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A Group Development Program Based on Transformational Leadership to Improve Team Performance

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A GROUP DEVELOPMENT PROGRAM BASED ON TRANSFORMATIONAL
LEADERSHIP TO IMPROVE TEAM PERFORMANCE

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A doctoral project submitted in partial fulfillment
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School of Nursing
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Doctoral Project Approval

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Abstract

As reimbursement models move from volume-based to value-based, organizations increasingly depend on meeting patient outcome goals in order to achieve their budgetary targets. Leadership teams are a vital part of healthcare organizations and their performance is crucial to the overall organization's performance. The organization of interest saw a group of strong individual leaders struggle with outcome production due, in part, to overall team dysfunction. To address this need, this DNP project is a group development program, based on the concepts of transformational leadership. As functional groups and transformational leaders are known to drive outcomes, when implemented, this program's goal is to improve organizational outcomes.

Although group development theory has been cited in the literature for a century or more, much of healthcare's literature related to team development focuses on interdisciplinary teams, not peer leadership teams. Non-nursing literature does support the importance of peer team development and the impact of functional teams on positive results. The literature also supports the positive impact that Transformational Leadership has on both teams and results, thus this is the framework used for this project.

The resulting program is a twelve-month, group development program for small nursing leadership teams. The program's main concepts are trust, professionalism, relationship building, inspiration, business skills and results. The project deliverables are twelve group development session outlines with accompanying PowerPoint presentations.

Acknowledgements

I would like to say thank you to Dr. Carolyn Sabo, my Committee Chair. She was more than my Chair, she was also my champion, teacher, mentor and cheerleader. She helped me focus my passion for nursing leadership into a meaningful project that will add value to the patients I serve. The lessons she taught me, both as my Chair and as an instructor in multiple other program classes truly changed me as a nurse leader. I am forever grateful. I would also like to thank Dr. Aaron Bellow and Dr. Janet Dufek. Their willingness to participate as members of my project committee is very much appreciated. Their varied perspective added depth to my learning that I would not have been possible without them.

Dedication

To “The Family Schenk”, I am so lucky to be a member. To my husband, Scott, your love, patience and pride is unmatched. To Chris and Stephen, I tear up just thinking of you both. Your own determination is admirable and only possible with the love of the amazing women you chose, Holly and Karen. Never stop dreaming. To my grandchildren, Lincoln and Linden (and those to come) ...YOU made me do this!

To my nursing leadership mentors. To Shelly, you taught me a framework that allows nurses to own their practice and to provide care “at a higher level”. To Carole, my best friend and mentor. You taught me how to harness my passion. You saw something in me that I could not see. Darcy, you taught me how to be fearless and just lead. Lynnette, you opened my eyes to a broader world and showed me that we always have choices. Lynn, you taught me the importance of making time for the things you know are important because other people’s priorities aren’t necessarily your own. And to Jackie, you taught me how much “putting your money where your mouth is” truly matters to those we lead and to our patients.

Thank you Dr. Lefchuck and Dr. Wright for taking this leap of faith with me. You are both examples of nursing leadership at its finest and I am blessed to have you as friends and colleagues. I love your “whys”.

And finally, to Sam and Dad for your support whenever and however I needed it.

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Chapter 1

Introduction

Phenomenon of Interest

Teams are vital to the success of healthcare organizations. Whether inter-disciplinary or intra-disciplinary, functional healthcare team dynamics are required to deliver positive quality outcomes for patients. As reimbursement models shift from volume-based to value-based, healthcare organizations increasingly depend on meeting their patient outcome goals to achieve their budgetary goals. Employing the right individuals and developing these individuals to focus on professional practice and patient outcomes will directly benefit the patients they serve. Similarly, building the right teams and developing them cannot be overlooked. The concept and importance of group development is well documented in the literature and there are multiple models of group development (Bonebright, 2009; Muyoti & Opio, 2017). To harness the power of talented individuals; their work teams must be functional. The book *Good to Great* describes the need for organizations to make sure they have the right “who” before they worry about the right “what” (Collins, 2001). This concept, as it relates to team, was reiterated by Muyoti and Opio (2017). Focusing on making teams functional will improve the ability of the organization to reach its goals. This author’s efforts trying to drive outcomes amid team dysfunction proved both frustrating and sluggish. Focusing on the team’s performance without focusing on the team’s development no longer seems a reasonable approach to drive outcomes. When the organization loses one-million dollars from value-based purchasing penalties, the sense of urgency to improve is real and this author believes more focus must be put on the teams and their development to be successful. Simply focusing on the individual has not created the needed

results in value-based purchasing metrics, an objective measure of the care provided to the patients.

Problem Statement

The organization of interest in this project added nursing leadership members in 2016 and 2017, the need for team development has become clear. As these new leaders joined their respective teams, the incidence of team dysfunction increased. Although individual members were considered to be strong leaders during the hiring and orientation processes, team dynamics prevented the new members' teams from being equally strong. Over the course of two years, the occasions for Chief Nursing Officer (CNO) interventions related to conflict management within the teams increased, leaving much of the CNO's focus during these years on team-building activities within the medical-surgical and women's services nursing leadership teams. Both teams failed to produce significant metric improvements in the key management areas of budget, quality, patient experience and human resource management during this time, although every member appeared to remain dedicated and focused on the organizational goals. It became clear that focusing on team development is required to drive the desired improvements in these key management areas.

The organization of interest currently offers needed leadership development classes. These classes are generalized to all leaders, at every level across the country in the organization's healthcare system. These classes are conducted in group settings with a variety of leaders from across the local healthcare system who have registered to take whatever session works for their individual schedule. This means that all the members from a specific service line team are not necessarily in the same class together. The leadership education sessions contain content

specific to the individual leader's development but there is no content specific to group development and no exercises involving specific service-line leadership teams.

Purpose Statement

The purpose of this project was to produce an evidence-based nursing leadership team development program that can be applied to small, specific leadership teams within the organization of interest and subsequently available to other facilities within the larger organizational system. The program is applicable to a variety of teams when group dynamics are dysfunctional or initiated pro-actively when group membership changes. By using available evidence-based assessment tools and resources, the project program was developed that delivers a year-long program outline focused on the precepts of transformational leadership, including a foundation of trust to improve professionalism, the ability to inspire, promote effective interpersonal relationships, and business competencies to drive positive group outcomes.

Chapter 2

Review of Literature

Introduction

Literature on group dynamics has a long history and is seen in a variety of professions, not just healthcare. Some of the literature to follow, from the twentieth century, still stands as seminal pieces used in today's literature. After a brief overview of the historical work on group dynamics, literature citing the themes of trust, leadership and team outcomes will be summarized, as these were the main themes seen in the literature reviewed. To complete the literature review, the key words of group development, group dysfunction, and team development were used while accessing Academic Search Premier and the Cumulative Index to Nursing and Allied Literature (CINAHL) databases. This initial review resulted in approximately 3,000 articles. These were further filtered by full-text articles, leaving approximately 900. Those articles discussing teams comprised of non-peers were not applicable to this project and those focused on small groups with peer leader compositions were used. Google Scholar was also used to find updated articles to validate applicability of older literature.

Although, not all the literature was derived from the healthcare databases and journals, basic group dynamics are felt to be applicable to this project, regardless of the profession addressed in the article. The healthcare team evidence is often inter-disciplinary focused, which negates its use as these are focused on multiple professions within the team but the teams for which this project is focused, consist of leaders from within the same profession. Business and education team literature is plentiful and is thought to be applicable to nursing leadership teams as all relate to teams comprised of peers with similar responsibilities and needs.

Team Dynamics History

The unique contribution and culture of teams is well-documented. Beginning in the 1920's with the Hawthorne Studies (Roethlisberger & Dickson, 1939) through current day, models of teams have been developed and themes such as trust, effective team leadership and team impact to organizational outcomes are seen. In the latest systemic review on the topic, Sundstrom, McIntyre, Halfbill, & Richards (2000) note that by the 1990s work teams were common and were able to be categorized as production groups, service groups, management teams, project groups, action and performing groups or advisory groups. Management teams were defined, "Corporate executive teams, regional steering committees, and other management teams consist of an executive or senior manager and the managers or supervisors who report directly to him or her (Sundstrom et al., 2000, p. 46). This project is focused on such management teams, consisting of an executive, a director and managers within a specific service-line of the hospital.

How organizations have arranged their workers to accomplish organizational tasks has changed over the years and research associated with team performance has changed too. The Hawthorn studies represent the very early stage of group work research and is still referred to today in literature, with varying degrees of acceptance (Mannuvuo, 2018; Muldoon, 2017). Sundstrom et al. (2000), in their systemic review, described the Hawthorne studies as a collection of studies initially conducted to evaluate working conditions at Western Electric in Chicago in the 1920s but gradually revealed unanticipated patterns in group behavior resulting in research on team norms, formal and informal leadership and both the positive and negative impact team culture has on performance. Sundstrom and colleagues described war years, until the 1950s, as focused on individual, skill-specific, organization of workers. Redesign in the coal

mines in the 1950s moved the focus back to teams and in the 1960s, a focus on worker participation in decision-making began. It was during the 1960s that Tuckman developed his team development model (Tuckman, 1965). This model, in its original state, cited four team stages: forming, storming, norming and performing. An additional stage, adjourning, was added to the updated model in 1977 (Tuckman & Jensen, 1977). This team model became the most widely used and recognized model in group development moving into the twenty-first century and continues to be cited as a relevant team development model (Bonebright, 2000; Dewhirst, Limehurst, Thomas, Wells, & Roberts, 2016).

Team Trust

The importance of trust to functioning teams and team members' feeling of engagement was prevalent in the literature. Staff perception of high quality of care can also be directly linked to their feeling that members of their team trust each other (Sinni, Wallace, & Cross, 2014). Dorothy Garlough said that "Without trust, the engine of any team is dysfunctional" (2017, p.73). She went on to say that employees must feel safe to bring their authentic selves to work every day. Kobayashi and McAllister (2016) cited trust as a characteristic of strong interdisciplinary teams in healthcare. Trust is also required between team members to foster psychological safety (O'Leary, 2016). Team psychological safety is defined by O'Leary as "an atmosphere within a team where individuals feel comfortable engaging in discussion and reflection without fear of censure" (2016, p. 29). Trust is so important to functional teams, Patrick Lencioni gave it the number one ranking in his book, *The Five Dysfunctions of a Team* (2002). The absence of trust, according to Lencioni, stems from members inability to show vulnerability to team members. Trust is also the foundation for transformational leadership,

which will be discussed later, as this project's theoretical underpinning (DeNisco & Barker, 2016).

Strong Leadership

The need for strong leadership in group development is another theme noted in the literature. Transformational leadership is needed to ensure all team members' opinions are heard, leading to positive team spirit (Mitchell, R. et al., 2015). As healthcare continues to change, this writer believes that organizations cannot keep doing things the same way. Transformational leadership has been shown to have a positive impact on a team's ability to adjust to change by developing new strategies and processes to address new needs and demands (Jiang, Gu, & Wang, 2014). Nursing leadership teams are faced with many challenges every day, including value-based purchasing, technological advances, workforce management concerns, regulatory demands, budgetary limitations and patient expectation changes, just to name a few. The team's ability to change with these demands by developing new innovative processes is valuable to the organization and the patients.

In a meta-analysis conducted in 2006, team leadership was cited as influential in team performance. The study sought to identify "conditions that leaders can create to facilitate team effectiveness" (Burke et al., 2006, p. 289). The importance of this study, even though dated, is that it showed the impact of leadership on a group's perception of their outcomes. More importantly, the leadership skills directed at transforming team members, had a greater impact than the task-focused behaviors that, in this author's view, are often the focus of leadership when pressured to drive outcomes.

Outcomes

Trust and leadership aside, healthcare organizations are in the business of delivering care to patients. To deliver the best care possible, a team's ability to drive outcomes is what organizations are measured on in the value-based purchasing environment. Not all teams produce positive outcomes but there is research that shows, given the right conditions, teams can lead to better performance by producing improved quality, financial and patient experience results (Goodwin, 2014). Healthcare group performance literature is often interdisciplinary in nature, but applicable articles and books from other disciplines are plentiful. As the teams for which this project is focused are all composed of peers with similar roles and responsibilities within the same organization, group development literature from a variety of professions is applicable to the nursing leadership teams described in this project. Wheelan (1991, 1996, 1999, 2005) has published multiple articles on the impact of teams' productivity and outcomes, particularly noting that the ability of school faculty to work together has a positive impact on student outcomes (2005). The nursing leaders in this project could have a similar positive impact on their staff members if they worked better together. Wheelan and Tilin (1999) also showed that critical care teams working in a mature work group saved lives. Although Wheelan's work here is dated, she continues to be cited routinely in group development articles in the Google Scholar database and published a book on creating effective teams in 2016 called, *Creating Effective Teams: A Guide for Members and Leaders*. According to Gren, Torkar and Feldt (2017), Wheelan's Integrated Model of Group Development continues to be the sole evidence-based model to date and is therefore a relevant model.

Summary

People working in teams impact overall performance. Trust, effective leadership and a focus on team outcomes all increase the effectiveness of teams. O'Connor and Fisher concluded that team training can be effective in improving team functioning (2010). Building a nursing leadership group development program can lead to improved team performance. Incorporating known group development concepts from a variety of disciplines, as well as significant attention to the concepts of trust, leadership and outcomes will be critical to the program's success once implemented within the organization. The time spent developing the teams should produce groups that are more successful than the sum of the individual member's successes.

Needs Assessment and Description of Project

Elena Aguilar described attributes of a great team in her book, *The Art of Coaching Teams*. These attributes included, the ability to produce something that was valuable, the team's ability to collaborate increased over time and the individual member's knowledge and skills were increased by being on the team (2016). The American Organization of Nurse Executives (AONE) defines key competencies of nurse executives. One of these competencies is the ability to apply high-reliability concepts to the organization's quality improvement activities (2015). According to The Joint Commission (TJC), to achieve high reliability in healthcare, an organization must have consistency in practice and trust among employees and leadership (2018). It is believed that group development activities, targeting trust and leadership will drive the outcome goals of the organization.

This DNP project focus was to develop a year-long group development program that can be used with small service-line nursing leadership teams. This program may subsequently be

used with the medical-surgical and women's services teams who prompted this project. The project will require no additional resources, beyond what is required to print a program binder and the organization's Corporate Chief Nursing Office has approved the development of this program, which has the potential to be used throughout the corporation after its development.

Mission and Goal Statement

Mission

The mission of this project was to use evidence-based research to develop a group development program that can be used with the medical-surgical and women's services nursing leadership teams at the organization of interest. This program is based on key concepts found in research literature and use appropriate developmental strategies and assessment tools focused on the core concepts of Transformational Leadership.

Goal

The goal of this project was to generate a group development program outline that can be used to address team dysfunction or potential dysfunction that often arises with major change in any leadership team membership within an organization. By using this program, it is anticipated that teams will produce outcomes that are in alignment with the organization's outcome goals and will have accomplished this goal in an effective, efficient, and positive manner.

Chapter 3

Theoretical Framework

Transformational Leadership

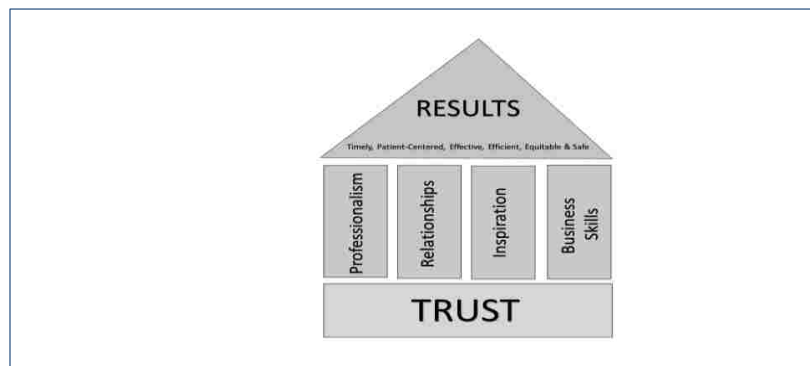
Functional leadership teams are an important component of a successful organization, yet much of the current development available to the organization's leaders focuses on the individual rather than the team. Literature searches for leadership styles and theories to base the group development program on resulted in many leadership theories and although James McGregor Burns introduced the transformational leadership concept back in 1979 followed by the Transformational Leadership Theory by Bass in 1985, it remains the most popular leadership theory used today (Whitehead, Dittman, & McNulty, 2017; Yukl, 2012). Literature on the impact of Transformational Leadership published within the last five years remains plentiful and parallels the goals of improved group dynamics and improved outcomes this project is based on. Authentic Transformational Leadership follows ethical principles with strong social justice implications (Bass & Riggio, 2006) and ethics are a critical element of this leadership style (Zhu, Zheng, Riggio, & Zhang, 2015). This allowed this model to blend well with ethical principles associated with the nursing profession.

Transformational Leadership focuses on the leader rising above their individual needs to produce quality outcomes (Jensen et al, 2016). It is felt that the leaders in the organization's teams must also put aside their individual needs for the sake of the team. By improving shared understanding within the group by using Transformational Leadership, professional quality can be increased (Andersen, Bjornholt, Bro, & Holm-Petersen, 2018). Trust was a key concept noted in the literature regarding functional group dynamics and trust is also the foundation of

Transformational Leadership. DeNisco & Barker’s model cites trust as the foundation of Transformational Leadership with four pillars of professionalism, inspirational motivation, interpersonal relationships and business skills. They finish this model with results acting as the roof. This is illustrated in Figure 1. DeNisco’s model is specific to nursing and incorporated patient-centered quality and safety outcomes as well (2016). Because of this model’s alignment with the American Organization of Nurse Executive’s (AONE, 2015) manager competencies realms of the science (managing the business), the leader within (creating the leader in yourself) and the art (leading the people), this model of Transformational Leadership was selected for this project.

Trust is the foundation of this model; therefore, this project incorporated assessments, tools and activities to build and sustain team trust throughout the program. Activities focused on professionalism, relationship building, inspiration and business skills were incorporated into the program with connections to their impact on results consistently being highlighted throughout the project.

Figure 1. Transformational Leadership Model



Adapted from Barker, A. (2016), Influencing and leading change in the complex healthcare environment: the role of the advanced practice nurse, in DeNisco, S. M. & Barker, A. M. (Eds). *Advanced Practice Nursing: Essential Knowledge for the Profession* (p. 118). Burlington, MA: Jones and Bartlett Learning.

Chapter 4

Project Plan

Project Outline

This DNP project resulted in a developed program for implementation, detailing a yearlong group development program based on the concepts of Transformational Leadership. The details of the program were developed for this project after appropriate assessment of relevant resources, exercises and tools. The completed program will take participants one-year to finish.

The initial program implementation session is planned to be an all-day retreat, allowing time for program orientation and expectations to be reviewed as well as time for significant team-building activities. Subsequent monthly sessions will be two-hours in length. Although quarterly sessions would have mirrored each Transformational Leadership pillar, monthly sessions were chosen to make each program session of reasonable length given typical team members' commitment to individual job responsibilities. This schedule also allowed for smaller monthly homework assignments to help evaluate member engagement and team progress in an ongoing manner.

Transformational Leadership Pillars

The program seeks to develop all the core concepts of Transformational Leadership in its participants. The foundation of Transformational Leadership is trust, both building trust and maintaining trust. Improving team trust is a key goal of this program. Building on this foundation are four pillars. The professionalism pillar requires self-reflection and peer reflection

to improve self-awareness. The relationship pillar is important to build social skills that lead to functional, positive relationships. The inspiration pillar creates the voice of the team, moving away from many individual voices. The business skills pillar gives leaders knowledge to understand consequences, both positive and negative, to the work they do. Trust and the four pillars importance are their ability to produce results.

Trust

Distrust among team members was identified as a key cause of team dysfunction in the groups stimulating this project. Trust was also identified as a key component to functional teams in the literature as well as a critical component in the foundation of the theoretical framework of this project. Trust is a major focus throughout the program. Assessments, exercises, assignments and discussions to encourage trust among team members are integrated into every session, weighting its focus more strongly on the early sessions of the program. As a team builds trust, the program shifts its focus to other priorities, while always maintaining an awareness of team trust in every session.

Professionalism Pillar

The program contains content related to self-awareness and peer feedback assessments to engage the participants in self-enlightenment and improvement. Standard number fourteen in the ANA's *Nursing: Scope and Standards of Practice* (2010) dictates that professional nurses participate in review of their own and their peer's feedback regarding improvement opportunities. This pillar is reiterated throughout the program, but the formal content is introduced after moderate trust has been established. This pillar allows for discussion related to

strengths and weaknesses among members and the need for every member of the team to appreciate each other's strengths and weaknesses.

Relationship Pillar

Teams commonly exhibit negative behaviors that impact their ability to form meaningful relationships as team members. Two of the more frequently identified relationship flaws are an unwillingness to listen to every member of their team and some members' compulsion to talk negatively about other team members when the members are not present to engage in meaningful conversation. The program has content to address the implications of gossip and passive listening on relationship building, both among peers and leaders.

Inspiration Pillar

Dysfunctional teams tend to not have one voice and one direction. It is important for this one voice to be developed during a team building program. Individual vision will be defined, and the group is asked to reflect on combining these visions into one team vision as they move beyond the program and function transformatively. It is anticipated that after mutual trust is established, this content will further solidify relationships within the team. It will also be recognized that some members naturally inspire those around them, while others need help developing that ability.

Business Skills Pillar

Content related to the economics of healthcare is discussed and is often a core business that is used as a backdrop to assess team function and dynamics as the program progresses. Productivity and staffing are topics that stimulate emotion in nursing leaders and an exercise to

produce an open and honest discussion adds value to the program. The business content does not focus on specific skill development but incorporate exercises to give participants a broader perspective of business performance's impact on the organization's success.

Results

As an overarching concept of the program, with a healthcare-based team, patient outcome discussions will be woven throughout the program. Review of team members' leader-specific outcomes data can be helpful when shared and discussed. Barriers to results and ways to overcome barriers, including change management theories are shared. Ultimately, the program culminates in a session showing how trust and all the pillars lead to successful outcomes for patients or other constituents in the healthcare environment.

Timeline

The project timeline goal was to be complete and ready for project defense by April 2019. A detailed project timeline can be found in Appendix A. This timeline goal was exceeded, as project defense is scheduled for March 2019.

