

## Session 16: Effective Leadership and Communication during COVID-19

<p>Key Takeaways:</p> <ul style="list-style-type: none"> <li>• <b>One proposed definition of Leadership: influencing people to make changes that achieve desired results.</b></li> <li>• <b>A vital element of COVID-19 prevention and management is clinical and operational leadership.</b></li> <li>• <b>Many aspects of COVID-19 prevention and management fall outside the role of the clinical team – for example, they relate to cleaning and disinfecting (environmental services), visitation (administration), ordering adequate supplies.</b></li> <li>• <b>Leaders are responsible for evaluating staff for signs/symptoms of psycho-emotional stress and implementing creative and effective approaches to help staff through challenging times.</b></li> <li>• <b>Servant leadership includes leading from wherever you are on the team – there are no hierarchies and everyone on the team is respected and valued for what they bring to the care and support of residents, care partners, and one another.</b></li> </ul> <p><b>The following question set can be used to facilitate discussions and reveal opportunities across and within key members of interprofessional teams, residents and care partners. Please consider using/adapting them in your next huddles or team meetings.</b></p>	
<p><b>Resources and Questions by Content</b></p>	
<p>Examples of Leadership Principles</p>	<p>Leadership may be demonstrated in many ways. Some may include: 1) Leading with your heart and soul, using ‘tough empathy’; 2) Setting a positive example and Being Visible; 3) Leading with your values and inspiring a culture of excellence; 4) Having the courage to take risks/Permitting failure (failure is learning); 5) Using humor when appropriate; 6) Selectively showing one’s own weaknesses/differences.</p> <p>Leaders need vision, energy, authority, creativity. Leaders need to foster supportive and cooperative team spirit.</p> <p>Suggested Reference: Kotter, J.P. <i>John Kotter on What Leaders Really Do</i>. 1990. Harvard Business Review Press: Boston, MA. 192 pages. ISBN 0875848974.</p>
<p>Document and Report on Leadership Activities</p>	<p>Leaders may engage in supportive activities with staff but fail to document when/with whom they occurred. Do nursing home leaders have tools to document leadership activities, dates/times, participants, outcomes, resources.</p> <p>Do nursing home leaders work with colleagues in other nursing homes or settings to share best/better practices or approaches?</p> <p>Do leaders create or engage with a peer network to support their own efforts?</p> <p>Do leaders use objective, available data to drive care processes and team productivity?</p>
<p>Follow-Up Plan (monitoring over time)</p>	<p>Do leaders document staff and resident well-being in aggregate?</p> <p>Do they track and trend psycho-emotional well-being of staff and residents over time?</p>
<p>Improvement Concepts/Critical Questions for Leadership</p>	<p>Do leaders have mentors/resources that they can go to if their approaches to supporting residents and staff do not seem to be working?</p> <p>Are resource needs discussed often with all relevant staff?</p> <p>Are clinical and administrative leaders part of a membership professional association that shares leadership content and programs?</p>
<p><b>Key Concepts by Stakeholder Group</b></p>	
<p>What do Medical Directors Need to know and discuss with the team?</p>	<p>Medical Directors are a key part of the leadership team (along with the DON, Administrator, and others). How does the medical director communicate regularly with the DON and Administrator on leadership?</p> <p>Does the Medical Director provide educational leadership programs for nursing home staff?</p> <p>Does he/she attend educational or leadership programs with team members?</p>
<p>What do DONs and nursing supervisors need to know?</p>	<p>DONs demonstrate continuous learning about leadership by attending conferences or completing online programs.</p> <p>What (Who) is in place to evaluate the DON’s and/or managers’ leadership skills?</p> <p>What actions are taken if a lack of effective leadership is identified?</p>
<p>What does the interprofessional team need to know?</p>	<p>Leadership must be part of everyone’s roles and responsibilities – it cannot just be ‘top down’ but must also be ‘bottom up.’ Sometimes people refer to leading ‘from the middle’ – meaning that leadership can come from anywhere.</p> <p>How does the nursing home demonstrate support for leading ‘from anywhere’? How is this encouraged?</p> <p>Are all team members encouraged to ‘try out new approaches’ and test them to see if they work?</p> <p>Do leaders explicitly seek out these new ideas and recognize staff that offer to test new programs or approaches?</p> <p>Do leaders take time to reward and celebrate hard work and effort by all staff?</p>