

Clinical Leadership Training

Educational Resources for Teaching Nurses Working in Long-Term Care

Facilitator Guide and Learning Activities

2017

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INTRODUCTION TO FACILITATOR GUIDE

This educational resource is comprised of five modules, each including a variety of teaching/learning materials to help nurses working in long-term care (LTC) develop their leadership skills. Drawing on adult education theory – which stresses that adults learn best in environments where their own learning and experience are integrated into the teaching – participants will be invited to share their own experiences and participate in collaborative activities as a way of integrating and applying their learning. The education is intended for registered nurses (RNs) and registered practical nurses (RPNs).

The purpose of this facilitator guide is to offer you, as a facilitator, a number of learning activities that may support you in delivering these modules. We appreciate that each facilitator will bring a wide range of experiences as well as varied skills and abilities. These modules have been designed to identify the materials required to facilitate the modules, provide additional resources and offer suggestions on how to run the small group activities embedded within each module.

Our hope is that you will use these materials as a reference point, and that you will feel comfortable facilitating these modules in a way that draws on your own leadership skills, abilities, and experiences. One option would be to divide each module into a number of shorter, individual learning activities. Further details and suggestions will be provided throughout this guide.

EXPLANATION OF MATERIALS PROVIDED FOR EACH MODULE:

Each module includes a PowerPoint deck (PPT) that contains both slide content for your participants, as well as speaker notes for you to draw on as you present the module. The facilitator guide supplements the PPT decks by providing an overview, suggestions, and learning activity handouts.

RESOURCES NEEDED PRIOR TO FACILITATING MODULE:



As each module includes a wide range of content (text, images, internet-based videos, activities, handouts, etc.) it is important that you review the required resources in advance of presenting the module. Prior to delivering each module, ensure that the room you will be using has a computer and data projector. You will also need to obtain any login or wireless passwords that may be required to access the internet. It is often much smoother if you can access the room 15-20 minutes in advance of the module, in order to set-up the PowerPoint deck and the internet-based websites. This will ensure that you can move seamlessly between the slide content and internet-based content as you deliver the module.

GROUP LEARNING ACTIVITIES:



The list of resources needed prior to facilitating the modules includes instructions and handouts for group learning activities. Within this facilitator guide, you will find learning activities outlined in the modules. Activity handouts can be found in the appendix section which is cross referenced in each module.

FACILITATOR CONSIDERATIONS:



It is important to recognize that participants will come to the workshop with different learning styles, values, and varied leadership skill levels. Since leadership means challenging the status quo, there is potential for conflict to arise during some discussions. This section of the speaker notes highlights some of the specific content areas that facilitators may want to consider in advance of delivering the module. How group conversations are managed during a module offers important learning/modeling opportunities for participants with regards to how to develop effective leadership skills.

BACKGROUND REFERENCES:



A list of background references follows each module in the facilitator guide as well as the PowerPoint deck. These resources, both web-based as well as books/articles, are provided in case you would like to familiarize yourself with the broader context of the content you will be teaching.

OVERVIEW OF MODULES

Each of the modules in this guide have been designed to build on one another.

Module 1: Introduction to Leadership

Module 1 provides an introduction to the concept of clinical leadership and reviews how leadership theory has evolved. The module also is designed to have participants begin to reflect on personal leadership strategies and identify personal leadership strengths.

Module 2: Leadership Practice and Goal Setting

The second module focuses on how transformational leadership can be practiced by nurses in long-term care. Participants are guided through a more formal self-assessment and given tools to develop a leadership plan.

Module 3: Effective Communication and Delegation

Module 3 focuses on effective listening and methods to improve communication and teamwork. It also addresses key elements of delegation in the LTC context.

Module 4: Conflict Resolution

The fourth module focuses on understanding and applying principles of conflict resolution to effective communication strategies. This module asks participants to generate solutions to LTC-specific scenarios using principles of conflict resolution and negotiation.

Module 5: Mentorship

Module 5 focuses on skills associated with being a mentor and mentee. The module addresses strategies for finding a mentor, defining the relationship, and preparing for the process of mentorship.

LIST OF ABBREVIATIONS

BPG – Best practice guidelines

CEO – Chief executive officer

CNO – Canadian Nurses' Organization

DOC – Director of Care

LTC – Long-term Care

MDS/RAI – Minimal data set/Resident assessment instrument

MOHLTC – Ministry of Health and Long-term Care

PSW – Personal support worker

PPT - PowerPoint™

RN – Registered nurse

RPN – Registered practical nurse

RNAO – Registered Nurses' Organization of Ontario

MODULE 1: Introduction to Leadership

OBJECTIVES:

- Understand how the concept of leadership has evolved over time
- Understand current leadership theories in the context of LTC
- Define clinical nurse leadership
- Reflect on personal leadership strategies
- Identify personal leadership strengths

LEARNING ACTIVITIES:

Slides 3-5 present material relating to societal and health trends that have led to changes in LTC. Ask the group to provide their own examples and observations. This discussion is intended to support a recognition of the importance of clinical nurse leadership. It will be important to clearly outline the differences between clinical nurse leadership and management. Slide 12 lists some of these differences which can be further discussed with the group.

FACILITATOR CONSIDERATIONS:

If you do not have time to address all of the material provided in the PPT, ensure that you address the concept of transformational leadership which is the leadership approach endorsed by the Registered Nurses' Organization of Ontario (RNAO). This approach has been widely studied and associated with a number of positive outcomes related to healthy work environments, nursing retention, and patient safety. Becoming familiar with some of the research and outcomes associated with this approach will help you to frame the importance of clinical leadership training.

