



Taking Charge: Building Leadership Skills in Informal Leaders to Enhance Safety

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Declaration

- All products/tools referenced are used at and purchased by University Health Network Organizational Development Department
- No conflict of interest

Taking Charge:

Building Leadership Skills in Informal Leaders to Enhance Safety

1. Understand the methodology of developing a leadership program for informal leaders (charge nurse)
2. Discuss implementation of an informal leadership program
3. Evaluation and Impact



Canada- Toronto

University Health Network-UHN



9 Physical Sites

Toronto Western Hospital

Princess Margaret Cancer Centre

Toronto Rehabilitation Institute (University Centre, Lyndhurst Centre, Bickle Centre, Rumsey Centre, Lakeside Long Term Care)

Toronto General Hospital

1

School

Michener Institute of Education at UHN

5

Research Institutes

9

Education Centres of Excellence

10

Clinical Programs

3

Foundations

Toronto General & Western Hospital Foundation

The Princess Margaret Cancer Foundation

Toronto Rehab Foundation

Team UHN



1,270 Beds

433,706 Inpatient Days

1,129,346 Outpatient Visits

122,578 ED Visits

14,318 Employees

1,650 MDs

2,098 Research Personnel

13,600 Students

**Numbers reflect UHN's 2017/18 Annual Report and variations in data may occur*

Background

Leadership structure on the unit

- *Manager, Patient Care Coordinator (unit with >50 staff nurses) and Charge Nurse*
- *Advanced Practice Nurses (Educator, Nurse Practitioner/Clinical Nurse Specialist)*
- *Charge Nurse per unit off hours and weekends with one Administrator on Site or manager on call for the building*

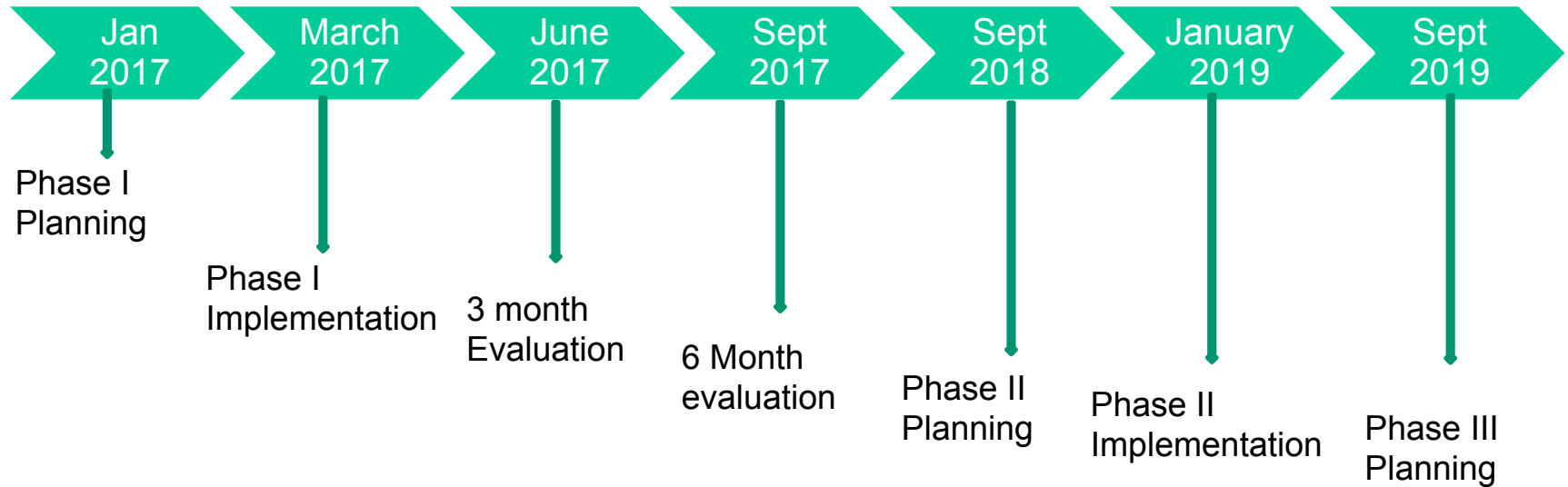
- *Lead in a complex environment*
- *Ensure patient and staff safety*
- *Managing patient flow while balancing assignments/workload*
- *Addressing needs of staff, physicians, patients and families*
- *Respond to any situation*

