

PARAPROFESSIONAL HEALTHCARE INSTITUTE

For the:

Center for Nursing and Rehabilitation

Dementia Grant

CNA Peer Mentor

Training and

Leadership

Development

## ORIENTATION TO MENTORING (SESSION II)

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Learning Activities:

- § Qualities of a CNA (Icebreaker/ introduction)
- § Workshop Series Overview
- § Attributes of a Peer Mentor
- § Remember When...
- § Role of a Peer Mentor
- § Getting Started: Building a Supportive Relationship

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Center for Nursing and Rehabilitation  
Dementia Grant  
**CNA LEADERSHIP TRAINING**

### **Day One Agenda**

- Welcome and Introductions to Each Other
- Workshop Overview
- Attributes and Characteristics of a Peer Mentor
- Lunch
- Remember When...
- Role of a Peer Mentor
- Getting Started: Building a Supportive Relationship



# Qualities of a CNA- Toilet Paper Game

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## MATERIALS

Toilet Paper  
Newsprint  
Markers



## GOALS:

- § To open a discussion about caregiving and being a CNA
- § To discover the many various and diverse skills/qualities of caregiver/ CNA
- § To begin to make a connection between CNA and Mentoring

## ACTIVITY:

- § As the toilet paper is being passed around, ask participants to think about the qualities that make you a caregiver or CNA? Why did you get into the field?
- § Each person is encouraged to take as many sheets of paper as they usually use per, let's say visit to the bathroom...
- § After everyone's taken paper, ask the group to pair up with someone s/he doesn't know well.
- § After pairing you're going to interview each other, finding out information that will help you introduce this person to the group...
  - At a minimum, you will be share with the group, your partners: name, how long she's been with the home, how many toilet tissues she took and what the qualities are for each toilet tissue
- § Allow the 5 minutes to interview each other
- § Reconvene and have the participants introduce their partners to the group
- § List qualities on newsprint

## Workshop Overview

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### Materials:

Flipchart  
Markers

In participant packet: "Goals of the Peer Mentor Training"

### Activity:

- § It may be helpful to flipchart important facts- such as when breaks are and other important agenda items.
- § As the pairs settle, and the room becomes quieter- begin by introducing yourself and your role over the next two days.
- § Welcome the participants and congratulate them for being invited to the training, emphasizing the importance of peer mentors in your organization, and how peer mentors fit into your organization's mission.
- § At this point, hand out the agenda and review the purpose of the training, what the objectives of the program are, and outline what skills and knowledge they might expect to be gained.
- § Review goals that are in the packet.
- § Point out that while mentors and non-mentor staff are participating in this workshop, each will participate as a learner who represents their specific organizational role/reason for participating.

CNR DEMENTIA GRANT  
PEER MENTOR LEADERSHIP TRAINING

PEER MENTOR WORKSHOP  
**FALL INTO WINTER 2003**

AT THE COMPLETION OF THIS WORKSHOP SERIES, YOU WILL:

- § Know the main roles of a Peer Mentor
- § Know how to build a supportive relationship and establish/maintain appropriate personal boundaries
- § Know specific mentoring activities
- § Describe the qualities of a good mentor
- § Use effective communication skills
- § Know how to document and appropriately pass along mentee information
- § Use mentoring skills in real-life situations

## The Attributes of a Peer Mentor

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There are two components to this segment of the workshop:

- Small group discussion on “attributes of a peer mentor”
- Large Group Process

### Small Group Discussions

Materials:

Handout “Attributes of a peer mentor”

Post-It Notes

Newsprint

Markers

#### ACTIVITY:

- § Hand each participant a copy of “Attributes of a peer mentor”
- § Take some time to discuss what peer mentors innately have in them- what makes them capable of doing this work. What attributes in their characters and personalities are present that make peer mentors. It is likely that the group sitting in training already have many if not all of the qualities listed on the handout.
- § It will be their job to come up with a list of the top “5” qualities from this list.
- § Divide the participants into groups of 3-6 people; Have the non-mentors form their own group for purpose of comparison afterwards
- § Explain that they will have 5 minutes to (individually) come up with the top five qualities
- § They will have another 10 minutes to come up with group selection of the top five qualities.
- § Circle the room to ensure the groups understand what needs to be done
- § If it hasn't been done already write the attributes/qualities on newsprint with enough space to fit 6 or 7 post it notes next to it.
- § Once the groups have come up with their- take five post it notes and write on them 1, 2, 3, 4 and 5 respectively.
- § Have a volunteer go up to the front and place the post it notes next to respective attribute. For example if they listed “supportive” first, then they should place the “1” post it note next to supportive on the newsprint.

## Large Group Process

Materials:

Flipchart

Markers

Activity:

- § Begin by acknowledging how difficult it is to come up with five attributes/qualities mentors possess because most of the time mentors have hundreds of attributes and qualities to do the job expected of them.
- § Go to the newsprint with the post-it notes and look where most of the sticky notes are; trying to find the most ones and twos...
- § Process each high quality attribute you see listed- asking why the group as a whole, why each quality was important to the groups.
- § Circle the five "most popular" (those having the most checks next to it) and ask the group: "is this a "good" list of the top five qualities/attributes of a peer mentor?"
- § Compare and contrast similarities and differences between the mentor and non-mentor groups.
- § Reinforce the value of each group perspective, especially when thinking about how to best support mentees.

# Attributes of a Mentor

WHAT ARE THE FIVE ATTRIBUTES YOU BELIEVE ARE MOST IMPORTANT TO BE A GOOD PEER MENTOR?

Attached is a list of possible qualities. (You can add some of your own that are not on the list.) From the list, pick the five you have chosen in their order of importance (e.g. #1 being the most important!)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Discuss your responses with your group, and list the top three the group selected in the order of importance (i.e. #1 being the most important)

# Attributes

Caring

Cooperative

Community-minded  
Competent

Communicates effectively

Decisive

Dependable/ Reliable

Efficient

Friendly

Honest

Honors Diversity:  
gets along with all kinds of people

Independent

Kind

Likes / Understands the Needs of Older People

Organized

Positive Work History

Prioritizes

Responsible and Accountable

Wants to Help

## Remember when...

(20-30 minutes)

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### MATERIALS:

Flipchart

Markers

### GOALS:

- § To have participants understand who mentees are/ may be through self-awareness
- § To have participants begin to explore their new role as a mentor

### ACTIVITIES:

- § Have participants break into small groups of 3-4;
- § Ask the group to designate a recorder and a reporter. (Recorder is to capture ideas, themes and common experiences and feelings of group members; Reporter will report these out in the large group process.)
- § Have the participants each "tell their story" about their "the first week on a job" or the "first week in a new situation." Questions for them to ponder: What was the week like? What were you feeling/why? What were some of the highlights of the week? What would have made the week different/better/worse? (Feel free to flipchart a few or all of these questions to help guide the participants)
- § Each person must share a story
- § Allow discussion for 20 minutes; As the facilitator- circle the room and listen in on conversations and ensure that everyone group member has an opportunity to share
- § Reconvene into the larger groups: Ask the reporters to share the what was shared;
- § Flipchart each groups responses
- § After all groups have reported out, ask the group if this is a comprehensive list- add anything that is stated hereinafter. (Looking for feelings of loneliness, overwhelmed, excited, confident, "feeling lost", out-of-place, not welcomed, "green" ...)
  
- § Large Group debrief- what would have helped you in that situation?  
WOULD A PEER MENTOR WOULD HAVE HELPED?

# Roles of a Peer Mentor

(30 minutes)

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## MATERIALS:

Flipchart

Makers

Handout: The Role of a Peer Mentor (role model sunburst.pdf)

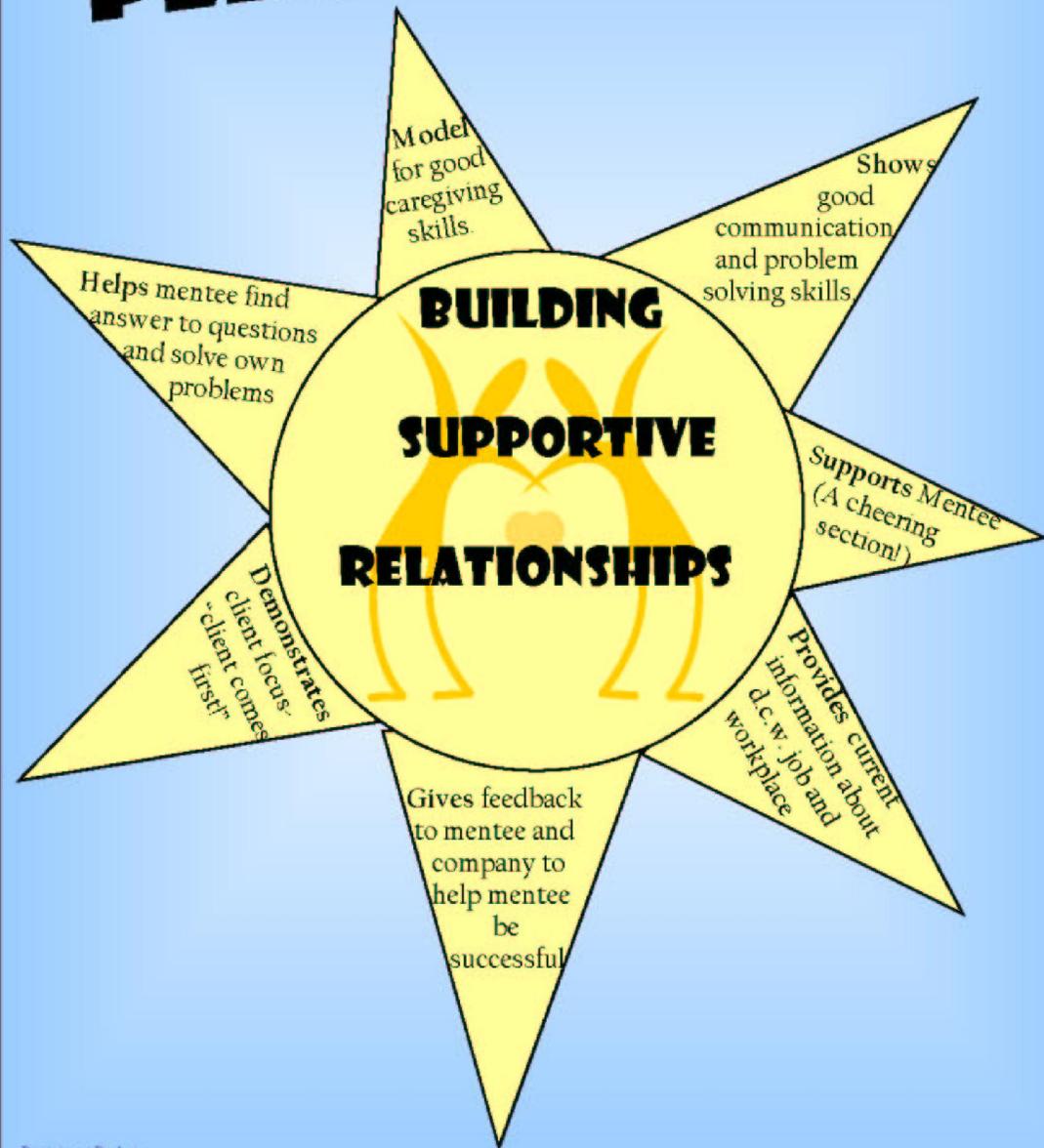
## GOALS:

- § Introduce the formal roles of a peer mentor
- § Continue developing participants awareness of self

## ACTIVITIES:

- § *Ask the group:* What do you think a peer mentor can do to help a new worker in their first week- based on what you heard above/ what you know from your first week?
- § In large group, do a round robin, have participants brainstorm ways to help a mentee in a new situation- be it the first week on the job or the first day on a particular floor; or with a particular population in the home.
- § Hand out the "Sunburst" Role of a Peer Mentor- stating that everything you've come up with is on what we've come up with as the Role of a Peer Mentor.

# THE ROLE OF A PEER MENTOR



Participant Packet

# Getting Started:

## Building Supportive Relationships

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### MATERIALS:

Flip Chart: On it, pre-draw two stick figures at opposite ends of the paper, a river in between these figures, and a curved line to represent a bridge.