Project Tasks and Personnel

Each program session of the completed project required a review of appropriate content based on available evidence in the major topics on trust, professionalism, relationship building, inspiration, business skills and outcome driven results. Review of applicable individual and team assessments was completed. Session pre-work was developed along with session content, including presentations and group activities. This DNP student was the sole person responsible for content development and the project Chair acted as the content reviewer.

Resources and Supports

This DNP project was supported by both the organization of interest's Chief Executive Officer and the national parent organizational CNO. Both parties are highly motivated to support initiatives based on the desire to drive improved organizational outcomes and this program was developed with available educational resources in mind so that the completed project may be implemented without additional organizational resources.

Resources needed to complete this project were access to appropriate literature databases, availability of relevant books, computer and printing access and minimal office supplies (binders and paper). Financial resources needed were minimal, although many of the applicable books ultimately used related to this project were purchased.

Risks and Threats

There was risk associated with successful and timely project completion. It was the responsibility of the project owner to ensure time management strategies were used to deliver the project on-time. This risk was minimal. Beyond this risk, there were no foreseeable risks associated with this project.

Institutional Review Board

The project does not include implementation of an intervention. No human subjects were involved in any aspect of this project. Institutional review board approval (IRB) was not required for this project. On completion of this DNP project, prior to implementation, IRB approval may be sought from the facility of interest that would then benefit the dissemination of results of the program implementation in the future.

Evaluation Plan

This DNP project's goal was to develop a completed group development program based on the concepts of Transformational Leadership. The project does not include the implementation of this program. Development of a program evaluation should be developed prior to program implementation. The process of program development was evaluated throughout and improvements and efficiencies were identified and incorporated on an ongoing basis. Critical points in the program implementation will be identified where ongoing evaluation of potential barriers to continued productive team development may be assessed and necessary corrections made.

Chapter 5

Phenomenon of Interest and the Problem and Purpose of this Project

This DNP project was completed in response to the impact of negative group dynamics on positive results within a healthcare organization. Although the individual leaders of interest appeared strong, dysfunctional group dynamics impaired their ability to produce results in all areas of influence, including budgetary, quality, patient satisfaction and employee satisfaction. By producing a group-development program, based on Transformational Leadership concepts, the author expects that implementation of this project will lead to improved results within any healthcare organization.

Threats and Barriers to this Project

After work began on the program development, it was clear that program session outlines (Appendix B) were needed, in addition to program presentation slides (Appendix C). These outlines summarize each session's objectives, participant pre-work, required expenses, technology and supplies, as well as a brief overview of the sessions' content. Without these outlines, it would have been difficult to convey the session's value and needed investment (of time and money) to perspective users. It would also have been difficult for a presenter to have perspective on an entire session or the whole program without reviewing greater than thirty or three-hundred PowerPoint slides respectively. A program evaluation tool was not developed as described in the project proposal due to time constraints. Additionally, the program author changed employment during program development, and although she still works for the same national organization, she does not work for the original organization of interest. Nonetheless, implementation of this project is deemed useful in any healthcare organization.

Giving Meaning to this Project

Relevance of the Review of the Literature and Conceptual Framework

The program developed for this project is based on the foundational concepts of Transformational Leadership, as defined by DeNisco and Baker (2016). The overarching foundation of this program is trust. Content associated with trust-building within the participant teams starts in session one and is woven throughout the program. Literature is abundant supporting the importance of trust within teams. As the content was under development and more books and content was reviewed, the importance of trust continued to be prevalent. This author believes the time and focus payed on trust throughout this program, sets the program apart from many other skills-based programs delivered to healthcare leaders that do not establish a foundation of trust before layering on information. The program requires vulnerability of its participants, which was supported in literature as a key contributor to trust.

Another aspect of this program that sets it apart from programs experienced by this leader or seen in the literature, is its focus on small nursing leadership teams. The intimate nature of the program allows for trust development between members and it also puts peers in the same room, rather than the interdisciplinary teams seen in the healthcare literature previously. Bringing peers together allows for automatic situational awareness of each member's job, so that the team can focus on group development, rather than job understanding.

The program developed in this DNP project aligns closely with the chosen framework of Transformational Leadership. The program used literature to drive its framework and this framework worked well during content development, giving the program a logical flow and progression. The author was able to research current books and videos on each topic and

incorporate these into each session, making the program timely and relevant. The chosen content for each Transformational Leadership theme was based on this author's extensive experience as a nursing executive who sought to give participants practical information that could be incorporated into daily work life to improve team performance, leading to improved organizational quality results, that will lead to improved financial performance in an era of value-based purchasing.

Contribution to the Nurse Executive Role

As a nurse executive, outcomes depend on the performance of your nursing leadership team. These teams must be functional to maximize results. As the author has noted, dysfunction within nursing leadership teams, diverts the energy of the nurse executive away from driving outcomes and towards managing team behavior. Without a deliberate plan to address this dysfunction, improvement will not be realized. This program is a pro-active intervention to improve team function, so that the nurse executive's energy is not wasted on non-value-added work but rather work that will pay dividends now and in the future.

Dissemination of Results

Although the author changed her employment, leaving the organization that inspired this project, the content remains relevant to current practice and is believed to be appropriate for use in any nursing leadership group in need of development. Plans to implement this project at a sister-facility in 2019 are already in place and after implementation, the author plans to collect and analyze program data. Although it is thought that the program will improve team results, this will not be known until the program is implemented and results are analyzed. If results are positive, there is an opportunity to use the program across the entire healthcare system as well as

share the program and results at national nursing leadership conferences and publications. Actual session content may be adjusted after implementation based on this analysis and participant and instructor feedback.

Summary

This group development program for nursing leadership groups is supported by current literature and is built on the framework of Transformational Leadership. It consists of twelve group development sessions containing exercises, participant homework, topic content and videos centered on the foundation of trust, with the four pillars of professionalism, relationship building, inspiration and business skills. The program contains thirty hours of content and is intended to be delivered over the course of twelve months. The goal of this program is to develop nursing leadership teams with a strong sense of team member trust and a common knowledge and understanding of current leadership concepts related to each pillar. After completion of this program, the teams will drive more positive outcomes for their organizations, and the organizations will benefit financially in today's value-based purchasing environment. This program is easily transferable to any nursing leadership team in need of development.

Appendix A

DNP Project Timeline

The project timeline identified primary benchmarks for project completion; while not anticipated, the timeline may vary depending on unforeseen complications or changes to the project, based on revealed evidence. Each session identified for the Transformational Leadership Team Building Program will have applicable pre-work, exercises and presentations defined.

Month	Deliverable
September 2018	<ol style="list-style-type: none">1. Program pre-work and assessment2. Initial retreat (session 1) focused on team trust, project overview and participant expectations
October 2018	<ol style="list-style-type: none">1. Session 2 content-trust2. Session 3 content-professionalism pillar
November 2018	<ol style="list-style-type: none">1. Session 4 content-professionalism pillar2. Session 5 content-relationship pillar
December 2018	<ol style="list-style-type: none">1. Session 6 content-relationship pillar2. Session 7 content-inspiration pillar
January 2019	<ol style="list-style-type: none">1. Session 8 content-inspiration pillar2. Session 9 content-business skills
February 2019	<ol style="list-style-type: none">1. Session 10 content-results2. Session 11 content-beyond the program
March 2019	<ol style="list-style-type: none">1. Program graduation (session 12)2. Project edits
April 2019	<ol style="list-style-type: none">1. Project defense

Appendix B

Program Session Outlines

SESSION ONE.

Objectives.

1. Participants will understand the concept of transformational leadership and how using this framework can help them improve team dynamics and drive outcomes.
2. Participants will understand the course outline and schedule.
3. Participants will understand their responsibilities, including pre-work, engagement, and attendance expectations.
4. Team members will begin to develop trust within their team by transparently sharing leadership vulnerabilities.

Pre-work.

CliftonStrengths assessment

Expenses.

1. \$16/member-StrengthsFinder 2.0 book and assessment code
2. \$60-activity supplies

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

1. Easel paper
2. Markers
3. 20 sticks of spaghetti (per sub-team)
4. 1 yard of masking tape (per sub-team)
5. 1 yard of string (per sub-team)
6. 1 marshmallow (per sub-team)
7. Tape measurer
8. Snacks for group

Outline.

1. Welcome
2. Icebreaker-Describe your first job.
 - a. Why did you take it?
 - b. What was your favorite part?

- c. What did you not like?
- 3. Significance of functional leadership teams-
 - a. Brainstorming session on significance of functional leadership teams.
 - b. Share literature on importance of functional leadership teams.
 - c. Strengthfinders activity high-lighting individual strengths combining to form strong team.
 - d. Transformational leadership-Review transformational leadership model.
- 4. Program overview-Twelve-month program focused on transformational leadership.
- 5. Participant expectations
- 6. Team-building activity-The marshmallow challenge activity and TEDTALK.
- 7. Reflection-Your greatest leadership fear.
- 8. Session close

SESSION TWO.

Learning outcomes.

- 1. Participants will continue to increase vulnerability within team.
- 2. Participants will reflect on their own leadership fears.
- 3. Participants will verbalize insight into team member's leadership weaknesses.
- 4. Team will increase member trust over that recognized prior to session one.

Pre-work.

- 1. "Trust Eroders" exercise
- 2. Eat lunch with your team at least once per week between session one and session two

Expenses.

\$11.50/member-*The Thin Book of Trust* by Charles Feltman

Technology.

- 1. Internet connection
- 2. PowerPoint display ability

Supplies.

N/A

Outline.

- 1. Welcome back-Trusting is a decision
- 2. Participant expectation review
- 3. Leadership fear-Discuss each leadership fear from session one
- 4. Building trust through sharing a meal-Review team's lunchtime homework for insights into teambuilding and trust

5. The Thin Book of Trust-Present and discuss the “Four distinctions of trust” and “Cycle of commitment” as defined by Feltman
6. Trust “Eroders”-Discuss the team’s homework on reflection of trust eroders. Successes, failures and insights
7. Reflection-Stoplight homework. What do you plan to stop and what do you plan to start based on today’s session?
8. Session close

SESSION THREE.

Learning outcomes.

1. Participants will continue to increase vulnerability within team
2. Participants will increase their understanding of the concept of professionalism
3. Members will understand how professionalism fits into the transformational leadership model
4. Participants will learn how emotional intelligence (EI) impacts professionalism and trust
5. Members will reflect upon their own EI to determine areas of weakness
6. Members will increase understanding of reactions to feedback

Pre-work.

Participants are asked to journal about their emotional triggers as they move through their workdays between session two and session three. When did you find yourself ready to explode? When did you feel out of control? When did you feel the need to fight or “flight”?

Expenses.

\$16.38/member-*Emotional Intelligence: 30 Day Challenge* by James C. Ryder

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

N/A

Outline.

1. Welcome back.
2. Participant expectation review.
3. Stoplight exercise-Review participants start and stop activities from session two’s closing reflection.
4. How professionalism fits into the transformational leadership model-A reminder of the model with trust as the foundation and professionalism as the first pillar.
5. Emotional intelligence’s connection to professionalism-

- a. What is emotional intelligence (EI)?
- b. Four key concepts of EI.
6. Emotional Intelligence-Knowing your triggers exercise
7. Self-reflection and feedback-
 - a. What does the literature and our profession say about self-reflection and feedback?
 - b. Sheila Heen's TEDTALK on accepting feedback.
 - i. What are the advantages and disadvantages of this approach?
8. Reflection-Write a script to use when asking one person, in the next month, for specific feedback on your performance.
9. Session close

SESSION FOUR.

Learning outcomes.

1. Participants will continue to increase vulnerability within team
2. Participants will increase their understanding of the concept of professionalism
3. Members will understand how professionalism fits into the transformational leadership model
4. Participants will gain insight into the feedback experience
5. Members will verbalize an increased appreciation of the impact of doing what you say you are going to do
6. Members will increase their understanding of the impact of non-verbal communication

Pre-work.

Participants are asked to use their feedback script from session three to approach one person and ask for feedback and be prepared to discuss general impressions

Expenses.

\$30 for supplies

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

1. 32 feet of rope
2. One blindfold per participant

Outline.

1. Welcome back.
2. Participant expectation review.

3. Feedback exercise-Discussion of feedback script and experience from session three's closing reflection. Use Gibbs' Reflective Cycle to analyze situation of interest.
4. How professionalism fits into the transformational leadership model-A reminder of the model with trust as the foundation and professionalism as the first pillar.
5. How complicated is communication? Blindfold Rope Square exercise and discussion.
6. Nonverbal communication connection to professionalism and transformational leadership.
7. Discussion of Kenesics and the importance of nonverbal communication.
 - a. Strategies for nonverbal communication.
 - b. List of body language to avoid.
8. Electronic communication.
 - a. YouTube-The Importance of Nonverbal Cues as Told by "Friends".
 - b. 13 rules of effective nonverbal communication.
9. Reflection-review last 5 texts and last 5 emails and compare to 13 rules for next session.
10. Session close.

SESSION FIVE.

learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will continue to increase their understanding of the concept of relationship-building.
- Members will understand how relationship-building fits into the transformational leadership model.
- Participants will increase understanding of importance of listening for understanding.
- Members will build understanding of the concept of emotional intelligence.
- Participants will identify ways they can increase their ability to show empathy in the future.
- Members will evaluate the team's natural relationship-builders.

Pre-work.

Participants were asked to review their last 5 texts and last 5 emails and compare to DuBose's 13 rules for electronic communication and be prepared to discuss.

expenses.

\$9/each participant for copy of *What Makes a Leader*

technology.

1. Internet connection
2. PowerPoint display ability

supplies.

4 Index cards/participant

outline.

1. Welcome back.
2. Participant expectation review.
3. Electronic communication exercise-discuss participants review of texts and emails in comparison with 13 rules.
4. How relationship-building fits into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar, inspiration as the second pillar and relationships is third.
5. Listening activity and discussion. Pairs share responses to given situations and reflect what their peer said.
6. What makes a great leader hallmarks and definitions for emotional intelligence: self-awareness, self-regulation, motivation, empathy, and social skills.
7. Empathy YouTube.
8. Self-reflection on empathy.
9. Relationship builders: who does it well and who does not. What are the characteristics of each?
10. Homework: Shadowing experience with a peer, a subordinate and a boss.
11. Session close.

SESSION SIX.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will continue to increase their understanding of the concept of relationship-building.
- Members will understand how relationship-building fits into the transformational leadership model.
- Participants will increase understanding of types of leadership.
- Members will build understanding of habits of people who build extraordinary relationships.
- Participants will identify ways to improve their ability to build relationships.
- Participants will be exposed to the concept of the “Circle of safety” and its impact on trust.
- Members will increase knowledge of Tuckman’s small group development model.

Pre-work.

Participants were asked to shadow a supervisor, a peer and a subordinate over the next two months.

Expenses.

1. Audible's *Leaders Eat Last* by Simon Sinek (2017). \$15
2. *Leadership that Gets Results*. \$9.11/participant

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Reflection on shadowing experience and progress.
4. How relationship-building fits into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar, inspiration as the second pillar and relationships is third.
5. Types of leadership-pros and cons of each and situational need for each.
6. 9 habits of people who build extraordinary relationships.
7. Sinek's Circle of Safety content with discussion on impact on trust.
8. Tuckman's stages of small group development content and discussion.
9. Homework: Shadowing experience with a peer, a subordinate and a boss.
10. Session close.

SESSION SEVEN.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of inspiration.
- Members will understand how inspiration fits into the transformational leadership model.
- Participants will gain understanding of the importance of vision.
- Participants will increase awareness of the impact of inspiring those they lead.

Pre-work.

8-hour per person shadowing experience that includes a peer, a supervisor and a subordinate.

Expenses.

None

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Homework discussion TBD
4. How inspiration fits into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar and inspiration as the second pillar.
5. Drucker-Culture eats strategy for lunch. Employees don't leave jobs, they lead leaders-the art of team building.
6. Simon Sinek-People buy the why...what is your why? Tedtalk.
7. Discussion on mentors...how they make themselves real.
8. Pep talk from Kid President-Youtube.
9. Creation of a personal vision statement using supplied tools.
10. Session Close

SESSION EIGHT.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of inspiration.
- Members will understand how inspiration fits into the transformational leadership model.
- Participants will gain understanding of the importance of vision.
- Participants will increase awareness of the impact of inspiring those they lead.

Pre-work.

Using tools provided, write a personal vision statement.

Expenses.

1. \$19/each for *The Leadership Challenge* by Kouzes and Posner
2. \$190/each for LPI (Leadership Practice Inventory)

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Homework discussion-Review tool one of personal vision statement and share finished personal vision statement.
4. How inspiration fits into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar, relationships as second and inspiration as the third pillar.
5. Servant leadership-Robert Greenleaf and Larry Spears summary of 10 characteristics of servant leadership.
6. Servant leadership activities, including: awareness, conceptualization, and building community.
7. Brief overview of Kouzes and Posner's *Leadership Challenge*.
8. Brief overview of Inspiring a Shared Vision according to Kouzes and Posner, focusing on "painting a picture" as a means to improve ability to send an inspiring message.
9. Dr. Martin Luther King Jr.'s *I have a Dream* speech and how Kid President reflects on Dr. Martin Luther King, highlighting the concept that leaders must do, they can not sit back and expect inspiration to just happen and the move from "I" to "we" in leaders' vision messages.
10. Revisit personal vision statement and add imagery. Is it appropriate for a "we" message?
11. LPI inventory.
12. Session Close

SESSION NINE.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of business skills.
- Members will understand how business skills fit into the transformational leadership model.
- Participants will gain understanding of the AONE executive and manager business skills competencies.
- Participants will hear practical advice on the topics of accountability, staffing, productivity, importance of reading as a nurse leader, and patient safety and quality.

Pre-work.

Participants should have made progress in assigning their LPI surveys to their 10 chosen recipients.

Expenses.

None

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Touch base on progress assigning LPI survey to 10 participants
4. How inspiration fits into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar, relationships as the second, inspiration as the third and business skills as the final pillar.
5. Discussion of DeNisco and Barker's list of business skills needed for transformational advanced-practice nurses.
6. Review of AONE business skills competencies for executives and managers.
7. Review of "Big 5" areas of business skills needed by managers, in the author's opinion.
8. Practical advice in the 5 areas of: Accountability, Staffing, Productivity, Reading and Patient Safety and Quality.
9. Homework
10. Session Close

SESSION TEN.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of results.
- Members will understand how results fit into the transformational leadership model.
- Participants will gain understanding of Lewin's, Roger's and Levitt's change theories.
- Participants will identify 5 things they would like to change.
- Participants will observe dysfunctional aspects of conference calls.
- Participants will increase their knowledge of Murphy's 8 steps to an effective briefing.

Pre-work.

Participants were to choose one of the 5 business skills discussed last month and share a practice in their own environment that has worked well. The participants were to create a PowerPoint presentation to use to share their practice with the group during session ten.

Expenses.

1. \$10/Audible “Quint Studer on Getting Results that Last”

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Business skills participant presentations.
4. How results fit into the transformational leadership model-A reminder of the model with trust as the foundation, professionalism as the first pillar, relationships as the second, inspiration as the third and business skills as the final pillar. In the model, timely, patient-centered, effective, efficient, equitable and safe results comprise the “roof”.
5. Discussion of Lewin, Lippitt and Rogers change theories and how they can impact results.
6. Connect the need for trust, professionalism, relationships, inspiration and business skills to get results.
7. Participants list 5 things they would like to change (personally or professionally).
8. discussion of James Murphy’s 8 steps to mission briefs, from his book, *Flawless Execution*.
9. Quint Studor on *Results That Last*.
10. Homework-Ensure LPI results are in two weeks before session eleven. Turn in 5 desired changes.
11. Session Close

BEYOND THE PROGRAM SESSION ELEVEN.

Learning outcomes.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the transformational leadership concept.
- Members will review and reflect on LPI results.
- Members will be reminded of key program details and suggestions to incorporate into their future.

Pre-work.

Participants' LPI results must be received

Expenses.

None

Technology.

1. Internet connection
2. PowerPoint display ability

Supplies.

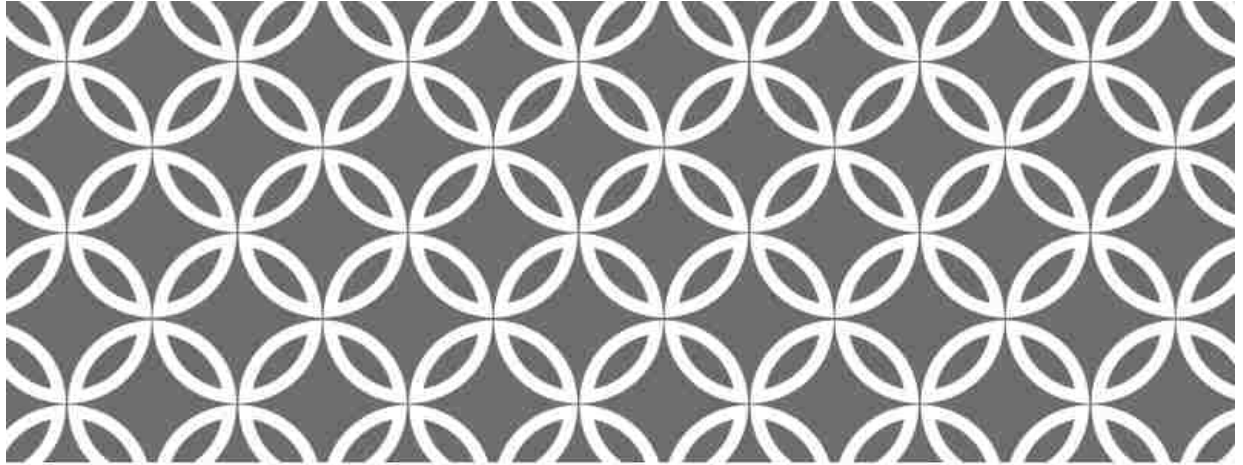
None

Outline.

1. Welcome back.
2. Participant expectation review.
3. Reminder of Transformational Leadership model.
4. Sessions 1-10 review of major concepts.
5. Results of LPI feedback discussion.
6. Theme of "It is now up to you" woven throughout session.
7. Program Close

Appendix C

Program Presentation Slides



LEAD.2GETHER.®
A TRANSFORMATIONAL TEAM DEVELOPMENT SERIES

SESSION ONE.

