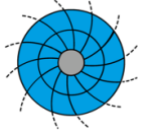Liverpool John Moores University

Leadership Placement Resource Pack

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Background

This resource pack has been developed in response to a successful bid by Liverpool John Moore's University to expand placement provision in the North West for a range of health professional students, funded by NHS Health Education England. Workstream 3 focuses on the initial expansion of leadership placements for adult, child and mental health nursing students.

Aims of the workstream:
1. To expand specific leadership placement provision by 50 places.
2. Identify leadership learning opportunities across Cheshire and Merseyside e.g., Wards, or an assignment to work with specific individuals such as Advanced Practitioners or Clinical Nurse Specialists) from a nursing or allied health background.

Anticipated Outcomes of the workstream:
1. Increase in leadership placement opportunities, aligned with Inplace Future practice supervisors prepared using coaching approaches.

2. Future nurses equipped as compassionate leaders with the requisite knowledge, skills and capabilities to support others in their teams to be the best they can be to support the creation of effective workplace cultures where everyone flourishes.

According to Leigh, Anderson, Medcalf. et al., (2021) coaching is defined as "*an approach adopted by supervisors and assessors that facilitates the students learning and development, and this is achieved through unlocking the students' own potential*' (P63). The effectiveness of coaching relies on the ability of the coach to ask the right questions. The Greater Manchester (GM) Synergy model (Figure 1), promotes leadership learning that is student-led, less focused on following the directions of a mentor and more focused on students taking responsibility for identifying their learning goals and objectives (Leigh, Littlewood and Lyons 2019: 1125). Leigh and Roberts (2018) suggest that within the context of the new NMC nursing standards (NMC, 2018), the role of the coach will be undertaken by practice supervisors, who will give students opportunities to take responsibility for their own learning. Within the specifically identified leadership learning opportunities however, the practice supervisor/coach will support up to four students as this is seen as the optimal number (Leigh, Littlewood and Lyons 2019).
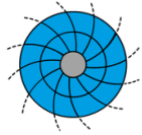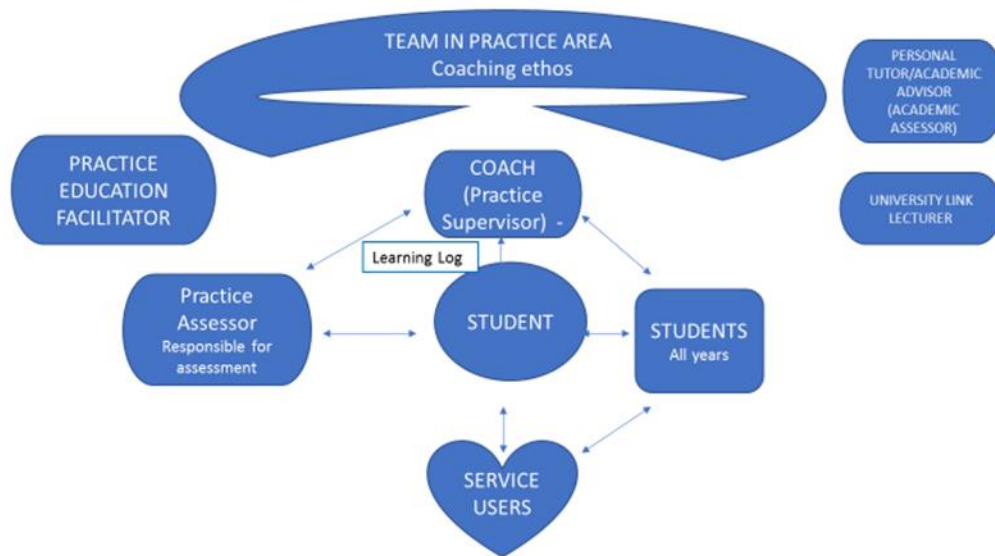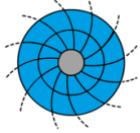
Figure 1: The GM Synergy Model:

What does this mean for me on my leadership placement?

Self-assessment is a critical component of your leadership learning journey to enable you to map and evidence your growth and development using the Guiding Lights of Contemporary Leadership Practice framework to structure your thoughts and development (Manley, Dewar, Jackson et al., 2019) (Appendix 1) . You should work closely with your practice supervisor/coach in a dyad relationship to enable you to focus on your specific learning objectives related to leadership and capture evidence of your knowledge, skills and areas for development and the impact of your learning experiences on
1. Yourself and others; (colleagues/patients/clients)
2. The team(s) and workplace(s).

Working closely with your practice supervisor/coach as a critical companion will also enable mutual learning and development from each other (Titchen 2003) .

The stems of the Venus model for person centered sustainable transformation (Manley and Jackson 2020) will enable you to think about the knowledge, skills and capabilities (competences) you are developing on your placement. These are captured in Box 1 below. In particular your focus will be on

leadership and how your practice supervisor/coach helps to facilitate your development. This pack will also help you think about the core principles of practice development which focus on how you work with others in a collaborative inclusive way to enable maximum opportunities for participation focused on what matters to people (patients, clients, families/carers, colleagues). The workplace culture is an important indicator of quality as it impacts on everything and enables staff to flourish so there will be activities in this pack that will enable you to reflect on the culture of your leadership placement.

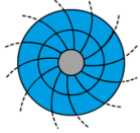**Box 1: 5 Stems of Venus Model to support development of Leadership placement learning skill sets**

1. Facilitation skills across a continuum of complex purposes in the workplace
2. Leadership development at clinical to systems levels
3. Practice development for developing person-centred, safe, and effective care and cultures and enabling knowledge translation
4. Improvement skills and tools to assist with measuring progress
5. Culture change skills at the front line of practice for person-centred, safe, and effective care, supported by organizational and system enabler (Manley and Jackson 2020: 226).

There are X themes in this learning resource pack which will provide a portfolio of evidence to enable you to capture your leadership placement reflections and learning through a series of focused activities and assessment tools which follow in the Placement Resources section of the document next.

- **Change starts with me- a self-assessment of your leadership journey and development needs.**
- **Exploring how to develop effective person centered workplace cultures that are good places to work as a leader.**
- **Knowing where I am going as a leader.**
- **Working with patient/service user experience.**
- **Knowing how to evaluate person centered safe and effective care and workplaces that are good places to work.**

References

Cardiff, S., Sanders, K., Webster, J., Manley, K .(2020). Guiding lights for effective workplace cultures that are also good places to work. *International Practice Development Journal,*
November https://www.fons.org/library/journal/volume10-issue2/article2v2

Leigh. J., Anderson. K., Medcalf. A., Surtees. A. and Sutton. W. (2021) **Chapter 3**: Using Coaching Conversations and Coaching Models to Promote Effective Supervision and Assessment. In: Leigh. J. and Roberts. D. (Eds) 2021 *Supervising and Assessing Student Nurses and Midwives in Clinical Practice. A Practical Guide*. Lantern Publishing, Banbury, Oxford. UK.
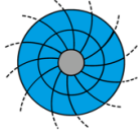
Manley. K., Dewar. B., Jackson. C., MacBride. T., Roberts. D., Ryan. A. and Young. B. (2019). *Strengthening nurse, midwifery and allied health professional leadership.* Report for the Burdett Trust for Nursing.