Markers

Pre-Cut out Bricks

Tape

### GOALS:

- § To have participants begin to understand and identify (for themselves) what makes relationships supportive

### ACTIVITY:

- § Ask participants to think of a time in their lives that s/he felt supported by another person.
- § Distribute one or two bricks to each participants and ask each participant to write on them an answer to one/some of the following questions: How did you know you were supported? What qualities did that person possess to make you go to him/her?
- § As they finish writing have the participants come to the front to tape their brick(s) along the bridge line drawn between the two people.
- § After everyone has finished, ask participants what they wrote on the bricks. After a few have given their responses- look at the bridge and read from some of the bricks that differed from the responses;
- § Ask participants to identify similarities or themes; As a facilitator- Pull out especially the themes of Skill level/ Competence (prior history of solving problems/being supportive or use of other skills e.g. listening); Comfort level (feelings of being close to a person; know a person for a long time; share common ideas/ lifestyles); Risk levels (person wasn't going to use information in a corrupt way); and trust. Make the point that it takes trust to build a supportive relationship and it is a combination of comfort, competence and low risk that build that trust.

# Bricks for Building a Bridge



PARAPROFESSIONAL HEALTHCARE INSTITUTE

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# CNA Peer Mentor Training and Leadership Development

## BUILDING SUPPORTIVE RELATIONSHIPS AND DEVELOPING SELF-AWARENESS (SESSION III)

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- § Finding Common Ground: Personal Risk Taking to build a bridge
- § Exploring Assumptions: Minimizing Assumptions and Judgments
- § Appreciating Differences (Personal and Learning Styles)
- § Effective Communication (Peanut Butter Game; Back to Back)

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**CNA LEADERSHIP TRAINING**

### **Day Two Agenda**

- Welcome and Icebreaker
- Finding Common Ground: Personal Risk Taking
- Exploring Assumptions: Minimizing Judgments
- Lunch
- Appreciating Differences (Personal and Learning Styles)
- Developing Effective Communication Skills



## FINDING COMMON GROUND

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Materials:

*Facilitator Guide: "Stand up and take a risk"*

Handout: "Stages of self disclosure"

### ACTIVITY:

- § Arrange the room in a circle for this activity to work best.
- § Explain that we are going to play a game called "Stand up and Take a Risk" which involves taking some degree of personal risk.
- § Each person has the right to share what s/he is comfortable with, but everyone is encouraged to "Take a risk". (NOTE: some of the statements may need to be adjusted for geographic/cultural considerations)
- § Explain that you are about to read a series of statements. Some may be applicable to certain participants, some may not. After each statement is read participants will have the opportunity to reveal a quality/ characteristic/ fact about themselves by standing up and joining others who have the same quality. The statements will be increasingly "risky" to share for differing reasons. Ask participants to stand if the statement applies to him/her.
- § Begin by reading the statements in green- watching as people stand up easily- and asking for them to sit down after everyone has stood.
- § As you start to notice changes in how many people are standing, how quickly people stand, how people are looking around the room, etc... begin asking questions of people who do stand on certain statements about:
  - § How does it feel to stand up with fewer people standing?
  - § What made someone hesitate? What was difficult about standing this time?
  - § How it felt to reveal that detail about themselves? Etc...
  - § Acknowledge the courage it took for some people to stand if it looks like it was risky.
- § When all the statements have been read, and no one is standing, ask similar questions about why it may have been riskier for those people having the qualities at the end of the exercise? How did it feel to be sitting while others were standing on some of the more risky ones? *Less risky ones*? How did it feel to stand when there were a lot of people standing? Few people standing?
- § End by asking participants if anyone is curious about other things they may have in common with another in the group. Ask individuals to volunteer to stand up and take a risk by making the statement about themselves. Process accordingly.

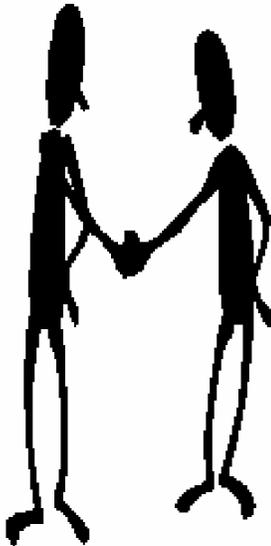
# Stand up and take a risk!

- w I love the color red.
- w I have a dog or cat.
- w I hated school.
- w I love children.
- w I am happily married.
- w I am a grandmother.
- w I get stressed easily.
- w I was not born in the United States.
- w I am nervous about being here.
- w I have a stressed relationship with my mother.
- w I sometimes feel overwhelmed by trying to balance work and family.
- w Sometimes I don't feel respected at work.
- w When I first started working here, I know I made some mistakes.
- w I am not sure if I will be good at being a mentor.
- w I have been divorced.
- w I hate getting dressed in the morning because nothing ever fits.
- w I wanted to leave this organization at one point in time.
- w At some point in my life, I had such money problems- I couldn't make ends meet.
- w I really don't like these kinds of exercises!

## Stages of self-disclosure handout:

- § Hand out “Stages of Self Disclosure”
- § Thank everyone for taking a risk and sharing what they did. Invite them to keep taking risks with each other over the course of the training/ at home/ at work- as it’s a key piece of forming deepening relationships.
- § Ask the group if they felt there were differences in some of the statements... For example “typically, is it as easy to share that you have a dog as it is to share with a group that they have felt like quitting their job or even if they have been in such financial difficulty that they couldn’t make ends meet?”
- § Explain that there is an increase in risk in these statements, and sharing the latter is often difficult if you haven’t reached an intimacy level with the person you are self disclosing to. Also acknowledge that there may be some variations in the perceived risk dependent on cultural/ethnic/religious background.
- § Distribute and Review handout: Stages of Self Disclosure.
- § Oftentimes the responsibility of the peer mentor is to take that the risk of self disclosing something intimate, to get to the more comfortable stage of self disclosure- “Here and Now communication.” Here and now communication is what people typically have with friends and family. Imagine having “Facts Only” communication with a loved one.
- § The peer mentor sets the level of self-disclosure and generally- what you share is what the mentee will share back.

## STAGES OF SELF DISCLOSURE

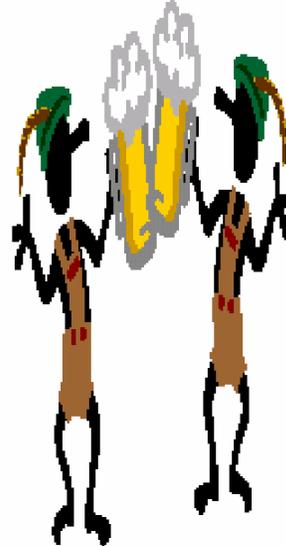


### STAGE ONE:

#### **Sharing Facts Only**

*Examples:* What you do for a living, where you went on vacation, recent interesting experiences– the When, Where, and What only.

**Doesn't include feelings!**

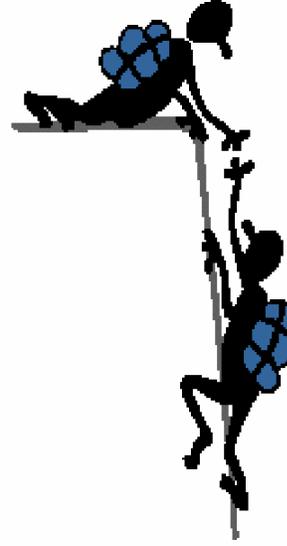


### STAGE TWO:

#### **Add thoughts/feelings/needs**

about past or future

*Examples:* Tell the person what you think about something, how you feel about the matter, and what needs to be done.



### STAGE

### THREE:

#### **Here and Now communication**

(Most Risky!) Sharing what you think/feel/need from the person **in the moment.**

Sharing Successes and Failures

*Examples:* Asking how the person is feeling about you in your role as a mentor.

Lower Risk

Higher Risk



Handout: Building Supportive Rela-

## Exploring Assumptions

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There are 2 components to this segment of the training.

- Where Our Minds Go activity
- If you had a choice...

### Where our minds go...

(20 minutes)

Materials:

Handout: Where Our Minds Go

Newsprint

Markers

GOALS:

- § To build the participant's awareness of themselves and how they interact with others, particularly peer mentees.
- § To provides an opportunity to gain knowledge about how and when we make assumptions
- § To begin to discover what these assumptions are based on.

This activity may influence the tone of the remaining workshop- as the facilitators are modeling a desired level of sharing, risk taking, and trust.

ACTIVITY:

- § State clearly that one of the things that we all do as human beings is make assumptions about people.
- § Explain that engage in an activity about assumptions—we're going to ask you to make assumptions about us- the facilitators.
- § There is usually some nervous tension in the room at this point. Invite the participants to have fun with the exercise, and emphasize that none of the facilitators will be offended by anything the participants write down. Stress that this is not a test.
- § Write the names of the facilitator's who are included in the handout on newsprint for participants to refer to.
- § Distribute the handout: "Where Our Minds Go"
- § Explain that each statement applies to only one of the facilitators, and it is their job to figure out who- based on what is already known.
- § Facilitators take turns reading each statement while standing in the front of the room.

- § After each is read, ask the participants to decide which facilitator they think the statement applies to- writing the name of the facilitator in the space provided.
- § Emphasize that everyone must write someone's name at the end of the statement in the space provided.
- § When the entire list is exhausted, each facilitator takes a turn reading a statement- asking the group by show of hands, which facilitator they thought it applied to.
- § At this time, reveal who the actual statement is written about.
- § Ask for volunteers to discuss why they thought it was a statement about someone who it actually wasn't about. (Usually the statements provoke assumptions and stereotypes about age, sex, teaching style, race, ethnicity, socio-economic status, sexuality, appearance...)
- § Remember, participants are invited to share some of their assumptions and their reasons for them- and it should be done in a light way, where the facilitator models curiosity and openness, not judgment.
- § At the end of the list, some debriefing may be useful to bring the group back to focus. You can ask: *What were the surprises? What assumptions were made that are different from reality? Where do our assumptions come from?*
- § If time permits, it may be useful to talk about assumptions: what they are, the function they serve, what happens if you base your actions on them in a mentoring relationship.

# Where Our Minds go...

One of us ran away from home more than once. \_\_\_\_\_

One of us interrupted a Big East college game to demonstrate against the university president for racist comments. \_\_\_\_\_

One of us is half-Italian. \_\_\_\_\_

One of us loves music from the 1940's and 1950's. \_\_\_\_\_

One of us got married when she was 21. \_\_\_\_\_

One of us worked as a clinical therapist. \_\_\_\_\_

One of us has read every Harry Potter book. \_\_\_\_\_

One of us has a brother in the garbage industry. \_\_\_\_\_

One of us majored in math in college. \_\_\_\_\_

One of us did a presentation at the White House. \_\_\_\_\_

One of us has pins holding her knee together. \_\_\_\_\_

One of us did a presentation at Oxford University in England. \_\_\_\_\_

One of us has a first cousin who is a rabbi AND a first cousin who is a minister \_\_\_\_\_

Do Not Duplicate

## If you had a choice...

(10 minutes)

### MATERIALS:

Handout: If You Had A Choice?

### GOALS:

- § To help participants discover where and how they make assumptions
- § To allow participants the opportunity to deal directly with their own judgments

### ACTIVITY:

- § Begin by distributing the activity "If you had a choice..."
- § Introduce the handout by stating that it is not often that you get to choose who you will work with- but here is an opportunity that you have to actually make that choice given a few simple facts...
- § Ask the participants to read the list of three potential mentees.
- § Based on the information given, ask the participants to order the statements from 1-3, choosing the person who you would most want to work as number 1 and least want to work with- number 3.
- § After five minutes, ask participants to raise their hand if they answered 1 to mentee one and ask for volunteers to share what drew them to placing this mentee first... Flip chart the reasons WHY they chose the mentees- keeping a track mentally the assumptions around the mentee (E.g. "she will need more help than the others.")
- § Next ask people to raise his/her hand who ranked the second mentee "first", again asking for reasons why they were drawn to working with this mentee and flipchart it. Repeat this for the third mentee.
- § After everyone's given their reasons for their first choices, engage in the same process for asking the participants for their "last choice." This time asking for volunteers to reveal why they felt it might be difficult or less appealing to work with this mentee/ or similarly, why this person didn't appeal to them as much as their first choice.
- § Thank everyone for being honest and sharing, and then reveal to the participants that the statements were written about the same mentee! And the information was gained at different points in the relationship. Emphasize that we don't know someone's whole story when you first meet someone. As we stated before, we may have pieces to the story, but until that person reveals it herself, we don't know if it's true. It's important to ask about what

you don't know or are curious about, confront rumors and assumptions, and this will bring you to a stronger relationship.

