are follow up questions, clear, easy?

❑ 11. The Evaluation

1. As you listen, evaluate the response
2. Clarifying questions may be needed
3. Be prepared to question until issue reaches completion

❑ 12. The Payoff

- Act on the information attained
- If something improves, acknowledge the other

❑ 13. When to use questions

Notes:

1. To persuade
2. Gain information
3. Plant your ideas or thoughts
4. Clarify thinking
5. To motivate

❑ 14. And more reasons to ask…

6. Take the sting out of criticism
7. .To solve problems
8. Open lines of communication
9. Reduce mistakes
10. Overcome objections

❑ 15. And more…

11. Obtain cooperation
12. Clarify instructions
13. Reduce anxiety
14. Defuse volatile situations
15. Gain control in difficult situations

❑ 16. Smart Questions

Notes:

- What has to be done?
- Can you explain the process?
- How do you feel about it?
- Can you explain that further?
- What can I do to help you?

❑ 17. More Smart Questions

- From what perspective are you asking?
- What are some of the reasons this didn't work as well as you had hoped?
- What can be done to make this work better?
- What key results are we looking for?
- How do you plan to proceed?

❑ 18. "Why" Questions

Notes:

- ♦ A dangerous approach! Because..
  - Creates defensiveness
  - Closes communication
  - Rephrase to
  - What….
  - How….
  - Could….

❑ 19. Misconceptions

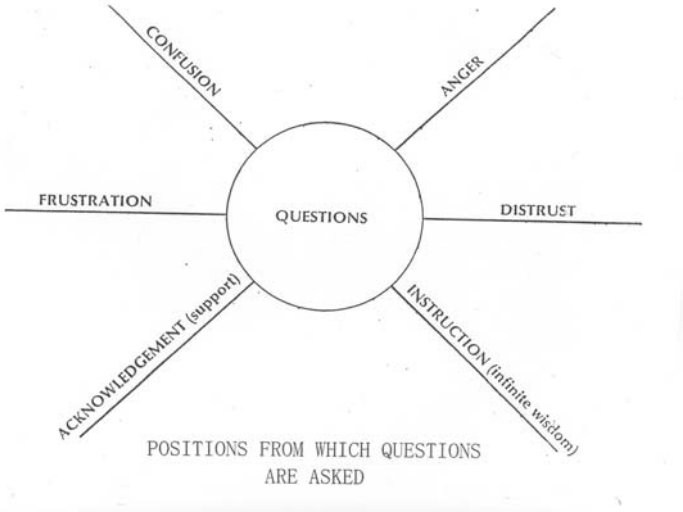
1.

2.

❑ 20. What is the toughest question any student/employee could ever ask you?

❑ **21.**

Notes:



❑ **22. Response to Tough Questions**

1. Breathe

2. Acknowledge the questioner

3. Appreciate the learning

4. Be open – NO Judgment

5. Be willing to deal with difficult issues

❑ 23. When you lose it… (and you will)

Notes:

- Learn to recognize your physiological reaction
- Feel it! Get in touch with it
- See what the truth is
- Have compassion for self
- Experience safety of vulnerability
- Choose love for self

Reflective Practice builds a bridge between the _____ and the _____.

Purposes of Reflective Practice:

