Shared governance

Tim Porter-O’Grady sounds off

Shared governance and what it means to nursing

Learning objectives: After reading this article, you will be able to
1. indicate how a facility should begin its journey to shared governance
2. underline the four principles that must be understood and valued to support the strengthening of interdisciplinary relationships through shared governance

Shared governance is about putting decision-making power in the hands of those who are most closely affected by those decisions. In other words, organizations should allow the appropriate people to make decisions regarding their jobs (i.e., nurses should have a say in clinical practices), Dr. Tim Porter-O’Grady told the audience of a recent HCPro, Inc., audioconference.

“The right decision, the right person, the right place, for the right purpose,” said Porter-O’Grady, senior partner of Tim Porter-O’Grady Associates, Inc., an international healthcare consulting firm in Atlanta, during the audioconference “Shared Governance: How to create and sustain a culture of nurse empowerment.”

“This means looking past simple notions of empowerment and seriously looking at empowerment as a frame of reference for engaging the staff more fully in those decisions that affect what they do, how they do them, and the outcomes of their work,” said Porter-O’Grady.

He believes a facility begins its journey to shared governance by structuring a sturdy framework based on accountability, equity, partnership, and ownership.

According to Porter-O’Grady, if an organization builds its shared governance practices on such a structure, it will create a basis for behavior that is accountable and sustainable and that reflects a commitment to patient care. Ultimately, working toward the same cause (i.e., patient care) will support the growth of relationships between professionals of other disciplines, he said.

To support the strengthening of relationships through shared governance, there are four principles that must be understood and valued, said Porter-O’Grady. These four principles are

1. accountability: The mutual commitment to positive patient-care outcomes.
2. equity: The valuing of every role in the organization.
3. partnership: Nurses’ relationships with one another, the patient, or other disciplines.
4. ownership: Membership in the nursing profession, clinical practice, and the work that nurses...
do as individuals.

**Shared governance and Magnet**

According to the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program® standards, shared decision-making and shared governance are fundamental elements when organizations develop structures that support excellence.

The leadership team at Lehigh Valley Hospital and Health Network of Allentown, PA, couldn’t agree more. The organization decided to restructure the language in its professional practice model documentation according to the 14 Forces of Magnetism, said audioconference cospeaker Kim S. Hitchings, RN, MSN, manager of the Center for Professional Excellence and Magnet site director at the facility, during the audioconference.

As a Magnet facility, many of the practices surrounding shared governance were already in use, Hitchings said. Because of this, it seemed natural to structure Lehigh Valley’s professional practice model around the Forces of Magnetism, she said.

Having a formal document is imperative for creating structure for the shared governance process. This clearly and officially outlines the organization’s values and beliefs, said Hitchings.

**Expert advice**

To help facilities that newly implement shared governance models, Hitchings suggested the following:

- Create a template that helps guide unit-based shared governance councils. Doing so will streamline the practices and structure of such councils.

- Allow unit members to decide how they want to exercise shared governance; let them decide whether they want to form a practice or quality council.

- Identify the key components that your organization believes its nurses are empowered to affect.

For example, Lehigh Valley officially empowers nurses in the areas of professional accountability, clinical practice and quality, professional excellence, operations research, collegial review, and recognition.

- Hold staff accountable through annual performance reviews. For example, Lehigh Valley practices a pay-for-performance model in which salary increases for performance are based on definitive goals and outcomes. One of those is including participation in the professional practice model.

- Offer a facilitation workshop, if possible. By doing so, staff selected to act on unit councils will know what their roles are and how to use the council.

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**Journey to Magnet Status: 2005 “Award of Distinction” winner**

HCPRO’s new video, *Journey to Magnet Status*, has won the 2005 “Award of Distinction” from The Communicator Awards in the category of medical/educational videos.

The Communicator Awards is an international awards competition that recognizes outstanding work in the communication field. The Award of Distinction is awarded to projects that exceed industry standards in production or communication skills.

This 30-minute video features winning strategies and tips from top nursing professionals, who shared their personal experiences and best practices during HCPRO’s Magnet Resource Center Advanced Workshop in October 2005. Their advice is crucial in helping you to tackle critical aspects of the Magnet designation process.

To learn more about *Journey to Magnet Status*, contact us at 800/650-6787 or visit www.bcmmarketplace.com.
What a character! Understanding workplace dynamics

If your unit or department is like most workplaces, it is full of colorful—and sometimes conflicting—personalities. To avoid chaos and keep everyone productive, it’s vital for you as a manager to understand your staff’s personalities and address their needs appropriately.