References

- Atkinson-Smith, M. (2011). Are you a transformational leader? *Nursing Management*, 44-50.
- Chu, C. H., Wodchis, W. P., & McGilton, K. S. (2014). Turnover of regulated nurses in long-term care facilities. *Journal of Nursing Management*, 22, 553-562.
- Cook, Michael J. "The attributes of effective clinical nurse leaders." *Nursing Standard* 15.35 (2001): 38-44.
- Cummings, G. G., MacGregor, T., Davey, M., Wong, C. A., Lo, E., Muise, M. & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International Journal of Nursing Studies*, 47, 363-385.
- Enterkin, J., Robb, E., & McLaren, S. (2013). Clinical leadership for high-quality care: Developing future leaders. *Journal of Nursing Management*, 21, 202-216.
- Hutchinson, M., & Jackson, D. (2013). Transformational leadership in nursing: Towards a more critical approach. *Nursing Inquiry*, 20(1), 11-22.

- Kelly, P., & Crawford, H. (2008). *Nursing Leadership and Management*. (1st Canadian ed.). USA: Thomson Delmar Learning.
- Kelsey, C., & Hayes, S. (2012). A framework for educational leadership. *Change Management*, 22(8), 16-20.
- Lacasse, C. (2013). Developing nursing leaders for the future: Achieving competency for transformational leadership. *Oncology Nursing Forum*, 40(5), 431-433.
- McIntyre, M. & McDonald C. (2014). *Realities of Canadian Nursing; Professional, practice, and power issues*. (4th ed.). China: Lippincott Williams & Wilkins.
- Munir, F., Nielsen, K., Garde, M.H., Albertsen, K., & Carneiro, I.G (2012). Mediating the effects of work-life conflict between transformational leadership and health-care workers job satisfaction and psychological wellbeing. *Journal of Nursing Management*, 20, 512-521.
- Rankin, V. (2015). Clinical nurse leader: a role for the 21st century. *MedSurg Nursing*, 24(3), 199-203.
- Registered Nurses' Organization of Ontario, (2013). Developing and sustaining nursing leadership. *Best Practice Guideline* (2nd ed.).
- Squires, M., Tourangeau, A., Spence Laschinger, H. K., & Doran, D. (2010). The link between leadership and safety outcomes in hospitals. *Journal of Nursing Management*, 18, 914-925.
- Surakka, T. (2008). The nurse manager's work in the hospital environment during the 1990s and 2000s: responsibility, accountability and expertise in nursing leadership. *Journal of Nursing Management*, 16(5), 525-534.
- Weberg, D. (2010). Transformational leadership and staff retention: An evidence review with implications for healthcare systems. *Nursing Administration Quarterly*, 34(3), 246-258.
- Welford, C. (2002). Matching theory to practice. *Nursing Management*, 9(4), 7-11.
- Weiss, S.A., & Tappen, R.M. (2015). *Essentials of Nursing Leadership and Management*. (6th ed.). Philadelphia: F.A. Davis Company.
- Yoder-Wise, P.S. (2015). *Leading and Managing in Canadian Nursing*. (1st ed.). Toronto: Elsevier Canada.

MODULE 2: Leadership Practice and Goal Setting

OBJECTIVES:

- Define the five components of transformational leadership
- Understand and discuss how the five components of transformational leadership can be practiced in the context of LTC
- Use the RANO leadership self-assessment checklist to reflect on personal leadership behaviours
- Use the CNO tool to develop a leadership plan

MATERIALS:

- 5D leadership checklist (Appendix 1)
- Guides to empowerment scenarios (Appendix 2)
- RANO leadership self-assessment checklist (Appendix 3)
- Case studies (Appendix 4)
- CNO resources for developing SMART goals (Appendix 5)
- Flip chart and markers for each group

LEARNING ACTIVITIES:

The following activities are designed to have participants reflect on and discuss various aspects of transformational leadership practices. If you do not have enough time to deliver all the module material, consider focusing on a few of the learning activities outlined below. Ensure that there is time for participants to complete leadership self-assessments and begin to formulate a leadership plan using SMART goals.

Slide 8 - Building Trust Reflection Activity:

Activity Description: Ask participants to write down three reflections on how they build trust with residents and colleagues, as well as an example of losing and gaining trust.

Facilitator Considerations: Be prepared to provide a personal example to initiate discussion around the question of losing and repairing trust. These are sensitive questions that not everyone in the group will be comfortable answering.

Slide 12 – Empowerment Group Exercise:

Activity Description: Each group table has two “guides to empowerment” scenarios which can be found in Appendix 2. Ask each group to divide into two teams and read one scenario. Each team will use the principles identified in practice # 2 of transformational leadership to empower the other team.

Facilitator Considerations: Consider that not all participants may be comfortable with role playing the scenario. You may want to assess the comfort level of participants first and be

prepared to have a volunteer role play with you. You may also adapt this activity by asking the groups to talk about ways to empower in the given scenarios.

Slide 14 – Making Change:

Activity Description: This is a reflection activity in which participants are asked to share their personal experiences related to initiating change.

Facilitator Considerations: Depending on your audience, you may have to provide examples for this activity. Participants may not believe that they have wanted a change so think of times when you wanted to do something different and how that impacted a) your practice, or b) the practice of others. Also consider what helped you, what hindered you, and what you learned from the experience. Your examples may help to stimulate others to share their experiences, as well.

Slide 17– Organizational Supports for Transformational Leadership:

Activity Description: This activity asks participants to discuss (in small groups of 3-5 people) how their organizations support transformational leadership.

Facilitator Considerations: Go around to the various tables and help guide the discussions. If discussion is about your own institution, you may want to be prepared to remind participants of projects or times when the facility supported change and growth.