1._____

2._____

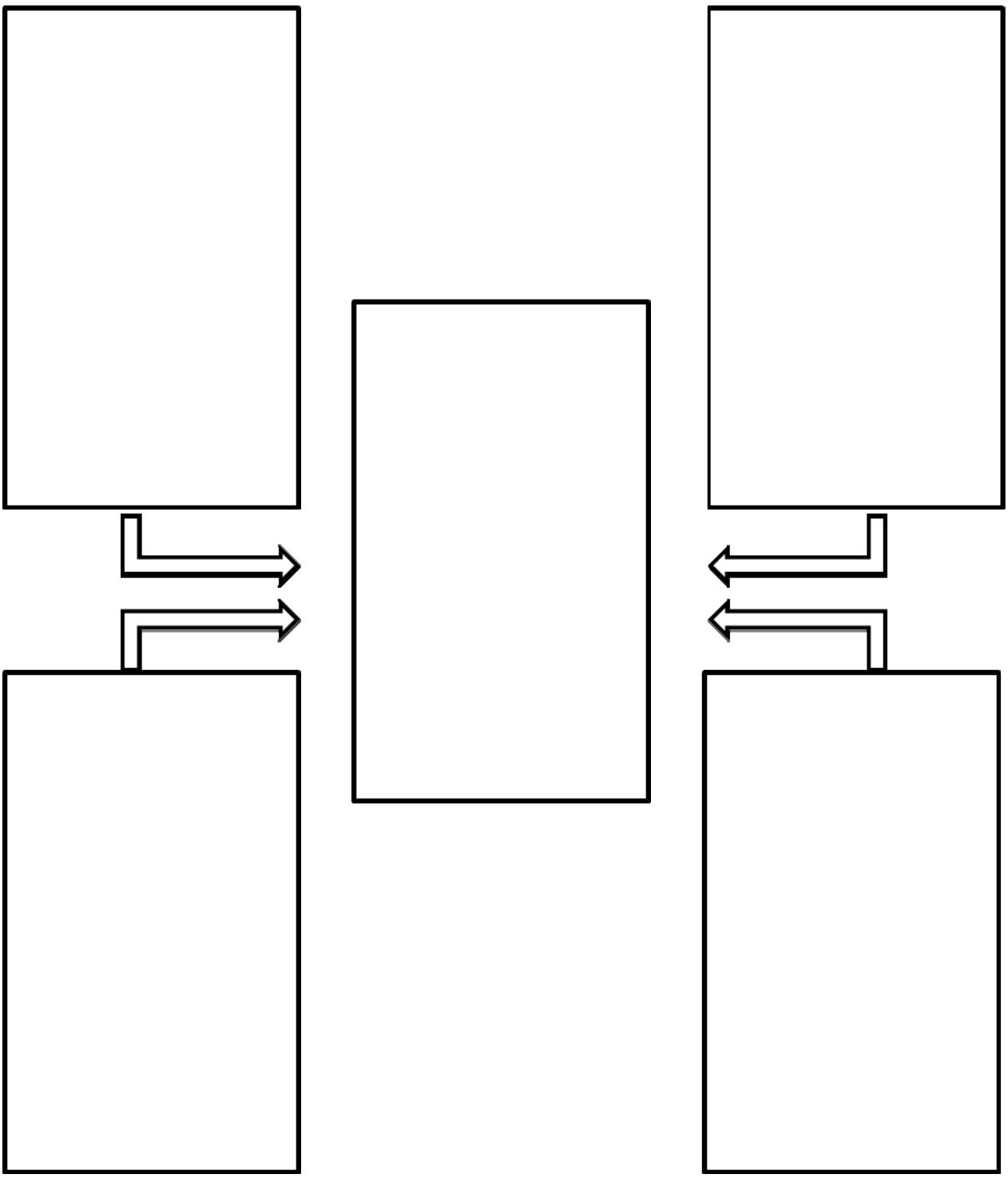
3._____

4._____

5._____

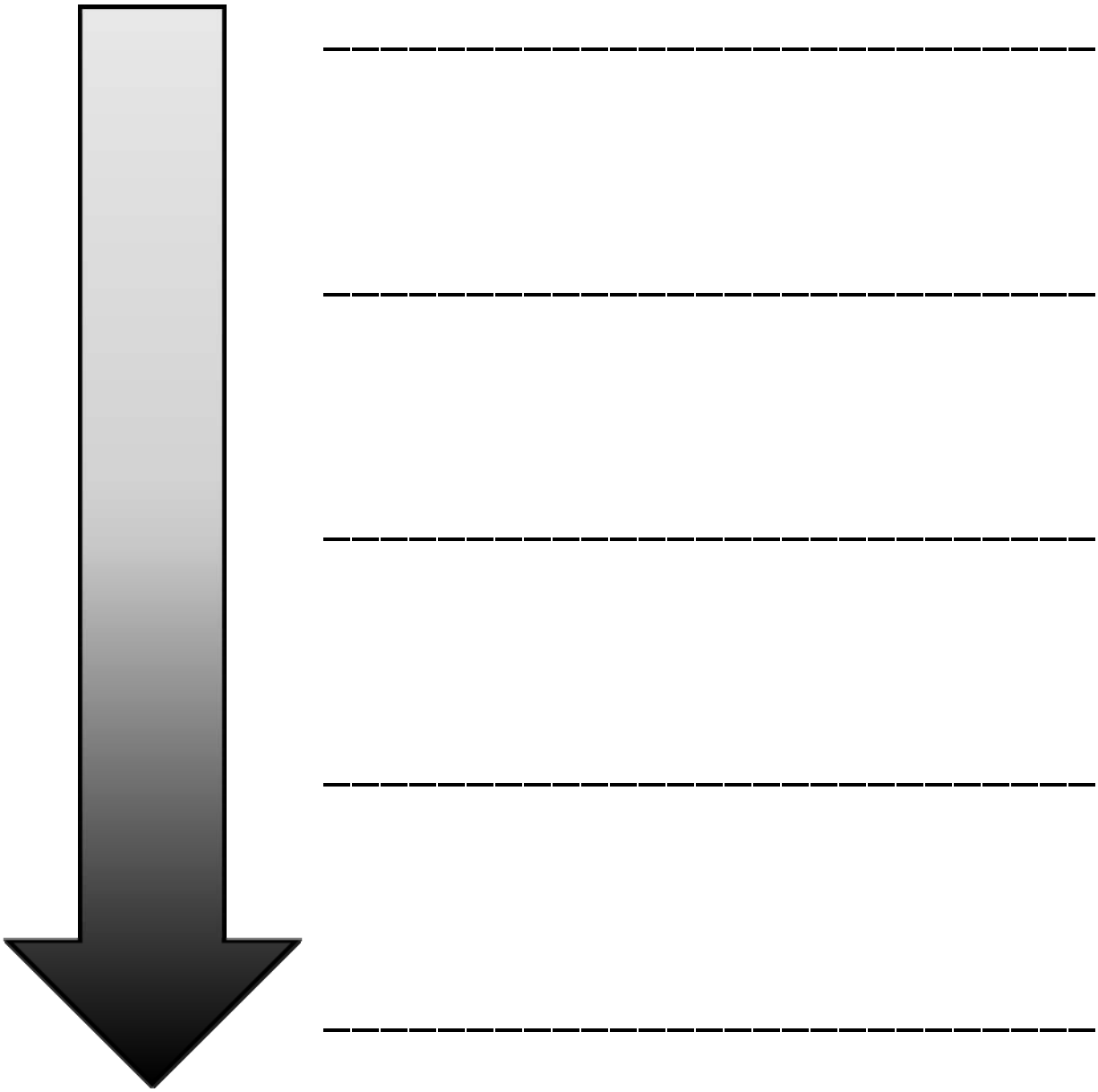
A Model for Structured Reflection

(Johns, 2005)



A Continuum of Reflective Practice

(Johns, 2005)



Reflection and Leadership

Methods of Reflection that appeal to me as a leader:

Ideas for contributing to a working environment in which reflection is encouraged:

Self-Regard Part I: Major Concepts

Diane Pisanos, RN, MS, NNP-E, AHN-BC, NC-BC

True or False:

- Your Self-Regard can make or break your career. _____
- Self-Regard requires one to be "selfish" _____

You will never rise any higher than you hold yourself***

If you liked yourself 10-fold more from where you are today-

IMAGINE……..REFLECT
What would your life look like?
What would you do differently?
What would you have?
How would you be?

Jessica on You-tube!