- § Also look at the list generated- attempt to pull out very obvious assumptions. Circle the statements that are generally true based on the few details about the person given on the handout. Ask participants to speak to the differences between the two. Pull out that much of the time, we relate to people based on what we already know- or what we feel or think. Since this is a new mentee, it is important to build the story of/about her by engaging a relationship with her- learning from her, not from assumptions.

## If you had a choice...

Please read the statements below. Based on the information given, order the statements from 1-3, choosing the person who you would most want to work with as number 1 and least want to work with- number 3.

\_\_\_\_\_ A divorced woman who has had several jobs in the past few years. She's has never worked as a caregiver, but has to work now because she is trying to stay off of welfare.

\_\_\_\_\_ A young mother of 2 who completed training with flying colors. She's energetic and enthusiastic, and loves to work with people.

\_\_\_\_\_ This mentee has a history of alcohol abuse. Although she is technically in uniform, her clothes are dingy and sneakers very worn. She is on time and eager to meet you.

# Personal Styles (50 minutes)

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Materials:

Handout: "Personal Style Continuum";

Blank flipchart page; marker

## GOALS:

- § To further participants' self-awareness through the concept of personal stylistic dimensions;
- § To help participants understand the impact of stylistic differences in effective communication and relationship building

## LEARNING OUTCOMES

- Participants will become familiar with four basic dimensions of personal style.
- Participants will understand that there is no right or wrong communication style.
- Participants will gain a clearer understanding of their own personal style in regard to these dimensions.
- Participants will understand that assumptions and judgments they make about others' behavior may be a result of stylistic differences.
- Participants will understand that awareness of stylistic differences and pulling back on judgments as a result of these differences can have a significant impact in effective mentoring.

## ACTIVITY INSTRUCTIONS

- Before introducing the Personal Style Inventory, make the link between the need to understand someone else and the need to understand oneself through a brief (10 minute) presentation.
- Explain that this activity is designed to help each of us become more aware of aspects of our personal style. There are many aspects of personal style, but we will be looking at four basic dimensions that play a big role in communication with others.
- Explain that each dimension has two extremes. Give the example of Extrovert /Introvert. Ask participants if they are familiar with these terms. If not, explain by briefly summarizing the descriptions on the handout.
- Explain that most people are not entirely extroverted or entirely introverted and have some aspects of both. But usually, people *tend toward* one or the other to some extent. You can think of this dimension as a line (draw a line on the blank flipchart page), going from totally introverted on one end to totally extroverted on the other.

- Label each end of the line; making sure it is labeled the same as on the first page of the handout. Explain that this kind of line, showing a continuous progression from one extreme to another is called a *continuum*.
- Write the word *continuum* under the line on the flipchart page.
- Briefly talk about the introvert/extrovert elements in yourself and place yourself along the continuum on the flipchart page by marking an X. You are modeling for participants the thought process they will need to engage in when they are asked to self-identify along each continuum. Make sure everyone understands why you put the X where you did.
- As you pass out the handout, explain that participants will now get a chance to place themselves along this continuum and three others that reflect differences in personal style.
- Read aloud the handout introduction. Emphasize that our ultimate goal in identifying our own styles is to be able to communicate more effectively with people who are different from us.
- Read the introvert/extrovert descriptions on the handout and ask participants to think about where they would place themselves on the line. Remind them that they will probably respond to some items on each side, but to pay attention to those that elicit the strongest response in order to determine which end of the continuum they are closest to.
- After a few minutes, explain that we're now going to share how we have identified ourselves by drawing an imaginary continuum line from one end of the room to the other. Ask participants to physically place ourselves along the line (in order for participants to see each- forming a V or a U shape works equally well- with the ends being the extremes.)
- Show the group exactly where the line is by walking it from one end to the other. It is best if there is a wall at either end as this makes it clear where the endpoints are. Declare which end of the imaginary line will be the *extrovert* extreme and which the *introvert* extreme. Make sure everyone is clear about which end is which.
- Ask participants if they understand where they would stand along the line. Explain that there may be spots along the line where two or more people feel they belong. That's okay; just bunch up, *or* try to determine gradations. Are the two of you really exactly the same degree of extroverted or introverted?
- Invite participants up and have them place themselves along the continuum.
- Allow time for informal discussion as people place themselves. You may need more time for this if participants already know each other, as they are likely to get into their own opinions about who belongs where. This

- can be a valuable part of the exercise. Ultimately, however, each participant must be allowed to decide for herself where she belongs.
- ASK: What about your experience or sense of yourself led you to place yourself where you did? Hear from 5-6 people.
  - Some people may decide to shift position once they hear others speak. This is OK.
  - Once everyone has found a place along the line, ask them to look up and down and see where the other participants have placed themselves.
  - Apply to mentoring/ working with others in the workplace: have people answer some of the questions below to find out how the differences play at in the home.
  - Repeat this process for each of the four dimensions.

Discussion Provoking Questions for Residential Care Settings:

Introvert/Extrovert:

- § On the first day/week on the job, what is the cafeteria/ lunchtime like for you? What do you do? Where do you go?
- § If you are new, and unsure where Mrs. Jones ( a woman with dementia) is- what might an introvert do to find her/ think about doing to find her? What my an extrovert do to find her?

Big Picture/ Detail Oriented

- § What's the first thing you do when a new resident comes into the home?
- § How much time do you usually give yourself to complete required paperwork? What are your feelings about paperwork?

Feeler/ Thinker

- § How do you personally handle the loss of a resident in the nursing home?

Present Oriented/ Future Oriented

- § How do you react when you are interrupted to help with Mr. Smith while you are caring for Mrs. Hobbes? (Changes in routine are generally difficult for Future-oriented folks)
- § If you are asked to float to another floor/neighborhood what is your reaction / feeling about this?

## PERSONAL STYLE CONTINUUM

Each of these represents the extreme in each dimension of personality. Most people will find themselves responding to some items on one side, and some on the other. Pay attention to the items that elicit in you the strongest response – chances are you are closer to that end of the continuum.

Remember that each person is unique, and this is designed to give you insight into your own and others' way of being in the world. No place on the continuum is right or wrong, or better or worse. The goal is to better understand oneself and others, and appreciate how we might be triggered by or have judgments about others whose way of being is different from ours. Once we are aware of our styles, it becomes possible to change our approach and communicate more effectively with people who are different from us.

INTROVERT	EXTROVERT
<ul style="list-style-type: none"> <li>§ Prefer to think alone to solve a problem or deal with a situation.</li> <li>§ Tend to be reserved in social situations- ore avoid them all together.</li> <li>§ Fascinated with internal process (their own thoughts) and less tuned in to others.</li> <li>§ Tend to be quiet, focused on a task.</li> <li>§ Like working alone.</li> <li>§ May dislike being interrupted.</li> </ul>	<ul style="list-style-type: none"> <li>§ Prefer to work though a situation or problem by talking it out with others.</li> <li>§ Outgoing and tend to enjoy social situations.</li> <li>§ Interested in pleasing others.</li> <li>§ Enjoy variety and tend to choose relationship first, task second.</li> <li>§ Like working with people.</li> <li>§ May become impatient with long, slow tasks.</li> </ul> <p>Don't mind being interrupted.</p>

## PERSONAL STYLE CONTINUUM Continued

<p><b>BIG PICTURE ORIENTED</b></p> <ul style="list-style-type: none"> <li>§ Needs to know the overall picture before being able to focus on specific details.</li> <li>§ Likes ideas, concepts, theories.</li> <li>§ Becomes bored with details and facts.</li> <li>§ Tends to be intuitive – making decisions based on gut feeling rather than facts.</li> <li>§ May leave out or neglect details or make errors of fact.</li> </ul>	<p><b>DETAIL ORIENTED</b></p> <ul style="list-style-type: none"> <li>§ Needs to know the facts, the specific details before being able to focus on the overall picture.</li> <li>§ Likes the concrete, real, factual, tangible</li> <li>§ Becomes impatient with theory, abstract ideas or concepts.</li> <li>§ Thinks in careful, detail-by-detail accuracy, making decisions based on all the facts.</li> <li>§ May miss the big picture.</li> </ul>
<p><b>FEELER</b></p> <ul style="list-style-type: none"> <li>§ Makes decisions about people and life based on feelings – compassion, warmth, personal values.</li> <li>§ Gets along well with people.</li> <li>§ Cares about others’ feelings and how they feel about them.</li> <li>§ Tends to be swayed by feelings rather than rational argument.</li> </ul> <p>Likes conciliation and harmony.</p>	<p><b>THINKER</b></p> <ul style="list-style-type: none"> <li>§ Makes decisions about people and life based on rational thinking – logic, factual evidence, not personal values or others’ feelings.</li> <li>§ May step on others feelings without realizing it.</li> <li>§ Tends to be swayed by rational argument rather than feelings.</li> </ul> <p>Tends to have some tolerance for interpersonal conflict.</p>
<p><b>PRESENT ORIENTED</b></p> <ul style="list-style-type: none"> <li>§ Prefers to be spontaneous, “in the moment”.</li> <li>§ Likes to see all sides to an issue; OK with changing their mind.</li> <li>§ Goals are subject to change based on new information.</li> <li>§ May become involved in many tasks or activities at the same time.</li> <li>§ Uncomfortable with closure, definite endings.</li> </ul>	<p><b>FUTURE ORIENTED</b></p> <ul style="list-style-type: none"> <li>§ Likes to plan, think about the future.</li> <li>§ Is firm, clear, sure. Makes a decision and sticks to it.</li> <li>§ Sets goals and works toward them.</li> <li>§ Likes to finish one task before moving on to the next. Tends not to look back.</li> <li>§ Likes closure, a clear ending.</li> </ul>



## Introvert

I would prefer to work alone than on a team. I am more comfortable with a few close friends than at a big party. When I have a problem, I think inwardly.

P

E

R

S

I love to be around people, and I think problems are solved better in groups. I am very comfortable at large parties and in social situations.



## Extrovert



## Big Picture Person

I need to have a goal before I start with a project. I get very bored with details and endless amounts of facts. I make decisions quickly, and am often the person to offer a lot of suggestions to people.

O

N

A

I need to know every angle of a story before making a decision. I don't like abstract theories. I am very organized in my work.



## Detail-Oriented Person



## Feeler

When I'm working with someone, I sometimes excuse their behavior for what they've been through in life, what their family is like, how they are feeling. I am able to sense when people are upset or depressed—happy or joyous.

L

S

T

Y

I make decisions based on facts, putting my own and other people's feelings or emotions aside. I'll go against my gut feelings, even if it doesn't feel right when I know the logic behind something is true.



## Thinker



## Present Oriented

I am spontaneous and don't need to follow a specific plan. I'm good with long projects without a definite ending. I don't do deadlines—they get me too stressed!!! Tell me what to do today or tomorrow, I can't handle thinking a month in advance!

L

E

S

I need a plan before I start a project. I have to know there will be an ending, and that I am working for a goal. I'm not too adaptive when it comes to change. If I'm at a meeting, I need to have an agenda.



## Future Oriented

# Learning Styles

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## GOALS:

- § To introduce mentors to the different styles of learning information, skills, new things, etc...
- § To develop a basic awareness of their own learning style
- § To develop an understanding that their style may be different from a mentee's- and how those styles come into play when forming relationships.