Manley. K and Jackson. C. (2020). The Venus model for integrating practitioner led workforce transformation and complex change across the health care system. *Journal of evaluation in Clinical Practice*. 26: 622-634. Accessed August 2021 via: https://onlinelibrary.wiley.com/doi/epdf/10.1111/jep.13377?saml_referrer

Nursing and Midwifery Council. (2018a). *Future nurse: standards of proficiency for registered nurses,* London: NMC; 2018a. Accessed 18 November 2021 via: https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

Nursing and Midwifery Council (2019). *Realising professionalism: Standards for education and training Part 3: Standards for pre-registration midwifery programmes*. Accessed 18 November 2021 via: https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-for-pre-registration-midwifery-programmes.pdf

Titchen A. (2003). Critical companionship: Part 1. *Nursing Standard*. Nov 12-18;18(9):33-40. doi: 10.7748/ns2003.11.18.9.33.c3502. PMID: 14649192.

Leadership Placement Learning Resources

Theme 1: Change Starts with Me- Introductory self-assessment of your leadership journey with your practice supervisor/coach

An effective person centered leader is aware of their strengths, and areas for development and seeks out opportunities to maximise opportunities for growth, modelling the way for others.

In this introductory discussion it will be important to think about the following:

- Hopes, Fears and Expectations for the leadership placement
- What is meant by the concept of Person Centered Leadership?
- Self-assessment of your leadership knowledge, skills and capabilities using the Guiding Lights for Contemporary Leadership Practice framework
- Identification of your specific leadership objectives.
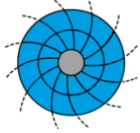
Activity 1: Hopes, Fears and Expectations

What are your hopes for your leadership placement? Please list them here.
What are your fears or concerns about your leadership placement? Please list them here.

What do you expect to achieve on your leadership placement? Please list your thoughts here.

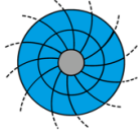### Activity 2: What does leadership mean to you?

Working with your practice supervisor/coach please undertake the following values clarification activity to enable you to develop your shared understanding of what leadership means to you:

- I/we believe the ultimate purpose of leadership is….
- I/we believe this purpose is achieved by…
- I/we believe effective leadership is recognised by the following activity…
- I /we believe the difference between leadership and management are…
- I/we believe the enablers/inhibitors to leadership are…….
- Other values and beliefs I hold about leadership are…….

Activity 3: What do we mean by the concept of Person Centered Leadership?

Please read the paper in your resource pack on Person Centered Leadership then reflect on what person centered practice means to you and what kinds of qualities a person centered leader should role model in the workplace.

Cardiff S, McCormack B, McCance T. (2018). Person-centred leadership: A relational approach to leadership derived through action research. *Journal of Clinical Nursing.* Aug;27(15-16):3056-3069. doi: 10.1111/jocn.14492. PMID: 29679402.

REFLECTION

What does person centered practice mean to you?
Think about your own definition of person centered practice then discuss it with your practice supervisor/coach and see what your shared understanding of a person centered leader is. What does being person-centred mean to you?   What helps and hinders you?   What does person centred mean to your team?   What helps and hinders your team?   Note any differences here and the reasons for why you think these differences exist?

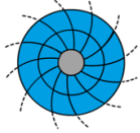| What qualities should a person centered leader role model in the workplace? |
|---|
| With patients and their loved ones/carers?

 |
| With colleagues/ and other team members in the Multidisciplinary team?

 |
| With other leaders across the service and wider organisation? |
| What are you doing as a leader to improve and/or sustain person-centredness? |
| What are you learning about achieving a person centred approach across your team/department? |

Activity 4: Assessing your self-confidence and areas for developing your knowledge, skills and capabilities as a person centered leader.

Please use the following tools and frameworks to assess yourself as your baseline to use as a starting point on your leadership placement. The first is the Kouzes and Posner Leadership Inventory based on The Five Practices of Exemplary Leadership:

1. Model The Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart

This tool will enable you to score your level of confidence in each of the 5 leadership behaviours. You should ask whether your practice supervisor would be prepared to complete the activity themselves and then discuss the findings and differences between you.

Your Score:

Your Practice Supervisor's /Coach's Score:

Reflections:
Leadership Strengths: You   Practice Supervisor/Coach
Areas for growth and development: You   Practice Supervisor/Coach:
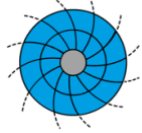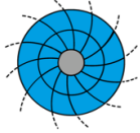
Activity 5: Self-Assessment against the Guiding Lights for Contemporary Leadership Practice

Finally, in this first theme we invite you to complete a self-assessment of your leadership practice using the Guiding Lights self-assessment framework in Appendix 2. Once you have completed this you should arrange to meet with your practice supervisor/coach and using all the evidence from the 5 activities , develop your action plan for your personal development objectives on your leadership placement.

Theme 2: Exploring how to develop effective person centered workplace cultures that are good places to work as a leader

Four Guiding lights (Cardiff et al, 2020) describe the main features of effective workplace cultures that are also good places to work:

- Collective leadership;
- Living your values;
- A safe, critical, creative learning environment;
- Change for good that makes a difference.

Each guiding light describes what good workplace cultures are recognised and the intermediate outcomes that result for those providing and/or experiencing care/services. Together the four guiding lights account for the ultimate outcomes below:

- Strong, high performing teams
- Staff retention and low sickness rates.
- Staff flourish, blossom and grow their potential.
- Quality care: person and relationship centred, safe and effective
- Sustained positive, improving, workplace cultures which are not dependent on specific individuals.
- Building effective partnership within and across settings.

Activity 1:

Watch the webinar about the Guiding Lights for Effective Workplace Cultures.
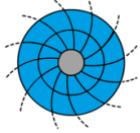https://www.youtube.com/watch?v=sVd8uhI3WYQ

Activity 2:
Read the Paper by Cardiff et al (2020) Effective workplace cultures that are good places to work

Activity 3: Thinking about your role as a leader and your current leadership placement please reflect on the following questions:

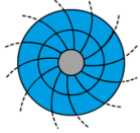- What are the strengths within your workplace culture?

- What challenges you and what could be different?
- What questions arise about your workplace culture?
- What is in your scope of influence and how would you go about this?
- Draw a picture, choose an image, photo or piece of poetry or some other creative medium to illustrate what your current workplace culture looks like. Share this with your practice supervisor and reflect on why you have chosen to illustrate it in this way.

• What are the strengths within your workplace culture?
• What challenges you and what could be different?
• What questions arise about your workplace culture?
• What is in your scope of influence and how would you go about this?
Your reflective discussion should focus on thinking about - the links between staff engagement, wellbeing, and teamwork and how this is experienced in the workplace - the extent to which staff are treated with respect, care and compassion and the impact this has on practice.
After discussion with your practice supervisor/coach what actions will you take in relation to your own development:

Activity 4: Using the Guiding Lights for Effective Workplace Cultures Framework (Appendix 3) with your practice supervisor/coach and the information from activity 3's assessment of the workplace culture, think about how leaders can implement key strategies that enable a workplace to transform to support people's development.
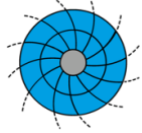
1. **What are the essential enablers for an effective workplace culture?**

2. **What activities might you expect to see happening?**

3. **What would be the outcomes and impacts that you would expect to see?**
    - Self

    - Team
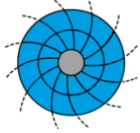
    - Patients/Clients

    - Services/Organisation

Theme 3: Knowing where I am going as a Leader

The next steps to assessing yourself as a leader and maximising your opportunities for growth and development are to explore the concept of emotional intelligence and prepare you to undertake a team 360 degree analysis within your placement area.