Self-Regard influences...

How effective _____ are

How optimal _____ is

The degree of your _____

6 Processes for cultivating Self-Regard:
the big picture view

1. Self-awareness
2. Self-reflection
3. Self-assessment
4. Self-care
5. Self-management (self-coaching)
6. Self-evaluation

Why study & develop Self-Regard?

We are what we repeatedly do. Excellence, then is not an act, but a habit. —Aristotle

The Goal: _____

Dimensions of Self Regard: *strengthening your inner core*

1. **Self-Awareness** is the primary step in understanding who you truly are/are not. On a superficial level we often aim to gratify and impress the people around us, while losing sight of trying to gratify and impress ourselves.
2. **Self-Image** is portrayed outwardly. Ideally there is a congruency internally and externally. (alignment)
3. **Self-Esteem** is a reflection of beliefs, experiences and often feedback from the world around you. It is the conviction that we are lovable and capable-intrinsically worthy and able to handle life's challenges. Our self-assessment is our most important judgment, since self-acceptance forms the basis for self-improvement.
4. **Self Confidence** is the ability to do your work and complete it with a high degree of competence. Do you have the skills necessary to be effective in the many roles that you will take on in your personal, professional community and family life?
5. **Self-Mastery** calls for thorough familiarity with one's mental and emotional strengths. And it calls for sustaining a commitment to personal growth-the understanding of what makes you come alive as an individual as well as professional development. Charles Garfield.
6. **Authenticity** requires you must know yourself, believe in yourself, and be true to yourself which requires self-awareness, self-mastery, and believing in yourself.

Evidence-based research

- In his research, Bar-On (2000) found that self-regard emerged "as one of the most powerful predictors of competent behavior".

Exercise: Intentional Listening: Demo → Strengths Dyad

Listen for:

- Passions
- Skills
- Experiences
- Natural Talents

Reflection: _____

_____

Application of Strengths Exercise

1. You are a new leader and you want to get to know your team
2. You are not sure who to delegate what to
3. You want to optimize evaluations
4. You realize this approach really works
5. An approach to grow people
6. A way to strengthen you listening skills
7. Increase team awareness by having them do it in dyads
8. A group exercise so everyone learns about each other's strengths
9. You want to improve your leadership style
10. A new appreciation for being in the wrong role or right role
11. To grow your self-regard
12. To get to know your coachee/client/patient

Purchase StrengthFinders 2.0
Take assessment online

Self-Regard- Emotional Competence; The Inner Self

Assess yourself! 1-10 (10 being most of the time)

____ Ability to respect oneself & accept oneself as basically good

____ Ability to accept one's own positive & negative aspects & limitations

____ Feeling secure, inner strength, self-assuredness, self-confidence, self-adequacy

____ Feeling fulfilled & satisfied

____ Total

Self-esteem in the Relational Life Model means being aware of where I am on a continuum of one up, one down and equal to. (Terryreal.com)

Know the difference with low, false and high Self-Regard Behaviors		
Low	**False**	**High**
• Unsure of self • Rejection • Not confident • Lack self-respect • Unhappy with physical appearance • Indirect communication • React defensively • Unwilling to learn and grow • Lack of self-awareness	• Arrogant, cocky • Complacent • Do nothing with feedback • Egotistical • Power over others • Superior • Grandiose • Self-absorbed • Selfish	• High self-esteem • Self-assured • Confident • Sense of self • Accepting of self • Inner strength • Power within • Self-acknowledgement • Fulfilled

The Emotional Competence: Power

Right Use of Power: Cedar Barstow, Boulder, CO.

Domination	Collaboration
Hiding your power	Owning your power
Power over	Personal power (power within)
Victim/powerless	Owner

No one can make you feel inferior without your consent.

