GUIDELINES AND EXPECTATIONS
Class and Project
By signing below I agree to the following:

ADMINISTRATIVE RULES

• I understand that promptness is expected. I will be on time for the beginning of all classes and will return from breaks and meals promptly.

• Further, I understand that I have committed to be present between 8 AM to 5 PM daily.

PROJECT EXPECTATIONS

• I understand that I have assumed an obligation when I registered for this workshop.

Frontline leaders

- Based on the timeline provided later in the course, I will begin, implement, and complete a quality focused capstone project.

- Within 2 weeks of the completion of the workshop I will electronically return to Ally the form that describes my project.

- There will be two check-in visits from teaching faculty over the course of the project. These dates will be arranged well in advance. I will make every attempt to be present. If that is not possible, I will make myself available by phone or I will provide a written update of my progress and challenges.

- I will collect baseline and post intervention data specific to my capstone project and submit that in a timely manner to The Center.

- I will also provide and collaborate in the provision of data sets that add to the data from the Frontline Leaders HRSA project (unit specific nurse satisfaction, turnover, etc.)

- I understand that coaching is a critically important component in developing and sustaining my new skill sets.

  • I will schedule and keep appointments with my coach for a minimum of two one hour sessions each month, preferably meetings each week.

  • It is my responsibility to initiate this contact with my coach.

  • If I am unable to work with my designated coach, I will contact Marianne Horner (303-715-0343, x 12 or marianne@coloradonuringcenter.org) for assistance in finding a new coach.

- I agree to ask for the assistance, support and guidance that I need to be successful in my capstone project.

Coaches

- I understand that ongoing, consistent coaching is a critical component in developing and sustaining new skill sets for my assigned coachee. I will make every effort to make myself available for a minimum of two hours a month, preferably meeting on a weekly basis.

- Although it is the main responsibility of the front line leader to initiate contact for these

meetings, I will encourage and support these efforts.

- ■ There will be two check-in visits from teaching faculty over the course of the project. These dates will be arranged well in advance. I will make every attempt to be present. If that is not possible, I will make myself available by phone or I will provide a written update of my progress and challenges as a coach.

EXPLORATION, DISCOVERY AND GROWTH RULES

- • I agree that all information shared by other participants will remain confidential. I will not repeat or discuss what is shared with anyone.

- • I agree that I will **not** engage in 'side-bar' discussions.

- • I agree that I will direct my comments to whoever has the floor, whether it is faculty in the front of the room or a participant who commented last.

- • I agree to participate verbally in discussions and exercises appropriately. It is my responsibility to weigh my fair share of contribution, speaking neither too often nor too little.

- • I agree to be open to new ideas and experiences.

- • I agree to take risks and step outside of my comfort zone.

- • I agree to maintain a positive attitude.

- • I agree to give supportive feedback and make corrections without invalidating anyone.

- • I agree to suspend judgment and be responsible for my actions.

- • I agree to be responsible for learning as much as I can from this experience. I also agree to ask for what I need from my facilitators and my fellow participants.

- • I agree to get better acquainted with my fellow participants so we can all identify ways to support one another, to work together as a team and develop professionally.

Advanced Leadership for Quality Workshop
Tentative Schedule

Day 1
Tuesday, August 9, 2011

Time	Objective	Presenter
8:00 – 10:00	Introduction Ice breaker Who is the Colorado Center for Nursing Excellence Explain the Grant and The Colorado Trust Review homework	Karren Kowalski Marianne Horner
10:00 – 10:15	Break	
10:15 – 11:15	Debrief *Our Iceberg is Melting* by John Kotter Getting on the balcony/modulating the heat What does this mean for you?	Marianne Horner
11:15 – 12:15	Building a Culture of Safety	Diane Pisanos
12:15 – 12:45	Lunch	
12:45 – 2:00	Aviation: Lessons learned regarding safety	Valerie Scott
2:00 – 2:45	How are the lessons learned in aviation applicable to healthcare?	All
2:45 – 3:00	Break	
3:00 – 4:30	XY Game with debrief	Karren Kowalski
4:30 – 5:00	Wrap up Debrief	Karren Kowalski

Advanced Leadership for Quality

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 PROJECT GUIDELINES

Guidelines: Using Kotter's 8-step Process for Change	Timeline											
	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012
Develop some project ideas	▓											
1. Establish a Sense of Urgency: Present project ideas to the staff a. Identify some areas as a starter b. Identify and discuss crises, potential crises, or major opportunities c. Help others see the need for change d. Open discussion to other ideas		▓										
2. Form a Powerful Guiding Coalition a. Assemble a group to lead the change effort b. Encourage the group to work as a team			▓									
Identify participants - who will be involved? - who will benefit? - who will make decisions?			▓									
3. Create a Vision a. Create a vision to help direct the change b. Clarify how the future will be different from the past c. Develop strategies for achieving that vision			▓									

CAPSTONE PROJECT GUIDELINES												
Guidelines: Using Kotter's 8-step Process for Change	**Timeline**											
	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012
4. Communicate the Vision a. Communicate the new vision and strategies b. Teach new behaviors by the example of the guiding coalition				▓								
Develop a timeline and Project Plan - work with staff to develop a plan and set time goals				▓								
Determine target population				▓								
5. Empower Others to Act on the Vision a. Communicate for understanding and buy in b. Get rid of barriers to change c. Change systems or structures that seriously undermine the vision d. Encourage risk taking and nontraditional ideas, activities, and actions					▓							
Develop measurable objectives - how will they be measured? - who is responsible to measure? - when will they be measured?					▓							

CAPSTONE PROJECT GUIDELINES												
Guidelines: Using Kotter's 8-step Process for Change	**Timeline**											
	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012
Gather/determine baseline data					▓							
6. Plan for and Create Short-Term Wins a. Plan for visible performance improvements b. Create those improvements c. Recognize and reward employees involved in the improvements						▓						
Identify measures of success - make it measurable (e.g. 15% reduction in falls)					▓							
Implement the project - set a start date						▓						
Measure the initial results - set date to measure initial results						▓						