## Learning Style Quiz... (30 minutes)

### Materials:

Handout: Learning Style Quiz

Handouts (3): Audio, Visual, Kinesthetic Learners

### Activity:

- § In this activity, participants are going to have the opportunity to identify their own learning style, some for the first time.
- § People are generally aware if they like to learn from listening or watching; doing or reading. Most everyone has a preference of putting a new "toy" together- do they read the instructions thoroughly before beginning, just look at the pictures, or just go at it with your own intuition?
- § This exercise will help people identify how they learn best.
- § Distribute: Learning Style Quiz
- § Ask the participants to take 10 minutes to go through and answer the 13 questions, circling A, V, or K.
- § After about 10 minutes, ask if people need more time, react accordingly.
- § When everyone is complete, ask people to count the number of A's and place that number in the space provided at the end of the quiz.
- § Do the same for V and K.
- § Distribute – Audio, Visual, and Kinesthetic Learner handouts.
- § Review each handout, making some of the statements real by adding a concrete example.
- § Explain that some people fall in between two categories, and that's ok, it just means that they are more or less comfortable in various ways- often dependent on the situation. And also- that just because you are one kind of learner, does not mean you don't learn in other ways, it is just indicative, that it may be easier to learn in your dominant learning style over another.
- § Ask all the Audios to stand up and direct them to one corner of the room.

- § Do the same for the Visuals and Kinesthetics... (but in different corners).
- § Ask the groups these questions accordingly:
- What is learning like- when someone is lecturing at you?
  - What is learning like when it involves role plays and moving around? Lab work?
  - What was learning like when you are handed a binder of orientation materials and told you had to learn it within two weeks?
  - What are tests like for you?
  - How have been the small group discussions for you so far over the past few days?
  - What do you do when you get a new gadget that comes with instructions to put it together?
  - How would you give someone instruction to get to your house?
  - How would you teach someone to give a bed bath?

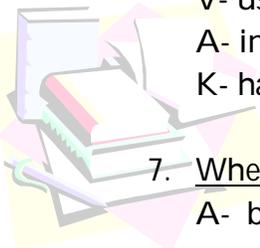
It is important to keep in mind that the best way you learn is not the best way your mentee is going to learn. Differences in learning styles may be a point of frustration, aggravation, or just miscommunication. It's important to keep this in mind!

# What's Your Style?

## Of Learning, that is...

Here are some questions to help you identify your favorite style of learning. Your answers will reflect you as an individual. For each question just circle the letter (A,V, or K) next to the statement that best describes how you would respond to these situations..

1. When you are about to cook a meal for the first time, do you:  
V – Look through cookbooks- drawn to the recipes that have pictures?  
A – Call family or friends and ask for advice or their recipes?  
K – Remember what you saw on the cooking show last night- and just dive in?
2. What do you remember most about movies you have seen?  
V – the setting, the scenery and costumes  
A – the music, sound effects and what the actors said  
K- the way the movie made you feel
3. In terms of conversations and talking, what is most characteristic of you:  
A- enjoy listening to the other people; asking a lot of questions?  
K- gesture and use expressive movements- talk with your hands?  
V- talk only when you need to, but dislike listening too long.
4. If you have some spare time, would you rather:  
K – play a sport or do something physical?  
V- watch t.v., go to the movies, go to a play?  
A- listen to music, radio or read?
5. Which statement below, best describes your memory:  
V- I forget names, but remember faces...  
A- I forget faces, but remember names...  
K- I forget faces and names, but remember what I did.
6. If you are learning about something new, do you prefer the instructor to:  
V- use lots of overheads, have lots of handouts, and use a book?  
A- interact with you- asking questions, seeking your opinion?  
K- have lots of hands-on demonstrations, role plays and practice
7. When you are trying to concentrate, do you:  
A- become distracted by sounds and noises



- K- become distracted by playing with a pen, something you are wearing, or other object near you?  
V – become distracted by untidiness or movement?
8. If you are at a meeting or group discussion, do you:  
V- take notes to remember what is being said?  
A- enjoy discussing issues and are always thinking of things to say?  
K-Like to doodle while others are talking?
9. Do you determine someone’s mood by:  
V – looking at their facial expressions?  
K- watching their body movements?  
A – Listening to the tone in their voice?
10. When you go shopping in the supermarket, are you most likely to:  
V- bring a list and follow it closely?  
K- walk up and down the aisles- figuring out what you need as you go?  
A – repeat the list you memorized over and over until you have everything you can remember?
11. If you are driving to your new doctor’s office in the next town, how do you plan out the trip:  
A- Ask the receptionist to give you verbal directions; stop at gas stations?  
V- Buy a map! Or check out Map Quest before you go  
K- Figure it out as you go, you’re pretty good at getting around
12. If you bought something that has to be assembled (e.g. a bike), do you:  
V- Find the directions before getting the other pieces out of the box; follow the instructions and look at the pictures?  
A- ask other people questions about the project- get someone else involved and ask them to tell you what to do while your doing it?  
K- dive right in and start putting things together, ignoring the instructions?
13. When you are learning, which do you like best?  
V- seeing demonstrations, diagrams, videos and posters?  
A- listening to verbal instructions or lectures?  
K- role plays and acting out new skills/ lab work/ field trips?

Now count up the number of V’s you have and put the number here: \_\_\_\_\_

Now count up the number of A’s you have and put the number here: \_\_\_\_\_

Now count up the number of K’s you have and put the number here: \_\_\_\_\_

# EFFECTIVE COMMUNICATION

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Peanut Butter Game...

(25 minutes)

Materials:

- Loaf of bread
- knife
- jar of peanut butter
- jelly
- napkins- Lots of them- hand wipes are useful as well
- Rubber gloves

## GOALS

- To develop participant understanding about how important it is to be specific when communicating information.
- To develop participant understanding about how frustrating it can be when false assumptions are made.
- To develop participant understanding about how important it is to ask questions when information is not clear.

## ACTIVITY INSTRUCTIONS

- § Ask the class to tell you, the facilitator, how to make a peanut butter and jelly sandwich. Exaggeratedly explain that you have never ever made a sandwich of this nature and you are dying to try one- since everyone has told you they are quite yummy and easy to make!
- § Ask the participants to give only one instruction at a time and inform the class you are not going to give up- no matter what happens!
- § The facilitator must follow the directions exactly and literally, usually resulting in doing it all wrong until the class provides clearer instructions. Also, attempt not to “clarify” or “paraphrase” or ask questions to personally get the instructions clearer. (For example, a trainee tells the instructor to get out two pieces of bread; the instructor would rip open the loaf of bread rather than untie the bag.)
- § Take the exercise to the end, including cleaning up after the sandwich is made (if time allows).
- § Ask the group, Has anyone been in a situation like this? Where misunderstandings happen when there is poor communication? What is the goal of communication? (*To be understood.*) When was the goal of this exercise reached? (*When the instructions became specific enough for the sandwich to be made.*) How long did that take? What do you do if the information is not clear? (*Ask questions.*) How can you communicate to another person what you heard them say? (*Paraphrase.*) Would this exercise have been easier if the facilitator had paraphrased or asked questions?

## “Back to Back” Communication Game (45 minutes)

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### Materials:

- Blank paper and
- Pencils for all participants
- Copies of geometric designs (attached) – enough for each pair in the group to have one,
- Marker

### Goal

- § To demonstrate the importance of verbal (as opposed to non-verbal) communication and to identify essential verbal communication skills.

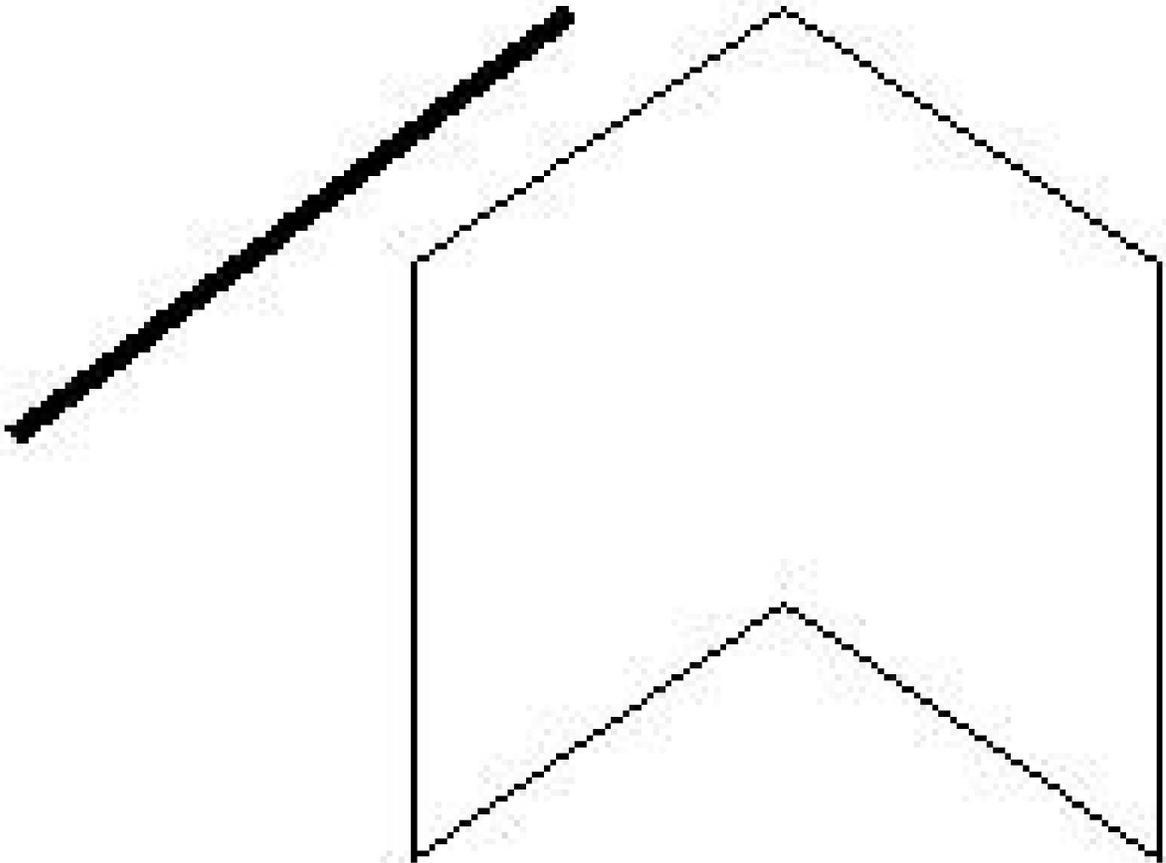
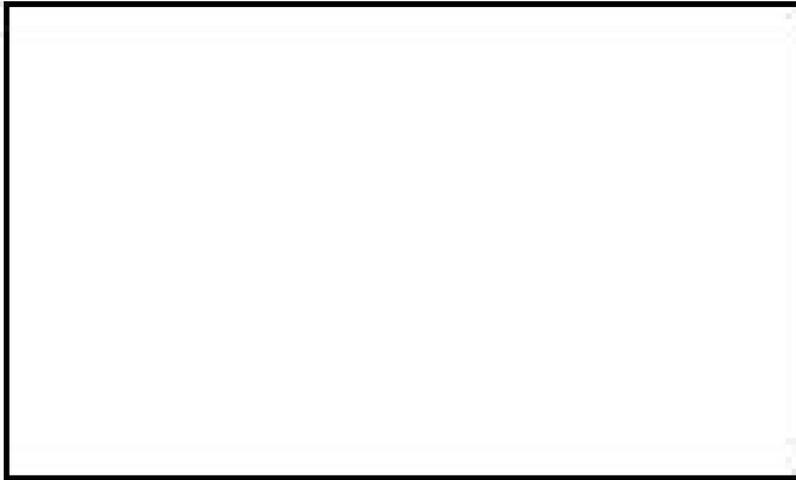
### Activity Instructions

- Explain that this activity focuses exclusively on verbal communication – an important part of active listening and a necessary skill for mentoring.
- Divide the group into pairs. Pairs must be well spaced throughout the room. Have them sit back to back, so that neither partner can see any part of the other. Tell them to decide who will be the main *Speaker*, and who will be the main *Listener*. Ask the *Speakers* to raise their hands.
- Explain that you are about to give each *Speaker* a piece of paper with a top secret drawing on it and that they are NOT to remark out loud about it or show it to their partners or to anyone else.
- Pass out a geometric design to the *Speaker* in each pair. If possible, do not give the same design to more than one *Speaker*. If you must use the same design with more than one pair, make sure pairs using the same design are far away from each other.
- Hand out pencils and blank paper to the *Listeners*.
- Explain that the task is for each pair to work together as a team to recreate the *Speaker*'s drawing on the *Listener*'s blank sheet of paper. The *Speaker* is to give instructions to the *Listener* and the *Listener* is to draw.
- Explain that the *Listener* is allowed to talk and can ask any questions s/he needs in order to duplicate as perfectly as possible the *Speaker*'s drawing. Partners can talk as much as they want; in fact, they are encouraged to verbally communicate with each other as they try to complete their task.
- Emphasize the rules of this activity: Partners must remain seated in back to back position, *Listeners* may not peek at the *Speakers*' drawings and *Speakers* may not peek at the *Listeners*' drawings. No exceptions!
- Explain that they will have about ten minutes to complete their duplicate drawings.