—Eleanor Roosevelt, This is My Story, 1937

***Reflection*:** What are your thoughts about power?

Limiting Beliefs: 3 most common that influence our internal states

- Our powerlessness
- Our unworthiness
- Our misunderstanding of failure

Highly recommended: The Biology of Belief by Bruce Lipton

A powerful person is the combination of many traits:

Super Brain, Deepak Chopra & Tanzii, 2012

1. Self confidence
2. Good decision making
3. Trust in gut feelings
4. Optimistic outlook
5. Influence others
6. High self-esteem
7. Ability to turn desires into actions
8. Ability to overcome obstacles

Confidence comes not from always being right but from not fearing to be wrong.

—Peter T. McIntyre

Leadership & self-regard is personal…

Do the people you lead know who you are, what you care about, and why they ought to be following you?

—Ron Sugar, CEO & President, Northrup Grumman Corp.

Design a practice mantra that fits your behavior(s) & desired "future self"

- I am grounded and resilient.
- I get the job done.
- I am an enthusiastic motivator.
- I am patient with others and myself.
- I appreciate others' gifts and perspectives.
- I take myself lightly.
- I trust others to take care of themselves.
- I nurture myself.
- I choose to collaborate.
- I choose to be curious and open

Hold yourself as:
I am beneath no one
I am immune to the criticism of others
I am fearless

—Deepak Chopra

Reflection: Which one of the mantras would make you a more effective leader? _____

The SR connection

1. Self-Regard **IS** Emotional Intelligence
2. Directly connected to self-care which leads to your level of well-being
3. Renewal & reflection is the process
4. Resilience is the outcome
5. Effective Leadership requires all of the above!

You have to take risks. We will only understand the miracle of life fully when we allow the unexpected to happen. --Paulo Coelho

The END or …….. the Beginning!

Part II: Strategies to Grow Your Self-Regard

Real, constructive mental power lies in the creative thoughts that shape your destiny, and your hour-by-hour mental conduct produces power for change in your life. Develop a train of thought on which to ride. The nobility of your life as well as your happiness depends upon the direction in which that train of thought is going. —Laurence J. Pete

1. Examine & shift your principles-5 steps to emotional well-being

1. I recognize beliefs about myself that make me feel bad, sad and good
2. I am an adult: I have options & choices, I have the ability to change my behavior
3. Nothing is more important than my self-regard: I will bring people into my life that nourish it
4. I will take control over my behavior & let go of being in control of others
5. I resolves to confront those people or situations that make me unhappy, or start to get them out of my life

2. Appreciate how integrity fits into your life

(Finally Growing Up: Ed Morley, MBA, PhD)

Integrity is the foundation of vision, principles, and character

- Integrity is the cement of our purpose, principles, and character
- It is the willingness and ability to face responsibly what ever is before us.
- It is from this foundation that we develop our sense of value.
- Out of that sense of value develops our sense of purpose and our vision of what can be.
- Vision helps us see possibilities.

In living our values and moving toward this ideal vision, we become more of who we truly are.

Without integrity we are distracted, unclear about what to do, ineffective in action, and weighed down by negativity.

Principles are our self-chosen boundaries of behavior. They provide the framework for our actions.
Character is the degree to which we adhere to our principles.

Living and acting with integrity is our conscious choice. Whatever we do affects the whole.

Integrity as a choice

1. Will we embrace or resist change?
2. Will we face or withdraw from a confrontation?
3. Will we celebrate a colleague's achievement, even though he/she may not celebrate ours?
    - We make choices whether reactively (fear-based and stagnating) or responsively (growth generating).
    - Although we can model integrity and encourage others to take personal responsibility for their own behavior, we cannot take responsibility for others. Taking responsibility for others creates codependency, which manifests and prolongs a victim stance that always generates self-pity and resentment within both parties.
    - When we live with integrity, we recognize that we are responsible for our own words and actions, and we respect the right of others to make different choices.