Activity 1: Effective person centered leaders are aware of their personal values and beliefs and how their emotions impact their behaviours in the workplace and their relationships with others. Please use the Johari Window tool in Appendix 4 to assess what you know about your own emotions in discussions with your practice supervisor/coach. In each quadrant try to summarise what you think is known/not known and what strategies you can use to enable you to develop strong relationships with others in your team.

Activity 2: Effective person centered leaders are able to work with feedback from colleagues to be able to celebrate and build on their strengths and pinpoint areas for development that will help them to grow and develop through lifelong learning. Please use the Appreciative 360 degree tool in Appendix 5 to gather feedback from your colleagues about your leadership skills. You should choose around 8-10 colleagues 2 at Sister level, 2 at Staff Nurse Level, 2 other students, and 2 AHPs in the team who you have worked with. You should provide the tool with the explanatory letter and give them 7 days to complete and return to you. Once you have had the feedback book a time to discuss the findings with your practice supervisor/coach. Try to work with them to theme the feedback into strengths and areas for further development. Compare the feedback with your original personal development plan for your placement and make any adjustments that are necessary.

Theme 4:Working with Patient/Service User Experience

Effective leaders are able to understand and evaluate systems used to capture service user and staff experience in the workplace in order to transform care practices and maximise real time learning based on instant feedback.

Activity 1: Observations of Practice

Using the observation of practice tool (Appendix 6) plan ahead with your practice supervisor/coach when you will take time out to observe practices on your placement ward/area. Think about whether you can observe practice in your placement area and find time to compare it to observations from another placement area. This might provide a really good opportunity for you to work with one other student and practice supervisor/coach from a neighbouring ward/unit and be able to meet together to share your feedback and think about what you have learned.

Using the Principles of Effective Feedback document in Appendix 7 this is a good opportunity for you to reflect on giving and receiving feedback and the principles of high challenge and high support.

Activity 2: Using Emotional Touchpoints to Capture Patient Feedback

'A touchpoint is any moment where a user interacts in some way with the service' (NHS Institute Innovation and Improvement, 2009). Examples could be; arriving on the ward, talking with a nurse, waking up after surgery, mealtimes, being discharged etc. Emotional touchpoints 'are the moments where the person recalls being touched emotionally (feelings) or cognitively (deep and lasting memories)' (Scottish Health Council website). They can be 'big moments' in a patient's contact with a service or 'small acts' that have a huge impact on an individual whilst maybe not seeming significant to others.

Why are they helpful?

Evidence suggests that these subjective experiences are an effective way of exploring and understanding practice, enabling celebration and stimulating innovation and development (Bate and Robert, 2007; Dewar and Noble, 2013).

Talking to patients using emotional touchpoints is helpful for a number of reasons. They can help:

- To draw out how it feels to use the service
- Patients to become involved in developing services in a meaningful way
- Staff to hear both the positive and negative aspects of an experience

Sharing the stories collected using emotional touchpoints can help staff to:

- Learn from everyday practice
- Identify practical changes that can be made to improve the experiences of patients
- Become aware of and discuss some of the more cultural aspects of practice
- They can also be used with staff, to develop a greater understanding of how it feels to be part of the service.

Using the Emotional Touchpoint tools provided in Appendix 8 prepare yourself to have a meeting with a patient/client to enable them to talk about a recent experience of care. Using the tools provided capture the key information they are sharing with you about the positive and negative emotions this experience raised for them and summarise their story in the template provided. Make an appointment to discuss your findings with your Practice Supervisor/Coach and reflect on this experience using the Guiding Lights for Contemporary Leadership framework .

Theme 5: Knowing how to evaluate person centered safe and effective care and workplace culture

An effective person centered leader understands what tools and methods can be used to evaluate person centered safe and effective care and workplace culture. On your leadership journey you have used a range of reflective tools and frameworks to enable you to gather evidence of your impact and effectiveness on your placement. In this final activity are you required to undertake a reflective review which involves the following activities:

- Reflecting on the reflective questions identified below
- analysing your evidence according to the reflective questions
- preparing a simple response to the questions either using the attached template or a format of your choice
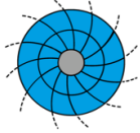
The following sources of evidence will help you with your analysis:

- Your notes from attending any formal placement learning sessions in the University or the workplace;
- Your own personal notes, reflections and action points brought to or arising from the sessions with your practice supervisor/coach
- Your reflections on sessions in the workplace with your team and your practice supervisor/coach.

Please use the framework provided in Appendix 9.

The questions below will guide you in your analysis of your evidence as well as your reflective thoughts about your leadership placement.

1. What were your **hopes** following the leadership placement?

2. What are the **consequences** (+ve and –ve) of being part of the leadership placement for

        -yourself?

        -your colleagues/team?

        -your patients/service users?

-your service?

3. What **internal** factors have supported your participation in the leadership placement?

4. What **external** factors have supported your participation in the leadership placement?

5. When analysing your evidence what are the key **themes** emerging?

6. What have you **learnt** about
>	-yourself?
>	-your professional role?
>	-your future career aspirations?

7. From your analysis of themes in question 5 what are the areas you would want to focus on in the future?

8. Write a paragraph for your manager and University Lecturers describing how participation in the leadership placement has impacted on your understanding of how to be an effective person centered leader and create effective workplace cultures that enable everyone to flourish.

Appendices

Appendix 1: The Guiding Lights of Contemporary Leadership Practice

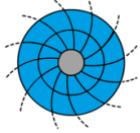| Guiding Light |
| --- |
| **Guiding Light 1: The light between us as interactions in our relationships**

Giving attention to what is happening between us when we are together. Working towards there being a space of civility and authentic care with a focus on careful listening. This listening enables what is important to people to be heard and is the starting point for reflection, stretching our current thinking and innovating together. |
| **Guiding Light 2: Seeing people's inner light**

Seeing each person's worth (including your own), and cherishing the varied ways in which people connect, contribute and bring about change. Working with others to create experiences of it being safe to be authentic and share one's ideas and emotions. . |
| **Guiding Light 3: Kindling the spark of light and keeping it glowing**

Generating a shared understanding of what it is that lights people's fire and finding ways for people to get energy from each other's different light sources (priorities, values, beliefs). Helping ourselves and others to take the risk and harness the learning from disappointments alongside delights. |
| **Guiding Light 4: Lighting up the known and the yet to be known**

Aspiring to be a source of steadiness in the midst of change by: Sharing information on what is known and stable
Showing a level of comfort engaging with uncertainty; and valuing that what will light the way forward will be found in relationships which facilitate flexible and creative approaches that may differ from action plans, risk aversion strategies and hierarchical rules. |
| **Guiding Light 5: Constellations of connected stars**

Tuning into local resources, networks, communities and recognising where there is the potential for enhanced futures through collective action. Fostering ways of connecting together which maximise the possibilities for this collective action. Responding to the unique nature of the local context and practicing adaptability in order to tap into the distinctive riches on offer. |

(Manley, Dewar, Jackson et al, 2019)

Appendix 2 LEADERSHIP IMPACT FRAMEWORK

What is impact?

Impact is defined as 'making a positive difference' to individuals, including, colleagues, providers or recipients of health care or associated contexts, and the systems that support communities.

How would you use this impact framework?