The Grimm Brothers’ *Snow White and the Seven Dwarfs* may have a lot more in common with you and your department than you might think. Check out these characters to see how your staff measure up. Keep in mind that these roles may change from day to day and hour to hour:

**Snow White**
You, the leader, well-organized and always pleasant.

**Sneezy**
This employee is frequently ill and may even distract from the productivity of others. Ensure that this one receives the healthcare that he or she needs.

**Sleepy**
You may have a hard time keeping this worker’s attention. Increased involvement may help in this situation, such as special assignments or other active tasks that add value to the organizational mission. Don’t be afraid to take a personal interest in any off-duty activities or problems (e.g., drug, alcohol or family issues) that may be interfering with work and refer to your Employee Assistance Program where appropriate. If you have more than one of these employees, reevaluate their workloads.

**Dopey**
This employee may be a little slow at grasping key concepts. In reality, there aren’t many of these employees around. Dopey may require remediation or even reassignment. You can’t let this one detract from team efficiency. If you have too many of these employees, reevaluate your recruitment and retention practices.

**Bashful**
Don’t confuse this one with Dopey. Bashful may be quite bright but require extra encouragement. It would be easy to assign Bashful to out-of-sight tasks in an effort to maximize his or her quiet talents. However, that may be a disservice to Bashful’s professional development.

**Doc**
This staff member may make your management very easy or extremely difficult depending on your skill and ability to effectively utilize Doc’s brilliance. These employees pick up and absorb information quickly and may even be used as Dopey’s mentor. In the extreme, however, the know-it-all may disrupt workflow. You must be able (and willing) to deal quickly and effectively with this on a case-by-case basis. Stay alert and keep your ego in check. Doc isn’t necessarily out for your job, so it’s better to partner with Doc than to compete.

**Happy**
This member keeps you and the department alive. Take advantage of this personality and possibly use it to battle Grumpy.

**Grumpy**
This employee is never satisfied and is sometimes referred to as a “blocker.” This attitude can spread like a nasty virus. Handle these employees tactfully but quickly. Try pairing (several) strong Happys with Grumpy and monitor them closely to ensure that Grumpy doesn’t convert Happy.

If you have too many of these, reevaluate your leadership and management styles (which are two different and distinct skills).

Source: James Reimer, MEd, RN, account executive, Elsevier-MC Strategies, Oak Harbor, WA, reimer@mcstrategies.com.
Create an environment of care, concern, and respect

Simple, employee-friendly ideas to acknowledge staff

**Learning objectives:** After reading this article, you will be able to
1. explain strategies managers can take to treat each employee as an individual
2. define four “surprises” that managers can use to demonstrate to employees that they are valued

A vital part of recruitment and retention is creating a work environment that is employee- and family-friendly. Before you can begin to develop these policies and programs, make sure that you work in a culture that acknowledges and demonstrates care and concern for collegial interests and welfare. Lead through example by interacting with staff and peers in a respectful and positive manner at all times.

Encourage positive relationships by taking the time to listen to and learn about the people with whom you work. Know their life priorities and motivators. Learn their children’s names and where they’re going to school. Ask about their pets. Your goal is to get to know them at a level with which you are both comfortable (but remember not to push anyone for information that he or she may not want to share).

One fun way to create a caring environment is to develop a “significant other” bulletin board and allow staff to bring photos for display. Include a key at the bottom, identifying the staff member and whether the photo is of a child, parent, partner, pet, or friend.

Better yet, make the board into a game. Place the photos of staff on the left side and the “significant other” photos on the right. Have employees guess which pairs go together and award a prize to the person who matches all of the pairs correctly.

**Treat each person as an individual**

As a manager, it’s important to be open-minded and avoid making assumptions. When someone asks for a special scheduling need, don’t respond with “we can’t do that here.” Discuss the positives and negatives, and if there are concerns ask the person making the request to do research about how the special scheduling worked elsewhere. Be willing to explore new options.

Enliven people’s days by posting motivational or inspirational quotes on your unit. Clip cartoons or humorous stories that you know relate to an employee’s interest. Begin or end staff meetings by asking staff to share something positive that they experienced within the past week.

Look for positive behaviors in your staff and tell them as soon as you can what you saw and how impressed you were with them. In addition, although it may be a more difficult task, talk with staff about behaviors you observe that need to be corrected. When a group is asked, “How many would inform a colleague that he or she has bad breath?” only a few will raise their hands. But when asked whether they would want a
colleague to tell them if they themselves had bad breath, almost everyone in the room raises his or her hand. What this illustrates is that almost all of us are approachable and willing to hear how we can improve if that approach is done in a thoughtful, encouraging manner. The first step to improving coworker behavior can be daunting, but it is important to take it anyway.