Integrity is the core of who we are

- It is the basis of the image we have for ourselves.
- We make choices and create circumstances that naturally resonate with what we believe about ourselves.
- When we have a healthy sense of self, our decisions, actions and results naturally reflect our self-image.
- **If our desired achievement is beyond our core self-image, we will do something to sabotage it.
- Without integrity we cannot have a positive self-image.
- People with integrity have positive control over creating and responding to events in their lives. They have clarity and certainty about what they want and will allow. They do not see life as happening to them, but rather, they make life happen.
- The key is to recognize the intimate interrelationship of integrity and emotional maturity. We need to expand our emotional awareness.

Integrity is the vital factor

1. In living our values and moving toward this ideal vision, **we become more of who we truly are.**
2. Living and acting with integrity is our conscious choice.
3. Whatever we do affects the whole.
4. Either we choose to grow and become more of who we are, or we choose to contract and diminish our potential.

3. Live by the 5 Agreements daily

(The Four Agreements; Don Miguel Ruiz & The Fifth Agreement; Don Miguel Ruiz and Don Jose Ruiz.)

THE FIVE AGREEMENTS

Be Impeccable With Your Word

Speak with integrity. Say only what you mean. Avoid using the word to speak against yourself or to gossip about others. Use the power of your word in the direction of truth and love.

Don't Take Anything Personally

Nothing others do is because of you. What others say and do is a projection of their own reality, their own dream. When you are immune to the opinions and actions of others, you won't be the victim of needless suffering.

Don't Make Assumptions

Find the courage to ask questions and to express what you really want. Communicate with others as clearly as you can to avoid misunderstandings, sadness and drama. With just this one agreement, you can completely transform your life.

Always Do Your Best

Your best is going to change from moment to moment: it will be different when you are healthy as opposed to sick. Under any circumstances, simply do your best and you will avoid self-judgment, self-abuse, and regret.

Be Skeptical, but Learn To Listen

Don't believe yourself or anybody else. Use the power of doubt to question everything you hear: Is it really the truth? Listen to the intent behind the words, and you will understand the real message.

4. Acknowledgement and Self-Regard

Acknowledge **yourself** daily; at the end of the day ask, "What are 3 things, or relationships, or performances I did well?" Watch your self-regard grow!

5. Cultivating receiving: 3 ways to receive a compliment

1. _____
2. _____
3. _____

6. Reveal yourself to others

"Getting to know me" → to work with me optimally is to understand me

1. My professional background (could attach a condensed bio)-let them read in advance so they can ask any questions
2. My family background (optional): recommend mentioning what you value
3. My strength, passions, and past contributions are:
4. What I get challenged with:
5. What others have said about me in the past:
6. What I am working on with myself is:
7. I invite you to give me feedback when:
8. What I would like you to know about working with me is (style, personality, preferences, leadership style):
9. What kind of learner I am: visual, auditory, kinesthetic
10. What my vision for my work is:
11. What my dreams are:
12. What have I left out that you would like clarity on?

7. Invite 360° feedback Reputation Assessment & Management Survey

1. Am I trustworthy?
2. To what extent do I trust others?
3. Do I practice what I preach?
4. Do I tell people who need to know what I am thinking & why I am acting in a particular way?
5. Am I dependable?
6. Do I listen non-defensively?
7. Am I able to find the grain of truth embedded in a criticism?
8. Am I visible & available when things are not going well?
9. Am I perceived as a hard worker?
10. Do I value the contributions of team members?

(Tim PorterO'Grady: Tpogassociates.com)

Reflection: Will you receive the feedback to grow yourself or improve the situation?

8. Positive Self-Regard: trust-authenticity-alignment

⇒ Letting go of controlling self & others: **TRUST →**
⇒ Realistic expectations: staying out of the trap of "Perfectionism", getting needs met **AUTHENTICITY→**
⇒ Self-confidence & self-acceptance replaces guilt & inadequacy: **ALIGNMENT→**

#12 DWYSYWD =

Your preparation assignment:

Create your future/ideal self for intentional change

1. Describe in depth your current self with all your strengths and challenges. (At least 10 points)	2. Describe your future self: how you see yourself in the future, your optimal you, using your full potential (At least 10 points)
3. Now design a plan how you will "close the gap" between your current and future self… chick in with yourself monthly— how am I doing?	
4. Develop your personal vision and mission	

The Two Wolves-An old Cherokee Story

An old Cherokee is teaching his grandson about life.