WELCOME.

"For us who Nurse, our Nursing is a thing,
which, unless in it we are making progress
every year, every month, every week,
take my word for it, we are going back."

-Florence Nightingale



Learning Outcomes.

1. PARTICIPANTS WILL LEARN THE CONCEPT OF TRANSFORMATIONAL LEADERSHIP AND HOW USING THIS FRAMEWORK CAN HELP THEM IMPROVE TEAM DYNAMICS AND DRIVE OUTCOMES.
2. PARTICIPANTS WILL GAIN KNOWLEDGE OF THE COURSE OUTLINE AND SCHEDULE.
3. PARTICIPANTS WILL UNDERSTAND THEIR COURSE RESPONSIBILITIES, INCLUDING PRE-WORK, ENGAGEMENT AND ATTENDANCE EXPECTATIONS.
4. TEAM MEMBERS WILL BEGIN TO DEVELOP TRUST WITHIN THEIR TEAM BY TRANSPARENTLY SHARING LEADERSHIP VULNERABILITIES.

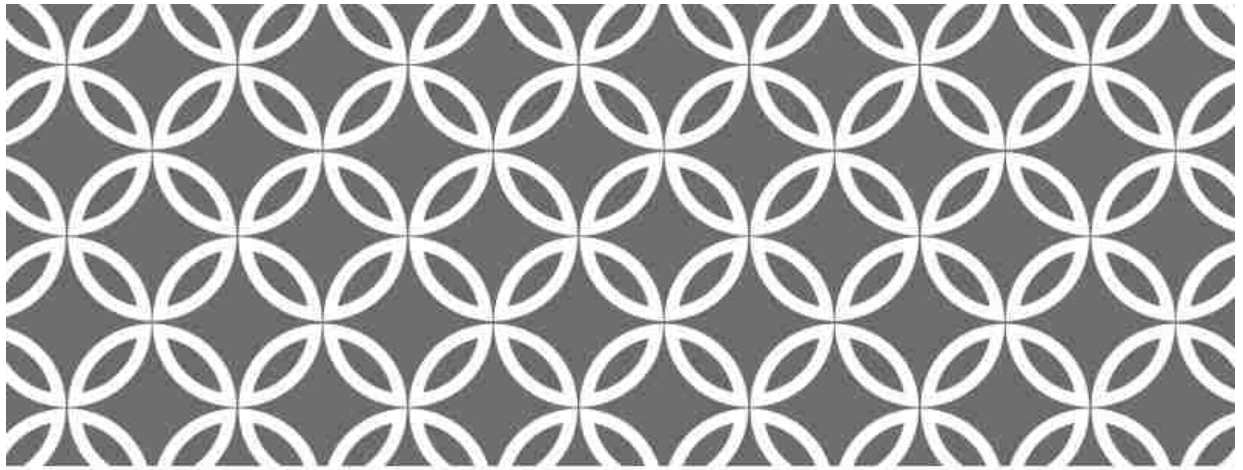
Describe your first paying job (W2-worthy).

What made you decide to take that job?

What was your favorite thing about this job?

What did you not like about the job?

| ICE BREAKER.



SIGNIFICANCE OF A FUNCTIONAL LEADERSHIP TEAM.



SIGNIFICANCE OF FUNCTIONAL LEADERSHIP TEAMS.

DISCOVERING STRENGTHS.



EXECUTING.

1. Achiever
2. Arranger
3. Belief
4. Consistency
5. Deliberative
6. Discipline
7. Focus
8. Responsibility
9. Restorative



INFLUENCING.

1. Activator
2. Command
3. Communication
4. Competition
5. Maximizer
6. Self-Assurance
7. Significance
8. WDD



RELATIONSHIP BUILDING.

1. Adaptability
2. Connectedness
3. Developer
4. Empathy
5. Harmony
6. Includer
7. Individualization
8. Positivity
9. Relator



STRATEGIC THINKING.

- 1. Analytical
- 2. Context
- 3. Futuristic
- 4. Ideation
- 5. Input
- 6. Intellection
- 7. Learner
- 8. Strategic



Four Domains of Team Strength

EXECUTING	INFLUENCING	RELATIONSHIP BUILDING	STRATEGIC THINKING
People with dominant Executing themes know how to make things happen.	People with dominant Influencing themes know how to take charge, speak up, and make sure the team is heard.	People with dominant Relationship Building themes have the ability to build strong relationships that can hold a team together and make the team greater than the sum of its parts.	People with dominant Strategic Thinking themes help teams consider what could be. They absorb and analyze information that can inform better decisions.
Achiever Arranger Belief Consistency Deliberative Discipline Focus Responsibility Restorative	Activator Command Communication Competition Maximizer Self-Assurance Significance Woo	Adaptability Connectedness Developer Empathy Harmony Includer Individualization Positivity Relator	Analytical Context Futuristic Ideation Input Intellection Learner Strategic

HEY SIRI!



GREAT NEWS.



TRANSFORMATIONAL LEADERSHIP.



Adapted from Barker, A. (2016). Influencing and leading change in the complex healthcare environment: the role of the advanced practice nurse in DeNisco, S. M. & Barker, A. M. (Eds). *Advanced Practice Nursing: Essential Knowledge for the Profession* (p. 116). Burlington, MA: Jones and Bartlett Learning.

BRINGING IT ALL
TOGETHER.



12-month group development program.

Focused on a transformational leadership model.

Incorporates pre-work, class activities and didactic content.

Designed to build a stronger team who will deliver positive outcomes.

PROGRAM OVERVIEW.

Participant Expectations.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.

Teams have 18 minutes to build the tallest free-standing structure.

The marshmallow must be on top at the end of the 18 minutes or the team will be disqualified.

When time expires, we will measure to determine the tallest structure.

THE MARSHMALLOW CHALLENGE.

HOW DID YOU DO?



TED

HERE'S WHAT TED
HAS TO SAY.

Take out a piece of paper.

Move to a private place in the room.

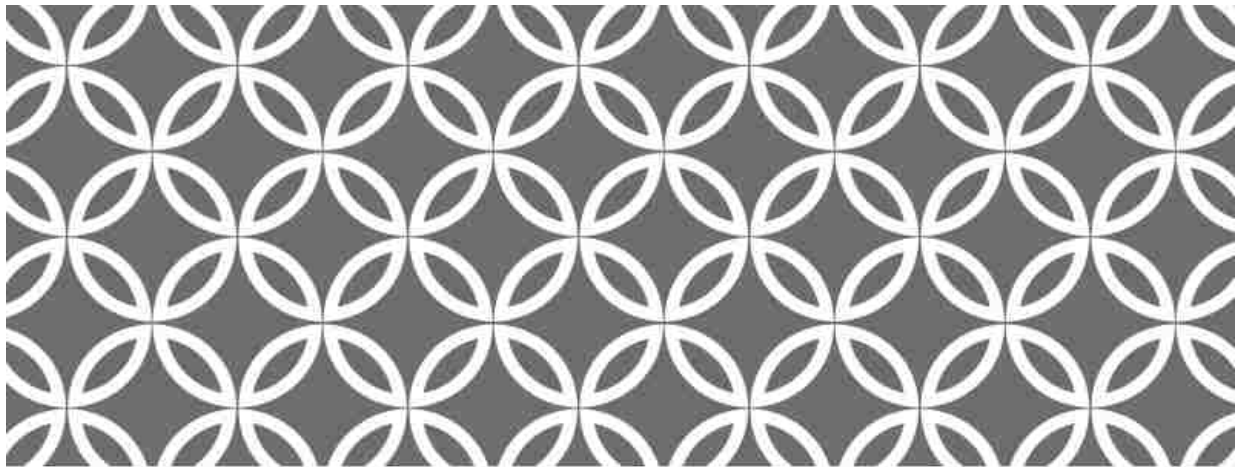
Anonymously, write down your greatest leadership fear.

Hand it to me on your way out for the day.

| LAST REFLECTION FOR THE DAY.

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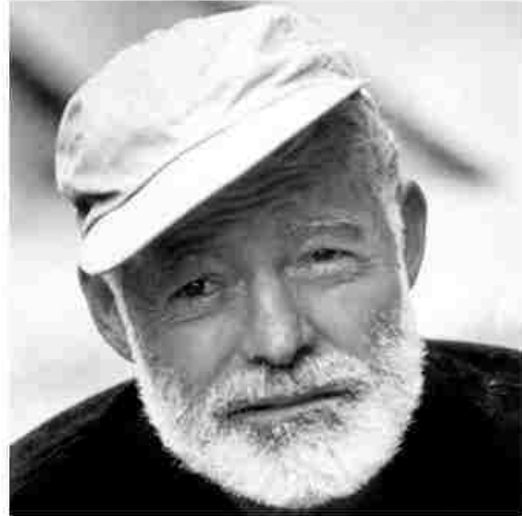
LEAD.2GETHER.®
A TRANSFORMATIONAL TEAM DEVELOPMENT SERIES

SESSION.TWO.

WELCOME BACK.

"The best way to tell if you can trust somebody is to trust them."

-Ernest Hemingway



LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will reflect on their own leadership fears.
- Participants will gain insight into team member's leadership weaknesses.
- Team will increase member trust.



PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.

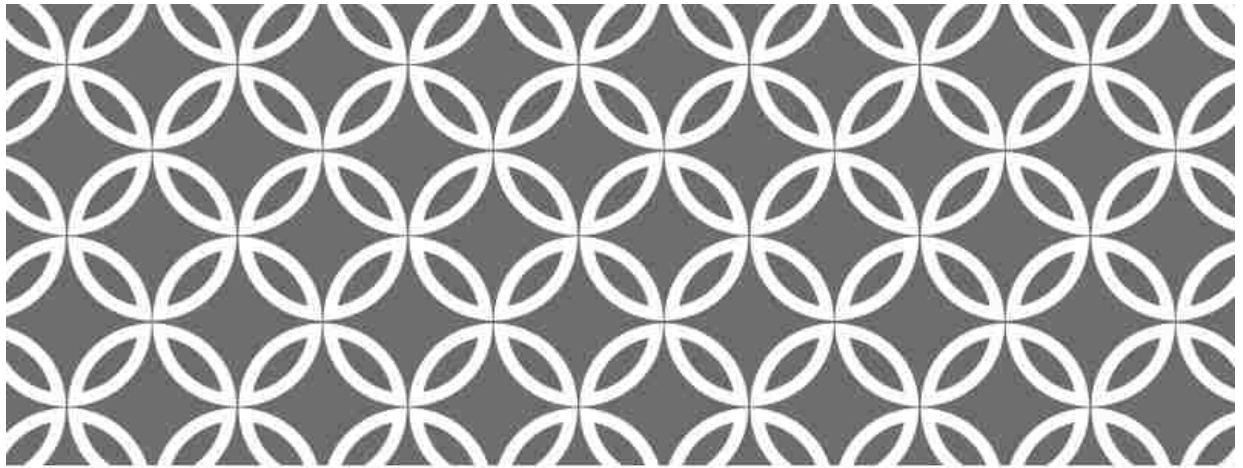




BUILDING TRUST THROUGH SHARING A MEAL. |

REFLECTION.

Courage doesn't
mean you don't
get afraid.
Courage means
you don't let fear
stop you.



THE THIN BOOK OF TRUST |



01

SINCERITY.

02

RELIABILITY.

03

COMPETENCE.

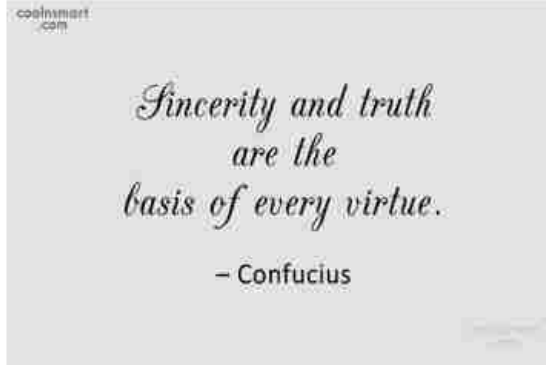
04

CARE.

THE FOUR DISTINCTIONS OF TRUST.

SINCERITY.

1. Be intentional about what you say to people.
2. Be intentional about what you say when you talk about your interests, expectations, ideas, beliefs and values.
3. Check with people regularly to align expectations with intentions.
4. Check your internal congruence with your doubt-o-meter.
5. Check your external congruence.
6. Ask people to tell you how they interpret what you say.



RELIABILITY.

1. Before responding to a request make sure you can do what is asked.
2. If someone makes a request of you that isn't clear, ask for clarification.
3. When you make offers to other people, be clear about what it is you will do and possible what you won't do as well.
4. Listen and determine what kind of conversation the people you are talking to think you are having.
5. Review the section on the *Cycle of Commitment* with your team to create a common understanding and language on requests, offers and commitments.



CYCLE OF COMMITMENT.



COMPETENCE.

1. Make a list to clarify to yourself and others the areas you claim competence in.
2. Define standards by which your competence is assessed.
3. When you don't know something, say so and ask for help, clarification, training, or whatever you need to perform what was asked.
4. Ask for feedback from others about your performance.

**“DON'T
BARK
IF YOU
CAN'T
BITE.”**

English Proverb

CARE.

1. Some degree of intimacy is fundamental to the assessment of care in a relationship.
2. Listen to others, to what they say and what they are trying to communicate.
3. Ask yourself before you speak, "Is what I'm about to say serve the people I work with, work for, my employees, my company and me?"
4. Ask the people you work with what their interests and concerns are and point out where you have common interests.
5. Tell the people you work with what your hopes and dreams are for the work you're doing together.
6. If you manage people, clearly tell them what you expect of them and what they can expect of you.
7. When you make decisions or take action, let the people know that you understand how it affects them, even if the effect is adverse.

**I CARE.
I CARE A LOT.
IT'S KINDA
MY THING.**
HPLYBIKZ.COM

TRUST ERODERS.



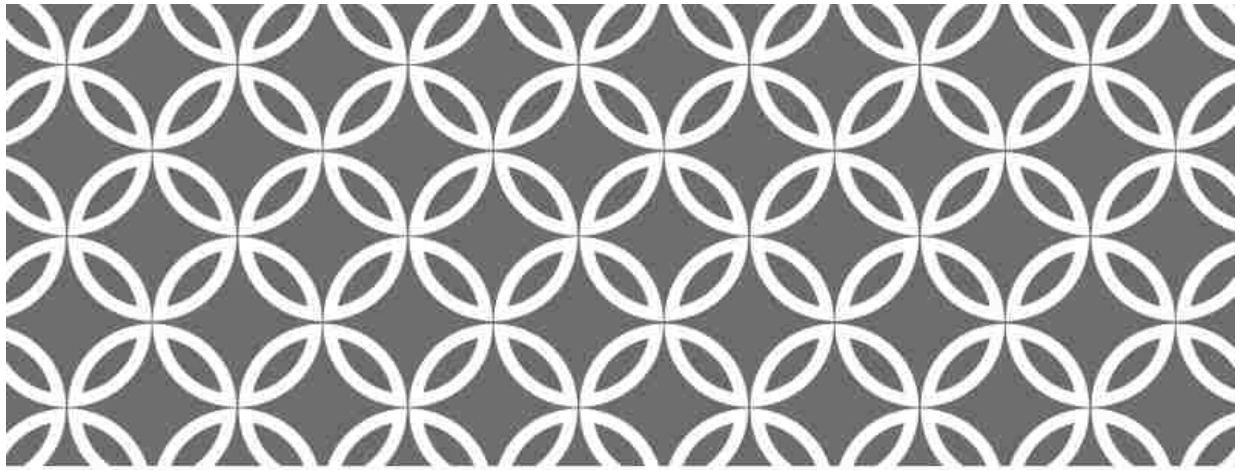


WHAT IS THE ONE BEHAVIOR THAT YOU
CURRENTLY DO OR DO NOT DO THAT YOU PLAN
TO START OR STOP DOING GOING FORWARD?

LAST REFLECTION.

REFERENCES.

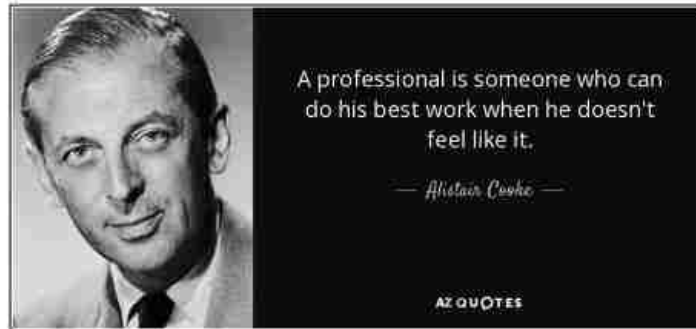
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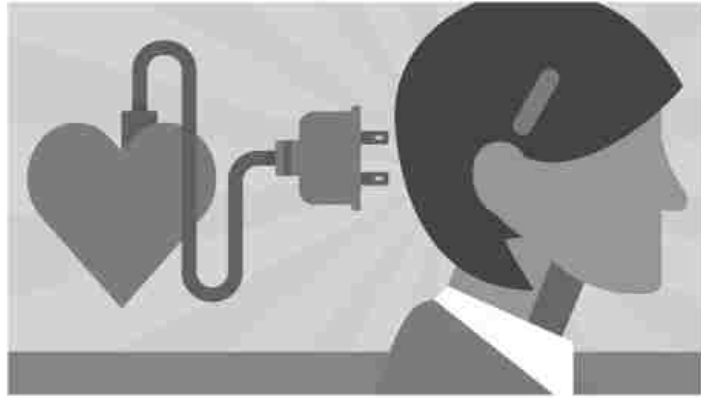
SESSION THREE.

WELCOME BACK.



LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of professionalism.
- Members will understand how professionalism fits into the transformational leadership model.
- Participants will learn how emotional intelligence (EI) impacts professionalism and trust.
- Members will reflect upon their own EI to determine areas of weakness.
- Members will increase understanding of reactions to feedback.



PARTICIPANT EXPECTATIONS...REMINDER.

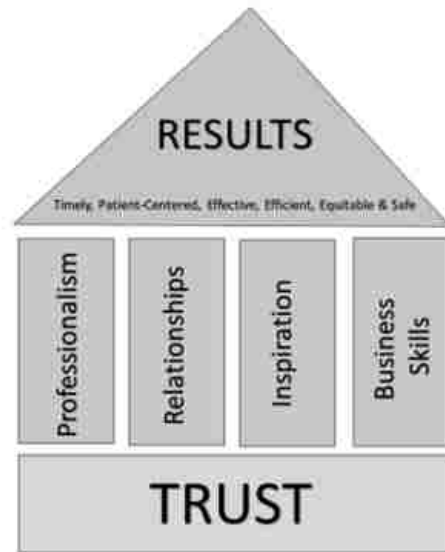
1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.

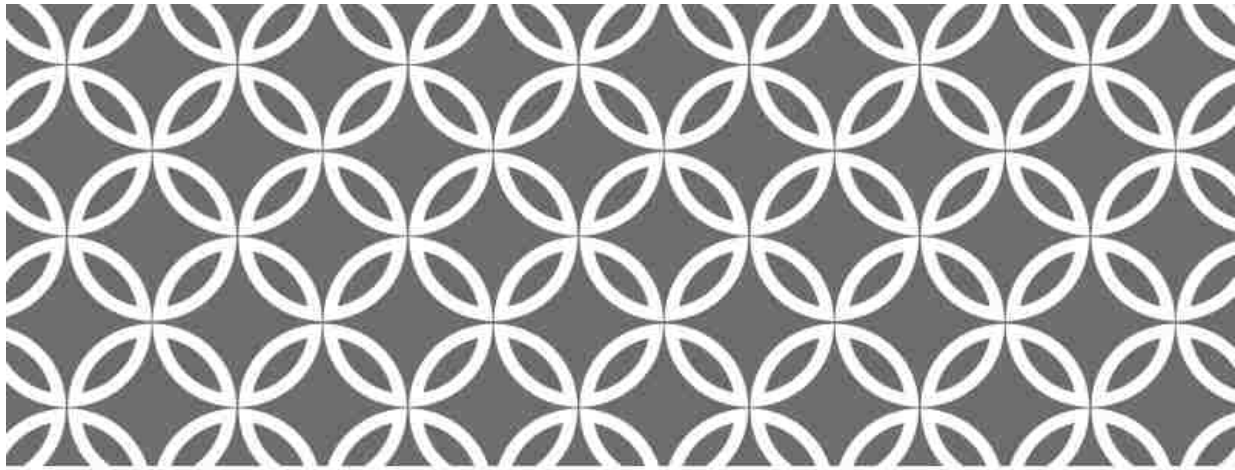




REFLECTION.

TRANSFORMATIONAL
LEADERSHIP.





THE ART OF COACHING TEAMS. |



| THE FOUR KEY CONCEPTS OF EI.

01

SELF-
AWARENESS.

02

SELF-
MANAGEMENT.

03

SOCIAL
AWARENESS.

04

RELATIONSHIP
MANAGEMENT.

KNOW YOUR TRIGGERS.