If participants feel that the facility has not supported transformational leadership, encourage them to think about ways in which this could change. Be prepared with some ideas to bring forward. People are not always ready to talk about making changes because of the associated risks.

Slide 23- Applying Principles of Transformational Leadership to Clinical Scenarios:

Activity Description: This activity involves having small groups work through a LTC case study scenario where they analyze what issues are at play and their implication for various stakeholders. The group then uses principles of transformational leadership to address the identified issues. A representative from each group presents what was discussed.

Facilitator Considerations: Depending on how many people are in the groups, you may want to appoint someone to record and present on the information (not necessarily the same person). Role playing is ideal but there may be resistance to this because people do not want to perform in front of others. Be prepared to go around the room and help to facilitate the process. Participants may get side tracked or need help focusing the conversation. Ensure that you wrap the exercise up by reviewing key take-away messages related to transformational leadership practices.

References

Canadian Nurses Organization, (2014). *Developing SMART Learning Goals*. Retrieved: from

<https://www.cno.org/globalassets/docs/qa/developingsmartgoals.pdf>

Ellis, K. (2012). Registered Nurses' Association of Ontario : *Every Nurse a Leader Workshop*. Toronto, ON.

Gottlieb, L. N., Gottlieb, B., & Shamian, J. (2012). Principles of strengths-based nursing leadership for strengths-based nursing care: a new paradigm for nursing and healthcare for the 21st century. *Nursing Leadership (Toronto, Ont.)*, 25(2), 38-50. Retrieved from:

<http://www.longwoods.com/content/22960>

MacPhee, M. (2015). *Leading, Managing, and Following*. In Yoder-Wise, P. *Leading and Managing in Canadian Nursing*, pp. 5-22. Toronto: Elsevier.

Lewicki, R., & Bunker, B. (1996). *Developing and maintaining trust in work relationships*. In Kramer, R.N., Tyler T.R. (Eds.), *Trust in organizations: Frontiers in theory and research*, pp. 114-139. Thousand Oaks, CA: Sage.

Rodwell, C.M. (1996). An analysis of the concept of empowerment. *Journal of Advanced Nursing*, 23(2), 215-421.

Registered Nurses' Association of Ontario, (2013). *Developing and Sustaining Nursing Leadership Best Practice Guidelines*. Retrieved from: <http://rnao.ca/bpg/guidelines/developing-and-sustaining-nursing-leadership>

Registered Nurses' Association of Ontario, (2014). *Developing and Sustaining Nursing Leadership: Tips and Tools*. Retrieved from: http://rnao.ca/sites/rnao-ca/files/LEADERSHIP_16.5_x_8.5_WEB_0.pdf

MODULE 3: Effective Communication and Delegation

OBJECTIVES:

- Recognize verbal and nonverbal communication styles
- Reflect on the 7 steps to effective listening and methods of improving communication
- Understand and apply the principles of giving effective feedback
- Understand the elements of successful teamwork
- Understand and discuss key elements of delegation in the LTC context

MATERIALS:

- Team building activity handouts (Appendix 6).
- Feedback scenarios (Appendix 7).
- Flip chart and markers for each group

LEARNING ACTIVITIES:

Communication: This module presents the principles of effective communication including recognition of different communication styles, effective listening, and feedback. A number of learning activities are proposed to have participants reflect on and discuss communication strategies and then apply these to a team building activity. The following sections briefly describe key learning activities that you may wish to prioritize when facilitating this module.

Delegation: A thorough understanding of delegation associated responsibilities and implications are key to nursing leadership in LTC. The material in this module reviews practice guidelines of the College of Nurses of Ontario and helps participants consider how these apply to common scenarios in the LTC context. A learning activity related to delegation in LTC is described below (associated with slide 24).

Slides 11 and 12: Providing Feedback Exercise:

Activity Description: Slides 11 and 12 describe instructions for a role play scenario in which an RN must give a PSW feedback after receiving complaints about her performance. Each person in a five-member group will assume a role in the scenario and employ the principles of effective communication.

Facilitator Considerations: An alternative to using role play would be to have participants discuss the key elements of communication and feedback that are at play in the scenario and how they might be interpreted from the perspective of the two PSWs and the RN tasked with providing the feedback.

Slide 17: Team Building Activity

Activity Description: Slide 17 (along with the handouts in Appendix 6) provides instructions for a team building activity specific to the LTC context. Participants are asked to build an effective team to address one care domain (e.g. falls, urinary tract infections, restraints etc.). Groups can also choose their own topic to address through the team building activity. The objective is to have groups talk about how the elements of effective teams would be implemented to address the care domains/problems.

Facilitator Considerations: The exercise asks the groups to work through six questions related to effective teams. It is possible that the group may get stuck on one in particular. You may wish to move around and help groups work through describing some key elements in response to each question in order to keep the conversation flowing. It is helpful to have worked through the set of questions as applied to one of your own team building experiences in order to help facilitate group conversations.

Slide 24: Delegation

Scenario Description: You are the RN working an evening shift and you are very busy. There is an order for you. The order calls for Mr. Jones to have his catheter changed. You phone the RPN and ask him if he would do the catheterization. The RPN says no because it is not his order it is the RN's.

1. Was the RN within her rights to ask the RPN to do the catheterization?
2. What is the difference between delegating and following orders?
3. If there was no order could the catheterization be initiated?

Facilitator Considerations: Consult the following resource to ensure you are prepared to lead a discussion related to the questions posed:

College of Nurses of Ontario. (2015). *Authorizing mechanisms*. Retrieved from: https://www.cno.org/Global/docs/prac/41075_AuthorizingMech.pdf

References

Arnold, E.C., & Boggs, K.U. (2011). *Interpersonal relationships: Professional communication skills for nurses*. Toronto: Elsevier.