CAPSTONE PROJECT GUIDELINES

Guidelines: Using Kotter's 8-step Process for Change	Timeline											
	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012
Disseminate the initial results - how will you disseminate? - who will disseminate? - where and when? - are these results publishable?							░░	░░				
7. Consolidate Improvements and Produce Still More Change a. Use increased credibility to change systems, structures, and policies that don't fit the vision b. Hire, promote, and develop employees who implement the vision c. Reinvigorate the process with new or expanded projects, themes, and change agents									░░	░░		
8. Institutionalize New Approaches a. Articulate the connections between the new behaviors and unit or corporate success b. Develop the means to ensure leadership development and succession											░░	░░

Sizing Up the Iceberg Exercise Sheet

INSTRUCTIONS:

As you answer the questions below, consider the state of your current organization and the current safety climate. In your group, answer the following questions assigned to you by the instructor.

1.   Do you have a "Fred" in your organization? If so, how is this person treated?

Step 1: A Sense of Urgency

2.   What information do you have that may indicate a need for change in your organization?

3.   Where else might you look for "hidden" information?

4.   In the story, Fred took to Alice to see and experience the potential dangers for herself. How would you do that in your organization?

5.   Have you ever known a "Nono?" What impact has that person had on change in your organization?

6.   How is the need for change communicated in your organization? What do you think is the most appropriate way to communicate the need for change?

7.   What can you do to create a sense of urgency for change in the organization?

Step 2: The Guiding Team

8.   What characteristics would you look for in a team to guide change in your organization?

9.   What do you think is the most crucial thing to enable this guiding team to truly function as a team?

Step 3: A Change Vision and Strategy

10.   How might you best determine what your change strategy needs to be?

Step 4: Understanding and Buy-In

11.   How could you best ensure understanding and buy-in of needed changes in your organization?

12.   Identify ways to communicate and reinforce change that you believe would be most effective in your organization.

Step 5: Fewer Obstacles, More Empowerment

13.   Where might you anticipate and eliminate barriers to change in the organization?

14.   What do you believe might be behind people's resistance to change?

15.   What are the norms of your "colony" that may interfere with change?

Step 6: Short-term wins

16.   Identify examples of successes relative to the changes needed in your organization that
you have already seen.

17.   What could you do to reinforce success? (Remember the festival at the school?)

Step 7: Not Letting Up
18.   Describe what you think it will take to really keep change going in your organization.

19.   What resources and/or support will people need to implement the needed change?

Step 8: A New Culture
20.   Describe the new culture that you see for your organization. What will the benefits of such
a culture be?

The Eight Step Process of Successful Change
John Kotter

Set the Stage

1. **Create a Sense of Urgency**

2. **Pull Together the Guiding Team**

Decide What to Do

3. **Develop the Change Vision & Strategy**

Make it Happen

4. **Communicate for Understanding and Buy In**

5. **Empower Others to Act**

6. **Produce Short Term Wins**

7. **Don't Let Up**

Make it Stick

8. **Create a New Culture**

Notes:

Leading Quality Initiatives: Creating a Culture of Excellence and Safety
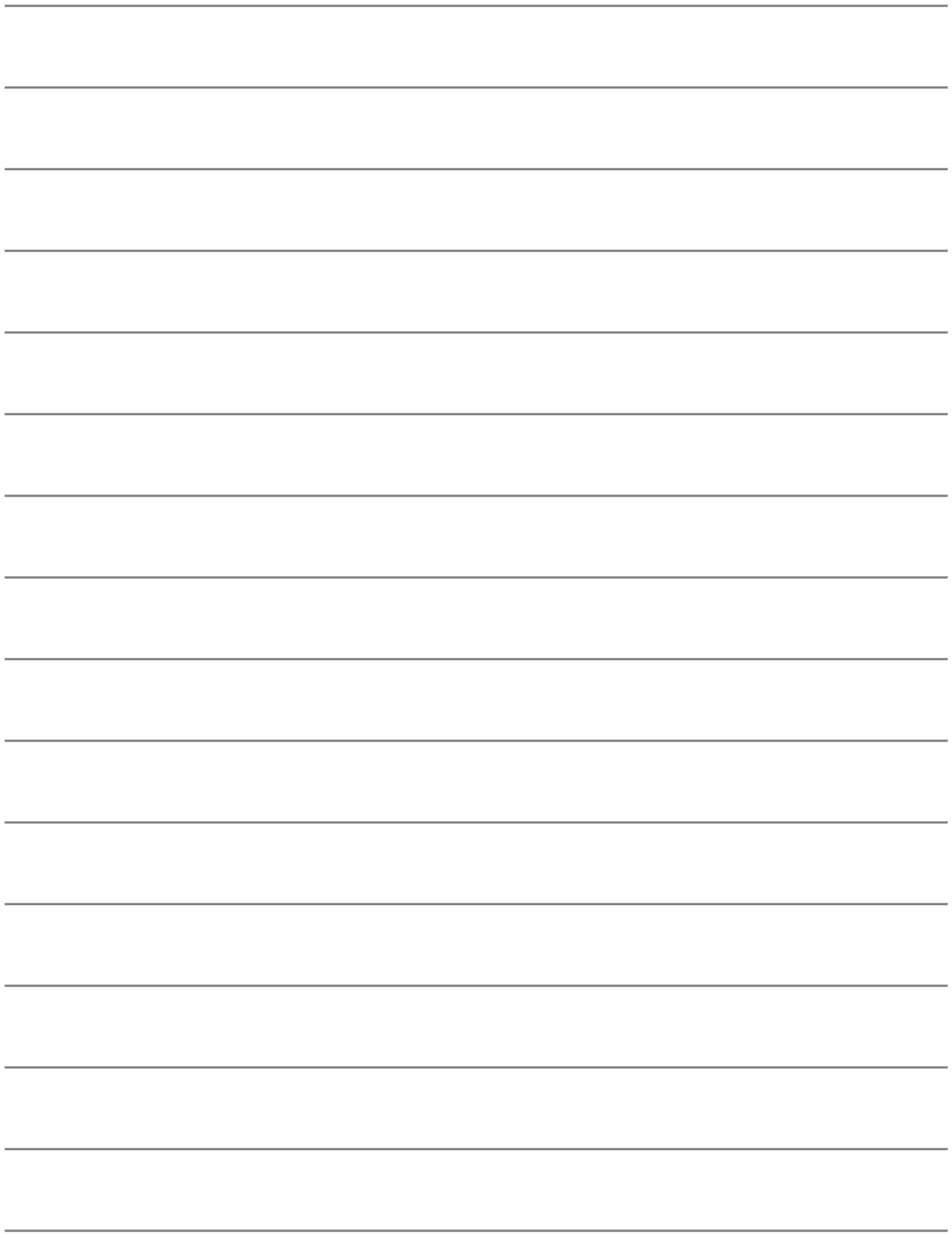
Guiding Principles & Intentional behaviors for desired results that support the Environment/Culture in order to accomplish "the work"