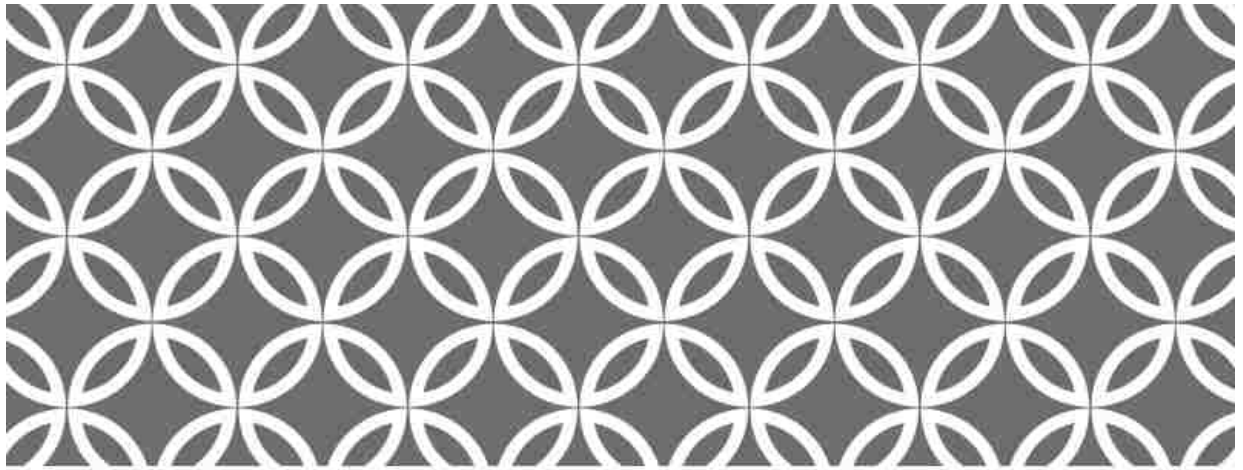
1. WHAT DID YOU LEARN ABOUT WHAT TRIGGERS YOU?
2. WHAT DID YOU LEARN ABOUT YOUR RESPONSE TO YOUR TRIGGERS?
3. WHAT DO YOU PLAN TO DO DIFFERENTLY IN THE FUTURE?



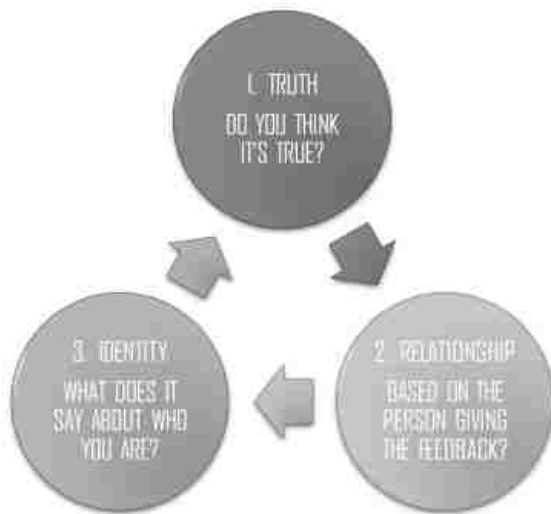
SELF-REFLECTION.



“We do not learn from experience...we learn from reflecting on experience.”
—John Dewey



BEING RECEPTIVE TO FEEDBACK



THE NEED TO
GROW VERSUS
THE NEED TO BE
ACCEPTED.

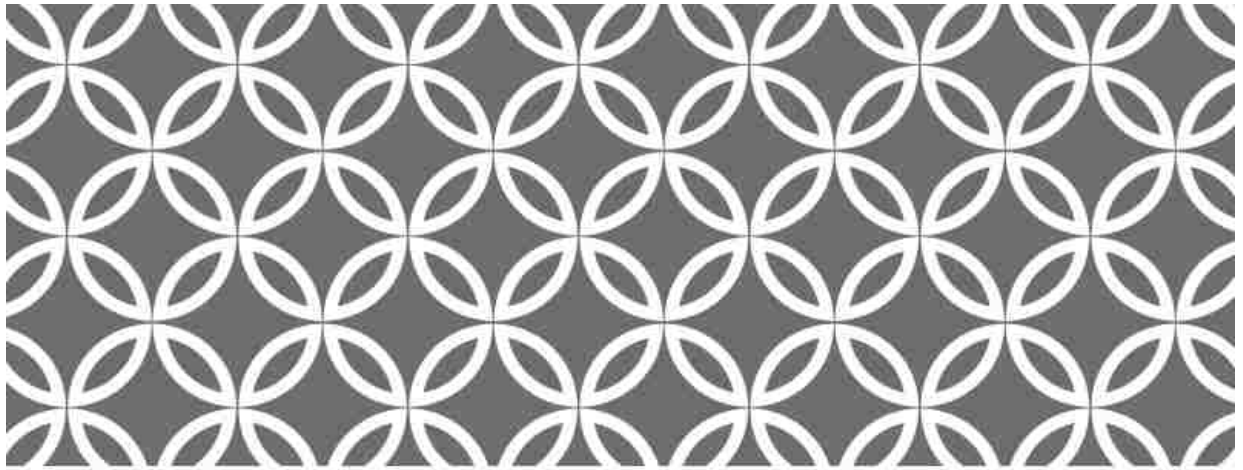
LAST REFLECTION.

THINK OF 1 PERSON THAT YOU WOULD
LIKE TO APPROACH IN THE NEXT MONTH
AND ASK FOR FEEDBACK.

WRITE A SCRIPT TO USE WHEN
APPROACHING THEM.

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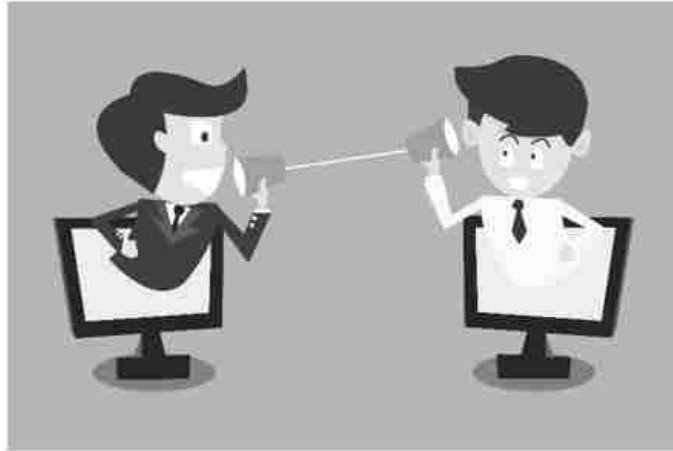
SESSION FOUR.

WELCOME BACK.

**GOLDEN
RULE**

LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will continue to increase their understanding of the concept of professionalism.
- Members will understand how professionalism fits into the transformational leadership model.
- Members will gain insight into the feedback experience.
- Participants will use Gibbs' Reflective Model.
- Members will increase their understanding of the impact of non-verbal communication.
- Team will increase awareness of electronic communication standards.

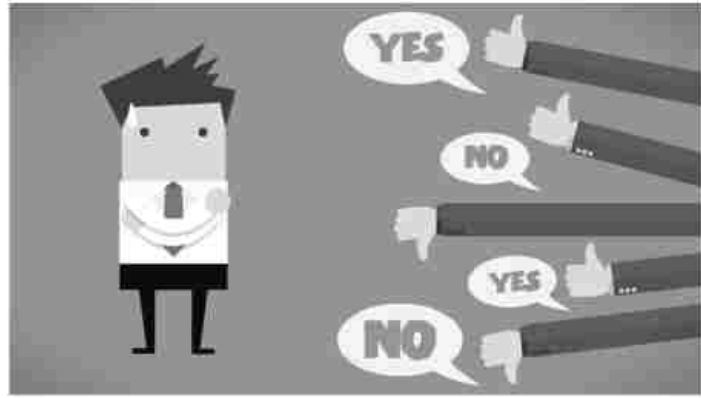


PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.



REFLECTION.



SO LET'S REFLECT.



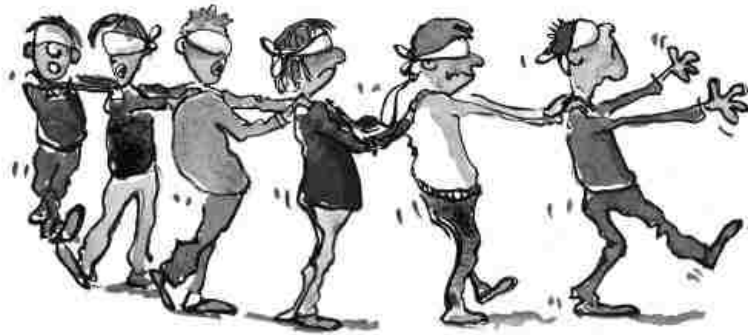
TRANSFORMATIONAL LEADERSHIP.



HOW COMPLICATED IS COMMUNICATION?



ROPE CHALLENGE DISCUSSION.



NONVERBAL COMMUNICATION.

1. Professionalism is a Transformational Leadership pillar.
2. Accepting and giving feedback is key to professionalism.
3. Effective communication is necessary to feedback.
4. We communicate verbally and non-verbally.

KINESICS

- Gestures
- Postures
- Facial expressions
- Clothing
- Scent



A LITTLE ADVICE

1. Recognize the different patterns of nonverbal communication.
2. Maintain good eye contact.
3. Give affirmative head nods, rather than a passive poker face.
4. Avoid tired, nervous, or bored gestures.
5. Watch others' reaction towards you.

FOLLOW
YOUR HEART
BUT TAKE
YOUR BRAIN
WITH YOU.



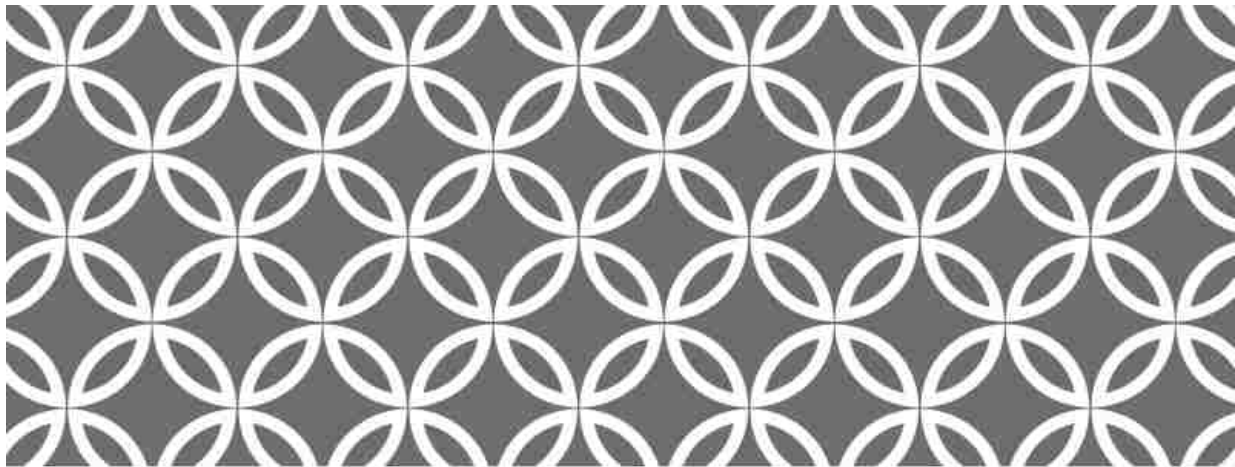
DETAILS
PLEASE...

THINGS TO AVOID

1. Licking your lips
2. Playing with rubber bands or paper clips
3. Twirling your hair, beard, or mustache
4. Drumming your fingers
5. Clicking your pen
6. Biting your fingernails
7. Tapping your feet
8. Picking your teeth
9. Repeatedly adjusting your glasses



BUT WAIT!



COMMUNICATION IN THE 21ST CENTURY



13 RULES OF ELECTRONIC COMMUNICATION

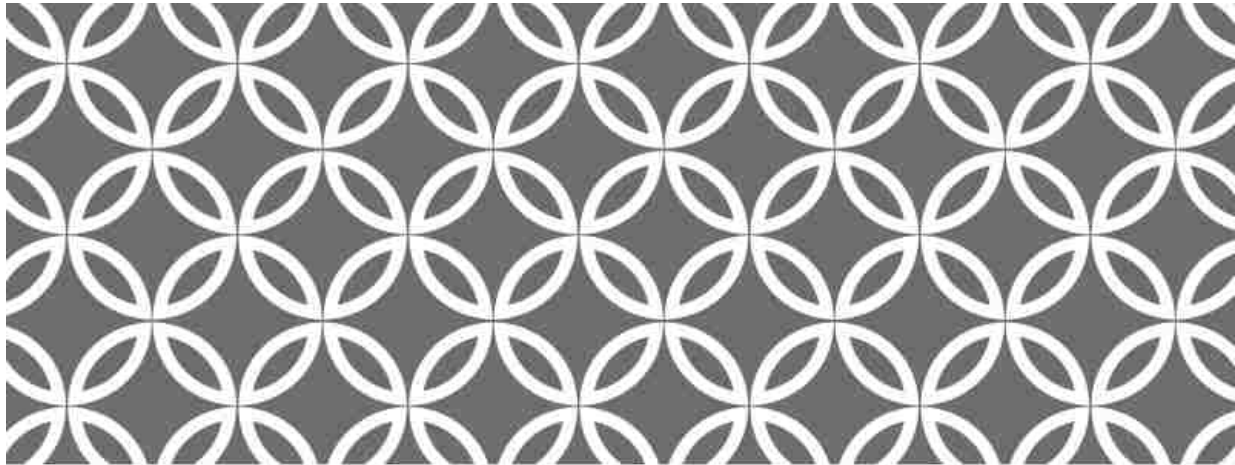
1. Do you really need to send the message?
2. Consider when you send it
3. Developing and sending emails in optimal conditions
4. Keep emails clear and brief
5. Use effective email program
6. Format in a user-friendly way
7. Run grammar and spell check
8. Draw the reader in with subject line
9. Never discipline by email
10. Open the door to responses
11. Consider who needs to receive the email
12. Reply promptly
13. When in doubt, pick up the telephone

LAST REFLECTION

Look	Compare	Check
Look at your last 5 texts and your last 5 emails	Compare them to the 13 Rules of Electronic Communication	Check if you followed the rule for each on the provided review tool

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SESSION FIVE.

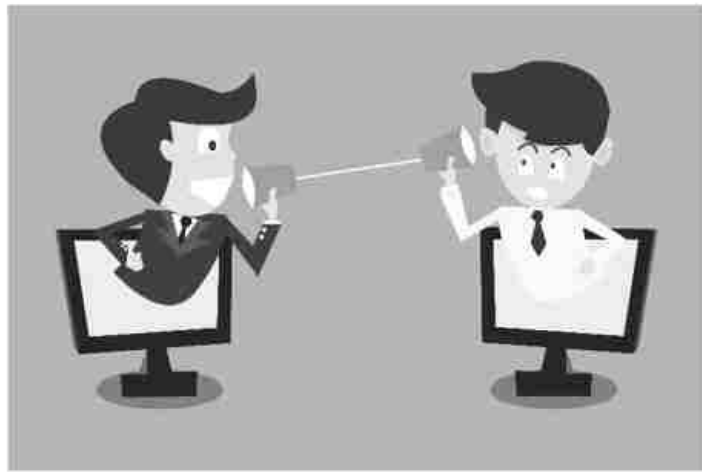


WELCOME BACK..

“When you say a commitment, you build hope. When you keep it, you build trust”
-John C. Maxwell

LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will continue to increase their understanding of the concept of relationship building.
- Members will understand how relationship-building fits into the transformational leadership model.
- Participants will increase understanding of importance of listening for understanding.
- Members will build understanding of the concept of emotional intelligence.
- Participants will identify ways they can increase their ability to show empathy in the future.
- Members will evaluate the team's natural relationship-builders.

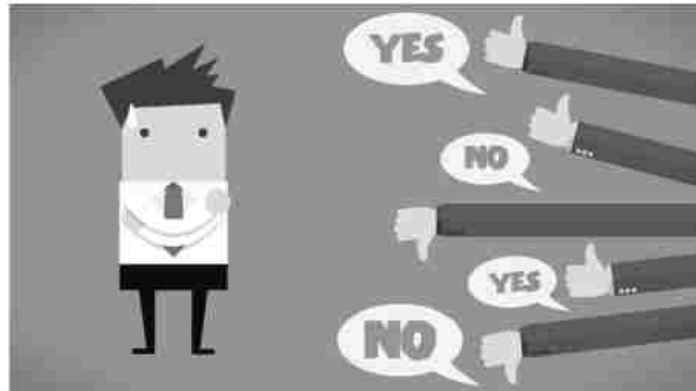


PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.



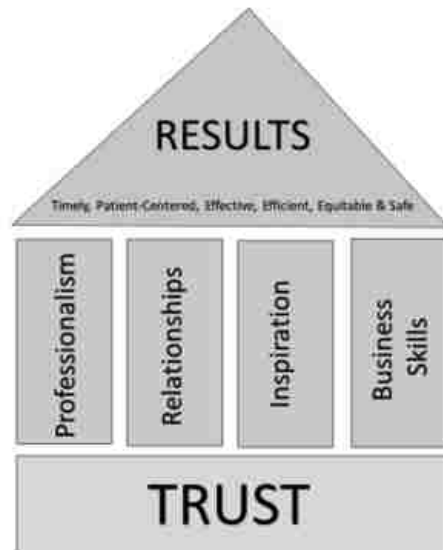
REFLECTION.



SO LET'S REFLECT.

1. Do you really need to send the message?
2. Consider when you send it
3. Developing and sending emails in optimal conditions
4. Keep emails clear and brief
5. Use effective email program
6. Format in a user-friendly way
7. Run grammar and spell check
8. Draw the reader in with subject line
9. Never discipline by email
10. Open the door to responses
11. Consider who needs to receive the email
12. Reply promptly
13. When in doubt, pick up the telephone

TRANSFORMATIONAL LEADERSHIP.



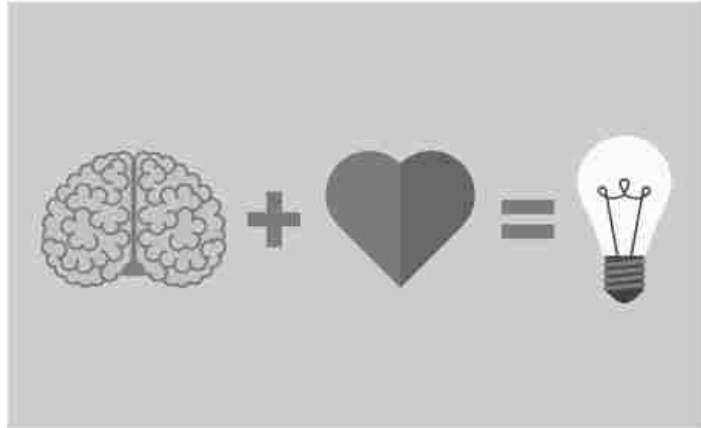


**LISTENING
DISCUSSION.**



WHAT MAKES A GREAT LEADER?

1. Self awareness
2. Self regulation
3. Motivation
4. Empathy
5. Social skills



EMOTIONAL INTELLIGENCE

SELF AWARENESS & SELF REGULATION

who me?



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MOTIVATION.

1. Strong drive to achieve optimism, even in the face of failure.
2. Organizational commitment.



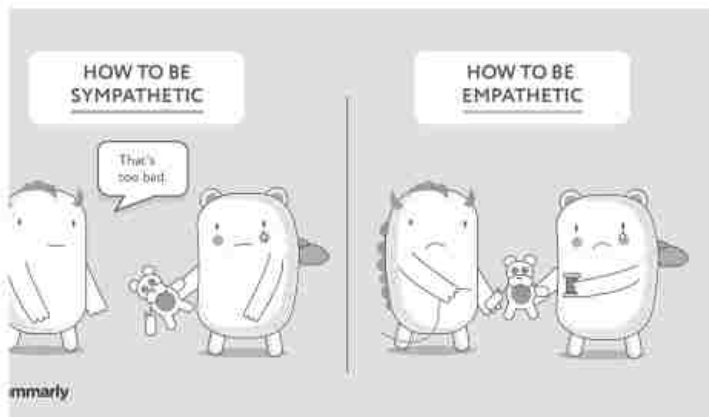
MOTIVATION.

1. A passion to work for things that go beyond money or status.
2. A propensity to pursue goals with energy and persistence.



EMPATHY.

1. Expertise in building and retaining talent.
2. Cross-cultural sensitivity.
3. Service to clients and customers..



EMPATHY.

1. The ability to understand the emotional makeup of other people..
2. Skill in treating people according to their emotional reactions.

EMPATHY.



SOCIAL SKILLS.

accept respect



1. Effectiveness in leading change.
2. Persuasiveness.
3. Expertise in building and leading teams.



SOCIAL SKILLS.

1. Proficiency in managing relationships and building networks.
2. An ability to find common ground and build rapport.

HOMEWORK.

SHADOW:

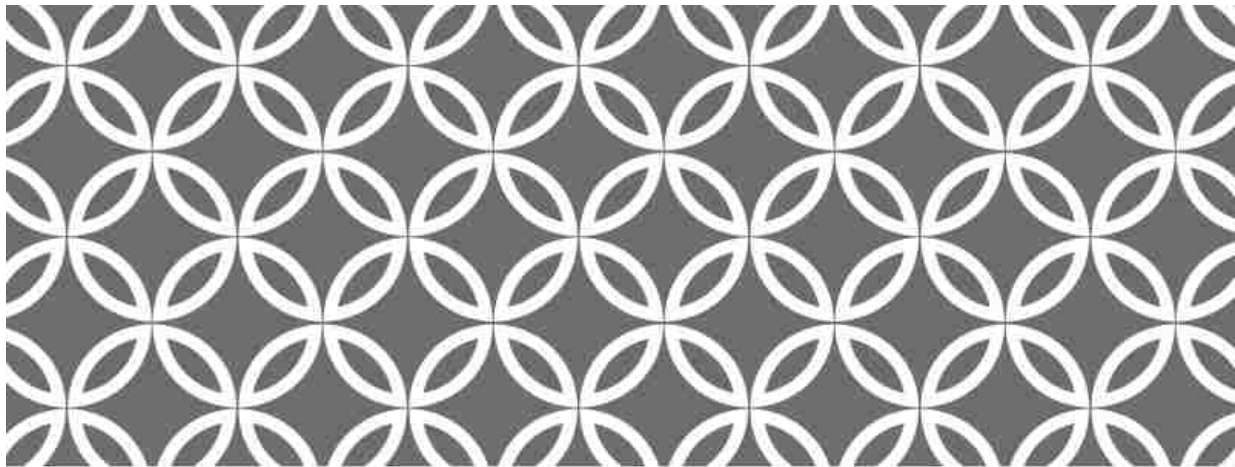
1. A Peer
2. A subordinate
3. Your boss

2 MONTHS TO COMPLETE
8 HOURS EACH



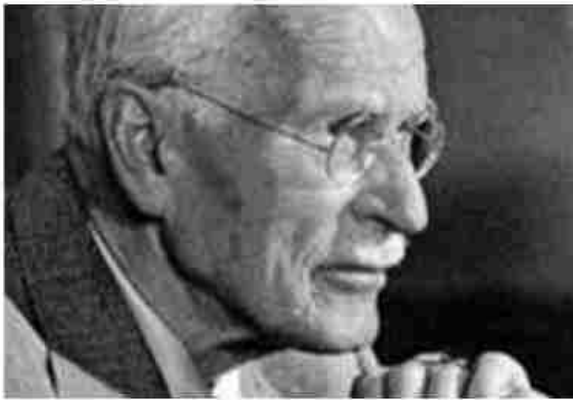
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SESSION SIX.