College of Nurses of Ontario. (2015). *Practice guidelines: Authorizing mechanisms*. Retrieved from: https://www.cno.org/Global/docs/prac/41075_AuthorizingMech.pdf

Chute, A. (2015). *Communication: At the heart of nursing practice*. pp. 611. In Gregory, D., Raymond-Seniuk, C., Patrick, L., & Stephen, T. *Fundamentals: Perspectives on the art and science of Canadian nursing*. Philadelphia: Wolters Kluwer.

Potter, P.A., & Perry, A.G. (2014). *Canadian fundamentals of nursing*. (5th ed.). Toronto: Elsevier.

MODULE 4: Conflict Resolution

OBJECTIVES:

- Understand sources and consequences of conflict in the LTC workplace
- Understand and apply principles of conflict resolution to effective communication strategies
- Reflect on personal conflict response behaviours
- Generate solutions to LTC-specific scenarios using the principles of conflict resolution and negotiation

MATERIALS:

- Being assertive – role play (Appendix 8)
- Conflict case studies (Appendix 9)
- Access to the internet to play video clip
- Flip chart and markers for each group

LEARNING ACTIVITIES:

The slides and notes in this module provide suggestions for reflection and discussion topics on the nature of conflict as well as personal conflict styles. Module 4 also contains activities related to assertiveness training and negotiation. Appendix 8 contains a role play scenario that can be used to illustrate the difference between communication that contributes to conflict versus assertive communication. Appendix 9 contains case study material related to conflict resolution.

Facilitator Considerations:

Slide 11: You may wish to identify a volunteer in advance who is comfortable assisting you with the assertiveness role play scenario in Appendix 8. You can ask the group for suggestions on how the communication could be modified to reduce conflict in this situation.

Slide 27: There are two conflict resolution case studies in Appendix 9. It may take small groups longer than 15 minutes to address the questions posed in the first scenario. You may want to ask them to focus on generating strategies to reduce the conflict, or how they could apply the S.T.A.B.E.N. process as described in Weiss, S.A., & Tappen, R. M. (2015).

References

Arnold, E.C., & Boggs, K.U. (2014). *Interpersonal Relationships: Professional Communication Skills for Nurses*. (7th ed.). St. Louis, Missouri: Elsevier.

Beebe, S.A., Beebe, S.J., & Ivy, D. (2013). *Communication principles for a lifetime* (5th ed.) Toronto, ON: Pearson, Allyn & Bacon.

Furlong, G. T. (2005). *The conflict resolution toolbox. Models & maps for analyzing, diagnosing, and resolving conflict*. Mississauga, Ontario: John Wiley & Sons Canada, Ltd.

Lazoritz & Carlson, (2008). In Weiss, S.A., & Tappen, R. M. (2015). *Essentials of Nursing Leadership and Management*. (6th ed.). Philadelphia: F.A. Davis Company.

Pettrey, L. (2003). Who let the dogs out? Managing conflict with courage and skill. *Critical Care Nursing*, 23, 21-24. <http://ccn.aacnjournals.org>

Weiss, S.A., & Tappen, R. M. (2015). *Essentials of Nursing Leadership and Management*. (6th ed.). Philadelphia: F.A. Davis Company.

MODULE 5: Mentorship

OBJECTIVES:

- Define formal and informal mentorship in the context of nursing
- Understand the skills associated with being a mentor and mentee
- Reflect on personal mentorship readiness and qualities
- Discuss strategies for finding a mentor
- Discuss ways to define and structure the mentorship relationship

MATERIALS:

- Internet connection to play video clip
- Mentee critical skills checklist
- Mentee task list
- Mentor motivation inventory
- Using a process for mentorship
- Mentorship agreement contract
- First meeting guide

LEARNING ACTIVITIES:

This module asks participants to reflect on the skills associated with being a mentor or a mentee, as well as the process of structuring a mentorship relationship. There are several materials listed above (provided in the appendices) that can be used to help participants assess the skills and readiness to become either mentors or mentees. Self assessment checklists can be done individually and key concepts can be expanded on with the group.

In Appendix 13 you will find a number of process guides. The first of these asks participants to come up with ideas on how to structure the mentorship relationship at four key stages. Use the “mentorship as a process” handout to have participants generate ideas about what kinds of activities support each stage of this process. Ideally participants would complete the exercise first on their own, share examples with a partner, and then with the larger group.

Facilitator Considerations:

Ensure that you are familiar with the following two resources:

- 1) Canadian Nurses' Organization. (2009). *Practice Guideline: Supporting Learners*. Toronto, ON: Author. Retrieved from:
http://www.cno.org/globalassets/docs/prac/44034_supportlearners.pdf Supporting Learners Guidelines

- 2) Canadian Nurses' Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentorship*. Ottawa, ON: Author. Retrieved from: <https://www.cna-aicc.ca/en/download-buy/preceptorship-and-mentorship>

Remember that the sets of competencies outlined by the CNO represent a proposed ideal that may have to be adapted depending on context. It would also be helpful if you suggest local networks or interest groups that participants may draw on as a potential source of mentors.

References

Canadian Nurses' Organization. (2009). *Practice Guideline: Supporting Learners*. Toronto, ON: Author. Retrieved from: http://www.cno.org/globalassets/docs/prac/44034_supportlearners.pdf Supporting learners Guidelines

Canadian Nurses' Association. (2004). *Achieving excellence in professional practice: A guide to preceptorship and mentorship*. Ottawa, ON: Author. Retrieved from: <https://www.cna-aicc.ca/en/download-buy/preceptorship-and-mentorship>

Donner, G.J., & Wheeler, M.M. (2007). Mentoring as a leadership development strategy. *The Canadian Nurse*, 103(2), p. 24.