**The power of everyday surprises**

Make a commitment to demonstrating to employees that they are valued. Regardless of age and occupation, most people love surprises. It is the element of the unexpected and the fact that someone took the time to think of it that make it special.

If you develop leadership skills in your managers by teaching these concepts, you empower them with simple, employee-friendly ideas. The size of the surprise does not necessarily relate to how happy it makes the person on the receiving end. Surprises do not have to be attached to rewards, although they can and should be when appropriate. Surprises are not simply about celebrating a birthday in the department.

Following are a few simple surprises to consider trying at your facility:

- The manager takes the assignment of the nurse who has the longest tenure. After the manager gets the nurse’s patient report, the nurse is sent home for the shift with pay and a large card thanking him or her for his or her commitment to the patients and the organization.

- At shift change, surprise staff by stationing top-level management outside with buckets of soap, sponges, and hoses to wash employees’ cars before they go home.

- The director of nursing arrives unexpectedly on a nursing unit and works side by side for the entire shift with a newly hired nurse.

- The CEO of the organization calls a nurse manager in the morning and invites him or her to lunch that day to brainstorm and share ideas about improving patient care.

**What employees really want**

Although some employee- and family-friendly policies may be fairly easy to implement, organizations must not lose sight of the bigger picture. In 2004, Accenture Consulting, an international consulting company, surveyed 1,501 recent college graduates to find out what they wanted most from their prospective new employers. The results revealed that training and compensation were at the top of the graduate’s wish list.

**What recent grads desire most from an employer**

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<thead>
<tr>
<th>Aspect</th>
<th>Percentage</th>
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<tr>
<td>Training programs</td>
<td>71%</td>
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<tr>
<td>Fair compensation</td>
<td>61%</td>
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<tr>
<td>Flexible schedules</td>
<td>59%</td>
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<tr>
<td>Approachable and available management</td>
<td>55%</td>
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<tr>
<td>Ethical management</td>
<td>48%</td>
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<tr>
<td>Mentorship programs</td>
<td>45%</td>
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<tr>
<td>Social gatherings/events</td>
<td>30%</td>
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<tr>
<td>Discounts at local shops</td>
<td>23%</td>
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<tr>
<td>Telecommuting</td>
<td>16%</td>
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These results remind us that although employee- and family-friendly programs are important, they should not be developed to replace other vital qualities employees need from their employers, such as trust, ethics, training, and development.

**Source:** This excerpt is from the book *A Practical Guide to Recruitment & Retention: Skills for Nurse Managers,* written by Shelley Cohen, RN, BS, CEN, and Dennis Sherrod, EdD, RN, published by HCPro, Inc.

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New technique helps meet new JCAHO goal

Complying with a new National Patient Safety Goal may be as simple as passing the baton.

The U.S. Department of Defense Patient Safety Program developed a mnemonic known as “I PASS the BATON” to comply with JCAHO Goal-2E, which took effect January 1 and requires organizations to implement a standardized approach to hand-off communication between caregivers and provide an opportunity to ask and respond to questions.

Each letter—except for the word “the”—represents a critical function in healthcare hand-offs:

- **I**ntroduction—Introduction yourself and your role/job (include the patient in the introduction process, if possible)
- **P**atient—Name, identifiers, age, sex, location, etc.
- **A**ssessment—Presenting chief complaint, vital signs, symptoms, and diagnosis
- **S**ituation—Current status and circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
- **S**afety concerns—Critical lab values and reports, socioeconomic factors, allergies, alerts (e.g., falls, isolation, etc.)
- **B**ackground—Comorbidities, previous episodes, current medications, family history, etc.
- **A**ctions—Which actions were taken or are required and provide brief rationale
- **T**iming—Level of urgency, explicit timing, and prioritization of actions
- **O**wnership—Who is responsible (e.g., nurse, doctor, team), including patient or family responsibilities
- **N**ext—What will happen next? Any anticipated changes in condition or care? What is the plan? Are there any contingency plans?

Although the number of steps in the mnemonic appear daunting, many healthcare workers already cover these topics every day.

**Recognize the issues**

One of the greatest dangers in handoffs is the expected change between experienced and inexperienced staff, **John Webster, MD, MBA**, a Defense Department consultant, says.

For example, a nurse who has had years of experience on a unit may incorrectly assume that a new nurse will understand a certain aspect of a patient’s treatment or the potential side effects of a medication.

Another problem is the contingency plans required for patient care. For example, staff need to know what will happen if a certain lab result comes back or a patient’s blood pressure drops to a certain level, Webster adds.

**Allow for questions**

Providing time for clarification and questions is important to the hand-off process. Nurses involved in the hand-off need to assess the patient’s situation and frame it with current information.