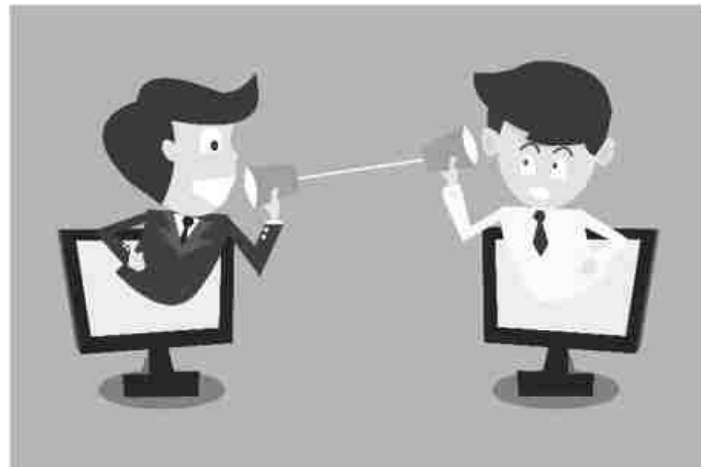
WELCOME BACK.

“The meeting of two personalities is like the contact of two chemical substances: if there is any reaction, both are transformed.”

— Carl Gustav Jung

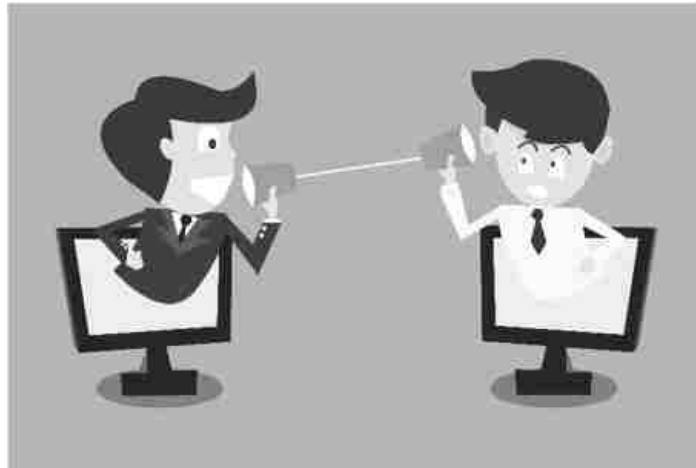
LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will continue to increase their understanding of the concept of relationship-building.
- Members will understand how relationship-building fits into the transformational leadership model.
- Participants will increase understanding of types of leadership.



LEARNING OUTCOMES.

- Members will build understanding of habits of people who build extraordinary relationships.
- Participants will identify ways to improve their ability to build relationships.
- Participants will be exposed to the concept of the "Circle of safety" and its impact on trust.
- Members will increase knowledge of Tuckman's small group development model.

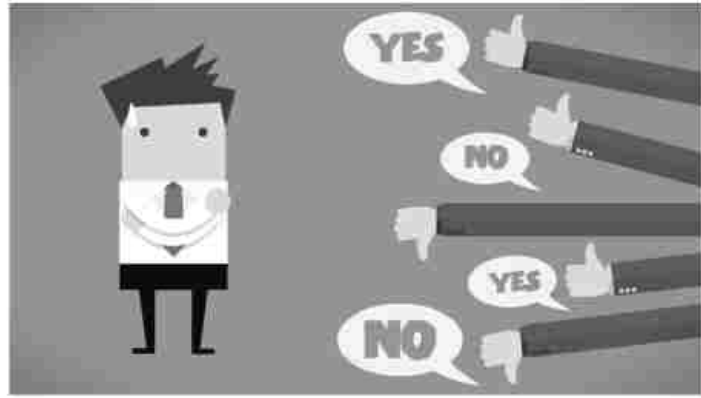


PARTICIPANT EXPECTATIONS...REMINDER.

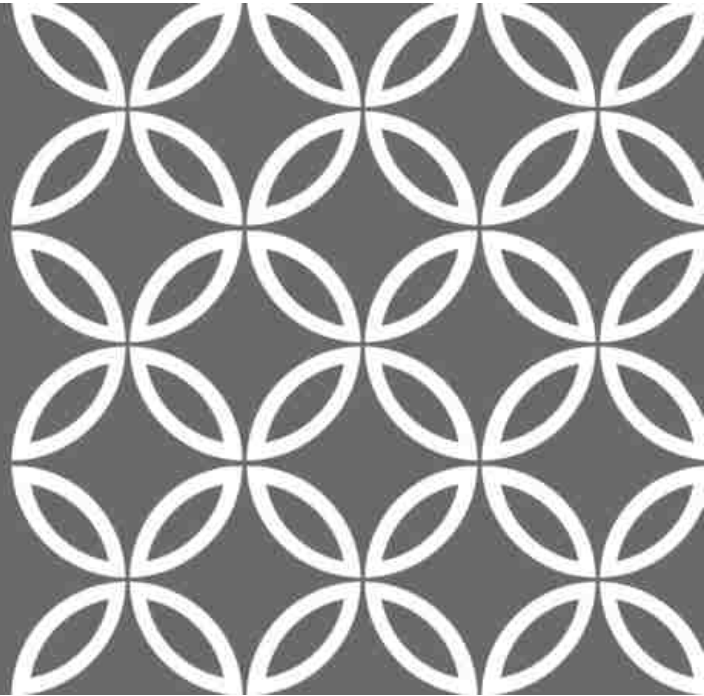
1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.



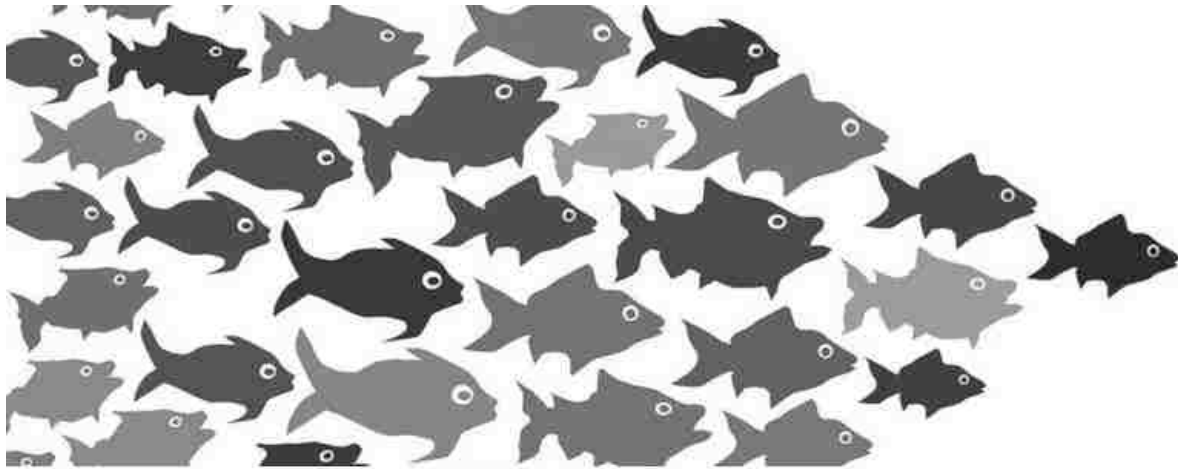
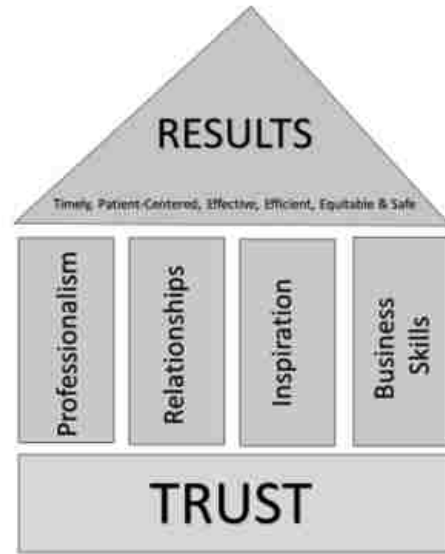
REFLECTION.



SO LET'S REFLECT.



TRANSFORMATIONAL LEADERSHIP.



STYLES OF LEADERSHIP. |



Coercive
Authoritative
Affiliative
Democratic
Pacesetter
Coaching

TYPES OF LEADERSHIP.

COERCIVE

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



AUTHORITATIVE.

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



AFFILIATIVE.

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



DEMOCRATIC.

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



PACESETTING.

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



COACHING.

1. Leader's modus operandi?
2. Style in a phrase?
3. EI competency?
4. When works best?
5. Overall impact on climate?



DISCUSSION.

Can someone have only one style and be effective? Examples?

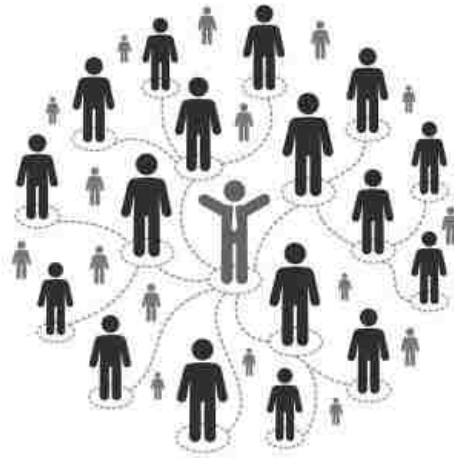
Do you have a preferred style of leadership?

What style represents how you usually lead?



BUILDING EXTRAORDINARY RELATIONSHIPS.

1. Take a hit.
2. Step in without being asked



BUILDING EXTRAORDINARY RELATIONSHIPS.

3. Answer the question that is not asked
4. Know when to dial it back.



BUILDING EXTRAORDINARY RELATIONSHIPS.

5. Prove they think of others.
6. Realize when they have acted poorly.
7. Give consistently, receive occasionally.



BUILDING EXTRAORDINARY RELATIONSHIPS.

8. Value the message by always valuing the messenger.
9. Start small...and are happy to stay small.



HOW SAFE DO
YOU FEEL?



"We will only have work-life
balance when we feel safe at
home and feel safe at work."

- Simon Sinek

HOW SMALL CAN
YOU START?.





© Mark Dilligard/PA Wire

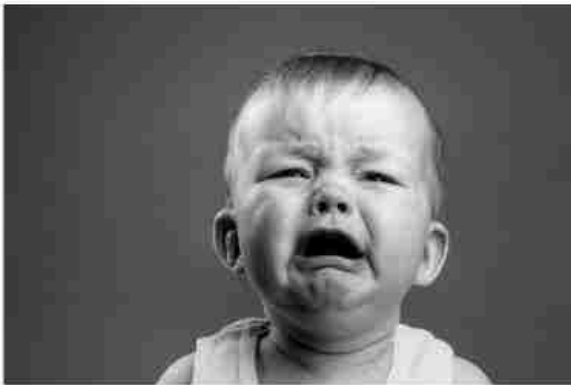
SMALL GROUP DEVELOPMENT.

1. Forming
2. Storming
3. Norming
4. Performing
5. Adjourning



FORMING.

1. Group orientation
2. Ground rule familiarity
3. Testing boundaries
4. Establishing relationships



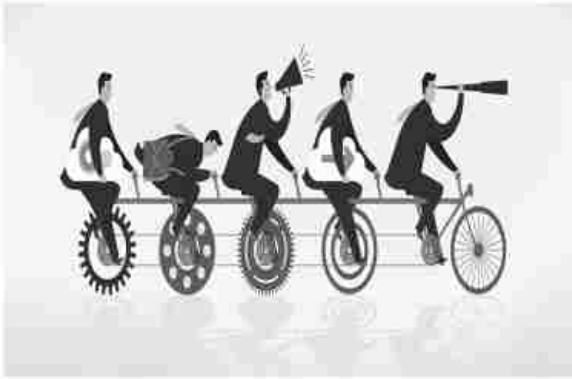
1. Conflict
2. Lack of unity
3. Emotional

STORMING.



1. Cohesion
2. Norms established
3. Member acceptance

NORMING.



PERFORMING.

1. Problem-solving
2. Flexible
3. Functional



ADJOURNING.

1. Separation

HOMEWORK.

SHADOW:

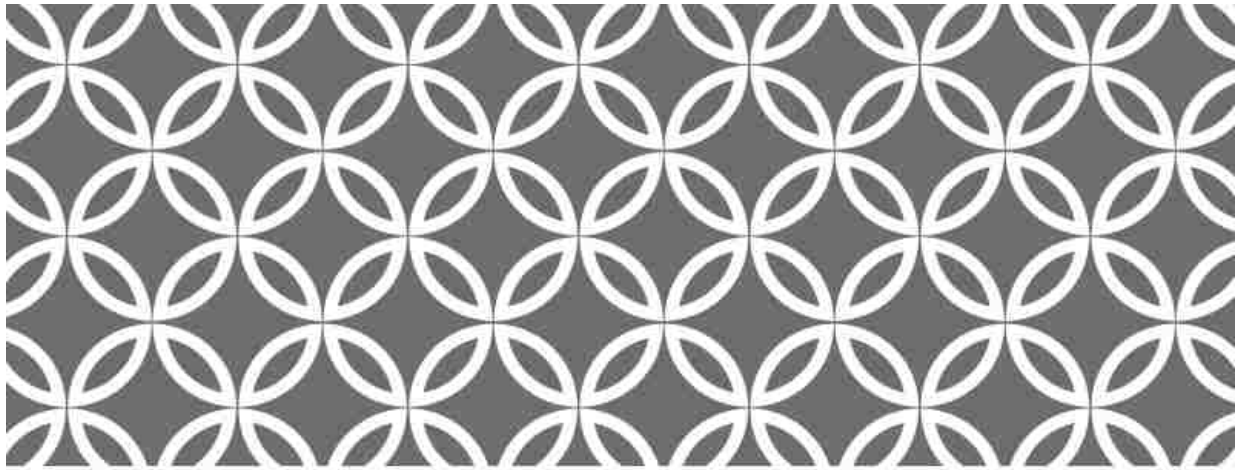
1. A Peer
2. A subordinate
3. Your boss

2 MONTHS TO COMPLETE
8 HOURS EACH



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SESSION SEVEN.

WELCOME BACK.

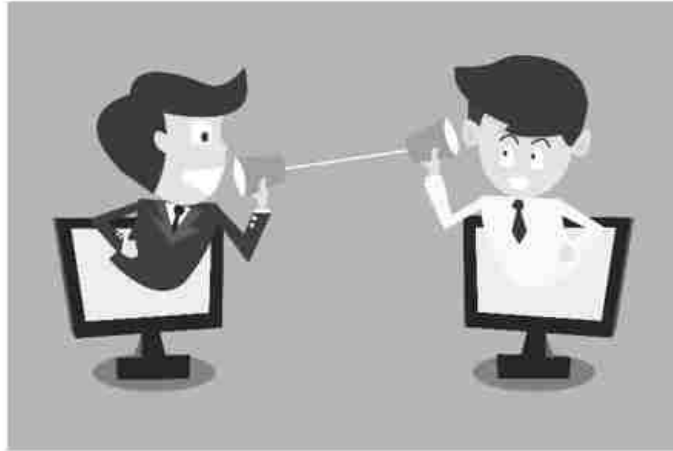
“Leadership is getting someone to do what they don’t want to do, to achieve what they want to achieve.”

- Tom Landry



LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of inspiration.
- Members will understand how inspiration fits into the transformational leadership model.
- Participants will gain understanding of the importance of vision.
- Participants will increase awareness of the impact of inspiring those they lead.



PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.





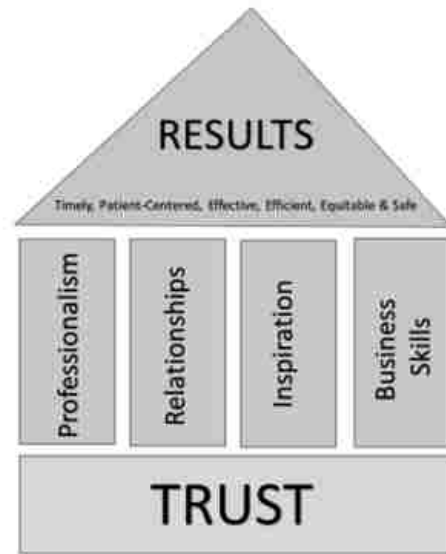
REFLECTION. |

| SHADOWING.

1. Misconceptions
2. Changes in future



TRANSFORMATIONAL LEADERSHIP.



FACT
or
FICTION

1. CULTURE EATS STRATEGY
FOR BREAKFAST.

2. EMPLOYEES DON'T LEAVE
JOBS, THEY LEAVE BOSSES.



WHAT DO YOU WANT
PEOPLE TO KNOW
ABOUT YOU THAT WILL
HELP THEM SEE YOU
AS AN INDIVIDUAL
AND NOT AS "THEY"?



WHO WAS MORE THAN A "THEY" TO YOU?

- At a certain point, you must decide whether to lead or fit in, you can't have both.
- You can go into that meeting with all that passion but if you deliver your message that way, you are not going to get what you need.
- Is the decision going to kill anyone? If not, try it. If it doesn't work, change it back.
- We have a lot of good ideas, but we need to focus on the great ones.



WHO WAS MORE THAN A “THEY” TO YOU?

- Sometimes, you appear impatient with people that don't get it right away.
- If I had to sum you up in one word, it would be culture.
- Pull the information together and then make a decision. Once you've made it, move on.
- You must go out of your way to decrease the chance that your words can be misinterpreted.



INSPIRATIONAL?

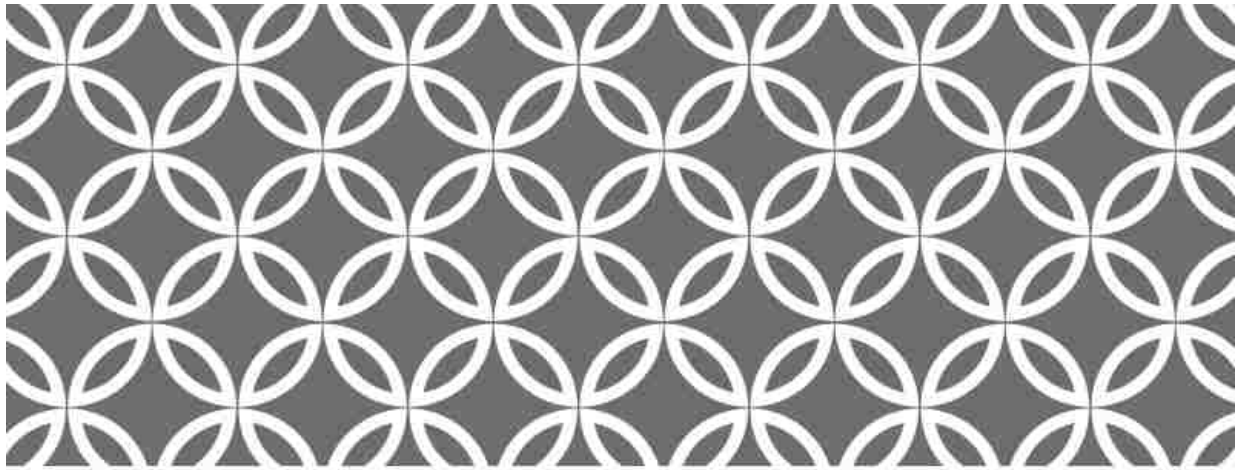


PERSONAL VISION STATEMENT



REFERENCES.

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SESSION EIGHT.

WELCOME BACK.

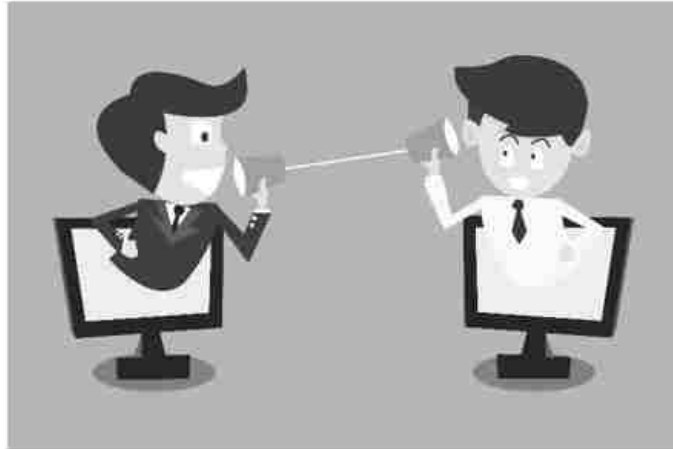
“When you compete against everyone else, no one wants to help you but when you compete against yourself, everyone wants to help you”

- Simon Sinek



LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of inspiration.
- Members will understand how inspiration fits into the transformational leadership model.
- Participants will gain understanding of the importance of vision.
- Participants will increase awareness of the impact of inspiring those they lead.



PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.





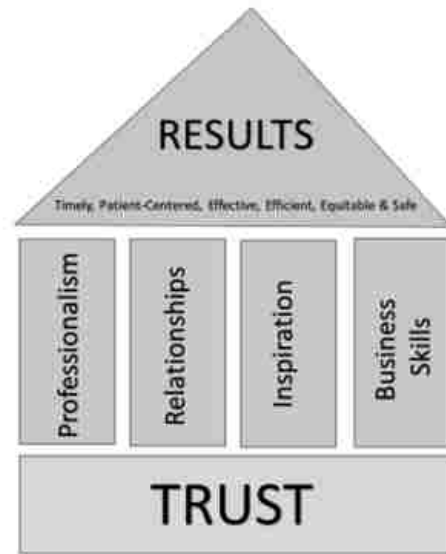
REFLECTION. |

| VISION STATEMENT.

1. Review tool one
2. Share your vision



TRANSFORMATIONAL LEADERSHIP.