You may choose to use this impact framework for different purposes to:

- Self-assess yourself for the purpose of guiding you in your professional and or career development

- Demonstrate how your leadership role contributes to or supports impact with others

- Contribute to academic or professional accreditation and or professional revalidation

- Continuing inquiry into your own effectiveness of your leadership practice

- Helping others to inquire into and develop their leadership practice

The Structure of the Impact Framework

The GUIDING LIGHTS are used to frame impact of leadership at three different levels

1. impact on self and others;
2. impact on team(s)/ workplace(s)
3. impact on the system/communities, regionally, nationally or internationally

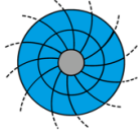| Guiding Light 1 'The Light Between us as interactions in our relationships		
Impact of self on others we are connected to: Demonstrate: personal qualities/attributes necessary to build authentic caring relationships that contribute to the development and self-reflection of others we are connected to	**Impact on team(s)/workplace(s):** Demonstrate positive impact on: • staff/colleagues/students/teams/workplace cultures providing healthcare/education/research services • on people, families and groups using the service	**Impact on health and care systems and communities locally, regionally, nationally or internationally:** Demonstrate contribution to the development of integrated services across the public, health and care system and/or community, based on authentic caring relationships
Guiding Light 2: ' Everyone's´ Light' ' Seeing people's inner light'		
Impact of self on others: Demonstrate that people feel they experience a safe space to listen, hear, understand develop, act & learn from multiple perspectives through feedback from others	**Impact on team(s)/ workplace(s):** Demonstrate a positive impact on providers and recipients of care and services through: • growth and of individuals and teams • empowered individuals and teams • improved wellbeing • improved skills/capability • compassionate workplace cultures	**Impact on health and care systems and communities locally, regionally, nationally or internationally:** Demonstrate significant involvement of people and citizens in co-creation activities for improvement and learning and inquiry across systems and communities
Guiding Light 3: 'Kindling the spark of light and keeping it going'		
Impact of self on others: Demonstrates impact of learning and inquiring relationships on shared meaning about what matters to people	**Impact on team(s)/ workplace(s):** Demonstrate a positive impact on relationship learning or workplace learning, creativity and innovation with providers and recipients of healthcare services/other contexts on individuals, teams and those who use the service	**Impact on health and care systems and communities locally, regionally, nationally or internationally:** Demonstrates active collaborative influence on the development of empowered, flourishing individuals, teams, organisations, systems/communities

Guiding Light 4: "Lighting up the known and the yet to be known'		
Impact of self on others: Demonstrates both steadiness and adaptability in changing and uncertain contexts	**Impact on team(s)/ workplace(s):** Demonstrates a collaborative, proactive, strategic, creative and inquiring approach to addressing complexity, changing contexts and uncertainty retaining a steadiness for shared values and meaning Demonstrates key influence on strategic development on health and social care.	**Impact on health and care systems and communities locally, regionally, nationally or internationally:** Demonstrates the impact of steadiness and adaptability in changing and uncertain times across health care systems and communities showing: - Better staff, patient and family outcomes - Healthy teams - Improved Quality and safety - Improved services - Improved staff retention - Improved staff commitment - Qualities of a learning organisation
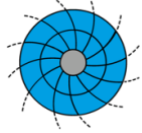
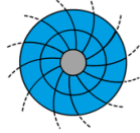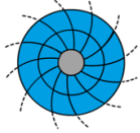| Guiding Light 5: 'Constellation of connected stars'		
Impact of self on others: Demonstrates a positive approach to establishing relationships and human connections that provide mutual benefit to health care services and contexts	**Impact on team(s)/ workplace(s):** Demonstrates the establishment of networks and relationships with others that positively impacts on the social resource available	**Impact on health and care systems and communities locally, regionally, nationally or internationally:** Demonstrates impact of social networks and human connections: • across the system, locally, regionally, nationally and internationally • the scalability of social movements for change that enable communities to build their social capital through networked communities • improved population health
EVIDENCED THROUGH FOR EXAMPLE:		
Self-reflection Collaborative learning 360 feedback tool/Appreciative feedback Everyday noticing and valuing	Emotional Touchpoints, Picker relational standards. Feedback approaches that focus on experience of students, staff, people who use the service Culture observation and assessment Staff morale, commitment, wellbeing, retention	Values/relationship based services Community empowerment Population health profiles

Guiding light	Descriptor	Intermediate outcomes	Ultimate outcomes
1. Collective leadership	Contexts (with formal opportunities) that support and develop visible, authentic, credible, relational and collective leadership. Enable leaders to: • Role model trust and confidence in each other, mutual respect, collaboration and participation • Engage in and foster dialogue • Balance needs with skills • Respectfully and constructively challenge each other • Focus on staff health and wellbeing • Build on quick wins towards sustainable change	Staff: • Feel valued, respected, listened to and heard • Have a sense of mutual/shared understanding • Are empowered to speak out and lead	
2. Living shared values	In contexts where the following is fundamental to the way things are done: • Compassionate care • Positivity • Learning • Teamwork (interprofessional) • Celebrating change for good Caring teams: • Co-construct shared values with patients, services users, communities and staff at all levels • Regularly revisit values to create collective goals • Build person-centred relationships • Live their values authentically by 'doing what they say they will do' • Set the mood for what good workplace cultures look and feel like	Staff: • Feel valued and supported • Have a voice • Are empowered • Enjoy being at work • Have a sense of belonging and connectedness Patients, relatives and others sense: • Enthusiastic staff • A warm, authentic, caring atmosphere • An environment that is clean, tidy and welcoming	• Strong, high-performing teams • Staff retention and low sickness rates • Staff flourish, blossom and grow their potential • Quality care: person- and relationship-centred, safe and effective • Sustained positive, improving, workplace cultures that are not dependent on specific individuals • Effective partnerships built within and across settings
3. Safe, critical, creative, learning environments	In contexts where: • Practice is caring, safe and effective • Mutual learning relationships value openness, difference, curiosity and creativity • There is space and structures to stop, think, reflect, share ideas, and plan together as a team People: • Feel respected and able to question and explore free from fear • Feel supported and enabled to take risks • Exchange knowledge, and actively notice and learn from what is working well • Are courageous and self-aware	Staff: • Build on what works well • Focus on solutions, not blame Service users experience an environment that: • Is safe (clean and tidy) • Values their feedback about what works and what can be improved	
4. Change for good that makes a difference	In contexts that focus on: • What matters to people (staff, patients and service users) and change for good • Having a collective purpose • External influences • Navigating complexity Enable staff to: • Care for patients, service users and each other with compassion • Actively seek feedback from different groups • Use positivity to enable innovation, feel energised and know that they can make a difference individually and collectively • Work with different sources of knowledge to generate evidence from and in practice	• Staff experience joy in their work and are energised for development, innovation and changes for good • Staff spread what works • There is effective service delivery with ongoing, sustained improvement and innovation	

Appendix 4 Assessment of Emotional Intelligence using Ingham and Luft's Johari Window model (1955)

The Johari Window model is a simple and useful tool for illustrating and improving self-awareness, and mutual understanding between individuals within a group. The Johari Window model can also be used to assess and improve a group's relationship with other groups. The Johari Window actually represents information - feelings, experience, views, attitudes, skills, intentions, motivation, etc - within or about a person - in relation to their group, from four perspectives, which are described below.