Staff should discuss the current status and situation, including the level of certainty or uncertainty regarding circumstances of the patient’s condition. Staff also need to address safety concerns (e.g., allergies, fall risk, or other critical alerts), Webster says.

**Tweak the process**

The Defense Department is in the process of producing posters and plastic cards containing the mnemonic for staff identification badges to help people remember the steps.

A PowerPoint presentation and toolkit including pertinent literature and organizational recommendations are also in the works, says **Heidi King, MS**, deputy director of the department’s patient safety program.

“All everybody has the opportunity to use it,” King says of the process. “They have to take it, tweak it, and feel empowered that it’s theirs.”

**Source:** Adapted from Briefings on JCAHO, January 2006, HCPro, Inc.
Seven warning signs that you’re fighting change

Do you fight or embrace change within your organization? Unfortunately, although you may think you’re fairly open to change and even welcome it, you may in fact be a change fighter. Be on the lookout for these seven warning signs of resistance to change:

- **Warning sign #1: You play a new game with the old rules.** As change washes over your organization, you are indeed playing a new game—a game in which the old rules you’re still using are about as relevant as last week’s losing lottery numbers. Instead of doing what’s always been done, think of new ways to carry out the updated missions.

- **Warning sign #2: You avoid new assignments.** Most people welcome new job assignments, especially when they lead to new challenges, new opportunities and accomplishments, and perhaps even promotions and pay increases. If you find yourself hiding when the new assignments are made, you may have decided that you much prefer the comfort of the status quo to the adventure that is part and parcel of change.

- **Warning sign #3: You gum up the works.** Ever heard the term “paralysis by analysis?” This is when a manager spends far too much time analyzing every possible angle in making a business decision, often bringing the organization to a grinding halt as it awaits the results of all this study.

- **Warning sign #4: You attempt to control the uncontrollable.** If you try to control the uncontrollable, not only are you wasting your time and energy—time and energy that would be better spent dealing with the effects of change—but you’re clearly resisting the revamping in your business environment that is both unavoidable and inevitable.

- **Warning sign #5: You’ve become a victim of change.** There is perhaps no sadder sign that you resist change than becoming a victim of it. Instead of embarking on the sometimes difficult path of dealing with change and determining how to use it to make your organization’s products and services more responsive to your customers’ needs, you instead take the easy road and don’t take part. Even though this may be the easiest way out, you can be sure that everyone else will eventually pass you by.

- **Warning sign #6: You wait for someone else to step up to the plate.** Do you find yourself dragging your feet, hoping that someone else will jump in and take charge—perhaps another manager, your boss, or even a competitor? Remember: Waiting does not make change go away—it only delays an organization’s response to it. This delay can give the competition the leg up it needs to pull ahead of your organization in the marketplace.

- **Warning sign #7: You’ve become paralyzed.** In its ultimate form, resistance to change results in paralysis, that is, the manager affected by it is incapable of making decisions or leading initiatives in response to change. The result? Utter failure. Your job as a manager is to make things happen. When you can no longer make things happen, you have outlived your usefulness as a manager and become expendable—not exactly the place in which most employees in today’s leaner organizations want to be.

So what can you do when you find that you exhibit one or more of these seven warning signs of resistance to change? Become a change leader. In other words, proactively lead change in your organization instead of resisting it. Analyze your role in enacting change and think of ways in which you, as a leader, can motivate staff so that you’re all on the fast track to success.

Source: Bob Nelson, PhD, president of Nelson Motivation, Inc., in San Diego, and author of 1001 Ways to Reward Employees and The 1001 Rewards & Recognition Fieldbook. For more information, visit www.nelson-motivation.com. Adapted with permission.
Crew resource management: The flight plan for lasting change in patient safety

**Learning objective:** After reading this article, you will be able to
1. demonstrate how to use team-building skills based on crew resource management when organizing activities at your facility

**Editor’s note:** The following excerpt is adapted from Crew resource management: The flight plan for lasting change in patient safety, a new book by HCPro. Visit our Web site at www.hcmarketplace.com for more information.

Although the traveling public doesn’t realize it, the pilots who fly us safely to our destinations rarely meet each other before that flight. Nevertheless, they mesh quickly, operating together as though they have known each other for years. Surprisingly, they routinely have fewer than five minutes to conduct a team-building activity before they must attend to the task of preparing the aircraft for flight. Because no pilot knows when a catastrophic engine failure might occur or the flight may encounter a deadly microburst from a thunderstorm, these team-building activities take on a critical importance. The crews’ and passengers’ lives depend on the pilots’ expert coordination and open communication. They must get it right quickly or put their flights at risk.