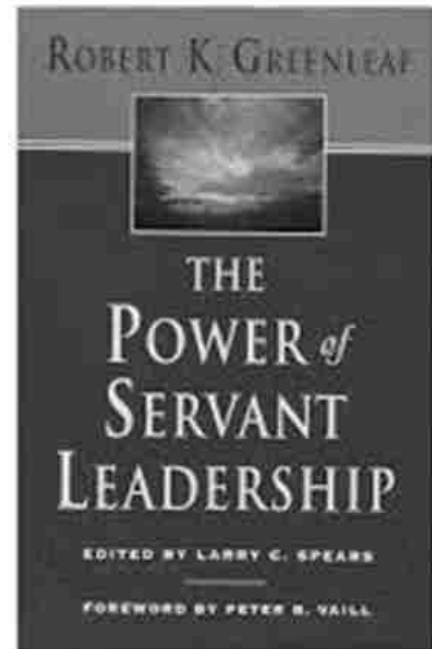


“The servant-leader is servant first. It begins with a natural feeling that one wants to serve ... as opposed to wanting power, influence, fame or wealth.”

– Robert K. Greenleaf

SERVANT LEADERSHIP.

1. Listening
2. Empathy
3. Healing
4. Awareness
5. Persuasion
6. Conceptualization
7. Foresight
8. Stewardship
9. Commitment to growth of people
10. Building community

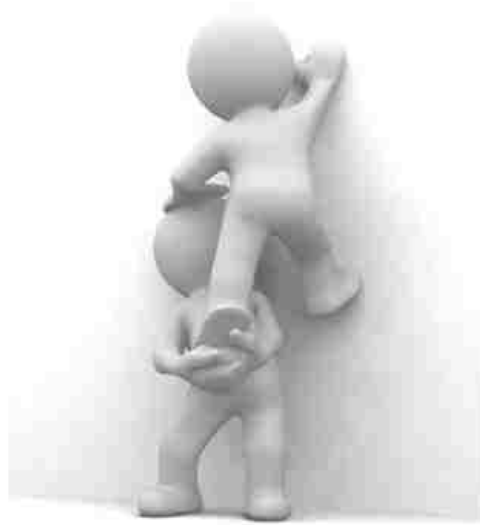


1. Listening
2. Empathy
3. Healing
4. Awareness



SERVANT LEADERSHIP.

ACTIVITY.



5. Persuasion
6. Conceptualization
7. Foresight

SERVANT LEADERSHIP.

ACTIVITY.



8. Stewardship
9. Commitment to a group of people
10. Building community

SERVANT LEADERSHIP.

ACTIVITY.

Building Community...

Together



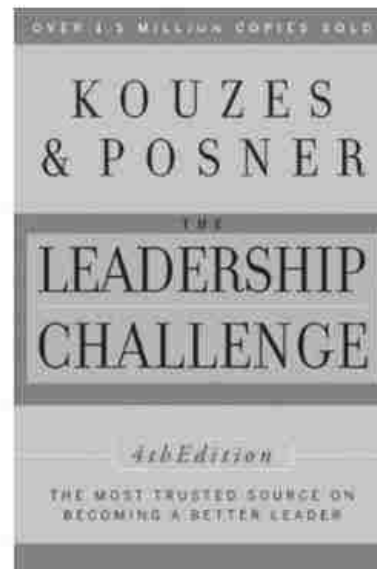
SERVANT
LEADERSHIP.

WE WANT YOU



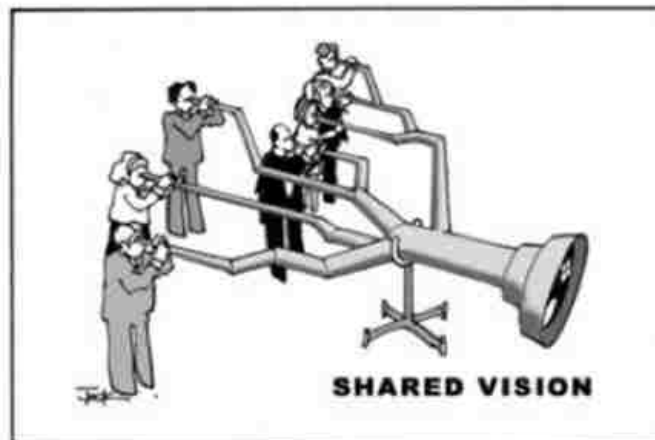
LEADERSHIP CHALLENGE.

- MODEL THE WAY
- INSPIRE A SHARED VISION
- CHALLENGE THE PROCESS
- ENABLE OTHERS TO ACT
- ENCOURAGE THE HEART



INSPIRE A SHARED VISION.

- Envision the future by imagining exciting and ennobling possibilities.
- Enlist others in a common vision by appealing to shared aspirations.





ACTIVITY.

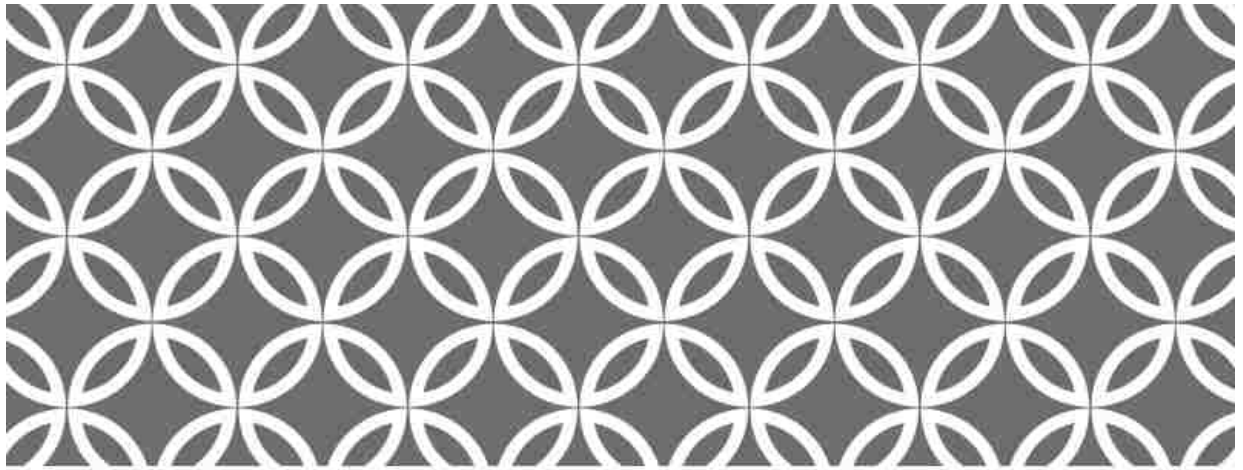


HOMEWORK.



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- Soul Pancake (2015, January 19). The story of Martin Luther King Jr. by Kid President [Video file]. Retrieved from: <https://www.youtube.com/watch?v=4xXZhXTFWnE>



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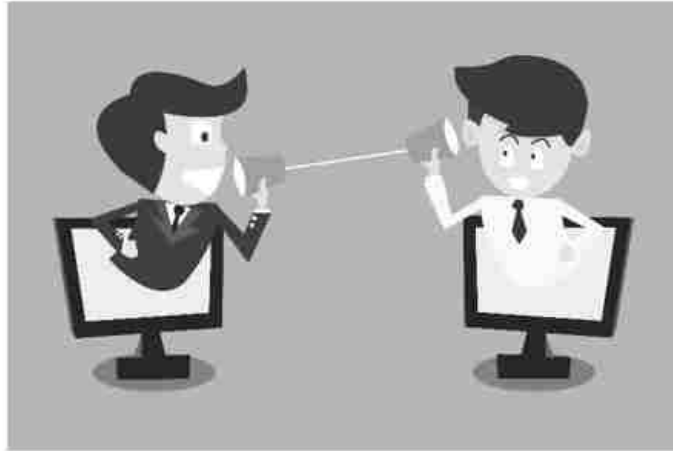
SESSION NINE.

WELCOME BACK.

FOLLOW
YOUR HEART
BUT TAKE
YOUR BRAIN
WITH YOU.

LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of business skills.
- Members will understand how business skills fit into the transformational leadership model.
- Participants will gain understanding of the AONE executive and manager business skills competencies.
- Participants will hear practical advice on the topics of accountability, staffing, productivity, importance of reading as a nurse leader, and patient safety and quality.



PARTICIPANT EXPECTATIONS...REMINDER.

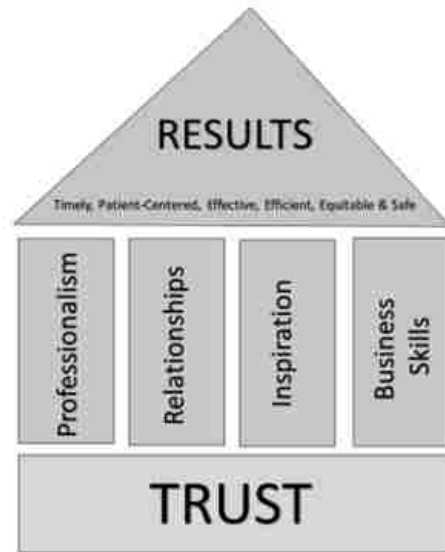
1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.





TOUCH BASE. |

TRANSFORMATIONAL
LEADERSHIP.



BUSINESS SKILLS.

1. Understanding the healthcare delivery system
2. Understanding the organization



UNITED STATES HEALTHCARE DELIVERY



©Study.com

UNDERSTANDING THE HEALTHCARE DELIVERY SYSTEM.

1. Policy
2. Healthcare economics
3. Healthcare delivery system
4. Current and future trends



UNDERSTANDING THE ORGANIZATION.

1. Mission & vision
2. Strategic plan
3. Finance
4. Quality
5. Information systems
6. Care delivery system
7. Relationship with the community
8. Marketing

NURSE EXECUTIVE BUSINESS SKILLS COMPETENCIES.

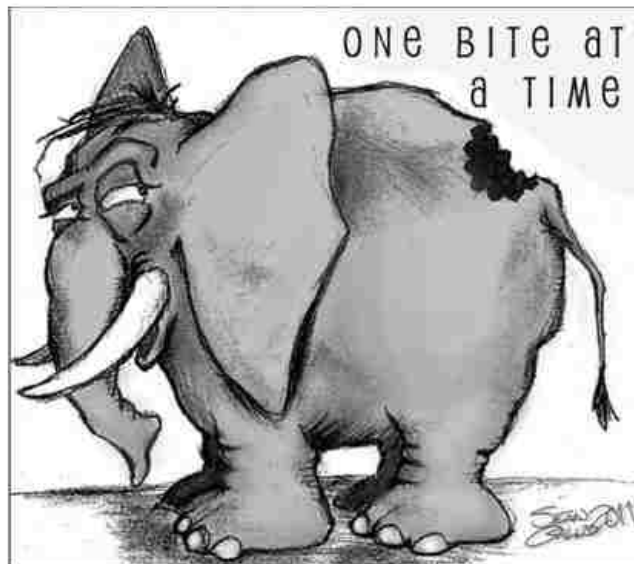
1. Financial management
2. Human resource management
3. Strategic management
4. Information management and technology

AONE
The Voice of Nursing Leadership™

NURSE MANAGER BUSINESS SKILLS COMPETENCIES.

1. Financial management
2. Human resource management
3. Performance improvement
4. Foundational thinking skills
5. Technology
6. Strategic management
7. Appropriate clinical practice knowledge

AONE
The Voice of Nursing Leadership™

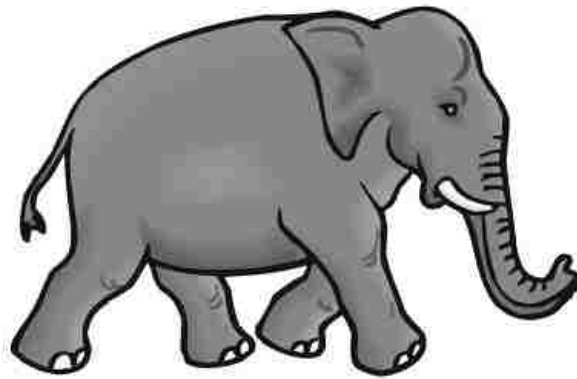


THE BIG 5... MY ADVICE

1. Accountability
2. Staffing
3. Productivity
4. Read it!
5. Patient safety and quality

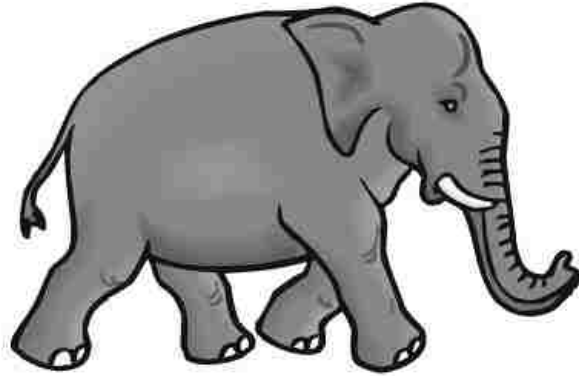


THE ELEPHANT IN THE ROOM



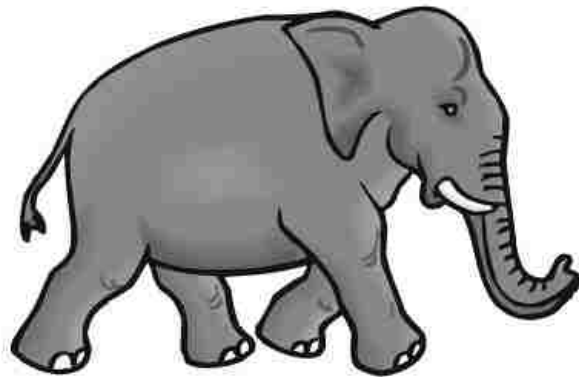
ACCOUNTABILITY.

1. To err is human
2. To drift is human
3. Risk is everywhere
4. We manage in support of our values
5. We are all accountable



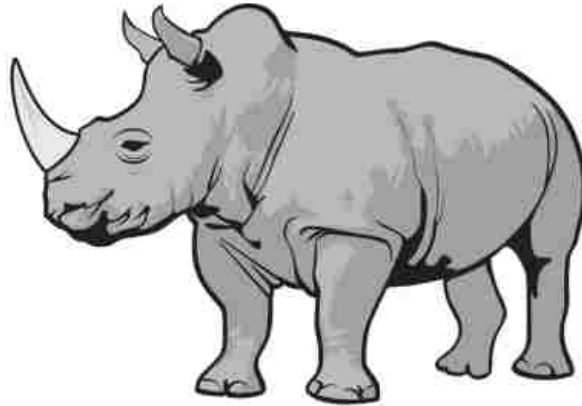
| JUST CULTURE.

1. Human error-Console
2. At-risk behavior-Coach
3. Reckless behavior-Council



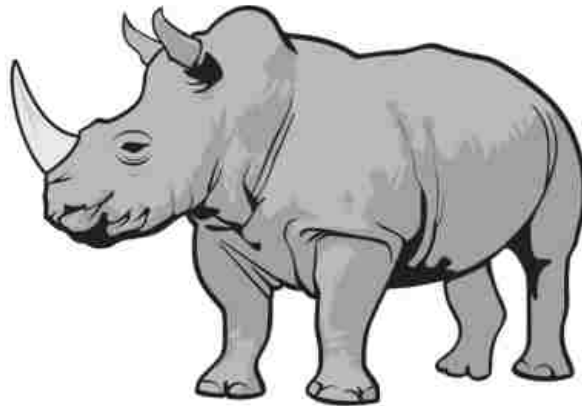
| JUST CULTURE.

THE
THORN
IN MY
SIDE



| STAFFING.

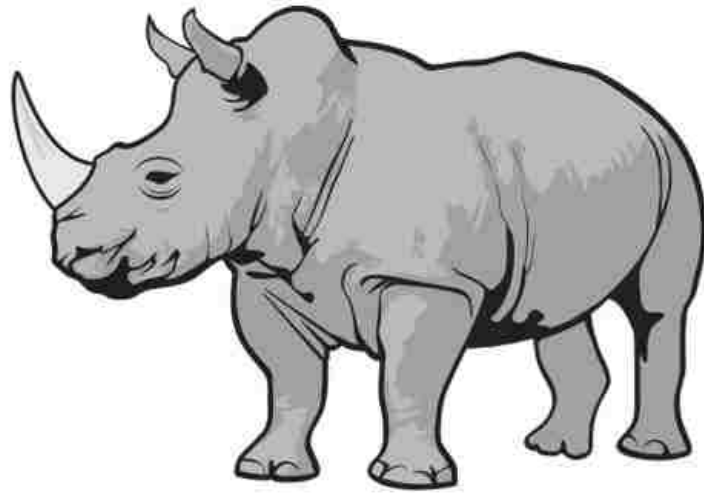
1. Set a target FTE goal
2. Have a scheduling guideline
3. Do not offer incentive pay



| STAFFING.

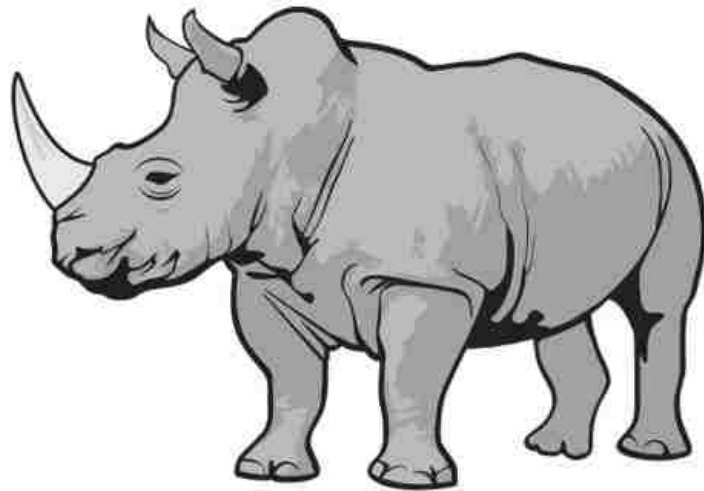
TARGET FTE GOAL.

Consider hiring 20% more staff
than you think you need.



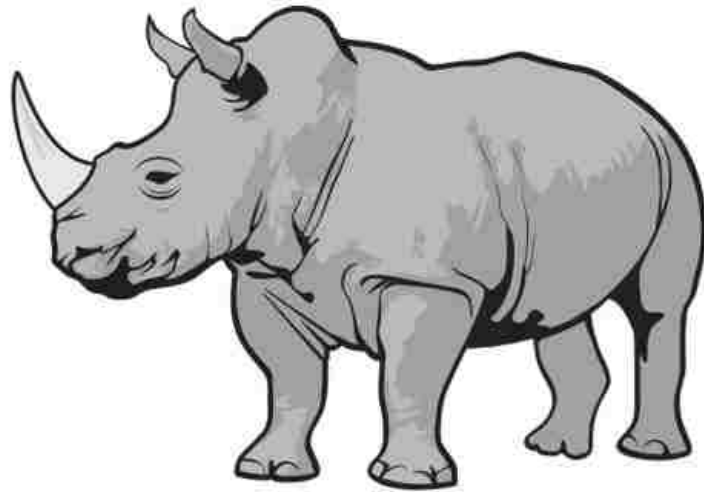
CREATE STAFFING GUIDELINES.

And follow them.



INCENTIVE PAY.

Just say no.



WHAT
NO ONE
WANTS
TO TALK
ABOUT



PRODUCTIVITY.

1. What is your volume?
2. What is your unit of measure?
3. What is your standard?
4. How many hours were worked?
5. What's changed?
6. How do you calculate FTEs



| PRODUCTIVITY.

1. What is your volume?
2. What is your unit of measure?
3. What is your standard?



| PRODUCTIVITY.

1. How many hours were worked?
2. What's changed?



PRODUCTIVITY.

How to calculate FTEs



PRODUCTIVITY.

1. Don't avoid it
2. Understand it
3. Use it
4. Manage it
5. Don't excuse it



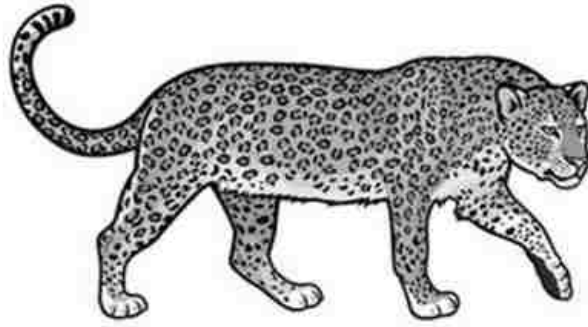
MY PRODUCTIVITY ADVICE.

IT PURRS
LIKE A
KITTEN,
UNTIL IT
DOESN'T



MY ADVICE...READ IT.

CREEPS
UP
ON
YOU



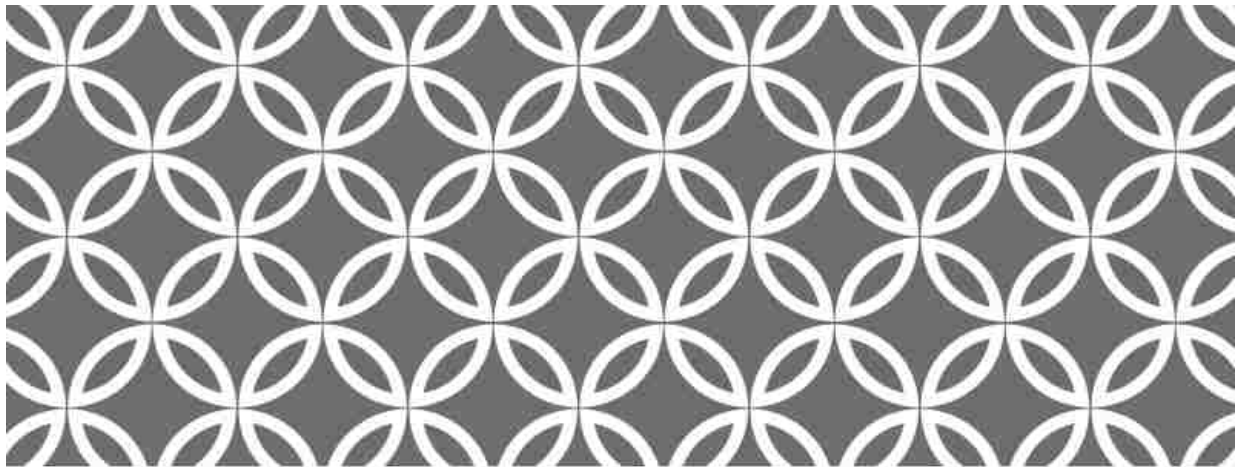
PATIENT SAFETY & QUALITY.