The Johari Window's four regions, (areas, quadrants, or perspectives) are as follows, showing the quadrant numbers and commonly used names:

1. what is known by the person about him/herself and is also known by others - **open area, open self, free area, free self, or 'the arena'**
2. what is unknown by the person about him/herself but which others know - **blind area, blind self, or 'blind spot'**
3. what the person knows about him/herself that others do not know - **hidden area, hidden self, avoided area, avoided self or 'facade'**
4. what is unknown by the person about him/herself and is also unknown by others - **unknown area or unknown self**

Q**uadrant 1 - 'open self/area' or 'free area' or 'public area** 'is the information about the person - behaviour, attitude, feelings, emotion, knowledge, experience, skills, views, etc - **known** by the person ('the self') and **known** by the group ('others').

The aim in any group should always be to develop the 'open area' for every person, because when we work in this area with others we are at our most effective and productive, and the group is at its most productive too. The open free area can be seen as the space where good communications and cooperation occur, free from distractions, mistrust, confusion, conflict and misunderstanding.

Established team members logically tend to have larger open areas than new team members. New team members start with relatively small open areas because relatively little knowledge about the new team member is shared. The size of the open area can be expanded horizontally into the blind space, by seeking and actively listening to feedback from other group members. This process is known as 'feedback solicitation'. Also, other group members can help a team member expand their open area by offering feedback, sensitively of course. The size of the open area can also be expanded vertically downwards into the hidden or avoided space by the person's disclosure of information, feelings, etc

about him/herself to the group and group members. Also, group members can help a person expand their open area into the hidden area by asking the person about him/herself. Managers and team leaders can play an important role in facilitating feedback and disclosure among group members, and in directly giving feedback to individuals about their own blind areas. Leaders also have a big responsibility to promote a culture and expectation for open, honest, positive, helpful, constructive, sensitive communications, and the sharing of knowledge throughout their organization. Top performing groups, departments, companies and organizations always tend to have a culture of open positive communication, so encouraging the positive development of the 'open area' or 'open self' for everyone is a simple yet fundamental aspect of effective leadership.

Quadrant 2 - 'blind self' or 'blind area' or 'blind spot'

Johari region 2 is what is **known** about a person by others in the group but is **unknown** by the person him/herself. By seeking or soliciting feedback from others, the aim should be to reduce this area and thereby to increase the open area to increase self-awareness. This blind area is not an effective or productive space for individuals or groups. This blind area could also be referred to as ignorance about oneself, or issues in which one is deluded. A blind area could also include issues that others are deliberately withholding from a person. We all know how difficult it is to work well when kept in the dark. No-one works well when subject to 'mushroom management'. People who are 'thick-skinned' tend to have a large 'blind area'.

Group members and leaders can take some responsibility for helping an individual to reduce their blind area - in turn increasing the open area - by giving sensitive feedback and encouraging disclosure. Leaders should promote a climate of non-judgemental feedback, and group response to individual disclosure, which reduces fear and therefore encourages both processes to happen. The extent to which an individual seeks feedback, and the issues on which feedback is sought, must always be at the individual's own discretion. Some people are more resilient than others - care needs to be taken to avoid causing emotional upset. The process of soliciting serious and deep feedback relates to the process of 'self-actualization' described in [Maslow's Hierarchy of Needs](#) development and motivation model.

Quadrant 3 - 'hidden self' or 'hidden area' or 'avoided self/area' or 'facade'

Johari region 3 is what is **known** to us but kept hidden from, and therefore **unknown**, to others. This hidden or avoided self represents information, feelings, etc, anything that a person knows about him/self, but which is not revealed or is kept hidden from others. The hidden area could also include

sensitivities, fears, hidden agendas, manipulative intentions, secrets - anything that a person knows but does not reveal, for whatever reason. It's natural for very personal and private information and feelings to remain hidden, indeed, certain information, feelings and experiences have no bearing on work, and so can and should remain hidden. However, typically, a lot of hidden information is not very personal, it is work- or performance-related, and so is better positioned in the open area.
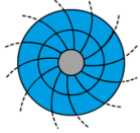
Relevant hidden information and feelings, etc, should be moved into the open area through the process of 'disclosure'. The aim should be to disclose and expose relevant information and feelings - hence the Johari Window terminology 'self-disclosure' and 'exposure process', thereby increasing the open area. By telling others how we feel and other information about ourselves we reduce the hidden area, and increase the open area, which enables better understanding, cooperation, trust, team-working effectiveness and productivity. Reducing hidden areas also reduces the potential for confusion, misunderstanding, poor communication, etc, which all distract from and undermine team effectiveness.

Organizational culture and working atmosphere have a major influence on group members' preparedness to disclose their hidden selves. Most people fear judgement or vulnerability and therefore hold back hidden information and feelings, etc, that if moved into the open area, i.e., known by the group as well, would enhance mutual understanding, and thereby improve group awareness, enabling better individual performance and group effectiveness.

The extent to which an individual discloses personal feelings and information, and the issues which are disclosed, and to whom, must always be at the individual's own discretion. Some people are more keen and able than others to disclose. People should disclose at a pace and depth that they find personally comfortable. As with feedback, some people are more resilient than others - care needs to be taken to avoid causing emotional upset. Also, as with soliciting feedback, the process of serious disclosure relates to the process of 'self-actualization' described in Maslow's Hierarchy of Needs development and motivation model.

Quadrant 4 - 'unknown self' or 'area of unknown activity' or 'unknown area'

Johari region 4 contains information, feelings, latent abilities, aptitudes, experiences etc, that are **unknown** to the person him/herself and **unknown** to others in the group. These unknown issues take a variety of forms: they can be feelings, behaviours, attitudes, capabilities, aptitudes, which can be quite close to the surface, and which can be positive and useful, or they can be deeper aspects of a

person's personality, influencing his/her behaviour to various degrees. Large unknown areas would typically be expected in younger people, and people who lack experience or self-belief.

Examples of unknown factors are as follows, and the first example is particularly relevant and common, especially in typical organizations and teams:

- an ability that is under-estimated or un-tried through lack of opportunity, encouragement, confidence or training
- a natural ability or aptitude that a person doesn't realise they possess
- a fear or aversion that a person does not know they have
- an unknown illness
- repressed or subconscious feelings
- conditioned behaviour or attitudes from childhood

The processes by which this information and knowledge can be uncovered are various and can be prompted through self-discovery or observation by others, or in certain situations through collective or mutual discovery, of the sort of discovery experienced on outward bound courses or other deep or intensive group work. Counselling can also uncover unknown issues, but this would then be known to the person and by one other, rather than by a group.

Whether unknown 'discovered' knowledge moves into the hidden, blind or open area depends on who discovers it and what they do with the knowledge, notably whether it is then given as feedback, or disclosed.

Leaders can help by creating an environment that encourages self-discovery, and to promote the processes of self-discovery, constructive observation and feedback among team members. It is a widely accepted act that the majority of staff in any organization are at any time working well within their potential. Creating a culture, climate and expectation for self-discovery helps people to fulfil more of their potential and thereby to achieve more, and to contribute more to organizational performance.

Appreciative Feedback for Me. Name:

I would be grateful if you could consider the following questions and make comments. (If there are questions you do not feel you can answer then leave blank). Do try to be as honest as you can to help me to learn and develop. If it is more helpful to discuss this with me rather than sending the form – please let me know. Try to think about specific examples in your feedback. Thank you in anticipation.