Many team-building activities are scripted and follow a standard protocol. Emulating flight crews’ techniques will help to build successful teams in other situations.

Often, the flight-deck team is formed in less than two minutes. Two minutes can be easily found at the beginning of most routine procedures and shifts, so healthcare teams should consider implementing the techniques of our airborne friends. You’ll discover significant benefits by organizing activities using the following team-building skills:

1. **Use interpersonal skills** at the most basic and common-sense level. Interpersonal skills include the following:
   - **Introducing yourself.** It is always easier to communicate with someone you know than someone you don’t know. Many hospitals now post the names of the staff involved in a procedure on a white board in the OR to facilitate these introductions.
   - **Making eye contact.** Many studies suggest that body language conveys the bulk of the message when we communicate. Failure to make eye contact robs the communicators of this important source of meaning.
   - **Supporting words with actions.** Body language and tone will betray your real intent. A slight change in body language and tone of voice can dramatically change the message of, “Any questions?” For example, an open expression and friendly tone convey, “How can I help you with your questions?” Meanwhile, a grim, stony face and clipped tone convey, “You don’t really have any questions, do you?”

2. **Clearly provide the big picture** during a “pre-brief.” Flight crews always discuss the flight in general terms and then review specific actions at critical points expected in the flight. The effective healthcare team leader will do the same by discussing critical decision points in the case or procedure.

3. **Invite participation from the team.** Team leaders explicitly ask team members to provide information, express their concerns, and speak up when necessary. After years of assuming that copilots would naturally speak up if they saw something amiss and then seeing the continued disastrous effects when they didn’t, commercial aviation realized that captains would have to insist as part of their preflight team-building activities that the comments and concerns of the copilot were important and welcomed. Today, it is extremely rare to see a crew conduct their preflight activities and not hear a captain say to the copilot, “If
you see anything that appears to be unsafe or otherwise causes you concern, please bring it to my attention immediately.”

Making this explicit request is necessary to break through the natural reluctance of most team members to appear to be questioning the actions of the acknowledged leader. If the copilot—who often has the same level of experience and training as the captain—is reluctant to speak up, imagine the reluctance that exists on the part of nurses and other staff to express a concern to physicians. Many healthcare organizations have added this type of safety statement to their preshift or preprocedure briefings.

4. Ask questions to check understanding and begin two-way communications. The goal of team-building is to establish the free and open flow of critical information within the team. One of the simplest methods to accomplish this goal is to ask questions of the team. Questions invite a response. It’s a simple pattern: I talk, you respond; you talk, and I respond. Thus, a pattern of response is established and communication flows more easily.

Healthcare leaders can follow flight crews’ example. A few moments of thought will reveal three or four easily answerable questions that can open the lines of the communication within the team. When developing their questions, leaders should be careful to avoid asking questions that can be answered with a simple yes or no. These types of questions are ineffective and do not encourage thoughtful, interactive communication. Additionally, questions should be easy, have a ready answer, and not come across as a test of knowledge or an oral examination.

5. Acknowledge all communications. Simple communication theory tells us that all effective communications are loops. When information is transferred, for the loop to be complete, there must be feedback or acknowledgement. This one skill will quickly improve the effectiveness of communication. National Aeronautic and Space Administration research has demonstrated a clear, inverse relationship between acknowledgments and communication errors: More acknowledgements lead to fewer errors, and fewer acknowledgements lead to more errors. Effective leaders make it a personal habit to acknowledge every communication with either a verbal or unambiguous nonverbal response. Like airline captains, nurse managers should tell their teams, “If I don’t acknowledge your comment or question, assume that I didn’t hear it and ask it again.”
Philanthropies offer helping hand to nursing

Anne, a nurse manager at Hospital Anyplace, just returned from a nursing conference. Feeling inspired by what she learned, Anne is eager to pioneer some new and exciting programs at her facility. She envisions rejuvenating her staff with competency fairs, enhanced staffing schedules, and initiatives to transform patient care. But there was a major roadblock lying between Anne and the opportunity to improve her unit: budget.

This scenario is all too familiar to many nurse managers with tight and strict budgets that prevent them from realizing the full potential of their staff. Fortunately, a solution—philanthropies focused on nursing—may provide the answer for which managers are searching.

“Philanthropic donations are the perfect support for professional development for facilities,” says Diana Mason, PhD, RN, FAAN, editor-in-chief at the American Journal of Nursing (AJN). Often, however, donations are limited to other departments or the entire building and little money trickles down to the nursing units, she says.

“Nurses need to start developing their own relationships with donors. Managers should start asking, ‘How can we start to capitalize on philanthropic interests in nursing?’” Mason says.