Aims

Develop leadership skills of clinical nurses to optimize operation and practice within a shift; build capacity and succession planning



Timeline



Leading with Lollipops

Drew Dudley



"we need to redefine leadership as being about lollipop moments - how many of them we create, how many of them we acknowledge, how many of them we pay forward, and how many of them we say 'thank you' for."
~Drew Dudley

<https://www.youtube.com/watch?v=hVCBrkrFrBE>



Lollipop Moments ?

- Can you think of a moment when you've been impacted by someone and they might not know it? Have you shared this with the individual?
- Do you think you've ever impacted someone in a positive way?

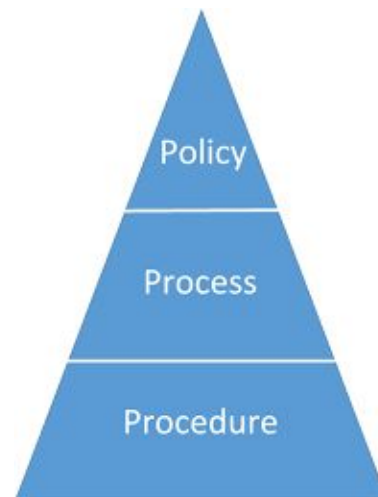
Program Development- Planning

1) Needs assessment

✓ Survey, Literature Review, Interviews



TEAM MEMBERS



Participants:

What are we hoping for...

- conflict resolution skills
- understand form role of charge nurse
- escalation / de-escalation
- learn more about the role
- prepare for role
- problem solving skills
- leadership skill development
- understanding + principles of the role
- roles + responsibilities
- available resources
- manage patient flow + staffing
- difficult conversations
- coverage when there is less resources

Program Development

2) Environmental scan

- ✓ *current leadership skills programs*

3) Stakeholders:

- ✓ *Nursing leaders*
- ✓ *Professional Practice*
- ✓ *Organization development*

4) Funding

- ✓ *Replacement dollars*
- ✓ *Facilitators, logistics, etc*



Program Development-

- Adult learning principles
- Interactive & Reflective – small/large group work, simulation to apply concepts
- 5 days delivered over 4 weeks with application of concepts between class days
- Organizational Development leadership building framework

LEADS in a Caring Environment (LEADS) framework is a leadership capabilities framework representing an innovative and integrated investment in the future of health leadership in Canada. leaders.



<https://www.leadscanada.net/>

Developing Coalition

- Sharing stories and learning together
- Walk in your shoe

Lead self

- DiSC assessment
- Crucial conversation

Achieve Results

- Role Clarity and Responsibilities
- Incident reporting structures

Engaging others

- Simulation
- Coaching & communication session

Content



DE-ESCALATION
TRAINING



1) support
communication
facilitate
time
safety
leadership
organization
management
support
responsibility
delicate
compassionate
2) facilitate
kind
3) liaison
patients
teams
lead
by
eee
courage
staff
betw
cip
flow
collaboration
patient
facilitation
support
supply
hiii





- **8 hours sessions – 21 Charge Nurses attended**
- **Multiple facilitators – including unit managers**
- **Interactive and Reflective activities**
- **Evaluation– informal feedback and at end of day content evaluation with 3 month follow-up**



Evaluation

- Pre & Post confidence survey
- Overall program evaluation
- Three and six months follow-up conducted

What will participants do differently?