Goode, M.L. (2012). The role of the mentor: a critical analysis. *Journal of Community Nursing*, 26(3), p. 33-34.

Kouzes, J.M & Posner, B.Z. (2003). *The leadership challenge* (3rd ed.) San Francisco: Jossey-Bass.

Snelson, C.M., Martsof, D.S., Dieckman, B.C., Anaya, E.R., Cartechine, K.A., Miller, B., Roche, M., & Shaffer, J. (2002). Caring as a theoretical perspective for a nursing faculty mentoring program. *Nurse Education Today*, 22(8), p. 654-660.

Tourigny, L., & Pulich, M. (2005). A critical examination of formal and informal mentoring among nurses. *The Health Care Manager*, 24(1), 68-76.

Zachary, L. J. (2000). *The mentor's guide: Facilitating effective learning relationships*. John Wiley & Sons.

Snelson, C. M., Martsof, D. S., Dieckman, B. C., Anaya, E. R., Cartechine, K. A., Miller, B., ... & Shaffer, J. (2002). Caring as a theoretical perspective for a nursing faculty mentoring program. *Nurse Education Today*, 22(8), 654-660.

APPENDIX SECTION: Handout Materials

Appendix 1: Leadership Strengths Checklist (Module 2)

5-D Leadership Strengths Checklist (Sample)

Directions: Read each of the twenty items and decide which statements match one of your own strengths. Mark each of your personal strengths with a checkmark in the Step 1 column. Then go back over your list, for each of the items you checked off as a strength, rate yourself from 1 to 3 in the Step 2 column:

(1 = competent, 2 = superior, 3 = masterful). Note: This is a particle sample of the full list.

	Strength	Step 1	Step 2
1	I adapt what I have, to the needs/opportunities of the moment.		
2	I am calm under pressure		
3	I am proactive rather than reactive towards situations.		
4	I am optimistic when facing problems or disappointments.		
5	I am able to calculate risks effectively.		
6	I take the initiative.		
7	I use my gut-feelings to guide me.		
8	I am confident in my decisions and abilities.		
9	I offer meaningful praise and recognition to others.		
10	I am able to get others to buy in to ideas and plans.		
11	I am articulate in expressing ideas, concepts, or plans.		
12	I delegate tasks effectively.		
13	I manage crises effectively.		
14	I tell stories for impact or clarifying meaning.		

15	I recognize and develop others' potential.		
16	I strategize to achieve goals effectively.		
17	I am enthusiastic.		
18	I am intuitive.		
19	I see the big picture.		
20	I use humor well.		
Step 3: Record your most highly rated strengths, starting with the ones you rated as 3.			

Appendix 2: Guides to Empowerment (Module 2)

Guide to Empowerment # 1

Present this to the other team as though you are presenting it to a PSW, an RN, and an RPN.

You have been tasked with the responsibility of starting an infection control committee at your work place. You are too busy to take on another role and you have decided that it would be beneficial for another colleague to do this so that you might empower them. You also believe that this would be great for team building. You need to decide (among your team at the table) who that person should be.

Consider the following:

- 1) This committee has been mandated to you and you know that you have no time so you need to convince someone to do it.
- 2) How will you convince the person that you have chosen to add more work to their current job?
- 3) What would you say to convince them?
- 4) What would you do to convince them?
- 5) Consider the knowledge base required for the job.
- 6) How would you help them to develop the terms of reference for the committee?
- 7) How will you support them?

Write down your argument and be prepared to present your argument for appointing this person to run an infection control team.

Guide to Empowerment # 2

Present this to the other team as though you are presenting it to three PSWs.

Compliance has come into your facility and identified three areas that need improvement. One of the areas of concern identified was that urinary drainage bags for indwelling catheters are found in several rooms hanging on the bathroom railing with no caps on making them dirty and risking issues with infection control.

Your manager has tasked you with the responsibility of correcting this situation. You are feeling overwhelmed with work at the moment and really want to delegate this to someone else on your team. You decide that it would be appropriate to delegate this task to PSWs but you have asked them to do this before and the problem continues.

Consider the following:

How you are going to convince one of the PSWs on that team to be a champion for change?

How will you convince the person that you have chosen to add more work to their current job?

What can you say so that it will be a benefit to them?

Prepare an argument so that you can convince the other team.

Appendix 3: Leadership Self-Assessment Checklist (Module 2)

RANO leadership self-assessment checklist:

Registered Nurses' Association of Ontario, (2014). *Developing and Sustaining Nursing Leadership: Tips and Tools*. Retrieved from: http://rno.ca/sites/rno-ca/files/LEADERSHIP_16.5_x_8.5_WEB_0.pdf

Appendix 4: Transformational Leadership Case Studies (Module 2)

CASE STUDY A

You are a nurse working in a long-term care home. You have 30 years of experience nursing in a variety of settings with a variety of age groups. You have been employed in your current facility for 10 years and you have seen a number of changes that have changed the working environment significantly.

Allocation of Resources (270 Bed Facility)			
Position	Days	Evenings	Nights
RN	3 (90 resident/RN)	2 (135 resident/RN)	1 (270 resident/RN)
RPN	7 (35-36 resident/RPN)	7 (35-36 resident/RPN)	3 (90 resident/RPN)
PSW	27 (10 Resident/PSW)	22 (12 resident/PSW)	7 (25/30 resident/PSW)
PSW	Short shift (floats)	Short shift (floats)	
Administrator Roles			
Director of Care Assistant Director of Care Executive Director MDS Coordinator			

You are the RPN on a heavy dementia unit on evenings. For the past month, you have arrived at work and have been short staffed almost every shift. The PSWs are getting very frustrated and feel that they have no voice. Two of the PSWs are working on modified. You speak with the RN but he has to deal with other issues on a daily basis: sick calls, staff replacement, sending people out to hospital, and doctor's orders. You get the feeling that they are not replacing staff because of the modified staff.