Recognizing support

Each year, the AJN honors an individual or organization that has provided generous financial support for nurses and excellence in nursing practice through the AJN-Beatrice Renfield Award. The award is a way to acknowledge and support philanthropies that offer nursing-focused funding and is named in honor of the late Beatrice Renfield, who donated millions of dollars to various nursing programs after witnessing the effect that nursing care had on her husband.

“In part, the award is a strategy to show philanthropists how valuable it is to invest in the human capital of an institution, such as nurses, rather than just donating to the building itself,” Mason says.

In November 2005, The Chicago-based Walden W. and Jean Young Shaw Foundation received the AJN-Beatrice Renfield award for its committed support for the education and development of nurses at Children’s Memorial Hospital (CMH), a 270-bed facility in Chicago. The foundation has contributed to CMH since the 1960s and directed more than $2.7 million to the hospital.

Philanthropy in action

In 1998, the hospital used a portion of the funding from the Walden W. and Jean Young Shaw Foundation to launch the Shaw Research Grants in Nursing and Allied Health Professions to support nurse-initiated, evidence-based practice. Each year, the foundation contributes $60,000 to the program, and the hospital contributes an additional $25,000.

The funding allows nurses to develop their own research projects and pays for staff time, actual study expenses, and dissemination of results, including pay for investigators to present during conferences. The grants encourage a team approach to research and collaboration with academia by designating some grants for studies involving faculty from nursing schools.

CMH received Magnet designation from the American Nursing Credentialing Center (ANCC) in 2001 and cited the philanthropic funding as having a major effect on helping them achieve Magnet status. So far, more than 30 studies have been funded by the program.

“[Philanthropic funding] helps to validate what we have to offer to our staff, which is that we really promote professional development and support nurses at the bedside being involved in nursing research,” says Michelle Stephenson, RN, MSN, chief nurse executive at CMH. “That helps to support the Forces of Magnetism.”

The grants not only benefit nurses, but patients as well. Recently, a CMH nurse coordinator was funded for a study examining pediatric falls, an area in which
Stress management

Self-management: You to the rescue

Time management and prioritization are two unfortunate realities of adulthood. But before you start wishing for Peter Pan to whisk you away, there are techniques that you can incorporate into your daily life to become proactive rather than reactive and finally put an end to such headaches, said Sharon H. Cox, RN, MSN, founder and principal consultant for Cox & Associates in Brentwood, TN, to the audience of her presentation, “Time Management: Juggling Priorities,” during the 2005 Nursing Symposium in March.

Long-term strategies for stress reduction
The key to self-management is to review what drains your energy. Look at the following areas of your life and determine whether they are energy drains:

- **Relationships.** Who are the people in your life who continuously drain—or replenish—your energy?
- **Body, mind, and spirit.** Are you avoiding a health concern?
- **Environment.** Is your home cluttered and disorganized?
- **Work.** Are you paralyzed by your inability to delegate tasks?
- **Money.** Are you worried about paying your bills on time?

Five strategies for effective self-management
Cox suggested caregivers learn the following five self-management strategies for reducing stress:

1. **Set aside quiet time.** Take time every day to pause, reflect, and refill (e.g., journal writing, Tai Chi, devotion, meditation, or exercise).
2. **Schedule priorities.** Schedule the priority rather than prioritizing the schedule. First determine what you'd like to accomplish and then begin creating your schedule.
3. **Think positively.** Negativity affects the body and drains your energy, so watch what you say to yourself or you won't have any energy left to make changes, said Cox.
4. **Eat, exercise, laugh, and unwind.** To nurture your body, mind, and spirit, eat healthy foods, exercise, laugh every day, and unwind by allowing yourself some time to just “be” (e.g., rock in a rocking chair).
5. **Practice gratitude.** Stopping to think about the things that bring you happiness is therapeutic. Think of at least five things for which you are grateful.

Source: *The Staff Educator*, December 2005, HCPro, Inc.
Stay on the ball at triage

You finally got through a challenging triage with a patient and are glad to move on to the next one. But before you brush off any further responsibilities with the first patient, the triage nurse must recognize that if the patient is directed to the waiting area after triage, the triage nurse is responsible for further assessments, unless your policies reflect otherwise.

Pertinent questions to ask yourself when at triage include the following:

✅ Can you see the patients in the waiting area from the triage room?

✅ Do you know how often you are responsible to reassess the patient?

✅ Do you have access to the medical record to document the reassessment?

✅ Do you make decisions in the best interest of the patient when determining which aspects of reassessment are indicated for each patient?