"A fight is going on inside me," he said to the boy. "It is a terrible fight and it is between two wolves.

One is evil—he is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

The other is good—he is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.

This same fight is going on inside you, and inside every other person, too."

The grandson thought about it for a minute and then asked his grandfather, "Which wolf will win?"

The old Cherokee simply replied, "The one you feed."

BUILDING TEAMS

Subarctic Survival Situation

Play as if your life is dependent on it!

Step 1) Individual Rank: your score_____

Step 2) Team Rank: team score_____

Step 3) What the experts said

Step 4) What did we learn?

Compromise vs Resolution

Compromise
com·pro·mise ˈkämprəˌmīz

noun: **compromise**; plural noun: **compromises**
1. an agreement or a settlement of a dispute that is reached by each side making concessions

Resolution
res·o·lu·tion resrezəˈlo͞oSHən

noun: **resolution**; plural noun: **resolutions**
1. a firm decision to do or not to do something
2. the action of solving a problem, dispute, or contentious matter.

Cooperation vs. Competition

Cooperation
co·op·er ·a·tion ˈ kōˌäpəˈrāSHən/

noun: **cooperation**;
1. the process of working together to the same end.

Competition
com·pe·ti·tion / kämpəˈtiSHən

noun: **competition**;
1. the activity or condition of competing

Synergy

1._____

2._____

3._____

Synergy (definitions)

1. _____

2. _____

3. _____

Metals: Iron + Carbon + Nickel = STEEL

Tensile strength is significantly increased;
The outcome cannot be predicted by simple addition of the tensile strength of the component parts

Creation of the alloy, STEEL, allowed for the creation of the Jet Engine

What did the observers see happening as their group decided on rankings?

What Kills Synergy???

1. _____
2. _____
3. _____
4. _____

Behaviors that Support Synergy

1. Listen _____
2. Tell _____
3. Be_____
4. Be _____
5. Commit _____

Objectives that Support Synergy

1. Shared _____
2. Clear _____
3. Commit _____
4. Develop _____
5. Systems _____

Strategies that Support Synergistic Teams

1. Agreements

2. Acknowledgment

3. Attitude

4. Clear Intentions

5. Develop on-going relationships

6. Devote time to relationship maintenance

ATTRIBUTES OF EFFECTIVE AND INEFFECTIVE TEAMS

Attribute	Effective Team	Ineffective Team
Working Environment	• Informal, comfortable, relaxed	• Indifferent, bored; tense, stiff
Discussion	• Focused • Shared by everyone	• Frequently unfocused • Dominated by a few
Objectives	• Well understood and accepted	• Unclear, or many personal agendas
Listening	• Respectful – encourages participation	• Judgmental – much interruption and "grandstanding"
Ability to handle conflict	• Comfortable with disagreement • Open discussion of conflicts	• Uncomfortable with disagreement • Disagreement usually suppressed, or one group dominates
Decision making	• Usually reached by consensus • Formal voting kept to a minimum • General agreement is necessary for action; dissenters are free to voice opinions	• Often occurs prematurely • Formal voting occurs frequently • Simple majority is sufficient for action; minority is expected to go along
Criticism	• Frequent, frank relatively comfortable, constructive	• Embarrassing and tension-producing; destructive • Directed personally at others
Leadership Assignments	• Shared; shifts occasionally • Clearly stated • Accepted by all despite disagreements	• Autocratic; remains clearly with committee chairperson • Unclear • Resented by dissenting members
Feelings	• Freely expressed, open for discussion	• Hidden, considered "explosive" and inappropriate for discussion
Self-Regulation	• Frequent and ongoing, focused on solutions	• Infrequent, or occurs outside meetings

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