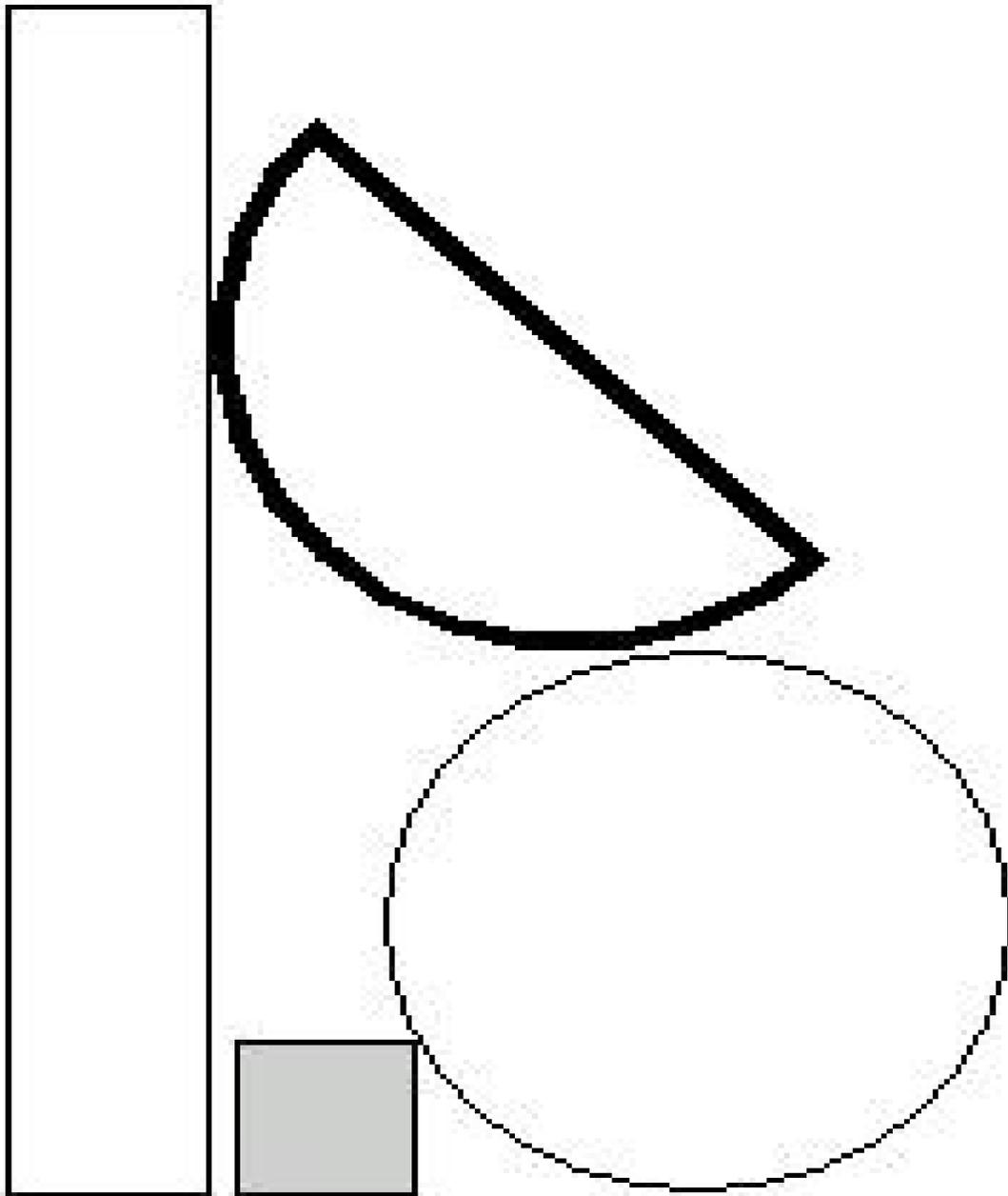
- Tell them that if they finish their drawing before the ten minutes is up, they are NOT to look at each other's drawings. Instead, they should check in verbally with each other (still in back to back position) to make sure each partner is satisfied that s/he has done the best possible job. Speakers should feel satisfied that they have given effective, fool-proof instructions to their Listeners and that the Listeners have understood and implemented them. Listeners should feel satisfied that they have understood their Speakers' instructions and that their drawings are exact duplicates of their Speakers' drawings.
- Facilitators circulate throughout the room once the activity begins, strictly enforcing the "no peeking" rules and going over the game instructions should any confusion arise. Also, be in an observing role while circling- what is happening between the pairs (tone, emotions, volume)...
- As pairs finish their drawings, remind them to check in with each other about how satisfied they are with their work. If one or both partners feel less than fully satisfied about how they have completed the task, ask them both to keep working until both are satisfied that they have done the best job they can.
- When every pair in the group has finished their drawings and completed their check-ins (be flexible about the 10-minute time limit), ask partners to turn around and show each other their two drawings. Allow a minute or two for partners to react and respond to each other.
- Ask pairs to rearrange their chairs so that everyone can see each other. Partners should be sitting next to each other.
- Remind the group that this game is not a contest, with winners and losers. It is an exercise that helps us learn verbal communication skills. We can all learn from each other by sharing the processes we used to create the "duplicate" drawings, whether or not the duplicates bear any resemblance to the originals.
- Ask each pair, one at a time, to come forward and show the group their two drawings. Ask them to report on the process they used – what worked well and what didn't. Make sure both partners get a chance to speak. If either partner gets into blaming the other, gently interrupt and paraphrase the feelings that led the partner to blame the other (e.g., "So it was frustrating to you that you didn't feel you were getting enough information."). Do not collude in blaming.
- As each pair reports, reflect back to the group the main points made, highlighting what worked and what didn't work in terms of verbal communication. As above, do not place blame on any individuals or pairs for "unsuccessful" completion of the task. Likewise, do not heap praise

- on pairs whose drawings are good matches. Reiterate the difficulty of strictly verbal communication and remind the group that most of us are not well trained in it. We can become much better at it through practice.
- Ask participants in what aspects of their jobs verbal communication is especially important. Lead them in a brief discussion of phone conversations (with aides or clients) and some of the difficulty/confusion they may have encountered.
  - Remind the group that good skills in verbal as well as nonverbal communication are required for Active Listening, and that Active Listening is the core skill in being a good mentor.
  - Explain (Reinforce?) that Active Listening is challenging for most people because we have ingrained habits that get in the way of paying full attention.
  - Tell participants that the next two sessions in this seminar will offer additional tools for active listening and as well as ways to move past habits that keep us from listening with full attention.