Work as a team to develop policy and protocol that reflects the reality of the extent of reassessments that you are capable of performing. These will vary with:

- patient volume
- absence of electronic medical record system
- staffing ratios
- physical layout of triage and the waiting area

Source: Shelley Cohen, RN, BS, CEN, Health Resources Unlimited, www.hru.net. Adapted with permission.
Continuing Education Exam
January–March 2006

Directions:

Fill out your contact information in the space provided.

Complete the exam by circling the letter that corresponds to the correct choice for each question. The questions are based directly on content from the January–March 2006 issues of SNM, and you may refer to them as you take the exam.

Return all four pages of the exam to us by April 1, 2006. To qualify for three (3) nursing contact hours, you must answer at least 80% of the questions correctly—that’s 24 correct answers out of the 30 questions. Upon successful completion of the exam, we’ll e-mail you a certificate that you may use for display and documentation of three continuing education (CE) credits toward your nursing certification.

Name: _______________________________________ Facility: _____________________________________________
Address (city, state, ZIP): _____________________________________ Nursing license number: ______________
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January 2006

1. One of the reasons the American Association of Nurse Executives (AONE) believes that the nursing profession must grow and evolve is because of
   a. an increase in the number of male nurses entering the field
   b. higher salaries for healthcare professionals
   c. the growing number of competencies in which nurses must be proficient
   d. advancements in medical technology

2. Another reason AONE believes the nursing profession must grow and evolve is the
   a. growing number of competencies in which nurses must be proficient
   b. continuing nursing shortage
   c. increasing average age of nurses
   d. increased competition from nurses from other countries

3. What is one way in which the American Nursing Credentialing Center’s (ANCC) Magnet Recognition Program® supports the higher education of nurses?
   a. It requires that all RNs in Magnet facilities have a bachelor of science in nursing (BSN)
   b. It offers grants to RNs seeking their BSNs
   c. It requires that Magnet applicants must report the educational preparation of nurse administrators and direct-care RNs
   d. It requires that all nurses in management positions at Magnet facilities have a master’s degree or higher

4. What percentage of nurses must be BSN-prepared in a facility that applies to the ANCC’s Magnet Recognition Program®?
   a. 10%
   b. 25%
   c. 50%
   d. It is not required to have a certain percentage of BSN-prepared nurses, but it must submit educational data as part of the demographic information in its organizational profile

5. What is one reason that the University of Texas M.D. Anderson Cancer Center (UTMDACC) decided to use e-learning?
   a. It allows learners to participate at their own pace
   b. It is cheaper than other methods
   c. The staff voted that it was the easiest way to learn
   d. One of UTMDACC’s staff was a computer programmer
6. What is another reason that UTMDACC decided to use e-learning?
   a. Staff voted that it was the easiest way to learn
   b. It was a JCAHO requirement
   c. It can be merged with traditional classroom training to create “blended learning”
   d. The facility was applying for the ANCC’s Magnet Recognition Program® and wanted to show that it was technologically savvy

7. What is the first step in creating an e-learning program?
   a. Assess your resources
   b. Create a task force
   c. Assess staff and faculty readiness
   d. Develop, implement, and evaluate your program

8. What is the last step in creating an e-learning program?
   a. Establish the need, purpose, and use
   b. Purchase appropriate hardware and software
   c. Train staff and faculty on necessary skills
   d. Develop, implement, and evaluate your program

9. Which is a section that the multidisciplinary survey team at Southwest Mental Health Center (SMHC) in San Antonio included in its JCAHO booklet?
   a. An explanation of the survey process
   b. A quiz
   c. A crossword puzzle related to the JCAHO
   d. Photographs of the surveyors so staff could recognize them

10. Which is an item included in the set of notebooks given to JCAHO surveyors when they arrived at SMHC?
   a. Facility maps
   b. Photographs of the hospital’s leadership
   c. Sample hospital policies
   d. A free coupon to use in the hospital’s cafeteria

February 2006

1. Which theoretical model used in creating clinical ladder programs for nurses includes five stages of development?
   a. The relationship-based care model
   b. Patricia Benner’s model
   c. The synergy model
   d. Albert Einstein’s model

2. What is one of the eight patient characteristics identified in the synergy model?
   a. Caring practices
   b. Collaboration
   c. Clinical judgment
   d. Stability

3. What is one of the nine nurse characteristics identified in the synergy model?
   a. Vulnerability
   b. Complexity
   c. Collaboration
   d. Predictability

4. Why is it important to have a clinical ladder or advancement program at your facility?
   a. A clinical ladder is an important strategy for retaining experienced staff and ultimately improving patient outcomes
   b. All Magnet facilities have such programs
   c. The program makes all nurses happier
   d. The JCAHO wants all facilities to put advancement programs in place