HOMEWORK.



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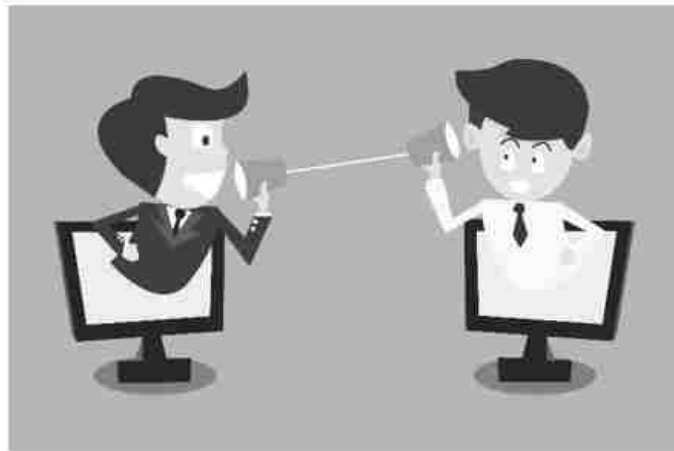
SESSION TEN.

WELCOME BACK.

**WHEN I LOST
ALL OF MY
EXCUSES
I FOUND MY
RESULTS**

LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the concept of results.
- Members will understand how results fit into the transformational leadership model.
- Participants will gain understanding of Lewin's, Roger's and Levitt's change theories.
- Participants will identify 5 things they would like to change.
- Participants will observe dysfunctional aspects of conference calls.
- Participants will increase their knowledge of Murphy's 8 steps to an effective briefing.

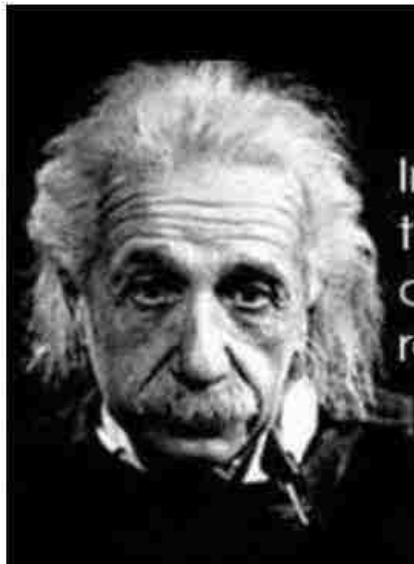


PARTICIPANT EXPECTATIONS...REMINDER.

1. ATTENDANCE IS MANDATORY FOR ALL SESSIONS.
2. BE PREPARED WITH 100% OF PRE-WORK COMPLETED.
3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.



TRANSFORMATIONAL
LEADERSHIP.

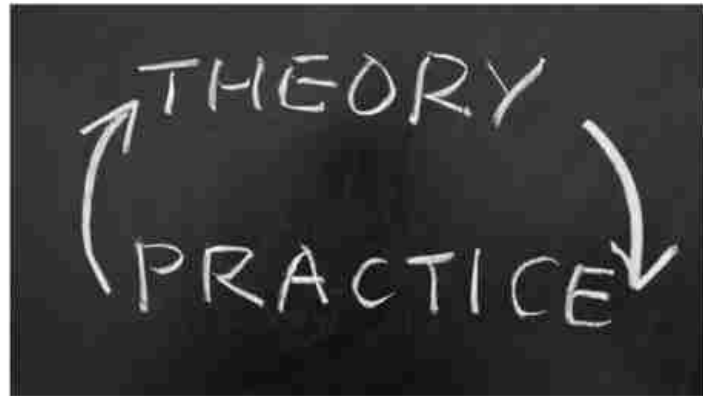


Insanity is doing the same
thing over and over again
and expecting different
results.

- Albert Einstein

CHANGE THEORY.

- Lewin (1951)
- Lippitt (1958)
- Rogers (2003)



LEWIN'S CHANGE THEORY.

- Unfreeze
- Change
- Refreeze



ROGER'S CHANGE THEORY.

- Awareness
- Interest
- Evaluation
- Trial
- Adoption



LIPPITT'S CHANGE THEORY.

- Diagnose the problem
- Assess motivation and capacity for change
- Assess change agent's motivation and resources



LIPPITT'S CHANGE THEORY.

- Select progressive change objective
- Choose appropriate role of the change agent
- Maintain change
- Terminate the helping relationship



RESULTS.

"The complexity science proposes that relationships and the connections between people in organizations are the most important element for successful functioning of the system and for making sustained positive change" (Denisco & Barker, 2016, p. 112).



CHANGE.



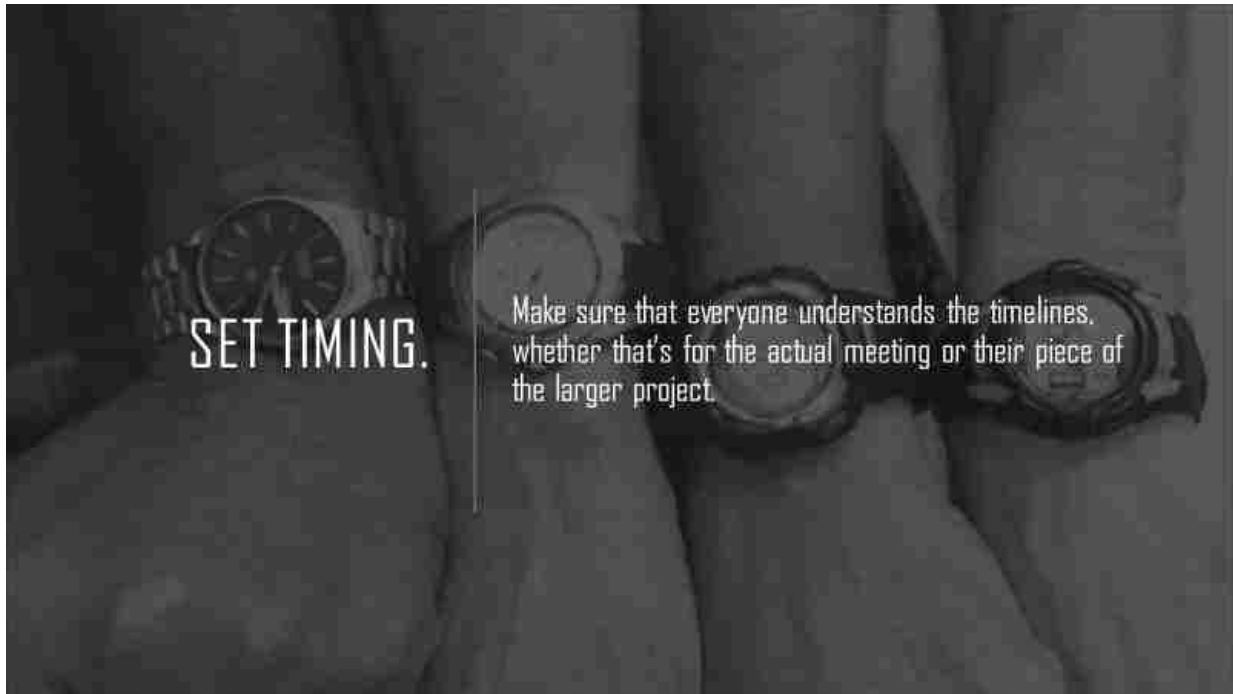
CHANGE.



MISSION BRIEFS.

1. Set the timing
2. The mission objective
3. The scenario
4. Weather and environment
5. Threats and intelligence
6. Motherhood
7. Tactics and timelines
8. Contingencies
9. Wrap up





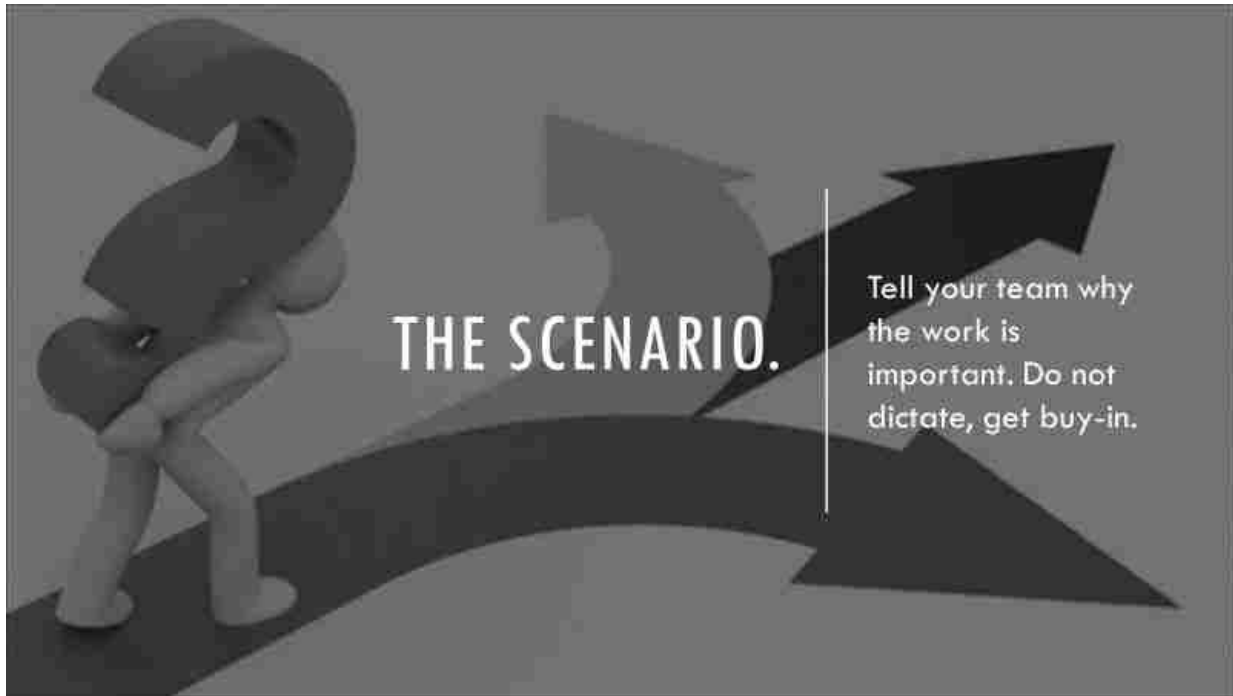
SET TIMING.

Make sure that everyone understands the timelines, whether that's for the actual meeting or their piece of the larger project.



THE MISSION OBJECTIVE.

State your meeting objective clearly. Use a single sentence to clearly state an achievable goal of the meeting.



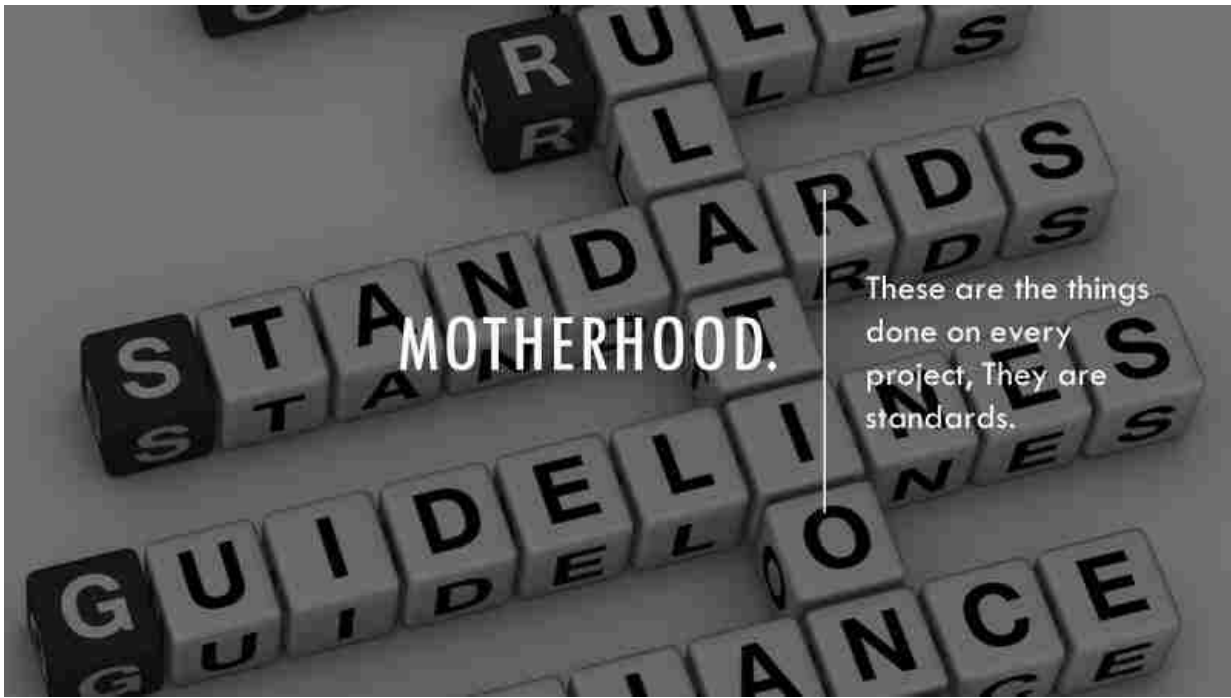
THE SCENARIO.

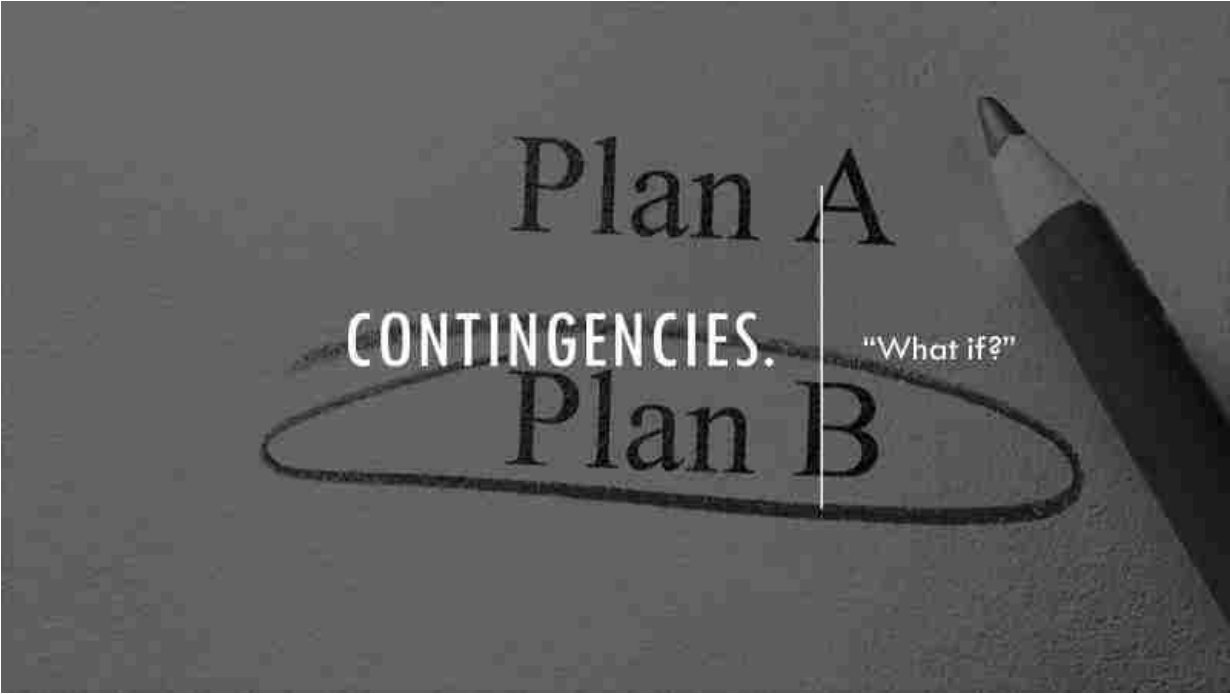
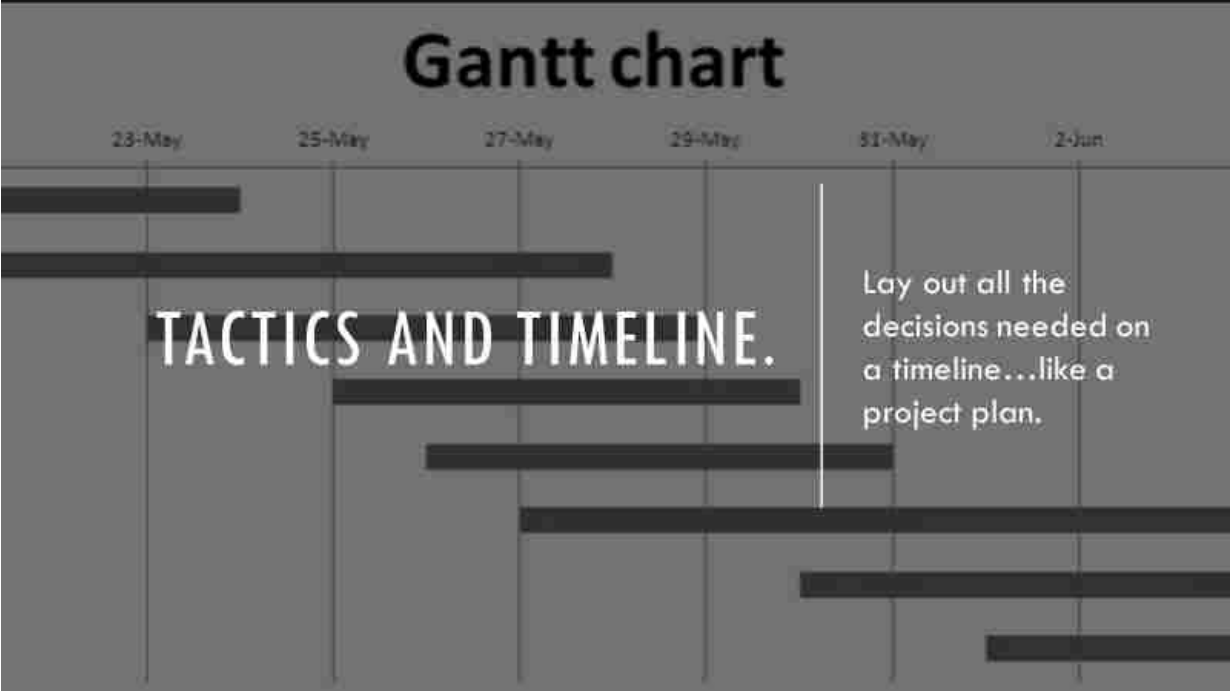
Tell your team why the work is important. Do not dictate, get buy-in.



WEATHER AND ENVIRONMENT.

What are those factors that we have to constantly think about in healthcare?







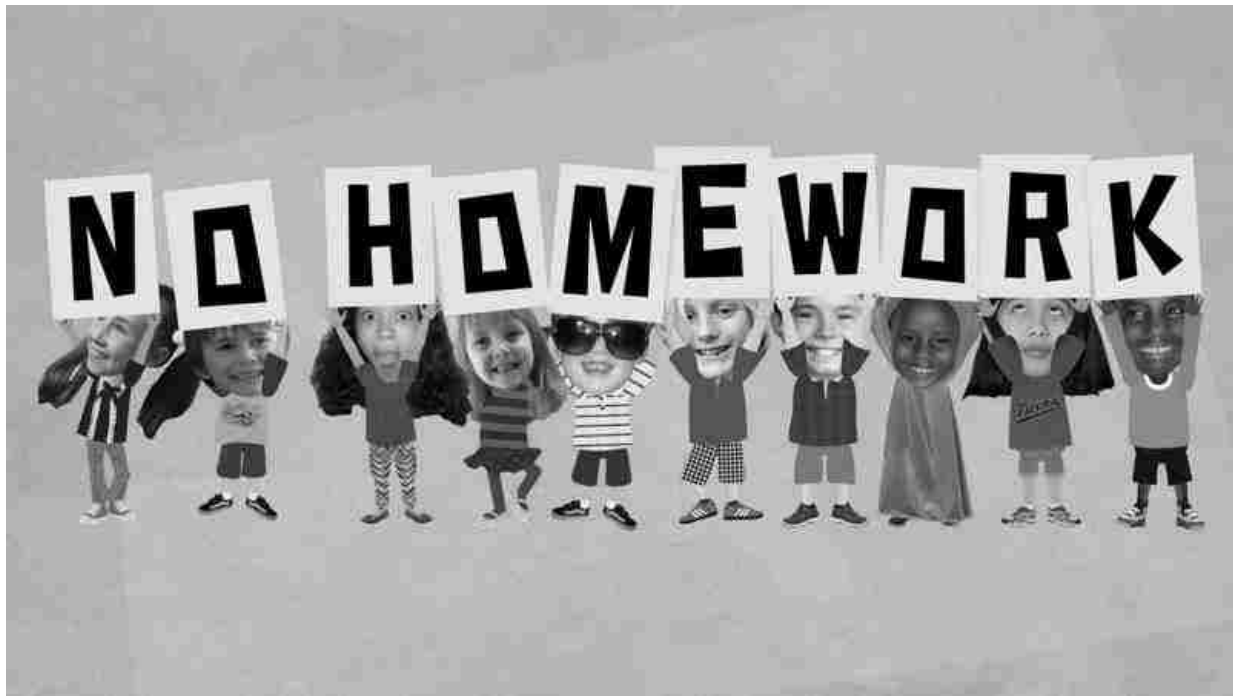
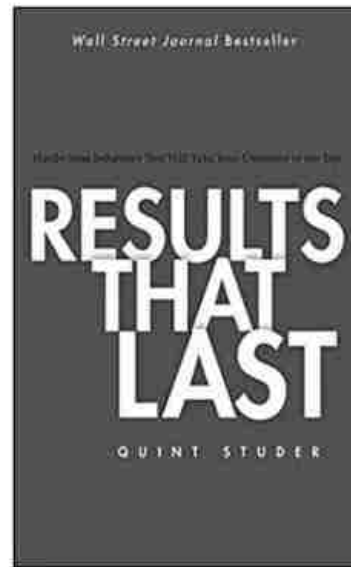
A FEW LAST
THOUGHTS ON
RESULTS.