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

New Model of Leadership for Healthcare
Integral Theory
Diane Pisanos

Individual Growth/Self-Management

Life skills competence

Transformational Leadership:
EI
Coaching
Change & Brain Science

Effective teams/ Relationship Management

Healthy work Environments/ Intentional Cultures
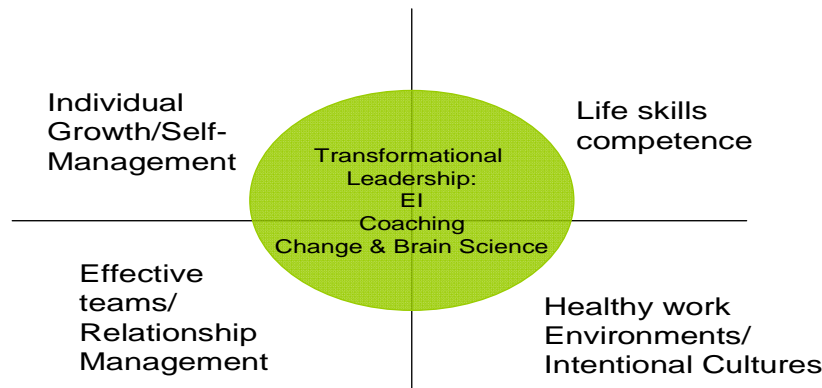
Transactional Leadership
- Doing things right
- Systems & structure
- Consistency & Control
- Results & Bottom line
- Concentrated power of decision making

Paradigms of Leadership

Transformational Leadership
- Doing the right thing
- People & relationships
- Creativity, innovation
- Outcomes as relates to long term
- Persuasion, shared interests

Leading Quality Initiatives: Creating a Culture of Excellence and Safety

Guiding Principles & Intentional behaviors for desired results that support the Environment/Culture in order to accomplish "the work"

CPM Resource Center: evidence-based for creating healthy work culture & interdisciplinary integration **Bonnie Wesorik**	Nursing is all about providing quality care: Six core beliefs.* Quality exists where shared purpose, vision, values and healthy relationships are lived
The Learning Environment **Peter Senge**	Where people continually expand their capacity to create results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together. Learning organizations are characterized by total employee involvement in a process of collaboratively conducted, collectively accountable change directed towards shared values or principles. Ownership of work is foundational for accountability and the achievement of outcomes.
Relationship Centered Care	Relationship-Centered Care is healthcare that values and attends to the relationships that form the context of care, including those among and between practitioners and patients, patients as they care for themselves and one another, practitioners and the communities in which they practice; healthcare practitioners across various professions; and administrators and managers as they set the environment and resources of care. (Pew-Fetzer Task Force)
An Empowered Environment	Empowerment is a recognition and application of the power already present in a role. Empowerment demands performance. Outcomes indicate the effects of the empowerment and are the foundation of measuring success. Clarity of roles and expectations is essential for empowerment as well as accountability. Genuine empowerment means that freedom and authority to make decisions that affect what is done. Sustaining true empowerment is necessary to endure the pain of learning, growing and personal behavioral change on the part of both leadership and staff.

Quality and safety education for Nurses (QSEN)	A collaborative, inclusive model for new graduates. Six competencies described briefly in order to relate to the environment: 1. **Patient-Centered Care**: Recognize the patient/designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs. 2. **Team and Collaboration**: Function effectively within nursing and inter-professional team, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. 3. **Evidence-based Practice:** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. 4. **Quality Improvement**: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. 5. **Safety**: Minimize risk of harm to patients and providers through both system effectiveness and individual performance. 6. **Informatics**: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.
Just Culture	Accountability for Our Behaviors: Just Culture - supports the process of creating a safe haven around reporting while at the same time holding people accountable for what has been identified as best practice. It includes elements of both Organizational Sustaining Systems and Safety Enabling Systems.
Integral Health Care Integral Nursing: Barbara Dossey	A patient-centered and relationship-centered caring process that includes the patient, family, and community and conventional, integrative, and integral healthcare practitioners and services and interventions; a process where the individual interior (personal/intentional), the individual exterior (physiology/behavioral), the collective interior (shared/cultural), and the collective exterior (structures/systems) are considered in all endeavors.