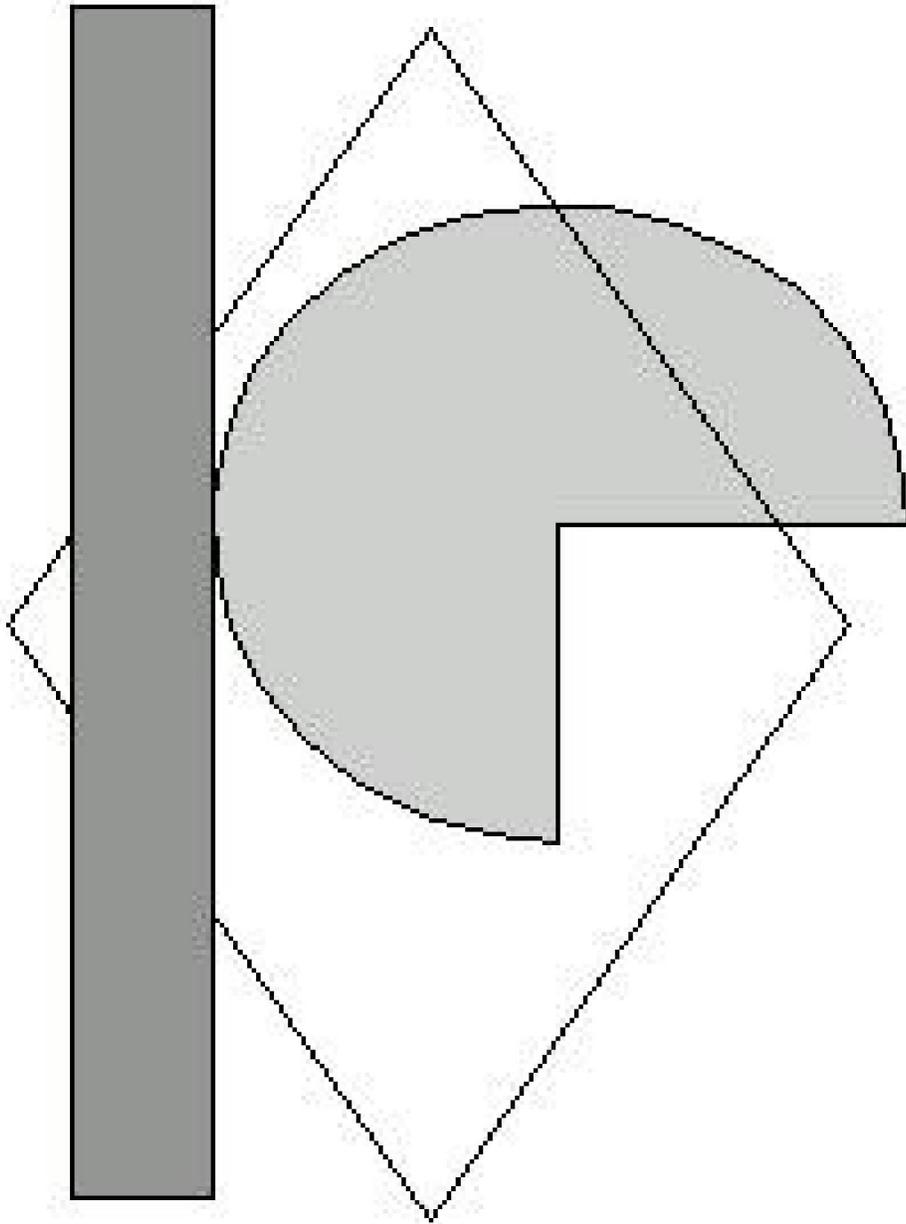
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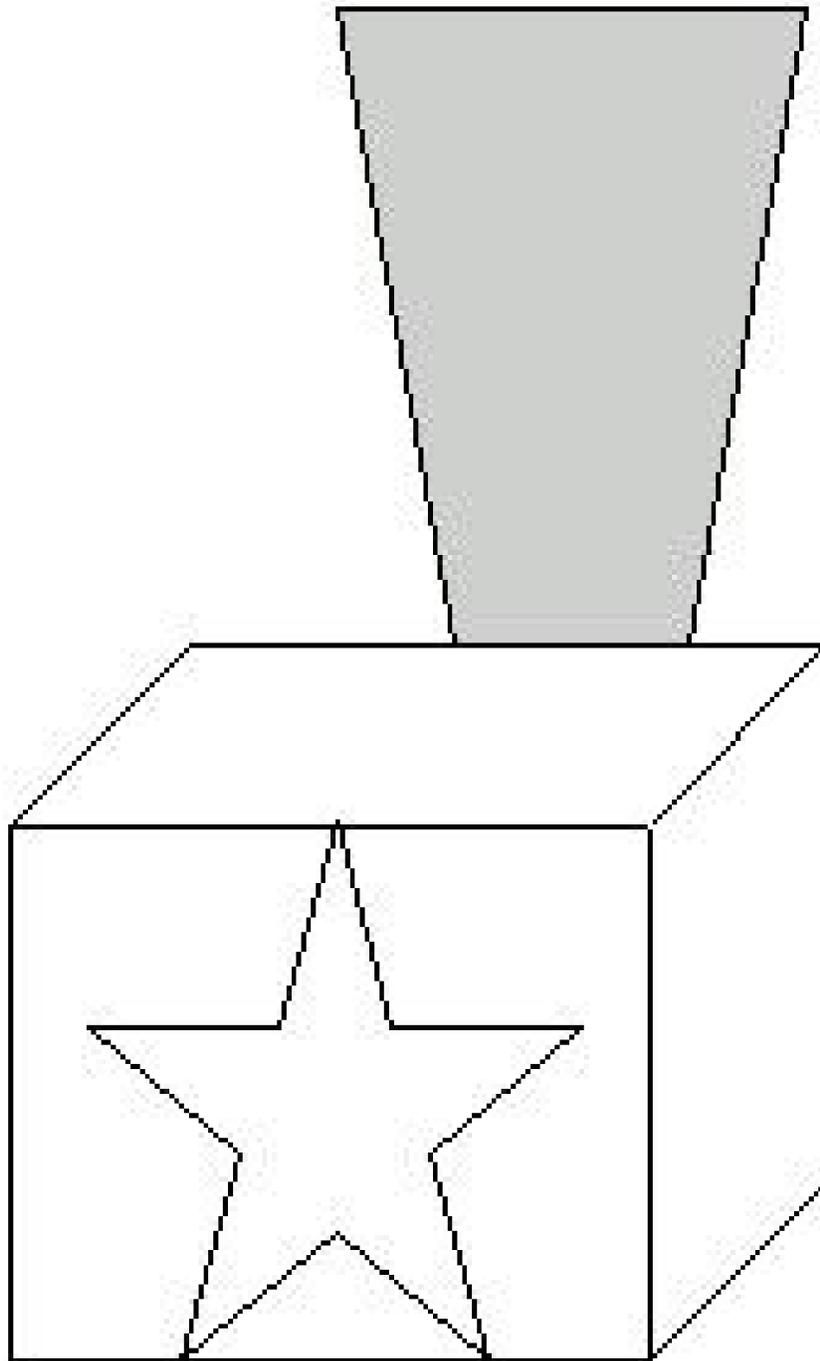
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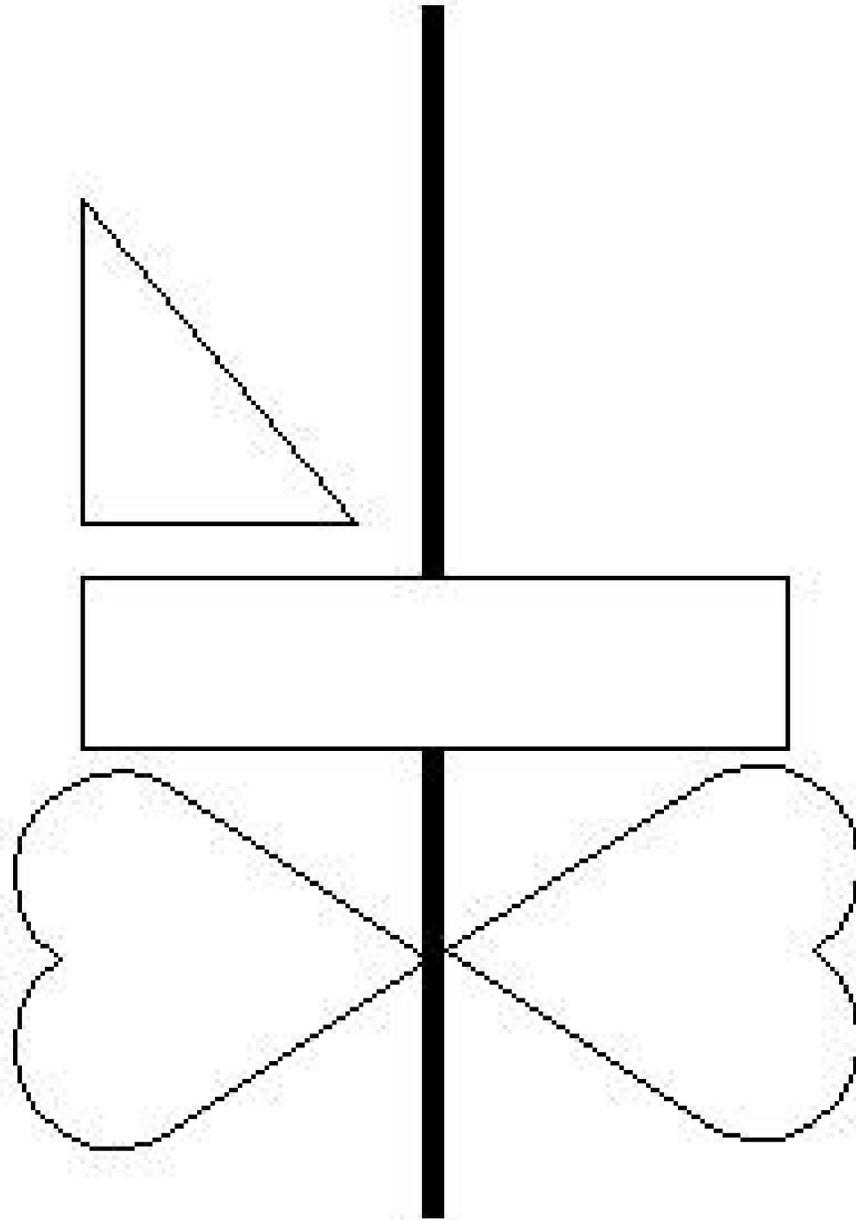
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PARAPROFESSIONAL HEALTHCARE INSTITUTE

For the:

Center for Nursing and Rehabilitation

Dementia Grant

# CNA Peer Mentor Training and Leadership Development

## AVOIDING RELATIONSHIP DERAILEMENTS AND SELF MANAGING (SESSION IV)

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- § Listening Skills Practice... *Continued from Effective Communication (Session III)*  
Verbal and Non-Verbal
- § Listening Blocks and Pull Back Strategies
- § Paraphrasing as a tool to Listening Effectively
- § Confidentiality and Passing Important Information Along

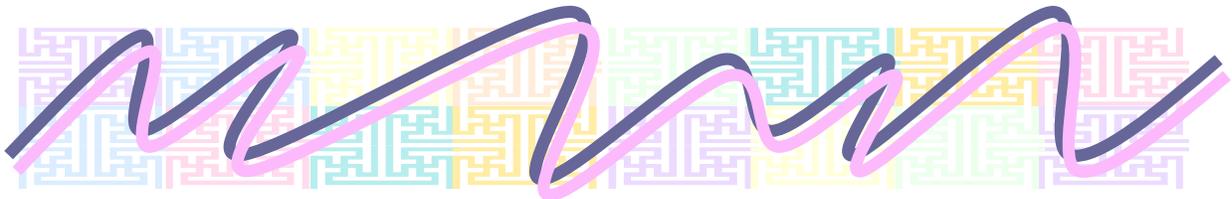


A decorative background featuring a colorful maze pattern in shades of purple, blue, green, yellow, and orange. The text is centered over this pattern.

Center for Nursing and Rehabilitation  
Dementia Grant  
**CNA LEADERSHIP TRAINING**

### **Day Three Agenda**

- Welcome Back
- Listening Skills Practice
- Listening Blocks and Pull Back Strategies
- Paraphrasing as a tool to listen effectively
- Confidentiality and passing information along



# Listening Skills Practice

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## Listening/Not Listening

Materials:  
Newsprint  
Markers

### OVERVIEW

Effective listening is an essential skill for a caregiver. Unfortunately, effective listening is rarely taught. Therefore, we are generally not very good listeners and we are not used to being listened to well. Following is an exercise that demonstrates the effect of non-verbal communication. Participants will experience the difference between good and poor listening skills through non-verbal communication and review the skills necessary to be an active and effective listener.

### ACTIVITY INSTRUCTIONS

- To demonstrate non-verbal poor listening, one facilitator tells another facilitator about something that is going on in her life—something that is very important to her. This can be something positive, or something that she is struggling with.
- The facilitator who is listening should exaggerate non-verbal poor listening skills by becoming increasingly distracted. For example, she could keep looking at her watch, looking away, getting fidgety, etc.
- Debrief the non-verbal communication demonstrated by the listener.
  - ± How could you tell that she was not listening?
  - ± Ask the facilitator who was sharing how it felt for her to not be listened to.
  - ± Ask the non-listening facilitator if she could remember anything the speaker told her. Emphasize here how little information the non-listener was taking in.
- Repeat the same role-play, only this time the listening facilitator should focus on her non-verbal active listening skills.
- Debrief the non-verbal communication demonstrated by the listener.
  - ± How could you tell that she was listening?
  - ± Ask the facilitator who was sharing how it felt for her to be listened to.
  - ± Ask the listening facilitator if she could retell the speaker's story.
- Ask the participants to pair up and role-play non-verbal poor listening skills. One partner is the speaker, the other the listener. Ask the speakers to share something important to them. Give them a minute to decide what to share. Ask the listeners to *really* exaggerate their non-verbal non-listening.
- Role-play for two minutes. The speaker should share for the full two minutes.
- Debrief with the participants. Ask the speakers what it was like for them. How did it make them feel to not be listened to? Do any of the non-listeners remember what they were told?
- Repeat the exercise, this time asking the listener to use effective non-verbal active listening skills and to pay careful attention.

- Debrief, and give people an opportunity to talk about how this felt, and how it was different.
- Ask the pairs to switch roles and repeat both the ineffective and effective non-verbal listening skills. Debrief after each one, allowing people to share their experiences.

## The Intention of Listening

Materials:

Handout: "What is Real Listening?"

Activity:

- § This component is to segue-way into the skill and tool: effective listening.
- § Distribute: "What is Real Listening?"
- § Begin by asking the group- "who in their lifetime has really listened?"
- § Recognize that they would not be here today if they did not know how to listen, and recognize that everyone has learned to listen in different ways.
- § The goal of the afternoon's activities is to improve on those skills, find out why people listen to each other, and find out why listening is a key to building intimacy and ultimately trust in a relationship. A good listener increases intimacy.



## REAL Listening

Based on the INTENTION to do one of four things:

- § Understand person
- § Enjoy person
- § Learn Something
- § Give Help or Solace (Empathy/Sympathy)

## Blocks to Listening (45 minutes)

Handouts: Blocks to listening- descriptions  
Blocks to listening- Visuals

### GOAL

- § To help participants understand these blocks and to become aware of which blocks most often keep them from listening with full attention.

### ACTIVITY:

- § Explain: Many distractions keep us from listening as effectively as we can. Our immediate emotional response is a major one; other, often unconscious distractions also act as blocks to our ability to listen well.
- § Pass out the handout "Blocks to Listening." Read aloud, the opening paragraph to the handout about pseudo listening. Review each statement- stating that you yourself "practice" it at some points in time. Ask the participants if any of the reasons for pseudo listening, can be applied to them. Again, as the facilitator, identify with the statements giving examples when possible.
- § Ask for examples additional examples of pseudo listening

### ALTERNATIVE ACTIVITY:

- § Explain: Many distractions keep us from listening as effectively as we can. Our immediate emotional response is a major one; other, often unconscious distractions also act as blocks to our ability to listen well.
- § Pass out the handout "Blocks to Listening."
- § Read aloud the first paragraph of the handout that begins "Listening is the most fundamental and most important communication skill. ."
- § Explain the meaning of *pseudo* if you think it's necessary. Stop after reading the first item on the list.
- § Acknowledge that this statement has been true of yourself at times. You may give a brief example or, if another instructor is present, ask her if the statement is true of her, too. She should confirm that indeed it is.
- § At this point you can decide to "act out" or role play the scenario using the visual Blocks to Listening Handout. The Solid balloons indicate actual speech, while the clouds are the "listener's" inner thoughts. To play this out, explain to the participants that the "listener" will hold their hands over their head when it is an "inner thought."