One death is a tragedy;
one million is a
statistic.

Joseph Stalin

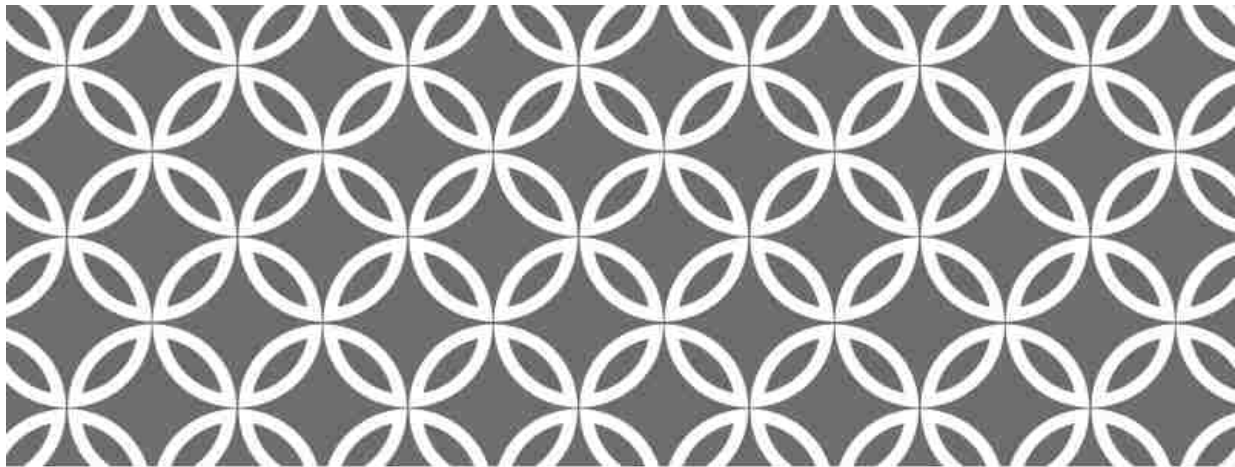


A FEW LAST
THOUGHTS ON
RESULTS.



REFERENCES.

- DeNisco, S. M., & Barker, A. M., (2016). *Advanced practice nursing: essential knowledge for the profession*. Burlington, MA: Jones & Bartlett Learning.
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BEYOND THE PROGRAM.

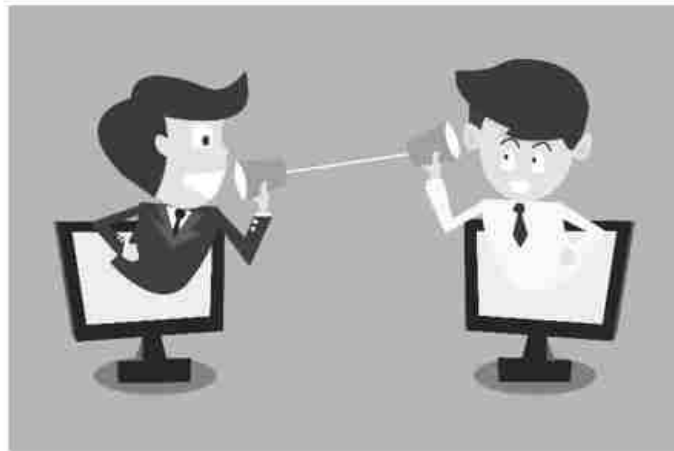
WELCOME BACK.

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

Aristotle

LEARNING OUTCOMES.

- Participants will continue to increase vulnerability within team.
- Participants will increase their understanding of the transformational leadership concept.
- Members will review and reflect on LPI results.
- Members will be reminded of key program details and suggestions to incorporate into their future.

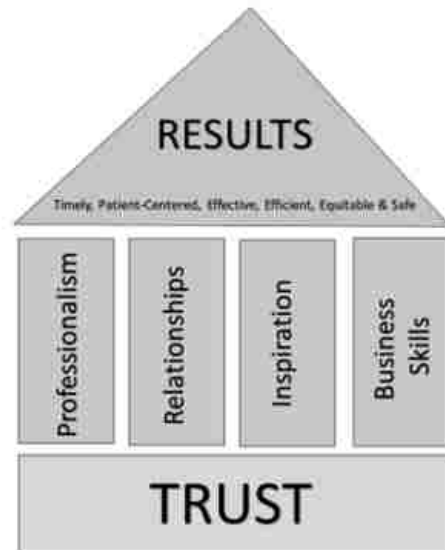


PARTICIPANT EXPECTATIONS...REMINDER.

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3. ENGAGE IN SESSION CONTENT.
4. BE FEARLESS!
5. BE VULNERABLE.
6. BE YOU.



TRANSFORMATIONAL LEADERSHIP.





Four Domains of Team Strength

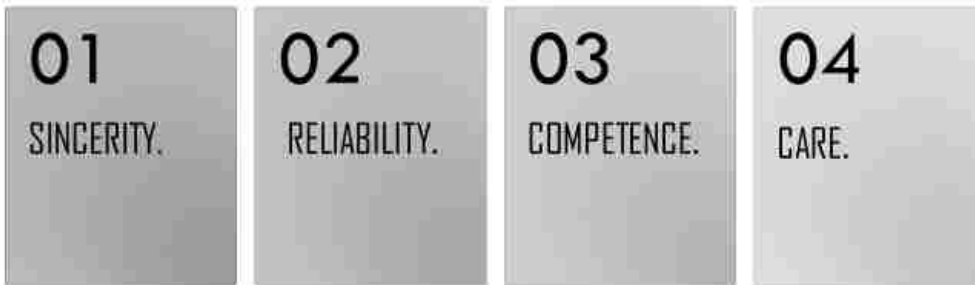
EXECUTING	INFLUENCING	RELATIONSHIP BUILDING	STRATEGIC THINKING
People with dominant Executing themes know how to make things happen.	People with dominant Influencing themes know how to take charge, speak up, and make sure the team is heard.	People with dominant Relationship Building themes have the ability to build strong relationships that can hold a team together and make the team greater than the sum of its parts.	People with dominant Strategic Thinking themes help teams consider what could be. They absorb and analyze information that can inform better decisions.
Achiever Arranger Belief Consistency Deliberative Discipline Focus Responsibility Restorative	Activator Command Communication Competition Maximizer Self-Assurance Significance Woo	Adaptability Connectedness Developer Empathy Harmony Includer Individualization Positivity Relator	Analytical Context Futuristic Ideation Input Intellection Learner Strategic

LEADERSHIP
FEAR.



BUILDING TRUST
THROUGH SHARING A
MEAL.





THE FOUR DISTINCTIONS OF TRUST.

TRUST ERODERS.



YOUR STOPLIGHT.

- What did you want to start?
- Stop?
- How does this apply within this team?



**PROFESSIONAL IS NOT
A LABEL YOU GIVE
YOURSELF
— IT'S A DESCRIPTION
YOU HOPE OTHERS
WILL APPLY TO YOU.**

- David Maister
True Professionalism

THE FOUR KEY CONCEPTS OF EI.



KNOW YOUR TRIGGERS.

1. WHAT DID YOU LEARN ABOUT WHAT TRIGGERS YOU?
2. WHAT DID YOU LEARN ABOUT YOUR RESPONSE TO YOUR TRIGGERS?
3. WHAT DO YOU PLAN TO DO DIFFERENTLY IN THE FUTURE?



SELF REFLECTION.



“We do not learn from experience...we learn from reflecting on experience.”
–John Dewey

GIBBS MODEL.



PRESTON'S RECOMMENDATIONS.

1. Recognize the different patterns of nonverbal communication.
2. Maintain good eye contact.
3. Give affirmative head nods, rather than a passive poker face.
4. Avoid tired, nervous, or bored gestures.
5. Watch others' reaction towards you.

FOLLOW
YOUR HEART
BUT TAKE
YOUR BRAIN
WITH YOU.

13 RULES OF ELECTRONIC COMMUNICATION

1. Do you really need to send the message?
2. Consider when you send it
3. Developing and sending emails in optimal conditions
4. Keep emails clear and brief
5. Use effective email program
6. Format in a user-friendly way
7. Run grammar and spell check
8. Draw the reader in with subject line
9. Never discipline by email
10. Open the door to responses
11. Consider who needs to receive the email
12. Reply promptly
13. When in doubt, pick up the telephone

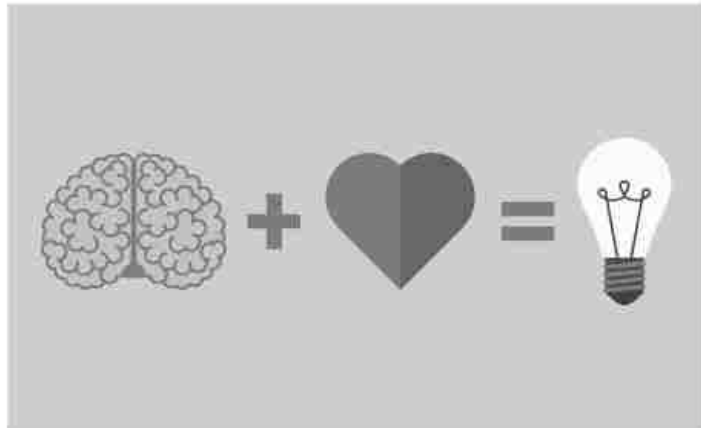


LISTENING
DISCUSSION.



WHAT MAKES A GREAT LEADER?

1. Self awareness
2. Self regulation
3. Motivation
4. Empathy
5. Social skills



EMOTIONAL INTELLIGENCE



WHAT'S YOUR WHY?

TED

WHO WAS MORE THAN A “THEY” TO YOU?

- At a certain point, you must decide whether to lead or fit in, you can't have both.
- You can go into that meeting with all that passion but if you deliver your message that way, you are not going to get what you need.
- Is the decision going to kill anyone? If not, try it. If it doesn't work, change it back.
- We have a lot of good ideas, but we need to focus on the great ones.
- Sometimes, you appear impatient with people that don't get it right away.
- If I had to sum you up in one word, it would be culture.
- Pull the information together and then make a decision. Once you've made it, move on.
- You must go out of your way to make sure there is no way your words can be misinterpreted.

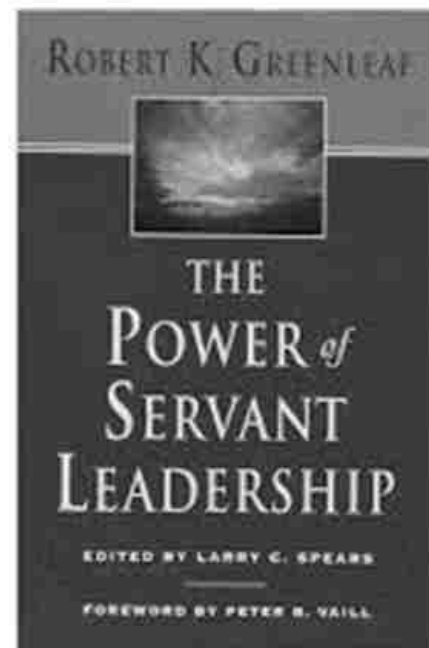


PERSONAL VISION STATEMENT



SERVANT LEADERSHIP.

1. Listening
2. Empathy
3. Healing
4. Awareness
5. Persuasion
6. Conceptualization
7. Foresight
8. Stewardship
9. Commitment to growth of people
10. Building community





BUSINESS SKILLS.

1. Understanding the healthcare delivery system
2. Understanding the organization



NURSE EXECUTIVE BUSINESS SKILLS COMPETENCIES.

1. Financial management
2. Human resource management
3. Strategic management
4. Information management and technology



NURSE MANAGER BUSINESS SKILLS COMPETENCIES.

1. Financial management
2. Human resource management
3. Performance improvement
4. Foundational thinking skills
5. Technology
6. Strategic management
7. Appropriate clinical practice knowledge



THE BIG 5... MY ADVICE

1. Accountability
2. Staffing
3. Productivity
4. Read it!
5. Patient safety and quality



MISSION BRIEFS.

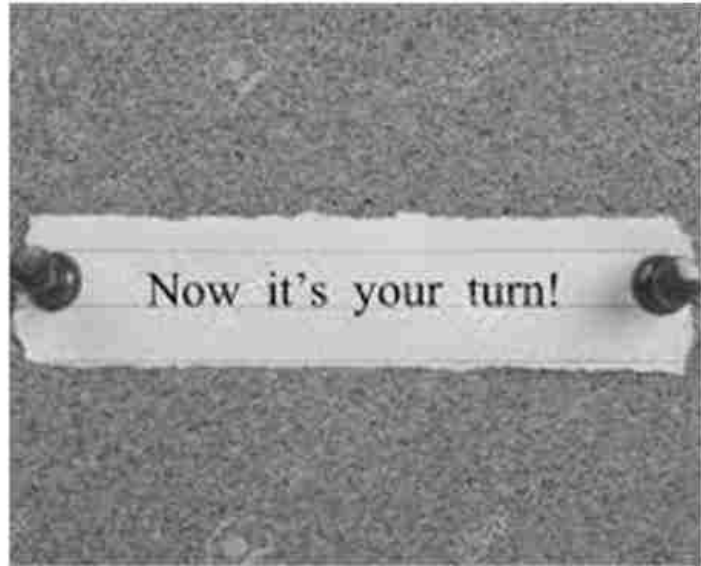
1. Set the timing
2. The mission objective
3. The scenario
4. Weather and environment
5. Threats and intelligence
6. Motherhood
7. Tactics and timelines
8. Contingencies
9. Wrap up



A FEW LAST THOUGHTS ON RESULTS.



LPI RESULTS.



Appendix D

Permissions

Trust Eroders Exercise

From: priscilla.trudeau@wealthindiversity.com
Sent: Thursday, November 8, 2018 9:12 PM
To: 'Anne Schenk'
Subject: RE: Contact For Submission Request Response

That would be fine.

Here is a great exercise that I have used often as it is a positive approach.

An Environment of Trust

1. Think about all the teams you have been on. Tell me about one that you would say is/was characterized by an environment of trust. Describe the team and what it does/did.
 - a. How was an environment of trust established?
 - b. How did you know an environment of trust was present?
2. What were the benefits of the environment of trust...
 - a. To team members?
 - b. To the work they were doing?
 - c. To their organization?
3. What can we learn from this team that might help our current team build a strong environment of trust?

Reference: Appreciative Team Building: Diana Whitney, Amanda Trosten-Bloom Jay Cherney and Ron Fry (2004)

From: Anne Schenk <amschenk1@gmail.com>
Sent: Thursday, November 08, 2018 6:54 AM
To: priscilla.trudeau@wealthindiversity.com
Subject: RE: Contact For Submission Request Response

Thank you for your response.

I am developing a 12- month group development series based on the concepts of transformational leadership. Sessions #1 and #2 focuses on trust. I would like to give the teams your article and trust eroders exercise as pre-work for discussion during session 2. I planned to use your questions related to the exercise as discussion points.

I am currently enrolled in the DNP program at UNLV and the activity would be used in my final DNP project.

Are there any other questions you have?

Thank you again for your consideration.

Anne Schenk MBA, BSN, RN, NE-BC

Sent from Mail for Windows 10

From: priscilla.trudeau@wealthindiversity.com

Sent: Wednesday, November 7, 2018 6:59 PM

To: amschenk1@gmail.com

Subject: Contact For Submission Request Response

Greetings,

I received your request for Trust Eroders" exercise. Could you be more specific on how you would use it?

Cordially,

Priscilla Smith-Trudeau MSM RN BSN CRRN CCM HNB-BC

Wealth in Diversity Consulting

544 Black Mountain

Cambridge, VT 05444

Office: (802) 644-6140

Cell: (802) 730-2723

13 Rules of Electronic Communication

Hi, Anne-Marie,

Thank you for your message regarding the use of Mike's article. This e-mail serves as Mike's written permission to use it as part of your leadership development series, provided that you attribute it to him. We appreciate your interest in Mike's work, and please let me know if you have any further questions!

Sincerely,

Katie Beck

Director of Communications

The DuBose Family of Companies

katie@dubosegroup.com

803.454.2007

From: Anne Schenk <amschenk1@gmail.com>

Sent: Sunday, November 25, 2018 4:59 PM

To: katie@dubosegroup.com

Cc: Anne Schenk <amschenk1@gmail.com>

Subject: Permission for use of 13 rules of Electronic Communication Every Leader Should Know

Katie,

I am seeking permission to use the content of this article as part of a group development program I am developing. I am currently a DNP (Doctor of Nursing Practice) candidate at UNLV and I am developing a 12-month leadership development series for small nursing leader groups.

One session of the program focuses on effective communication and its relationship to professionalism. I would like to add this list to the content as part of the 21st century e-communication discussion. I would like to discuss the list and distribute the article to potential participants.

Your consideration is greatly appreciated.

Sincerely,

Anne-Marie Schenk BSN, MBA, RN, NE-BC

Mentoring Group Personal Vision Tools

Thank you for contacting us, Anne.

You have the permission to use our materials for your study practice and other educational purposes.

Kind regards,
Andrew Mitchell,

International Mentoring Group

----- On Sat, 02 Feb 2019 22:34:56 +0100 **Anne Schenk** <amschenk1@gmail.com> wrote -----

Dear Mentoringgroup.com,

I am developing a group development program, for use with small nursing leader teams. I am currently a DNP student at UNLV and I am using this program as my DNP project. I am seeking permission to use the personal vision tools, from your website in my program. Both tools have appropriate APA citations, as well as complete references.

Thank you for your consideration,

Anne Schenk, BSN, MBA, RN, NE-BC

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Curriculum Vitae

ANNE-MARIE SCHENK, BSN, MBA, RN, NE-BC

amschenk1@gmail.com

EMPLOYMENT HISTORY

Texoma Medical Center, Denison, TX: 2018-Present

Chief Nursing Officer

Summerlin Hospital, Medical Center, Las Vegas, Nevada: 2011-2018

Chief Nursing Officer: 2016-2018

Assistant CNO: 2014-July 2016

Administrative Director, Children's Medical Center: 2011-2014

- Developed quality reporting system based on Leapfrog opportunities that includes daily reporting by unit leaders and PDSA PI teams.
- Led Storytelling Committee, producing four patient videos being used facility-wide and shared across UHS.
- Implemented and lead daily huddle for house wide leadership team, including accountability and communication plan, resulting in 100% (2013) and 86% (2014) of leadership responding positively to the question, "Are our patients safer today because of safety huddle?"
- Developed and managed nursing core measure accountability plan, leading to a 516% reduction in nursing rolling 12-month OFI's between November 2014 and February 2016.
- Implemented fall reduction program, leading to company-wide policy adoption and annual performance below UHS benchmark.
- Implemented a "Good Catch" program to recognize near misses within the organization.
- Partnered with UNLV School of Nursing leadership to develop and spread the Dedicated Education Unit (DEU) program leading to improved onboarding, training and retention of new graduates.
- Achieved RN turnover reduction from 20.50 (2015) to UHS "Best in Class" in 2016, 2017 and YTD 2018.
- Achieved a 46% reduction in premium pay in 2017.
- Implemented a new RN internship for L&D, leading to improved recruitment of RNs, based on AWHONN's POEP education program.

- Led Sterile Processing improvement team, leading to CMS review with zero findings.
- Developed a Nursing Peer Review Committee using ANA Scope and Standards of Practice and just culture concepts as its foundation.
- Redesigned Nurse Staffing Committee to meet regulatory requirements while engaging front-line staff in problem-solving processes.
- Increases staff engagement through activities organized by the Nursing Events and Recognition Committee.
- Developed and implemented position control tools, targets and processes for all nursing departments, leading to faster position turnaround times and improved transparency and accountability.
- Exceeded productivity targets, nursing division productivity performance 102% (2017) by focusing on variances between expected performance and actual performance while educating and making process improvements related to the management processes.
- Implemented Critical Incident Management Team, responding to staff in crisis by facilitating debriefing sessions.
- Led successful 2013 and 2016 Joint Commission survey and managed nursing division MOS completion. Leading current Joint Commission preparations.
- Developed and implemented successful supplemental staff onboarding process, resulting in improved compliance with core measures, patient experience expectations and fall program compliance.

Peyton Manning Children's Hospital at St. Vincent, Indianapolis, Indiana: 1998-2010

Clinical Director, Pediatric Intensive Care: 2004-2010

Clinical Director, ECMO: 2006-2010

Clinical Director, PICC Team: 2008-2010

Interim Clinical Director, Pediatrics: 2004

- Achieved mean Press Ganey patient satisfaction score of 90%.
- Exceeded revenue targets by \$3M.
- Reduced VAP rate in NICU and PICU by 91% in 12-months.
- Developed business plan for bedside PICC Team, shifting volumes out of high-cost vascular lab.
- Led Magnet Recognition sub-committee, contributing to Magnet Designation

Staff Nurse, Pediatric Intensive Care: 1998-2004

- ECMO Specialist
- Critical Care Transport Nurse

Riley Hospital for Children, Indianapolis, Indiana: 1994-1998

PICU Staff Nurse / Intensive Care Resource Team

- Pediatric Intensive Care
- Newborn Intensive Care
- Burn Unit
- Recovery Room
- Emergency Department
- Stem Cell Transplant Unit

EDUCATION

University Nevada, Las Vegas, Las Vegas, Nevada

- Doctor of Nursing Practice: Expected Graduation Spring, 2019

Indiana Wesleyan University, Marion, Indiana

- Master of Business Administration, Health Care Management: 2007

Indiana University, Indianapolis, Indiana

- Bachelor of Science Degree in Nursing: 1994

ACCOMPLISHMENTS

- Dedicated Education Unit Leadership Award 2018
- Board Re-Certified Nurse Executive 2013 & 2018
- Poster Presentation: Western Institute of Nursing Conference 2018
- Lean Six Sigma White Belt 2015
- Executive Finance Certificate 2013 AONE
- Southern Nevada March of Dimes “Administrator of the Year” Runner Up 2013
- Professional Nurse Recognition Award Nominee 2005