Coaching to a Desired Culture:
A synthesis and review of key principles & behaviors summarized for designing an intentional healthy culture:

Key References: CPM Resource Center: evidence-based for creating healthy work culture & interdisciplinary integration, The Learning Environment, Relationship Centered Care, An Empowered Environment, Quality and safety education for Nurses (QSEN), Just Culture, Integral Nursing

Accountability	Mutual respect
Behavior	Open
Caring	Ownership
Collaborative	Partnerships
Communication	Power lies within
Compassion	Proactive
Continuous improvement	Relationships
Continuous learning	Relationships are pivotal with self & others
Developmental aspects with each human being is honored	Respect
Discerning types of behavior	Safe
Fair	Self-monitoring, self-managed
Just	Shared decision-making
Learning	Support
Learning over punishment	Team
Mistakes are learning opportunities	Trust
	Whole

Coaching to the desired culture: Reflective Questions

1.What is the current culture? What is the desired culture?
2.How will you move towards closing the gap?
3.What behaviors or principles will you embrace?
4.What behaviors need clarifying? Discussing? Visiting regularly?
5.What will you "name" your new culture?
6.What does it look like? Feel like? What are the images?
7.What are the effects of new behaviors in 2 years?
8.How will you begin to transform, implement, shift to the new culture?

Group Exercise: *The focus for this exercise is on the organization, not just a single department as it relates to a culture of quality and safety. Take two minutes to describe your current and ideal culture. Then, we will complete the rest as a large group.*

Describe your current culture	Describe your ideal culture
Group description of current culture	**Group description of the ideal culture**

Strategies: As an organization, how will you close the gap between the current culture and the ideal culture to improve quality and safety?

1.

2.

3.

4.

5

Transforming Intentional Cultures
Developmental Aspects of Transforming a Culture

□ Start with an appreciation and a foundational understanding of the principles of a healthy culture.

□ Examine how these principles align with the organization's mission, vision, and core values. Where necessary, develop the vision of the ideal culture and work environment to support and facilitate quality & safety outcomes.

□ Identify the levels of accountability and ramifications for attitudes and behaviors that negatively impact a culture of quality and safety.

□ Coach to the new culture and hold new conversations. Write new scripts.

□ Make it come alive with training and just-in-time coaching to integrate common principles of a healthy culture into the attitudes & behaviors of the organization. Acknowledge & reinforce those who already demonstrate the attitudes & behaviors that promote quality and safety.

□ Sustaining and accountability to the culture requires:
  • Daily assessment of the culture ~ briefings, huddles and debriefing
  • Maintain the integrity of the culture by holding true to levels of accountability and ramifications established. *(Holds everyone accountable to the consequences of their choice for bad behaviors.)*

Shifting the Culture One Day At a Time

BE---DO---HAVE

HEALTHY, INTENTIONAL ENVIRONMENTS
The key to effective relationships, optimal performance & wellbeing

Environment: Everything that surrounds an individual or group of people: physical, social, psychological, cultural or spiritual characteristics: external & internal features: animate & inanimate objects, seen & unseen vibrations & frequencies; climate, not yet understood energy patterns.

C Eleanor Schuster: Core Curriculum for Holistic Nursing

Conscious business environment
- Total absence of abuse, shame & threat
- People take responsibility for their behavior
- Deal with each other honestly & respectfully
- Hold themselves & others accountable for adhering to some set of agreed upon values
- Working toward an agreed upon vision
- Deviations & errors are an opportunity for learning & growth rather than an excuse for blame & punishment
- In addition to the drive to achieve their goals, people would experience also the commitment to operate according their own values

Fred Kofman

A Rich & Rewarding Environment
- Encourage people to innovate
- Liberate their creative capacities
- Treat them as fully participating partners
- Pay them well
- Promote spirit of trust & teamwork among theme
- Accommodate their family needs as well as their business objectives

A Safe Place
- People are kind. Sarcasm, fighting, backbiting & name-calling are exceptions. Kindness, consideration & forgiveness are the usual way of life.
- There is laughter. Not just canned laughter of television, but real laughter that comes from sharing meaningful work & play.
- There are rules. The rules are few & fair & are made by the people who live & work there, including the children.
- People listen to one another. They care about one another & shoe that they do.

When you are in a healthy environment.......
You know it
No analysis is required
You feel welcomed & balanced
You feel at one with yourself & the world
You are both relaxed & stimulated
You feel at home

Healthy environments ....
Encourage us to relax
Help us learn about ourselves & our world
Encourage self expression
Reflect to us the best in ourselves
Enhance our ability to responds to chaos & complexity

Creating Intentional Cultures

Individual	Group	Organization
Growth	Focus	Trust
Awareness	Accountability	Creativity
Empowerment	Acceptance	Possibility
Personal Responsibility	Cooperation	Communication
Integrity	Participation	Celebration

At all levels: responsive to change, transparent leadership, importance of people & products, emphasis on service to employees & customers, shared values & philosophy.   Linda Webb

The Five Functions of a Health Team:
1. TRUST
2. Conflict
3. Commitment
4. Accountability
5. Results

Key Concepts Towards a Healing Environment
Acceptance
Accountability
Caring
Celebration
Choices
Community
Creativity
Empowerment
Growth
Integrity
Letting go
Mentoring
Ontology
Participation
Possibility
Responsibility
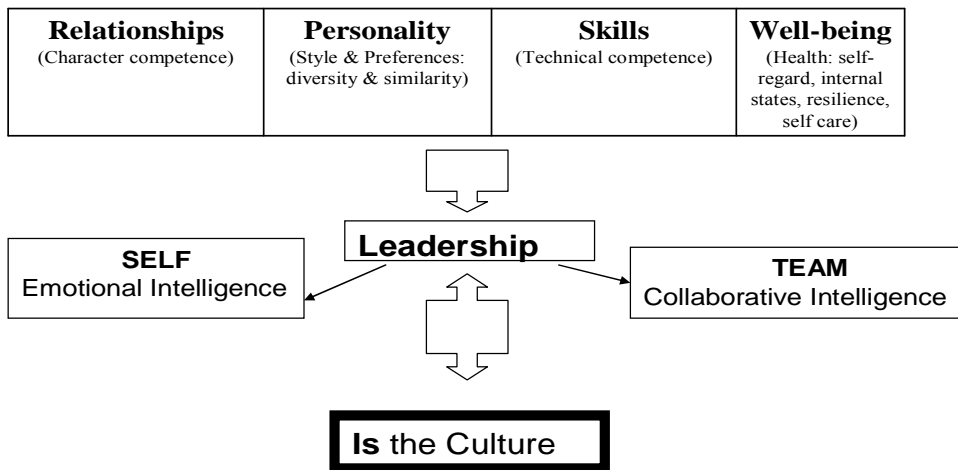Risk
Transformation
Trust
Values