- *Be aware of communication style*
- *To be mindful about my practice and the way I communicate with others*
- *Role model, listen more*
- *Avoid tendency to simply run to solve the problem*
- *Offering for all Charge Nurses*
- *Promote networking and collegiality*
- *Increase confidence in engaging in crucial conversation*

Testimonials



Jericho:

- Most impactful change is my approach towards how to collaborate with other nurses. Especially with other charge nurses who took the course. I found it easier to have difficult conversations, interactions are better and a sense of allied between us. I think having the sharing learning experience and learning with and about each other strengthen the relationship. This over time created a safe work environment even during stressful times with conflict of interests, we are able to have crucial conversation and come to conclusion that would have the best outcome for patient care and safety for all.

Aideen

- I usually would make it a routine on Friday to review the schedule to see who is in charge on the weekend. Depends on who is on, I would leave reminders or instructions. About 6 months after the course, one day, I just found myself looking, and not worrying anymore. I had the **confidence** that the charge nurse can handle the situations and seek help when appropriate. Since that day, I have not needed to review the schedule and worry.

Phase II



- With feedback from the pilot, program was **modified and delivered**
- **4 day program**
- Offered to Charge Nurses **across the organization**
- Maximum - **25 participants per session**
- **3 cohorts** –75 registered and 56 successfully completed

Evaluation



- Immediate feedback - similar themes as pilot program
 - Self awareness
 - Communication skills - de-escalation and conflict resolution
 - Defining role of charge nurse
 - Request for ongoing networking and support in the Charge Role
 - Program – a space for reflection and fine tune own practice

Evaluation

3 month – managers (n=4) out of 6

- Increase in escalating situations by Charge Nurses (via emails)
- Increase in resilience among their staff
- All reported that staff indicated that the program increase their self-awareness of their practice

Participant groupings

Preparation of
Managers

LEARNINGS

Better
Marketing

Sustainability
plan

Now What?

- Standardize unit orientation
- Embed Charge Nurse program within existing leadership courses
- Provide offerings within programs to promote networking
- Clinical managers/leadership team to attend Crucial Conversation and DiSC workshops



“

If your actions inspire others to dream more,
learn more, do more and become more

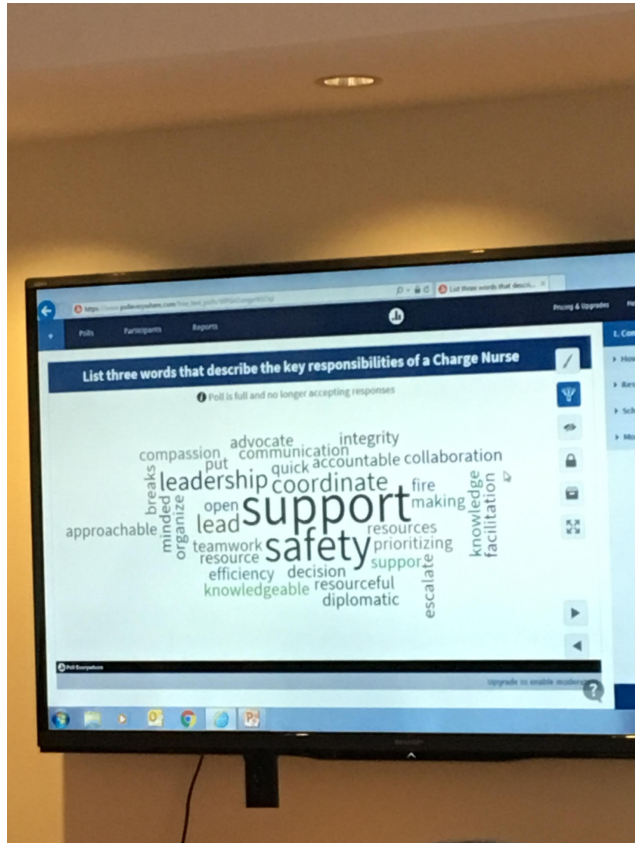
YOU ARE A LEADER.”

— *JOHN QUINCY ADAMS*

References (a small sample)

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Questions?



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Thank You