You regularly call the staffing office and ask them to fix the problem and they tell you every day that they are "doing the best that they can." You have approached your DOC to discuss the concerns and she says she understands your concerns but there are just no staff members available.

You walk away feeling angry and frustrated and unsure of what to do next. You feel that you have no power to do anything and you do not know where to turn.

Every day you open your email and you get a message from somebody in the administration office telling you (all staff) what needs to be worked on, developed, or improved upon. You rarely see an administrator and are now considering looking for work elsewhere.

1. Highlight the main issues of the case study.
2. Identify which issues relate to quality care, safety, and quality work life.

3. What are the implications for each of the players involved – RPN, RN, PSW, resident, and administrator?
4. Use the five practices of transformational leadership to plan how to make this a better situation for the staff/administrator and resident/family.

CASE STUDY B

You have been hired as a Director of Care (DOC) for a large LTC home in the city. You have worked as a staff nurse and then an educator for 15 years. You have a Master's degree in health administration and understand the constraints of budgets, as well as the rules and regulations set out by the MOHLTC. You have been told by your board of directors that you have received less funding this year and must re-allocate staffing. You do not know how you will make these cuts as the staff have been calling in sick due to stress; and you do not understand how you will be able to provide safe and effective care with reduced numbers. The ministry has also come to your institution to assess care based on some anonymous complaints. They have discovered several areas that need to be "fixed" to meet the standard; and infection control was identified as the greatest area that needs improvement. Staff members are wearing gloves for care when they do not need to and others are not wearing them when they should. The catheter drainage bags (night bags) for indwelling catheters are left hanging on bars in the bathrooms without connector caps (so exposed) and therefore putting residents at risk when they connect them at night. In tub rooms, they found linen, shampoo, and soap for personal resident use. They also found that on some of the isolation carts, masks were missing or the wrong mask was used (masks with face shields missing for droplet/respiratory virus), and nurses were bringing in equipment to the rooms that were being shared by other residents (no Virox wipes available to use).

The RNs are feeling incredibly frustrated because they are expected to do all of the doctor's orders and MDS/RAI. They used to have more RNs on days to help, but with recent funding cuts they hired an extra RPN and reduced the number of RNs.

The RPNs are not working to full scope because traditionally they have not done the following: catheter insertion, IM administration, and doctor's orders. The RNs are required to do the above as well as complex dressings and IV administration (PICC lines occur more often with increasing complexity). They just do not have the time to do it anymore.

(Continued on next page)

Allocation of Resources (360 Bed Facility)			
Position	Days	Evenings	Nights
RN	3 (120 resident/RN)	2 (180 resident/RN)	1 (360 resident/RN)
RPN	10 (36 resident/RPN)	10 (36 resident/RPN)	6 (60 resident/RPN) 1 (floater to help RN)
RPN	1 from 7-3 and 1 from 11-19 - floating for administrative assistance and admissions		
PSW	36 (10 Resident/PSW)	34 (36+resident/PSW)	11 (30 resident/PSW) 1 floater
PSW	Short shift 7-11	Short shift 14-20 Short shift 16-22	
Administrator Roles			
1 CEO 1 CNO 2 Education Coordinator's (reports to CNO) 2 Assistant Directors of Care (reports to CEO) 2 MDS/RAI Coordinator (reports to CNO)			

1. Identify the key issues that relate to quality care and quality work life.
2. What are the implications for each of the players involved – RPN, RN, PSW, resident, and administrator?
3. What are some of the suggestions that you have for managing the care/shift issues (keeping in mind that there are budget issues)?
4. If the ministry says “work smarter” what would you suggest for ways to do that?
5. Use the principles of transformational leadership to identify how you could work with the administration to resolve/modify some of the issues.

Appendix 5: Developing SMART Learning Goals (Module 2)

GUIDELINES FOR WRITING PERSONAL LEARNING GOALS

Learning Goal:

A learning goal describes what you want to learn or achieve.

A **SMART** learning goal is:

- **SPECIFIC:** detailed, focused, and clearly stated.
- **MEASUREABLE:** quantifiable, therefore the results are observable and measurable
- **ATTAINABLE:** can be achieved based on your skills, resources, and area of practice
- **RELEVANT:** applicable to your roles and responsibilities
- **TIME-LIMITED:** has specific timelines and a deadline to help evaluate your progress

(Canadian Nurses' Organization, 2010)

Learning Resources and Strategies:

To help you select resources and strategies, reflect on the learning activities you have enjoyed most in the past and those which have been most effective in your personal learning. These serve as excellent clues about your preferred learning style and will help you achieve the objectives.

Strategies could include:

- literature review, observation, reflection, attendance at workshops, discussions with colleagues, grand rounds, case studies
- a variety of human resources such as discussion with administrator, supervisors, other nurses, physicians, residents, and families

Evidence of Accomplishment of Objectives:

Identify activities that demonstrate to yourself and others that your objectives have been achieved. These should be stated as clear, very specific, and observable behaviors.

LEARNING GOAL	RESOURCES AND STRATEGIES	EVIDENCE OF ACCOMPLISHMENT OF OBJECTIVES	EVALUATION (DID YOU ACCOMPLISH YOUR OBJECTIVES?)