Nursing is all about providing quality care: Six core beliefs:

1. Each person has the right to safe, individualized healthcare that promotes wholeness of body, mind and spirit
2. A healthy culture begins with each person and is enhanced by self-work, healthy relationships and system supports
3. Continuous learning, diverse thinking and evidence-based actions are essential to maintain and improve health
4. Partnerships are essential to plan, coordinate, integrate, deliver and evaluate healthcare across the continuum
5. Each person is accountable to communicate and integrate his/her contribution to healthcare
6. Quality exists where shared purpose, vision, values and healthy relationships are lived

(CPM Resource Center: evidence-based for creating healthy work culture & interdisciplinary integration)

Self Matters….Think Team

Emotional Intelligence→ Emotional Effectiveness
(Behavior: feelings, thoughts & actions)

Relationships (Character competence)	**Personality** (Style & Preferences: diversity & similarity)	**Skills** (Technical competence)	**Well-being** (Health: self-regard, internal states, resilience, self care)

Leadership

SELF Emotional Intelligence

TEAM Collaborative Intelligence

Is the Culture

Instructions

This questionnaire is for your eyes only. It is intended to spark reflection regarding safety and quality. It will be debriefed during the workshop.

Please indicate your agreement or disagreement with the following statements about your work area/unit?

Section A: Your Work Area/Unit

Think about your "unit" as the work area, department or clinical area of the hospital where you spend most of your work time or provide most of your clinical services.

Think about your hospital work area/unit….	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another on this unit.	O	O	O	O	O
2. We have enough staff to handle the workload.	O	O	O	O	O
3. When a lot of work needs to be done quickly, we work together as a team to get the work done.	O	O	O	O	O
4. In this unit, people treat each other with respect.	O	O	O	O	O
5. Staff in this unit work longer hours than is best for patient care.	O	O	O	O	O
6. We use agency/temporary staff than is best for patient care.	O	O	O	O	O
7. Staff feel like their mistakes are held against them.	O	O	O	O	O
8. Mistakes have led to positive change here.	O	O	O	O	O
9. It is just by chance that more serious mistakes don't happen around here.	O	O	O	O	O
10. When one area in this unit gets really busy, others help out.	O	O	O	O	O
11. After we make changes to improve patient safety, we evaluate their effectiveness.	O	O	O	O	O
12. We work in "crisis mode" trying to do too much, too quickly.	O	O	O	O	O
13. Patient safety is never sacrificed to get more work done.	O	O	O	O	O
14. Staff worry that mistakes they make are kept in their personal file.	O	O	O	O	O
15. We have patient safety problems in this unit.	O	O	O	O	O
16. Our procedures and systems are good at preventing errors from happening.	O	O	O	O	O

This survey has been adapted from the Hospital Survey on Patient Safety Culture from the AHRQ website.

Section B: Communications

How often do the following this happen in your work area/unit?					
Think about your hospital work area/unit….	Never	Rarely	Sometimes	Most of the time	Always
1. We are given feedback about changes put into place based on event reports.	O	O	O	O	O
2. Staff will freely speak up if they see something that may negatively affect patient care.	O	O	O	O	O
3. We are informed about errors that happen in this unit.	O	O	O	O	O
4. Staff feels free to question the decisions or actions of those with more authority.	O	O	O	O	O
5. In this unit, we discuss ways to prevent more errors from happening again.	O	O	O	O	O

Section C: Frequency of Events Reported

In your hospital work area/unit, when the following mistakes happen, how often are they report?					
Think about your hospital work area/unit….	Never	Rarely	Sometimes	Most of the time	Always
1. When a mistake is made, but is caught and corrected *before* affecting the patient, how often is it reported?	O	O	O	O	O
2. When a mistake is made, but has no potential to harm the patient, how often is this reported?	O	O	O	O	O
3. When a mistake is made, that could harm the patient, but does not, how often is this reported?	O	O	O	O	O

Section D: Your Hospital/Agency

In your hospital work area/unit, when the following mistakes happen, how often are they reported?					
Think about the hospital…	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Hospital management provides a work climate that promotes patient safety.	O	O	O	O	O
2. Hospital units do not coordinate well with each other.	O	O	O	O	O
3. Things "fall between the cracks" when transferring patients from one unit to another.	O	O	O	O	O

This survey has been adapted from the Hospital Survey on Patient Safety Culture from the AHRQ website.

4. There is good cooperation among hospital units that need to work together.	○	○	○	○	○
5. Important patient care information is often lost during shift changes.	○	○	○	○	○
6. It is often unpleasant to work with staff from other hospital units	○	○	○	○	○
7. Problems often occur in the exchange of information across hospital units.	○	○	○	○	○
8. The actions of the hospital management show that patient safety is a top priority.	○	○	○	○	○
9. Hospital management seems interested in patient safety only after an adverse event happens.	○	○	○	○	○
10. Hospital units work well together to provide the best care for patients.	○	○	○	○	○
11. Shift changes are problematic for patients in this hospital.	○	○	○	○	○

Section F: Comments

Please feel free to write any additional reflections about patient safety, error or event reporting in your hospital.

_____

_____

_____

_____

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_____

This survey has been adapted from the Hospital Survey on Patient Safety Culture from the AHRQ website.