# BLOCKS TO LISTENING

Everyone does pseudo listening at times. The problems arise when it is important to do real listening, or when you do pseudo listening most of the time. A lot of the time we act like we're listening, but we aren't doing real listening, we are doing *pseudo listening*. You look like you're listening, but your intention is to satisfy some other need, like:

1. Making people think you're interested so they'll like you.
2. Being alert to see if you may be rejected.
3. Listening for one piece of information and ignoring everything else.
4. Buying time while you prepare your next comment.
5. Half-listening so someone will listen to you.
6. Listening to find someone's weak points or to take advantage, or to make sure you are right.
7. Half-listening because you don't know how to get away without offending the person.

Others? \_\_\_\_\_

You can become more aware of doing pseudo listening when you notice the listening blocks you use. Being aware of them makes it possible not to use them, or to use them less.

Ten of the common blocks to listening are:

## 1. Mind Reading

Rather than paying attention to what the person is actually saying, you're trying to figure out what they are *really* thinking or feeling. Mind readers make assumptions about what people mean and how people react to them, usually based on body language and other non-verbal cues.

*Examples:*

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## 2. Comparing

When you compare you have a hard time listening because you're trying to see who is smarter, more caring, more competent – you or the person speaking. You can't let much in because you're trying to see if you measure up.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Rehearsing

You can't really listen because you're practicing what you're going to say next. You may look like you're listening, but your mind is going a mile a minute because you've got a story to tell or a point to make.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. Filtering

When you filter, you listen to some things and not to others. You pay attention enough only to hear what you feel you need to hear, then your mind wanders. Or you may filter to avoid hearing certain things – negative, critical or unpleasant. It's as if the words were never said.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Judging

When you judge you dismiss someone based on who they are or what they say. Then you aren't really listening, but are having a "knee jerk" reaction.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Dreaming

You are half listening, and suddenly what the person says triggers a chain of private thoughts. Then you are gone, and don't hear what the person says. You are prone to dreaming when you feel bored or anxious.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7. Identifying

What the person says reminds you of your own experience, so now you're not listening to them, you're thinking about what happened to you. Often you're just waiting for them to finish so you can tell your own story.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 8. Advising

Before someone has really got to what's troubling them, you are jumping in with suggestions about solving the problem. You are thinking about what to do as they are talking.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 9. Sparring

When you spar, you are quick to disagree – often listening only for points to argue with. This tends to happen when you have strong opinions on a subject. One sub-type of sparring is the *put-down*, using sarcastic remarks to dismiss the other person's point of view. Another is *discounting* – to run yourself down when you get a compliment.

*Examples:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 10. Placating

When you placate, you are nice, pleasant, supportive, but you're not really listening. You will generally agree with what's being said, without really taking it in. In this mode you may also be patronizing. It is a listening block often used with children and older people.

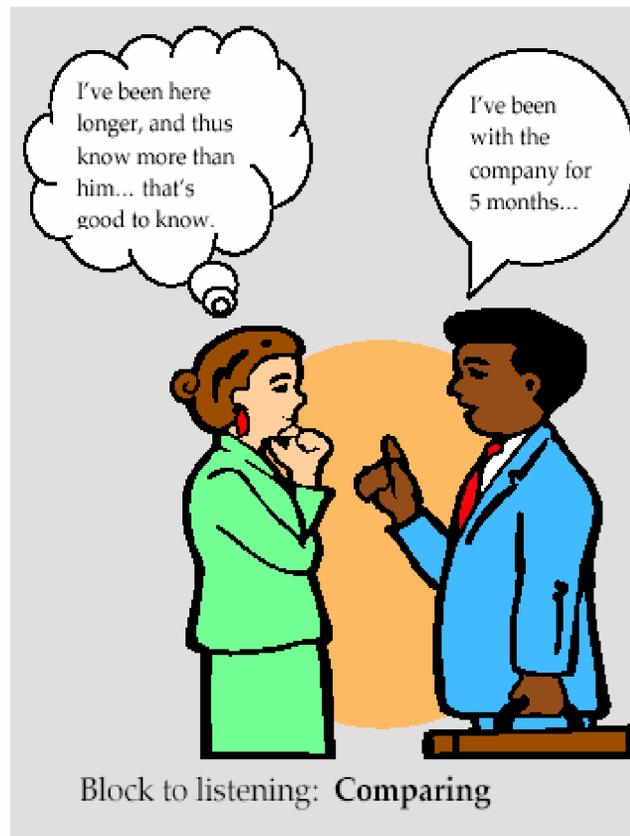
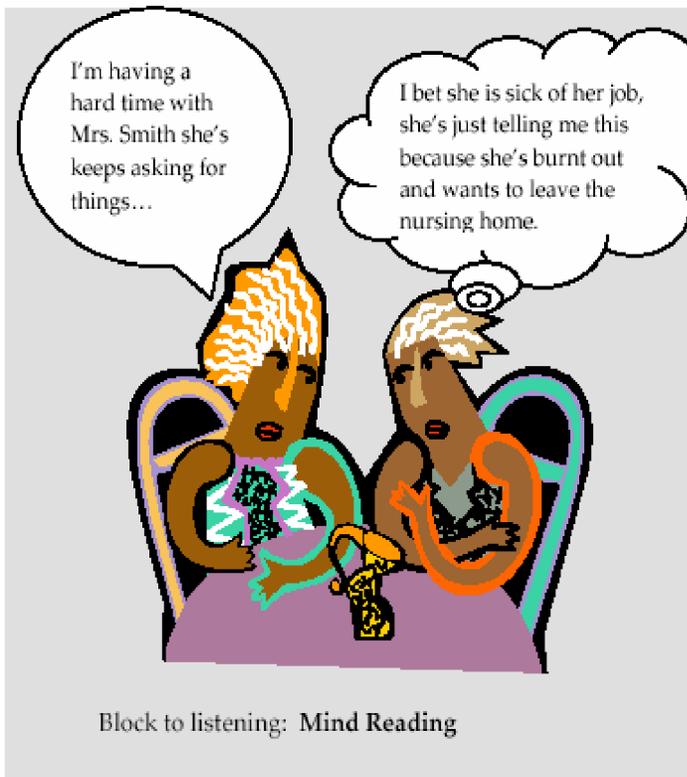
*Examples:* \_\_\_\_\_  
\_\_\_\_\_

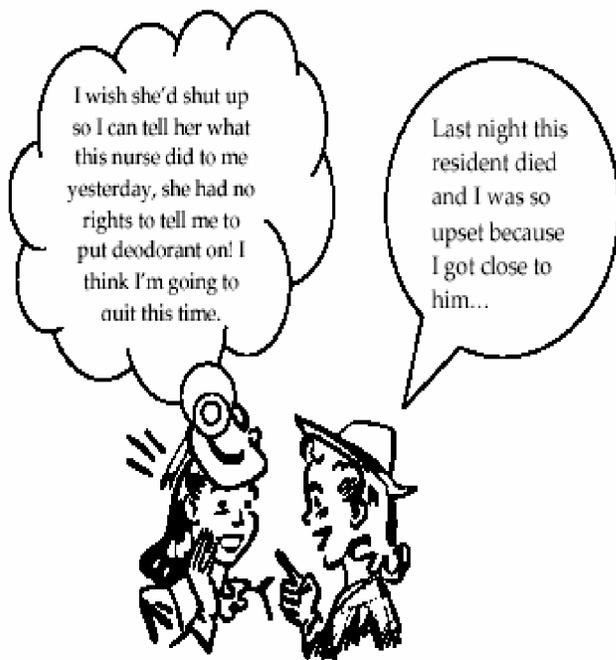
What are your most common listening blocks?

1. \_\_\_\_\_

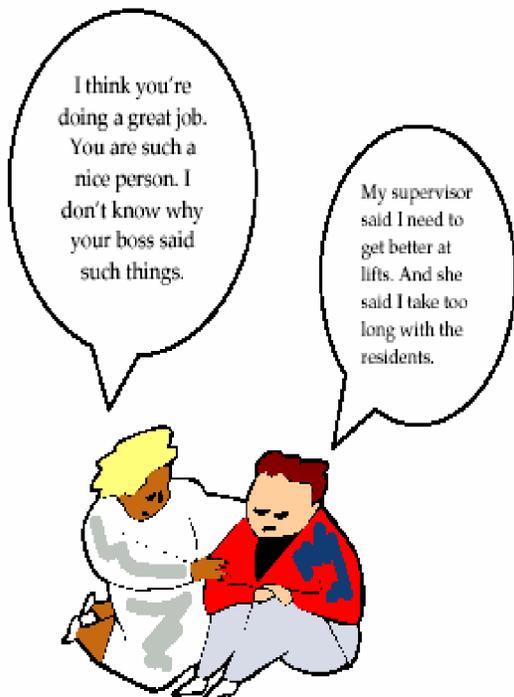
2. \_\_\_\_\_

3. \_\_\_\_\_

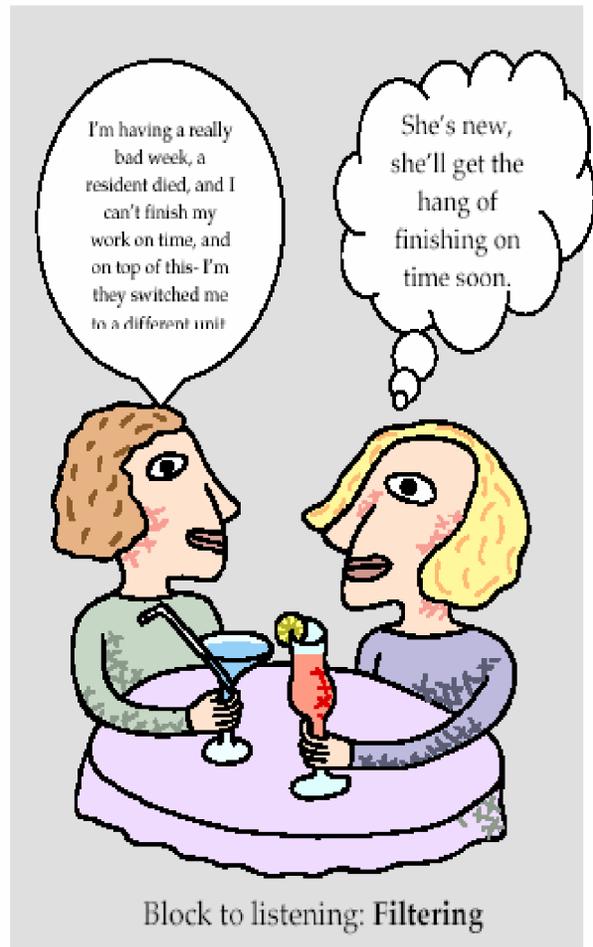




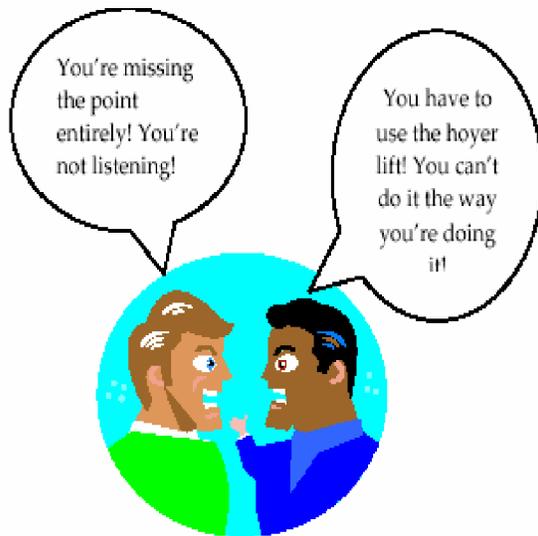
Block to listening: **Rehearsing**



Block to listening: **Placating**



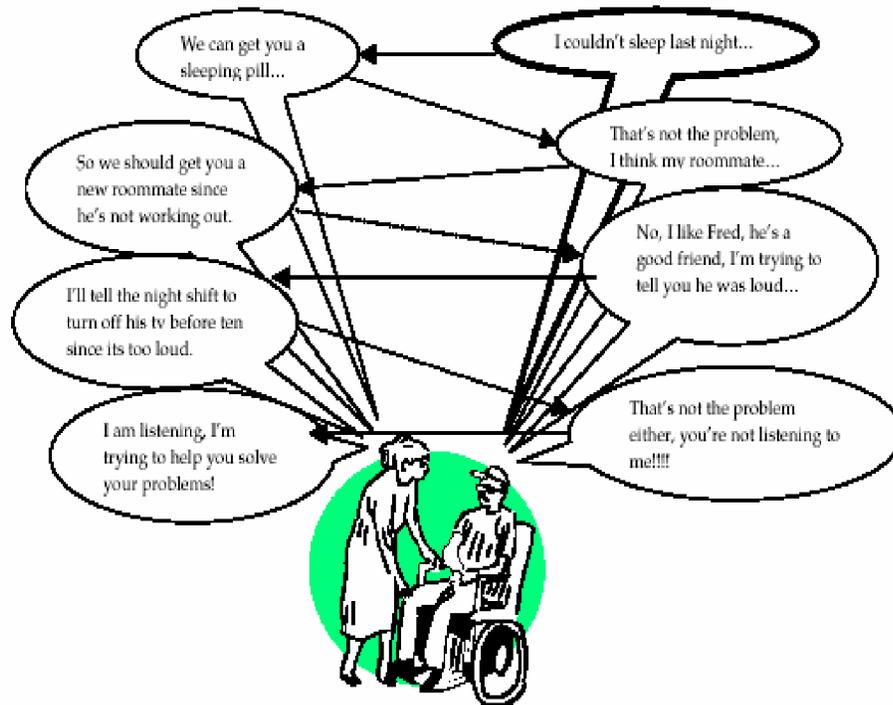
Block to listening: **Filtering**



Block to listening: **Sparring**



Block to listening: **Identifying**



Block to listening: **Advising**



Vacation time... She said vacation! I think I should go to Bali or maybe Jamaica, me in a bikini on a beach, with and the wind in my hair... ahhh!