Area of exploration	Feedback
Guiding Light 1: The light between us as interactions in our relationships	
What feedback would you like to give me about the way that I communicate with you?	
What feedback would you like to give me about the way I communicate with and engage others?	
Have you seen me being courageous at work? If so, what was this?	
Guiding Light 2: Seeing people's inner light	
What aspects about how I am at work do you think people value?	
What would you say about how I am with emotions, my own and others?	
How do I support people during stressful or emotional experiences?	
How do you think I respond to difficult or sensitive situations with others?	
In what ways do I give everyone a chance to participate or feel included?	
What do I do to help create a safe environment for everyone to flourish?	
What would you say about my ability to take on board other people's perspectives?	
Guiding Light 3: Kindling the spark of light and keeping it glowing	
What feedback can you give me about my ability to notice and build on people's strengths?	
What would you say about my ability to work with and collaborate with others?	

What would you say about my ability to show support and appreciation to people?	
Can you give me an example when you have noticed that I have shared learning/new insights with others?	
Guiding Light 4: Lighting up the known and the yet to be known	
What feedback can you give me about my ability to remain calm and steady in complex and unpredictable situations?	
When I am communicating with you and others, what would you say about my ability to hold off in making assumptions and ask questions?	
What would you say about my ability to help people to come up with their own ideas?	
What would you say about my ability to constructively challenge or stretch people?	
What feedback can you give me about how I am and how I enable others to be flexible and creative with change and complexity?	
Guiding Light 5: Constellations of connected stars	
What do I do that helps to build networks?	
What feedback would describe how I connect internally and external with others to achieve collective action?	
General	
If you could choose one word to describe me what would it be?	
If there was one thing that you feel I could do more of what would this be?	

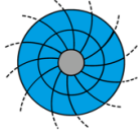Please could you complete this form by   and email/send this this back to me at ……
360 degree feedback form by Dewar (2011) is licensed under the Creative Commons Attribution-Non-Commercial-Share Alike 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-sa/4.0/.

Appendix 6: Observations of practice template

Name of observer		Unit	
Focus of observation		Date	
Time	Observation notes		Observer comments/ questions
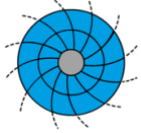
Adapted from Enhancing Care for Older People - A Guide to Practice Development Processes to Support and Enhance Care in Residential Settings for Older People. ISBN: 978-1-906218-35-5
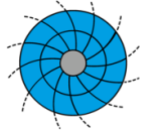
Observation of practice feedback template

Name of Observer: ....
Unit: ....
Focus of Observation: ....
Date: ....
Staff present at feedback session ....

Observation data	Observer comments	Observer feedback	
		Key areas being actioned (including immediate actions already taken)	Key areas for celebrating/ sharing
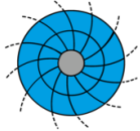
Observation of practice within frontline teams- Examples of observer prompts

E.gs. of observer prompts	Observation	Questions arising
Frontline teams understand and demonstrate personal responsibility for the behaviours and work practices that support safety cultures. • Is equipment, used, maintained and monitored appropriately? • Are people able to gain staff attention when needed? • Are assessments of risk used and acted upon? • Are the levels of risk taken appropriate to the practice context? • Is hand washing consistent with accepted standards? • Are open medicine trolleys left unattended? • Do staff check people's armbands when administering medicines?		
Frontline teams avoid complacency and continuously challenge existing conditions and activities in order to identify discrepancies that might result in error or inappropriate action.		
Communications are timely, frequent, and accurate. • Frontline teams and supervisors communicate work statuses with other work groups and supervisors during the performance of their work activities. • Frontline teams communicate with each other such that everyone has the information necessary to accomplish work activities safely and effectively. • Communications during shift turnovers and pre-job		

E.gs. of observer prompts	Observation	Questions arising
briefings provide information necessary to support safety.		
Leaders demonstrate a commitment to safety in their decisions and behaviours. • Issues potentially impacting safety are promptly identified, fully evaluated, and promptly addressed and corrected commensurate with their significance		
Safe and effective teams • Do different staff groups have respect for each other? • Do staff work as a team? • Is there evidence of a hierarchy between and among staff? • Do staff have a clear sense of purpose? • Do staff freely question, challenge and support each other? • Is there evidence of staff initiating changes in practice? • Is decision making transparent, • participative and democratic? • What style of leadership is in evidence? • Do the staffing levels seem appropriate to the workload in order to deliver quality care? • Is the skill-mix appropriate? • Is there praise and recognition for a job well done		
Continuous Learning • A process is in place to ensure a review of operational experience provided by internal and external sources. • Operating experience is used to understand equipment and processes		

E.gs. of observer prompts	Observation	Questions arising
and to adopt new ideas to improve performance. • Independent and self-assessments, including safety culture assessments, are thorough and effective and are used as a basis for improvements. • The organisation values the insights and perspectives assessments provide.		

Appendix 7: Principles of Giving and Receiving Feedback and High Challenge/High Support

In order to maximise opportunities to reflect and learn in through and from practice requires practitioners to develop their self- knowledge and awareness of the impact that they have on others and a set of fundamental skills that are used consistently in both practice development activities and everyday work. These key skills are as follows:

1. Active listening
2. Giving and receiving constructive feedback
3. Asking enabling questions
4. Doing all these things in ways that offer high challenge and high support
   (Titchen, Dewing and Manley 2013).

Let's look at each of these in turn.

1. What do we mean by the concept of active listening?

Active listening involves carefully attending to listening and hearing people that we work with to find out where:

- team members are starting from, in terms of their own values, skills, practice and learning.
- patients and families are, in terms of their values and experience of care.
- the workplace is, in terms of structure, culture and how these influence the care experience and service delivery (Titchen, Dewing and Manley 2013).

2. How can we give and receive feedback to individuals, groups and teams that we work with?

Giving and receiving feedback to individuals, groups and teams along the leadership journey is vital for integrated evaluation–learning–planning–acting spirals. The High Challenge, High Support Matrix (Figure 1) helps you to focus on the skills that are vital for building effective relationships through giving and receiving feedback, high support and high challenge, and identifying critical questions through reflection. Using the principle of high challenge and high support enables you to work with critique rather than criticism. It is not about blaming or being judgemental of others. The intention is to help the other person(s) to learn so that they can be more effective in their engagement with improving self, our relationships and our practice. So, feedback needs to be clear and useful. It is given in an intentionally supportive and kind way and it requires honest and open communication. The process is often led by a workplace facilitator such as a mentor, clinical supervisor, critical friend or companion. Feedback can be offered both formally, for example, in clinical supervision or team and stakeholder meetings, and informally, for instance, in all sorts of day-to-day conversations.

	Low Challenge → High Challenge	
High Support (↑)	High support, low challenge: Feedback effect: Status quo: Keep on doing same things	High support, high challenge: Feedback effect: Challenged to do more and better: high performance
Low Support	Low support, low challenge: Feedback effect: Apathy, boredom	Low support, high challenge: Feedback effect: Stressed

Figure 1: The High Challenge High Support Matrix

Most of us perform at our best when we have the right mixture of support and challenge and this, more than perhaps at any other time, is a good time for us as leaders to reflect on how we lead. As leaders we best provide for our teams and individuals when we create a culture of high support and high challenge. It is the combination of both that is important in helping people become more effective.

The British critical social scientist Fay describes the process of the three E's and this guides the process of reflective learning:

ENLIGHTENMENT: helping the person to become aware of all the factors influencing their action and increasing their self-knowledge.