Notes:
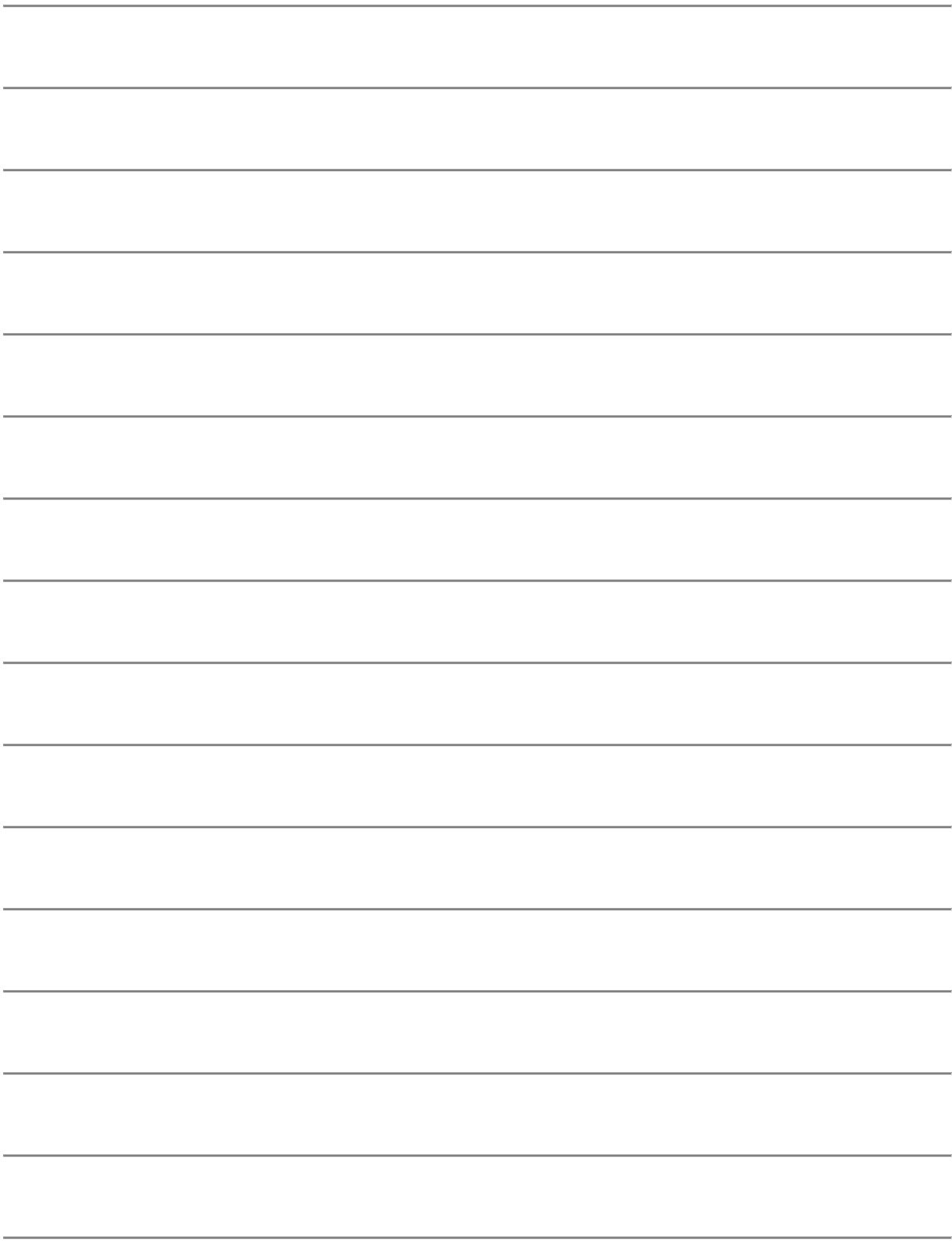
Crew Resource Management

Captain Valerie Scott
Boeing 757/767
UNITED

The High & The Mighty
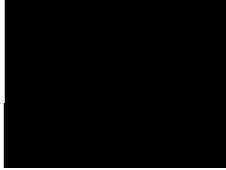
Pre CRM

Watershed Events

03/27/1977	KLM 4805	Tenerife	583 Died
12/28/1978	United 173	Portland	10 Died
01/13/1982	Air Florida 90	Washington	78 Died

Air Florida 90

Technical proficiency alone cannot prevent accidents.
Usually a breakdown in communication and teamwork
is a causal factor in most accidents.

Industry Response

- First Generation United Airlines – 1981
  Cockpit Resource Management

- Second Generation – 1986
  Crew Resource Management

- Third Generation – 1990's
  Broadening The Scope

- Fourth Generation
  Integration and AQP program

- Fifth Generation – 1997
  Threat and Error Management

Tools of the Trade

- Standard Operating Procedures

- Briefings

- Checklists

- Simulation & Training

- Error Reporting Systems

Personal Risk Assessment

I – Illness/Injury

M – Medication

S – Stress

A – Alcohol

F – Fatigue

E – Emotion/Eating

Cultural Changes

Infallible	Human
Commander	Leader
Obedience	Respect
Stick & rudder	Manager
Superior	Colleague
Personal ego	Professional pride
Accident Analysis	Accident Prevention

The nature of leadership can change without losing
authority and autonomy.

Effects of CRM on Safety

- 02/24/1989   United 811   Hawaii   9 Died

- 07/19/1989   United 232   Sioux City   114 Died

- 06/28/1998   United 863   San Francisco

Shared Vision

The goal is to achieve situational awareness where a common team view of internal and external environment is developed to apply to current task strategies and help anticipate future situations.

My Team

Operations – First Officer, Dispatcher, Load planner

Gate – Customer Service Representative , Zone control, special passengers, OMC, FAM, FFDO

Aircraft – Flight attendants, fueler, caterer, mechanics, push crew, cargo handlers, ramp control, air traffic control, passengers

Enroute – First Officer, Flight Attendants, Dispatch, SAMC, ATC, ARINC, other aircraft

My Goal

My greatest responsibility is the safety and well-being of my team, my crews and the passengers we serve who entrust their lives to us.

Leadership is creating the conditions that allow your team to succeed!

Questions?

ALPA Code of Ethics And Canons

SOURCE—Board 1956; AMENDED—Executive Board November 1977;
Board 1986; Board 1994; Executive Board May 2000

PREAMBLE

The tenets of this Code shall apply to all members without
regard to gender.