5. What is the third of the six steps nurse managers should follow when evaluating employee performance?
   a. Prepare a formal, written performance evaluation of your employee
   b. Set goals, expectations, and standards
   c. Meet personally with your employees to discuss the performance evaluation
   d. Give continuous and specific feedback

6. What is the sixth of the six steps nurse managers should follow when evaluating employee performance?
   a. Set new goals, expectations, and standards
   b. Give continuous and specific feedback
   c. Prepare a formal, written performance evaluation of your employee
   d. Link to areas of personal development
7. Why is it vital for nursing to contribute to electronic health records (EHR) development?
   a. They can teach others how to use the technology
   b. Without the contribution of the nurses’ knowledge to EHR development, care delivery may be compromised rather than enhanced
   c. They are in charge of the steering committee
   d. Without nurse buy-in, the system will fail

8. An EHR system designed without nursing in mind can contribute to a
   a. facility’s success
   b. Health Insurance Portability and Accountability Act of 1996 violation
   c. patient’s injury or death
   d. negative comment on a JCAHO survey

9. Nurse managers can ensure participation at an active level and help the EHR project enjoy more success by
   a. including nurses from the beginning
   b. requiring all staff nurses to take part in EHR development
   c. demanding that physicians invite nurses to any EHR-related meeting
   d. sending out a memo

10. When creating a team of nursing informatics specialists, find staff who
    a. have a strong work ethic
    b. are from the same department
    c. get along well
    d. represent various clinical backgrounds so the team has a broad view of clinical practice

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March 2006

1. A facility should begin its journey to shared governance by
   a. conducting several meetings
   b. structuring a sturdy framework based on accountability, equity, partnership, and ownership
   c. taking a vote to gauge interest in shared governance
   d. providing an inservice for all employees

2. If an organization builds its shared governance practices on such a structure, it will create a basis for behavior that is
   a. commendable
   b. appropriate for obtaining Magnet status
   c. accountable and sustainable and that reflects commitment to patient care
   d. economically beneficial

3. What is one of the four principles that must be understood and valued to support the strengthening of relationships through shared governance?
   a. Equity
   b. Knowledge
   c. Independence
   d. Care

4. Tim Porter O’Grady defines the principle of accountability as
   a. reliance on one another
   b. holding people responsible for their mistakes
   c. the responsibility to someone or for some activity
   d. the mutual commitment to positive patient-care outcomes

5. According to Shelley Cohen, RN, BS, CEN, and Dennis Sherrod, EdD, RN, what is one strategy a manager can take to treat an employee as an individual?
   a. Clip cartoons or humorous stories that relate to an employee’s interest and give them to him or her
   b. Host an awards ceremony to honor each employee separately
   c. Encourage staff to nominate one another for positive behavior
   d. Keep a file on each employee’s personal life

6. If you see an employee exhibiting a behavior that needs to be corrected,
   a. report the behavior to upper management
   b. encourage the employee’s colleagues to bring the issue up during a meeting
   c. talk with the employee about the behavior
   d. fire the employee
7. According to Cohen and Sherrod, what is one way to surprise the nurse who has the longest tenure?
   a. Throw him or her a party
   b. Send the nurse home for his or her shift with pay and a large card thanking him or her for his or her commitment to the patients and organization
   c. Decorate his or her work area with balloons
   d. Send out a memo to staff that honors the employee

8. According to Cohen and Sherrod, how can top-level management involve themselves in surprising staff?
   a. By giving raises
   b. At shift change, they can surprise staff by stationing themselves outside with buckets of soap, sponges, and hoses to wash employees’ cars before they go home
   c. By holding an awards ceremony
   d. By taking an exceptional employee out for lunch or dinner

9. When organizing activities using team-building skills, what interpersonal skills should be used?
   a. Introducing yourself, making eye contact, and supporting words with action
   b. Shaking hands and making small talk
   c. Asking one another about how the day is going
   d. Giving high-fives and thumbs-up throughout the activity

10. Questions that can be answered with a simple yes or no should be avoided in team-building activities because
    a. they can be answered too quickly
    b. the answers can be easily misinterpreted
    c. people’s answers will be affected by how other people answer the question
    d. these types of questions are ineffective and do not encourage thoughtful, interactive communication

Evaluation

1. Did this CE activity relate to its stated learning objectives? ________________________________
2. Was the format of this CE activity easy to use? ________________________________
3. Did we avoid commercial bias in the presentation of our content? ________________________________
4. Will this activity enhance your professional development? ________________________________
5. How long did it take you to complete this activity (including reading, exam, and evaluation)? ________________________________

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