EMPOWERMENT: becoming motivated to want to change the way one works because of the self-knowledge gained from enlightenment.

EMANCIPATION: actually, putting into practice actions identified from enlightenment.

To have support without challenge is to encourage complacency and to provide challenge without support creates too much stress, both scenarios lower performance. It is worth mentioning that challenge comes with trust and the more trust you have as a leader, the more challenge you will be able to provide without entering the over-stressed quadrant. High challenge and high support in the right balance is about holding each other to account for our actions and trying to make the most of learning from what can be celebrated about practice or our relationships and how we might improve together. High performing teams sit in the top right hand quadrant of the matrix challenging each other positively to make a difference together with shared vision, purpose, goals and role clarity. High performing teams live out the values of being person centered in their relationships with each other, having a real appreciation of the skills, talents and experiences of each other and how to make the most of those strengths focusing on what matters to the individuals and the collective team. There is a real commitment to collective leadership ad a high degree of trust and psychological safety.

As a leader you may find yourself and your team in any of the four quadrants at different times, but what is important is to be aware of the four quadrants and where you are as a team. You can use the High Challenge-High Support matrix in team meetings, one to one sessions, workshops and discussions with a range of stakeholders to help people to reflect on how much challenge and support they have experienced. It is a really useful tool for daily practice but only if it results in the development of celebrating what is going well and sharing a commitment to improvement with clear shared action plans, role clarity and a commitment to action and follow up.

Reflection Point

Where is your team currently? Where are individual's currently? Are they experiencing maintaining the status quo, apathy or inertia, stress or high performance?

Try this exercise for yourself:
- Rate yourself 1-10 (where 10 is high) for the level of support you receive in your practice setting.

- Rate yourself 1-10 (where 10 is high) for the level of challenge you receive in your practice setting.

What do you notice? What would need to happen for you to increase each of these?

You might want to practice this with your mentor and ask them to write down the names of the individuals they lead and write next to the names a number out of 10 for the amount of support they provide that individual and another number out of 10 for the amount of challenge that they provide that individual.(1 is the lowest amount of support/challenge, 10 is the highest amount of support/challenge)

- What do you notice?

- What actions could you take in the light of this?

What does support look like?

What could support look like? Here are some ideas to place alongside your own:
- Increase collaboration
- Provide mentoring or coaching
- Postponing work deadlines in some areas
- Allowing individuals to work from home
- Training
- Listening /Empathy
- Setting boundaries
- Reduce / Increase meeting times
- Provide additional resources

What does challenge look like?

What could challenge look like? Here are some ideas to place alongside your own:
- Setting courageous goals
- Moving individuals out of comfort zones and into stretch
- Asking for innovation and risk taking
- Insist on greater levels of trust / challenge poor behaviours
- Asking what the real challenge is when an individual presents a problem
- Do something that has not been attempted before

3. How do you ask enabling questions?

Enabling questions encourage reflection and can lead to action. They are open questions in that they do not make any assumptions, they often start with "What" or "How". Enabling questions encourage practitioners to both reflect more deeply and put learning into action in the workplace and thereby enlighten and enhance individual and team effectiveness. Asking enabling questions takes practice as it is an acquired skill. Here are some examples of "What" and "How" questions that you can practice using:

- What is it I do there that I can do elsewhere?
- What do you want to achieve? Or,
- What worked for you in the past?
- What options are open to How do you feel about this?
- How do you feel . . . ?
- It sounds as though you are feeling . . . ?
- What question does that raise for you?
- What question was the most helpful?
- What do you think is really going on here?
- What sense are you making of . . . ?
- What does . . . mean for you?
- How would you know if ...?
- What are we trying to do here?
- What could you do ...?
- What does that really mean?
- Are you saying 'they' when you mean 'you'?

- What do you think would happen if . . . ? How can you ...?
- How can we help you (or someone else) move forward on this issue?
- How can we make this relationship more effective?
- How can I help you?

4. Leading with High Support and High Challenge

Here is the same High support-challenge matrix, but with leadership styles for each quadrant.
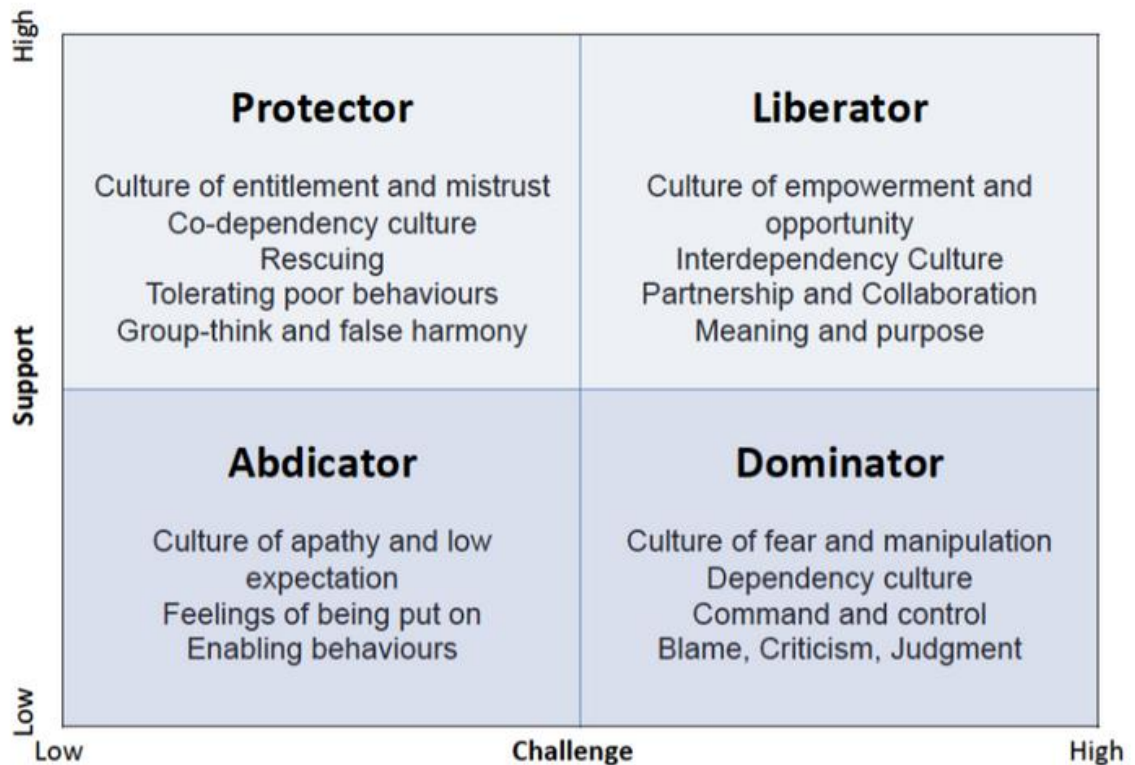
When we take time to consider the different levels of support and challenge, we provide to each other and our teams, this also reflects back to us our current leadership style. Here is an interesting question: **what is it like to be led by you?**

Growing as a leader involves increasing our self-awareness and being able to embrace feedback.

Reflection Point

What actions do you need to take as you move towards a greater liberator style of leadership?