1. An Air Line Pilot will keep uppermost in his mind that the
safety, comfort, and well-being of the passengers who entrust their
lives to him are his first and greatest responsibility.

a. He will never permit external pressures or personal desires to
influence his judgment, nor will he knowingly do anything that
could jeopardize flight safety.

b. He will remember that an act of omission can be as hazardous
as a deliberate act of commission, and he will not neglect any
detail that contributes to the safety of his flight, or perform any
operation in a negligent or careless manner.

c. Consistent with flight safety, he will at all times operate his
aircraft in a manner that will contribute to the comfort, peace of
mind, and well-being of his passengers, instilling in them trust in
him and the airline he represents.

d. Once he has discharged his primary responsibility for the safety
and comfort of his passengers, he will remember that they depend
upon him to do all possible to deliver them to their destination at
the scheduled time.

e. If disaster should strike, he will take whatever action he deems
necessary to protect the lives of his passengers and crew.

2. An Air Line Pilot will faithfully discharge the duty he owes the
airline which employs him and whose salary makes possible his
way of life.

a. He will do all within his powers to operate his aircraft efficiently
and on schedule in a manner that will not cause damage or
unnecessary maintenance.

b. He will faithfully obey all lawful directives given by his
supervisors, but will insist and, if necessary, refuse to obey any

A supplement to *Air Line Pilot*. Pull gently to remove.

directives which, in his considered judgment, are not lawful or will
adversely affect flight safety. He will remember that in the final
analysis the responsibility for safe completion of the flight rests
upon his shoulders.

c. He will not knowingly falsify any log or record, nor will he
condone such action by other crew members.

d. He will remember that a full month's salary demands a full
and fair month's work. On his days off he will not engage in any
occupation or activity that will diminish his efficiency or bring
discredit to his profession.

e. He will realize that he represents the airline to all whom meet
him, and will at all times keep his personal appearance and
conduct above reproach.

f. He will give his airline the full loyalty which it is due. If he feels
it necessary to reveal and correct conditions that are not conducive
to safe operations and harmonious relations, he will direct his
criticism to the proper authorities within ALPA.

g. He will hold his airline's business secrets in confidence, and will
take care that they are not improperly revealed.

3. An Air Line Pilot will accept the responsibilities as well as the
rewards of command, and will at all times so conduct himself both
on duty and off as to instill and merit the confidence and respect
of his crew, his fellow employees, and his associates within the
profession.

a. He will know and understand the duties of each member of his
crew. If in command, he will be firm but fair, explicit yet tolerant
of deviations that do not affect the safe and orderly completion of
the flight. He will be efficient yet relaxed, so that the duties of the
crew may be carried out in a harmonious manner.

b. If in command, he will expect efficient performance of each
crew member's duties, yet he will overlook small discrepancies
and refrain from unnecessary and destructive criticism so that the
crew member will retain his self-respect and cooperative attitude.
A frank discussion of minor matters of technique and performance
after the flight will create goodwill and a desire to be helpful,
whereas sharp criticism and peremptory orders at the moment will
only result in the breakdown of morale and an inefficient, halting
performance of future duties.

c. An Air Line Pilot will remember that his is a profession heavily
dependent on training during regular operations and, if in
command, will afford his flight crew members every reasonable

opportunity, consistent with safety and efficiency, to learn and practice. He will endeavor to instill in his crew a sense of pride and responsibility. In making reports on the work and conduct of his crew members, he will avoid personal prejudices, make his reports factual and his criticisms constructive so that actions taken as a result of his reports will improve the knowledge and skill of his crew members, rather than bring discredit, endanger their livelihood and threaten their standing in the profession.

d. While in command, the Air Line Pilot will be mindful of the welfare of his crew. He will see to it that his crew are properly lodged and cared for, particularly during unusual operating conditions. When cancellations result in deadheading, he will assure that proper arrangements are made for the transportation of his crew before he takes care of himself.

4. An Air Line Pilot will conduct his affairs with other members of the profession and with ALPA in such a manner as to bring credit to the profession and ALPA as well as to himself.

a. He will not falsely or maliciously injure the professional reputation, prospects, or job security of another pilot, yet if he knows of professional incompetence or conduct detrimental to the profession or to ALPA, he will not shrink from revealing this to the proper authorities within ALPA, so that the weak member may be brought up to the standards demanded, or ALPA and profession alike may be rid of one unworthy to share its rewards.

b. He will conduct his affairs with ALPA and its members in accordance with the rules laid down in the Constitution and By-Laws of ALPA and with the policies and interpretations promulgated therefrom. Whenever possible, he will attend all meetings of ALPA open to him, and will take an active part in its activities and in meetings of other groups calculated to improve air safety and the standing of the profession.

c. An Air Line Pilot shall refrain from any action whereby, for his personal benefit or gain, he takes advantage of the confidence reposed in him by his fellow members. If he is called upon to represent ALPA in any dispute, he will do so to the best of his ability, fairly and fearlessly, relying on the influence and power of ALPA to protect him.

d. He will regard himself as a debtor to his profession and ALPA, and will dedicate himself to their advancement. He will cooperate in the upholding of the profession by exchanging information and experience with his fellow pilots, and by actively contributing to the work of professional groups and the technical press.