Appendix 6: Team Building Activity (Module 3)

Team Building Activity

You are a brand new facility and your director of care is very keen to have everyone involved in the daily functioning of the organization. He wants all members of staff to share in the mission and vision. On your unit you have 4 PSW's, 1 RPN and 1 RN. There are several areas that the DOC would like addressed:

- Urinary Tract infections
- Falls
- Restraints
- Responsive behaviours and management
- Nutrition
- Infection control
- Palliative care
- Hydration
- Routine care

At your table, pick one subject from the list above (or use your own topic) that you think would require a team and take a few minutes to develop that team. Use the slide on “Characteristics of a Powerful” team to establish the criteria needed.

- 1) What is your team's purpose?
- 2) What are the roles of each team member?
- 3) Who is the leader (or does it change – if so why this choice)?
- 4) How would it be effective as a team? (i.e. How would you accomplish tasks, meetings, mandates etc.?)
- 5) What would make the relationships solid (strong/positive)?
- 6) What principles would determine excellent communication? Use some examples.

Appendix 7: Feedback Scenarios (Module 3)

Scenario # 1

Feedback Script A

Your name is Sarah and you are the PSW working on the unit; and you have been very slow to finish your tasks. You are really scared and you're afraid to ask for help. The charge nurse asks to speak with you but you are not sure why.

When he speaks to you, put your head down a lot and do not look at him, do not respond much to what he says, and cry (if you can).

You actually graduated top of your class and were highly recommended but there are a lot of things going on in your life that are impacting your ability to concentrate. You react very well to positive criticism but you shy away when you are being lectured.

Feedback Script B

Your name is Paul and you have received several complaints about Sarah, a PSW who has just started working on your unit. You have been asked to speak with her to provide her with some feedback about her performance.

This is what you are aware of:

- 1) She graduated fairly recently
- 2) You don't know if she has another job or not
- 3) She is slow to get people to the dining room at dinner time
- 4) She gives very good care but nobody wants to work with her because she seems to have trouble following directions

Scenario # 2

Feedback Script A

You are the registered nurse working the evening shift on a large psycho-geriatric unit in a long-term care facility. You have been a nurse for 30 years and you are looking forward to retiring. Lately you have not been excited to come into work and you have been “letting things go”. You used to help the PSWs provide care when they were short staffed and now you say you are too busy. Your colleagues are frustrated with you but you don’t care. You are about to get some feedback from the nurse in charge. If he/she provides you with feedback that focuses on both the positive and the negative be receptive but if they only focus on what you have done poorly – just ignore her/him.

Feedback Script B

You are the charge nurse in a large nursing home. You have been asked to speak with one of the nurses on the psycho-geriatric unit because he/she is not working to their full capacity. Staff have identified that he/she comes to work a bit late and does not seem to be engaged in nursing. You notice that less and less documentation of resident care is getting done. You have done some investigation and you have found out the following:

- 1) He/she has a great approach when communicating with the residents and family members.
- 2) He/she is generally well liked despite the tardiness and changes in the past little while.
- 3) He/she used to help the PSW’s when they were short staffed but does not seem to do that anymore and you do not know why.

Appendix 8: Assertiveness Scenario (Module 4)

Assertiveness Scenario

Sue: “Hey Val I need to talk to you right now.”

- Should be: “Hello Val, are you free for a few minutes? I would like to speak with you.”

Val: (speaks very quietly and does not look up) “Umm, well, not really, I mean I would really prefer not to I’m kind of busy.”

- Should be: “Sue I am busy at the moment, if you would like to send me an email I will see if we can arrange a time when it would be appropriate for us to speak together.”

Sue: “That’s too bad because you are not doing work the way you should so you need to make time for me now.”

- Should be: “Sure that sounds great I will send you an email and we can arrange to meet at a time that works for both of us. Thank-you Val.”

Val: “Okay Sue whatever makes you happy I guess...”

- Should be: “Sue I am afraid that this is not a good time. We will have to meet when it is convenient for both of us.”

Sue: “Right well here is the issue with you – you are always coming to work late and you never seem to get anything done. Really, Val, I think you must be daydreaming all day long.”

- Should be: “I noticed that you have not been arriving to work on time. Is there something going on that you could share with me? Perhaps I could be of some assistance.”

Val: “I guess you are right I will try better next time”

- Should be: “I am actually having some issues right now. We only have one car that works right now and I have to share the car with my partner. He goes to work much later than I do so we are trying to work it through. I should have shared that with you.”

Sue: “Well that will be the case or we will have to have another one of these little chats.”

- Should be: “I appreciate you being honest with me, Val. I do expect that you arrive at work on time and able to accomplish the tasks. I believe that we could work something out for a short period of time.”

Appendix 9: Conflict Resolution Case Studies (Module 4)

CONFLICT RESOLUTION CASE STUDY 1

You are the RPN on a busy unit in a long-term care facility. You have been working short staffed for the last few weeks. Today you arrive to work at 3pm and you are short one PSW. An agency PSW is set to come but he will not be there for another hour.

You tell the PSWs and one of them says: "I am sick of this crap. I am trying so hard to get everything done and nobody cares that we work short all the time. All we hear is complaints about what we are not doing right. Just so you know, I am not doing the baths tonight."

You are frustrated because you realize how difficult the situation is for the PSWs; you have spoken to the RN who has an emergency to deal with and cannot help you manage the situation. You also must give medication to thirty residents and you are feeling overwhelmed.

PART A

1. Identify the stressors in this situation.
2. Who is directly affected by the current situation and how?
3. Who may be indirectly affected by the situation and how?
4. How does the current situation affect how the people will work together?
5. Is there a long-term effect from this situation?

PART B

1. Use the Whitehead, Weiss & Tappen Process to resolve conflict
2. What can the RPN or the PSW do to impact change in the current scenario?
3. What can the RPN or RN do to support change in the future?