"One of the most important of all leadership skills is self-awareness"

Robin Sharma

References

Titchen, A. Dewing, J. Manley K. (2013) Getting Going with Facilitation Skills in Practice Development . Chapter 6 In: *International Practice Development in Nursing*, Second Edition. Edited by Brendan McCormack, Kim Manley and Angie Titchen. © 2013 John Wiley & Sons, Ltd. Published 2013 by John Wiley & Sons, Ltd.

West, J. (2013) From being to becoming: the journey of becoming an organisational practice development facilitator through the stages of enlightenment, empowerment and emancipation. *International Practice Development Journal*, 3 (3). https://www.fons.org/Resources/Documents/Journal/Vol3Suppl/IPDJ_03suppl_03.pdf

Appendix 8: Using Emotional Touchpoints to Understand Experiences of Care

Emotional Touchpoints Tool

What is Emotional Touchpoints Method?

Dewar *et al.* (2010) describe the Emotional Touchpoints method as a set of processes that can be used to elicit stories describing patients' healthcare experiences. This method uses Emotional Touchpoint trigger words such as scared, happy, relaxed or worried. It "*focuses on emotion by asking patients and their families to think about key points in the patient journey and to select from a range of adjectives those that best describe how they felt about an experience*" (Dewar *et al.* 2010) Words may be presented as a set of flash cards or a table from which the patient chooses the most resonant. These then act as triggers to prompt discussion and further elaboration about the experience. The utility of this method is not restricted to the purpose of eliciting patient stories. Other applications have included health service evaluation and improvement (Kuis and Goossensen 2017). It has been used to explore patient experiences of healthcare in a diverse range of clinical settings (Dewar *et al.*, 2010; Adamson *et al.,* 2017; Bridges and Wilkinson 2011), the development of chronic pain services (Outlaw, Tripathi and Baldwin 2018) and to understand health professionals' experiences of providing care in a hospice setting (Waterfield *et al.* 2018). . It has also been used to explore health professionals' clinical and professional development experiences (Waterfield *et al.* 2018; Adegoke, 2018; Donnetto et al, 2013; Odell and Warren, 2014).

How can it help?

Using emotional touchpoints (Bate and Robert 2007) is a useful mechanism to enable practitioners to learn about the experience of giving and receiving care in real time as it captures patient/family and practitioner stories to help recognise and celebrate positive care practices and develop the service. Touchpoints are significant experiences where people are connected during care and treatment within a service or pathway. These are co-constructed with patients and client groups to identify what matters most to them about their experience. They are also useful as a way of helping students tackle increasingly complex and wicked problems in rapidly changing workplace contexts and enabling students and practitioners to think about capturing experiences from placements that will help to develop self and team awareness and leadership development.

What are the benefits of using this approach?

Dewar *et al*. (2010) report some of the benefits of using emotional touchpoints is that it:

- Helps patients and families to get in touch with their own experience;

- Challenges assumptions about what staff feel is important to patients and their families;
- Enables development of relationships with patients, families and staff;
- Helps people to see in a balanced way both positive and negative aspects of experiences;
- Helps patients and families to be involved in shaping and improving the service;
- Helps to redress the power imbalance between interviewer and service user.

Developing Emotional Touchpoints for Student Learning on Placements

Students

These are just a few examples of the kinds of touchpoints that might be relevant to you as a student on placement. However they are a guide only and we would encourage you on your course to identify together what the most important touchpoints are as part of your learning journey in preparation for your placement. Once constructed you use this as a framework to identify the touchpoint that you want to talk about with your mentor.

Receiving feedback	**Participating in ward round**
Working with/meeting my mentor	**Attending team meetings**
Practising skills/competences	**Managing mealtimes**
Answering questions from patients and their families	**Handing over**
Talking with relatives/service users	**Talking with Doctors/other members of the Multidisciplinary team**
Challenging other people's behaviours	**Arriving in the ward/department on the first day**
Working with other staff	**Assessing patients**
Discharging patients	**Assessing patient mental capacity**
Documenting care/work	**Medicines Round/prescriptions**
Understanding the reasons for treatment/intervention	**Admitting/discharging patients?**
Learning and reflection	**?** *you can add others depending on what matters to you*

?	?
?	?
?	?

Working with Emotions

Next you identify the emotional words from the list provided that sums up how you feel about the initiative/issue/challenge/experience. You should ask why they feel that emotion and capture their responses or your own if it is you undertaking the activity on the record sheet provided. Where negative emotions are experienced you should ask what could have been done to improve their experience.

For positive emotions it is important to ask the person to explain why they thought it was experienced as positive. This will be noted.

The descriptors, explanations provided, and actions identified by participants should be verified with them before concluding the interview.

POSITIVE EMOTIONS

Happy	Calm	Confident
Content	Safe	Proud
Hopeful	Pleased	Grateful
Curious	Relieved	Overjoyed
Excited	Empowered	Inspired
Trusting	Welcome	Understood
Valued	Needed	Encouraged
Respected	Involved	Supported
?	?	?

NEGATIVE EMOTIONS

Sad	Lonely	Anxious
Unsure	Insecure	Bored
Hopeless	Powerless	Depressed
Numb	Guilty	Disappointed
Frightened	Annoyed	Overwhelmed
Shocked	Frustrated	Angry
Intruding	Unimportant	Misunderstood
Embarrassed	Belittled	Ignored
?	?	?

Emotional Touchpoints – Staff

On your placement you might want to practice developing an emotional touchpoint framework with your mentor. Here is an example of some of the things that might be relevant to them.

Giving feedback to others	**Undertaking ward round**
Being a mentor	**Managing team**
In charge of a shift/laboratory service	**Managing mealtimes**
Talking with physios/ technicians	**Handing over**
Talking with relatives/service users	**Talking with Drs/other members of the MDT**
Challenging other peoples behaviours	**Supervising students**
Allocating staff	**Reviewing other peoples work**
Discharging patients	**Assessing patient mental capacity**
Documenting care/work	**Medicines Round**
Completing audits	**?**
Sharing best practice	**?**

EMOTIONAL TOUCHPOINT SUMMARY RECORD

You use this template to capture the conversation you have had about the touchpoints that matter to you or your patient and ten identify what you have learned and what actions you are going to take as a result.

Name:	
	(optional)
Date Recorded:	Recorded By:

Touch Point:
Emotion Words:
Description:
Staff Learning:
Actions Taken:

Resources

Here are some video resources for you to watch about how Emotional Touchpoints have been used in different contexts:

https://www.fons.org/resources/documents/Creating-Caring-Cultures/Emotional-Touchpoints.pdf

https://vimeo.com/125069097

https://www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/research-methods/emotional-touchpoints

https://www.youtube.com/watch?v=lR7tZhatLDs

https://www.youtube.com/watch?v=WGlprlRXVjc

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Appendix 9: Reflective Review Template

NAME:

Reflective Review Question	Response
1. What were your **hopes** following the leadership placement?	
2. What are the consequences (+ve and –ve) of being part of the leadership placement for -yourself? -your colleagues/team? -your patients/service users? -your service?	
3. What internal factors have supported your participation in the leadership placement?	
4. What external factors have supported your participation in the leadership placement?	
5. When analysing your evidence what are the key themes emerging?	
6. What have you learnt from being part of the leadership placement about -yourself?	

-your professional role? -your career future aspirations?	54
7. From your analysis of themes in question 5 what are the areas you would want to focus on in the future?	
8. Write a paragraph for your practice supervisor/coach and University Lecturer describing how participation in the leadership placement has impacted on your understanding of being a person centered leader in creating an effective workplace culture where everyone can flourish.	