5. To an Air Line Pilot the honor of his profession is dear, and he will remember that his own character and conduct reflect honor or dishonor upon the profession.

a. He will be a good citizen of his country, state, and community, taking an active part in their affairs, especially those dealing with the improvement of aviation facilities and the enhancement of air safety.

b. He will conduct all his affairs in a manner which reflects credit on himself and his profession.

c. He will remember that to his neighbors, friends, and acquaintances he represents both the profession and ALPA, and that his actions represent to them the conduct and character of all members of the profession and ALPA.

d. He will realize that nothing more certainly fosters prejudices against and deprives the profession of its high public esteem and confidence than do breaches in the use of alcohol.

e. He will not publish articles, give interviews, or permit his name to be used in any manner likely to bring discredit to another pilot, the airline industry, the profession or to ALPA.

f. He will continue to keep abreast of aviation developments so that his skill and judgment, which heavily depend on such knowledge, may be of the highest order.
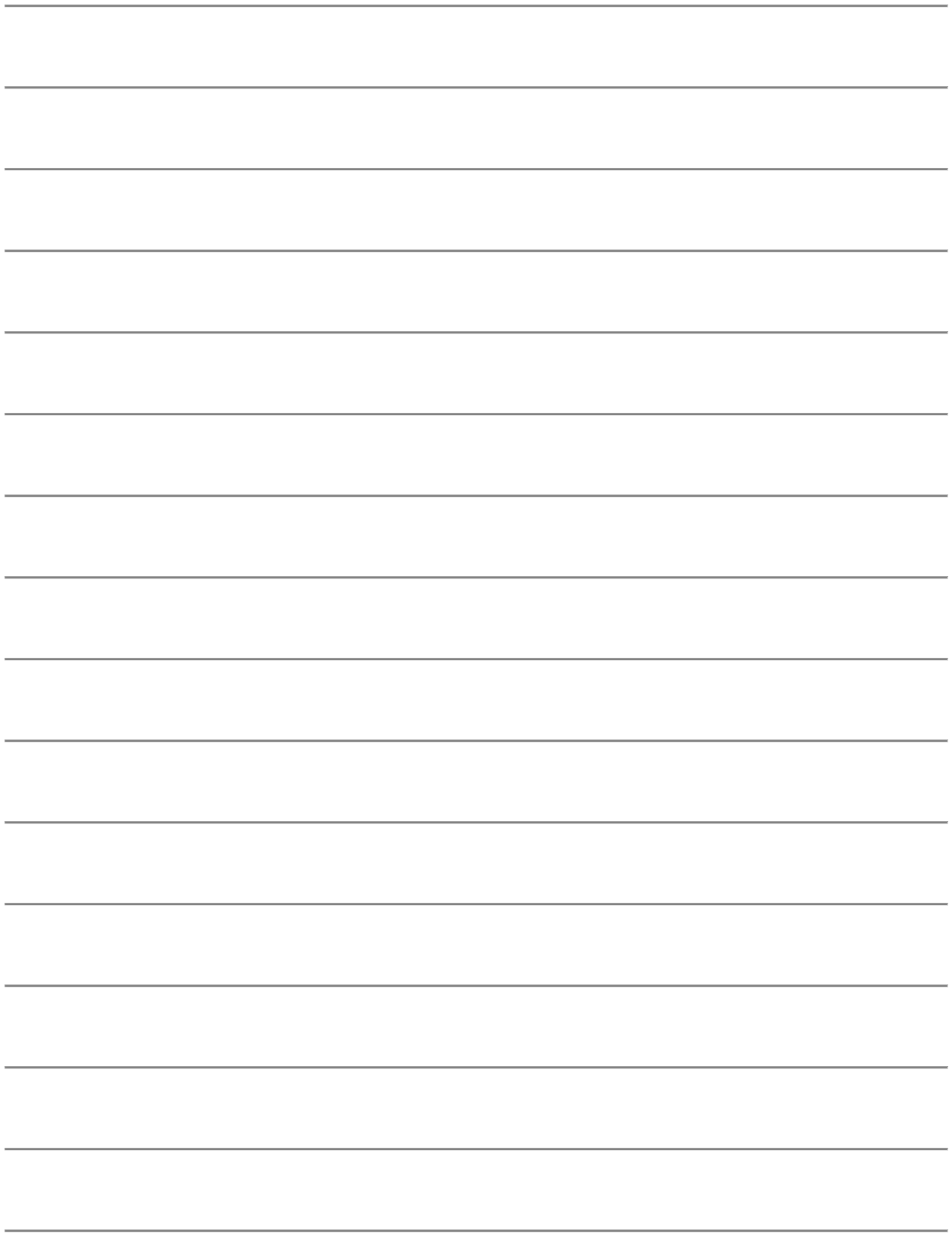
Having endeavored to his utmost to faithfully fulfill the obligations of the ALPA Code of Ethics and Canons for the Guidance of Air Line Pilots, a pilot may consider himself worthy to be called...

an Airline Pilot.

Air Line Pilots Association, International

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Notes:

Evaluation of Program For Quality Workshop

Course: *Advanced Leadership for Quality Workshop*	Date: August 9, 2011

Regarding the Overall Course:	Scale					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion / N/A
1. The presentations promoted active learning.	○	○	○	○	○	○
2. Appropriate reference materials were provided.	○	○	○	○	○	○
3. The presenters were responsive to questions from the audience.	○	○	○	○	○	○
4. The content was presented in an understandable way.	○	○	○	○	○	○
5. The content was presented in a logical sequence.	○	○	○	○	○	○
6. Handouts and other materials were clear.	○	○	○	○	○	○
7. I learned new skills that will be useful to me as a leader / coach.	○	○	○	○	○	○

Regarding the Objectives of the Course: Did the following presenters meet your expectations based on the stated objectives for their content?	Scale				
	Exceeded Expectations	Met Expectations	Partially Met Expectations	Did Not Meet Expectations	No Opinion/ N/A
1. Karren Kowalski – *Intro; XY Game; Debriefs*	○	○	○	○	○
2. Marianne Horner – *Getting on the Balcony*	○	○	○	○	○
3. Diane Pisanos – *Building a Culture of Safety*	○	○	○	○	○
4. Valerie Scott – *Aviation: Lessons learned regarding safety*	○	○	○	○	○

Please explain any responses of partially met or did not meet expectations:

_____

_____

_____

_____

What did you find to be the most worthwhile content?

_____

_____

_____

_____

Thank you for your responses to our evaluation. We appreciate your participation in this work for the last three days. We look forward to working with you over the next six months on your capstones and coaching! Safe travels home!