CONFLICT RESOLUTION CASE STUDY 2

You are giving your morning medications and one of the PSWs tells you that Mr. Jones' daughter is very upset and wants to speak with you. You are already behind and are feeling very frustrated. You speak with Mr. Jones' daughter and she starts to yell at you about the PSW who is a relief person from an agency. She says that the care is terrible and that she has been reporting it for days and that nobody is listening.

1. How would you approach the family member?
2. What resources should you use?
3. What support is there in the institution?
4. How do you think the RPN would feel?
5. What is the impact on the resident?
6. Is there an impact on other staff?

Appendix 10: Mentee Critical Skills Checklist (Module 5)

<i>Think about what you want to receive from the relationship</i>			
ACQUIRING A MENTOR	YES	NO	EXAMPLES
Have a pool of individuals to choose from			
Convey specific needs to mentor			
Negotiate mentoring arrangements with mentor			
Take responsibility for learning			
Apply knowledge and skills presented to you and be ready to tell your mentor(s) how you applied it			
Study materials related to development area			
Integrate new learning into your conceptual framework of problem solving			
Receive feedback in a non-defensive manner and seek guidance on how to improve or modify			
Show initiative <ul style="list-style-type: none"> • Know when and when not to show initiative • Ask appropriate questions to clarify and get more information • Pursue useful resources on your own • Take informed risks to enhance knowledge, skill, and judgement • Go beyond what your mentor suggests 			
Follow through			
You manage the relationship			

Adapted from: Zachary, L. J. (2000). The mentor's guide: Facilitating effective learning relationships. John Wiley & Sons.

Appendix 11: Mentee Task List (Module 5)

Mentee's Checklist of Tasks: Adapted from "Planning for Mentoring" (Phillip-Jones 2003)		
Directions: Complete the following tasks or activities prior to meeting with your mentor. Read through the checklist, add items (if appropriate), and check an item as you complete it.		
1.		Understand the role of the mentor.
2.		Decide what you are looking for in terms of a mentor.
3.		Find out about your mentor if possible.
4.		Reflect on your past experiences for insights to use in this new mentoring partnership.
5.		Think about your personal goals and objectives and be ready to share those with your mentor.
6.		Set up the first meeting with your mentor – this may take up to one hour.
7.		Meet with the mentor.
8.		Review the goals for the mentor/mentee relationship.
9.		Review your personal goals and objectives with the mentor. May use CNO guide (learning plan).
10.		Set up a time to meet on a regular basis.
11.		Re-evaluate/reassess relationship on a regular basis.
12.		Consider being a mentor yourself.

Appendix 12: Mentor Motivation Inventory (Module 5)

Mentor Motivation Inventory

<i>For each item below, put a check in the “yes” column if the reason listed reflects why mentorship appeals to you. If it does not, put a check in the “no” column. Following each item, list concrete examples to illustrate your answer.</i>			
REASONS THAT MENTORING APPEALS TO ME.	YES	NO	EXAMPLES
I like the feeling of having others seek me out for advice or guidance.			
I find that helping others learn is personally rewarding.			
I have specific knowledge that I want to pass on to others.			
I enjoy collaborative learning.			
I find that working with others who are different from me to be energizing.			
I look for opportunities to further my own growth.			
Complete these questions as truthfully as you can:			
I want to be a mentor because:			
My experience and expertise will contribute to this relationship by:			

Adapted from: Zachary, L. J. (2000). The mentor's guide: Facilitating effective learning relationships. John Wiley & Sons.

Appendix 13: Process Guides (Module 5)

Using a Process for Mentorship

Directions: Write down your ideas about how you can add the right type and right amount of structure to your mentoring partnership.

Phase 1: Planning for Mentoring

1. Example: make a list of my expectations and hopes for this partnership
- 2.
- 3.

Phase 2: Building the Relationship/Negotiating Agreement

1. Example: make a list of mutual expectations with my partner
- 2.
- 3.

Phase 3: Developing Mentee/Maintaining Momentum

1. Example: propose using a written learning plan with objectives, strategies, and ways to evaluate

2.

3.

Phase 4: Ending the Formal Relationship

1. Example: write a letter summarizing what I have gained from the experience.

2.

3.

First Mentorship Meeting

1. Background information on each other

Name of Mentor _____

2. Our partnership will go until _____
3. Assistance (knowledge, skills, attitudes, changes, resources) mentee needs; review mentee's personal vision, learning plan, goals
4. A successful first meeting of the two of you would be

a. When and where _____

b. Cover these topics _____

c. Not deal with _____

5. How will you handle contrasting viewpoints that you may hear from your mentor or manager?

6. Other considerations for involving your immediate manager and your mentor?

Mentorship Agreement/Contract

MENTORSHIP AGREEMENT/CONTACT

This agreement/contract will cover the period from:

_____ to _____

MENTEE

Name:

Skype name:

Email:

MENTOR

Name:

Skype name:

Email:

Short-Term Goal # 1: _____

TASK/ACTIVITY	TO BE COMPLETED BY	DATE TO BE COMPLETED

Short-Term Goal # 2: _____

TASK/ACTIVITY	TO BE COMPLETED BY	DATE TO BE COMPLETED

Long-Term Goal # 1: _____

TASK/ACTIVITY	TO BE COMPLETED BY	DATE TO BE COMPLETED

Long-Term Goal # 2: _____

TASK/ACTIVITY	TO BE COMPLETED BY	DATE TO BE COMPLETED

When and how frequently will you meet?

DATE	TIME	COMMUNICATION CHANNEL	PURPOSE

Please list any additional responsibilities, tasks, and/or activities that have not been listed above because they are not directly related to any of the goals. These will contribute to the success of your mentoring partnership.

MENTOR RESPONSIBILITY	MENTEE RESPONSIBILITY

Signature of Mentee

Signature of Mentor

Date

Date