Block to listening: **Dreaming**

# Paraphrase Overview

---

Paraphrase: The ability to listen actively and ask open questions.

Paraphrase is an effective communication skill that focuses on the importance of active listening and clarifying and gathering information. The goal of Paraphrase is to develop the participants' skills in getting the best information possible before taking action. Paraphrasing is broken down into three steps: non-verbal listening techniques; restating information to ensure that you have heard the person correctly; and asking questions to gather additional information. Many people tend to move straight into problem solving without confirming the accuracy of the information given to them or gathering sufficient information. Active listening and paraphrasing are essential before effective problem solving can take place.

## Practice Paraphrase

Materials:

Handout: Paraphrase Lead In's

*Facilitator Handout: Paraphrase Exercises*

### GOAL

- § Participants will become aware of the technique of paraphrasing and understand its usage;
- § Participants will begin to develop the skill of paraphrase.

### ACTIVITY INSTRUCTIONS

- Review the above information about paraphrasing. Review the definition of paraphrase (The ability to listen actively and ask open questions). Write this and the steps of paraphrasing on a flip chart. (repeat, summarize, clarify to understand).
- Ask the participants to brainstorm possible lead-in phrases to paraphrasing. For example: "Did you say ...?" or "I heard you say ..." or "What I am hearing is ..." Write these possible lead-in phrases on newsprint and hang the newsprint where everyone can see it.
- Distribute: "Paraphrase Lead Ins..."
- To demonstrate paraphrasing, one facilitator tells a story and pauses occasionally so that another facilitator can paraphrase the story. The facilitator who is paraphrasing should use lead-in phrases off the newsprint.

- Explain to the participants that they are going to engage in a structured (somewhat awkward) paraphrase activity in their small groups. (Break groups in 4-5 with a facilitator in each.)
- Explain that all they will be asked to do is paraphrase the statement that will be given to them.
- Break the participants into groups and use the “Paraphrase Exercises” asking for a volunteer to go first.
- Go around the group making sure that each participant has had a chance to participate.
- If someone gets stuck, have them to refer back to the paraphrase lead in’s handout.
- Review and flipchart the Paraphrase Goals and Paraphrase Skills below to close the activity.

### Paraphrase Goals

- To understand the importance of listening fully.
- To be clear about what is being communicated.
- To ask questions, when necessary, to gain a complete understanding of facts and feelings.

### Paraphrase Skills

- To listen in a focused way using non-verbal skills.
- To rephrase what the person has said to insure that you clearly understand the facts.
- To acknowledge that you have heard and accept the other person's perspective and feelings.

## Lead-Ins for Paraphrasing...

Did I hear you say...

Did you say...

So, I think you said...

OK, SO what I heard you say is...

So I understand you said...

Am I hearing you correctly that...

Are you saying that...

Am I hearing you clearly that...

I believe that you are saying...

So, you're saying...

OK, Let me see if I got what you said...

## Paraphrase Exercises/ Role Plays

1. "I only have 3 residents today, it hasn't been hard at all."
2. "I really don't get along with all the residents, maybe this isn't the job for me."
3. "The smell here is unbearable, I don't think I can take it any longer!"
4. "The nurses are such snobs, why do they have to nit-pick everything I do!"
5. "I gave a bed bath to the man in 318- it was weird because he looked exactly like my father."
6. "It's been a very hard week, I don't think I'm cut out for this overnight work."
7. "The residents look so bored, I wish there was something more I could do for them."
8. "The orientation was ok- but I don't think I can remember everything!"
9. "I like my job, it's exciting meeting so many people."
10. "The last woman I took care of didn't like me at all, she just kept swearing and swatting at me as if I were a fly!"
11. "My kid is home sick today and my mind just ain't in it. I hope the residents go easy on me!"
12. "Life just isn't easy, you know?"
13. "I just got assigned to the dementia floor, I 'm a little nervous because I've heard such stories about the CNA's up there."
14. "Sometimes its hard to keep your head on straight around here."

15. "I like the residents a lot, but some of them gotta lose weight. I can't lift them!"
16. "My resident has so many friends on the floor, family members are always coming to visit, SO- I figure out why she keeps bugging me to do extra things for her."
17. "All day long I'm working, and working and working. I don't get a break- I have 10 residents to feed, 4 need showers today, and one has to get ready to go to a wedding tonight, I don't know how I'm going to finish it all before 3!"
18. "The floor I'm working on is ok, not too many residents with serious problems. I'm a little worried about one of them though he looks like he has AIDS or something."
19. "I think I'm doing ok. Nobody is telling me I'm not doing a good job. It's weird not knowing who your supervisor is, each day there's a different nurse in charge."
20. "This one woman is really sweet to me, she said she wouldn't tell the nurse that I accidentally bruised her arm in the shower."
21. The mentee sounds upset. She states: "It feels pointless. I have to be there at the crack of dawn and the residents don't even want to get up until noon."
22. "I'm going to my meetings, going to my stupid job, taking care of my kids, putting up with my a\*hole boyfriend. What else am I supposed to do?"
23. "I just got something attached to my paycheck about a test I have to take- some sort of TB or something. I hate needles! I hope they don't try and stick with me with something!"
24. "I'm not sure what to do with the one resident I was assigned to, she always needs to be suctioned and I know how to do it, but they said I wasn't supposed to do it. I feel so sorry for Mrs. Smith, she's always choking on it."

25. "I had a great week! One of the other older CNA's finally asked me who I was, and where I lived- and then she even invited me to sit with her and a couple other CNAs at her table for lunch."
26. The people at the home are pretty cold, you know? I mean no one has said anything except- the linen closet is over there, and here are the resident's you have to "do" today. The nurses have their noses buried in the charts- nobody just chats like in my old job."
27. "I think I did ok today. I did *most* of the residents on my list."
28. "The training was hard with all those medical terms and all, I don't think I'll ever remember the difference between DM and BM! I'm just going to go about the nursing home as if no one was sick and do my job, clean 'em and feed 'em!"
29. "The nurse in charge is mean to me. She keeps giving me the hardest residents and I can't handle the ones who are constantly groping at me. She doesn't understand that an attractive woman like myself can't be caring for the young men, she should be the one to do it."
30. "The nursing supervisor was in the room when I was giving Mr. Jones a bed bath. I think I did ok, she didn't say anything- she just stood there and talked to him about me and how I was doing my job. It was nerve-wrecking if you know what I mean."

# PULL BACK

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## Overview

Pull Back is also an important skill for effective communication and problem solving. It is, in fact, the first step in the problem-solving process.

The goal of Pull Back is to provide participants with the tools they need to think clearly before responding to a situation. This module teaches participants how to rise above their initial emotional reactions (fear, anger, and frustration) in order to address a situation objectively and professionally. This will help them to build healthy work relationships with clients, supervisors, and co-workers. The concept and language of Pull Back also provide an effective shortcut to asking, "Did you respond appropriately?"

The steps taught during the Pull Back session are pausing and taking a deep breath, observing the situation, and focusing your attention on the problem you are facing before responding. The goal is for participants to respond thoughtfully to a situation rather than simply reacting. It is important to spend more time on practicing the skills of Pull Back than on the conceptual issues.

## Self-Assessment: Did I Pull Back?

### Materials:

- Newsprint
- Markers
- Handout: "Pull Back Handout"
- "When we are emotionally triggered..."
- "When we don't pull back..."

### Goal

- Pulling back is that deep breath you take before responding or reacting.
- Pulling back often leads to a positive outcome, while losing control of emotions often leads to a negative outcome.
- We can all pull back and have done so in the past. Our goal is to strengthen the skill of pulling back.
- Pulling back includes verbal and non-verbal communication.

### Activity Instructions

- Review what pull back means- Flip chart the definition above.
- Ask the participants to brainstorm different strategies for pulling back (counting, taking deep breaths, saying a prayer, saying your personal affirmation). Write only the most effective strategies on newsprint.
- Distribute all three handouts. (PULL BACK handout, When we are emotionally triggered, and When we don't pull back)
- Ask the participants why they think pulling back may be important. Give them a few examples of the types of situations in work as a caregiver that can lead to emotionally charged interactions: for example, being accused of stealing, finding out your paycheck is wrong, being treated rudely. This creates the context for why pull back skills are important.
- Acknowledge that everyone has pulled back in difficult situations and probably has a pull back strategy. Our goal is to bring that strategy to awareness and strengthen it if necessary.
- To demonstrate pulling back, a facilitator describes a *work* situation in which she *did not* pull back and there was a bad outcome.
- The facilitator shares with the participants:
  - ± What she was thinking and feeling in the situation.
  - ± Whether her behavior got her what she wanted.
  - ± What she might have done differently if she had the chance.
- A facilitator now describes a work situation in which she *did* pull back, and there was a positive outcome.
- The facilitator shares with the participants:
  - ± What she was thinking and feeling in the situation.
  - ± Whether her behavior got her what she wanted.
- In groups, ask each participant to think about and share a situation (preferably work related, but personal is okay) in which they *did not* pull back and there was a bad outcome. This should be an example where the participant was very angry or frustrated. Ask the participants to clearly identify what they did that led to the bad outcome. Give the groups about 15 minutes.
- Facilitate a large group discussion focusing on the following points:
  - § What behavior led to the bad outcome? Were you in control of your emotions?
  - § What happens when strong emotions take over?
  - § How did you feel after you "lost it"?
  - § What are the implications of reacting to situations and not thinking about the consequences?

- § How would you respond differently if you could redo the situation?
- Now ask the participants to think about and share a situation (at their tables) in which they did pull back and there was a positive outcome. This should be an example where the participant was also angry or frustrated. Ask the participants to clearly identify what they did that led to the positive outcome. Give the groups about 15 minutes.
- Facilitate a large group discussion focusing on the following points:
  - § What pull back strategy did you use? Were you in control of your emotions?
  - § How did you feel after you had the positive outcome?
  - § Could this situation have led to a bad outcome if you had not pulled back?

When we are emotionally

**TRIGGERED**

*When we get heated*

*Reactive*

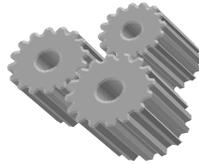
*Provoked*

Feel some kind of way.....

**Angry**

**Hurt**

**Frustrated**



**Sad**

**Hopeless**

THEN WE NEED TO

**PULL BACK**

# When we don't PULL BACK when triggered emotionally, we often:

<p>Feel justified or self righteous</p> <p>Are judgmental</p> <p>Blame the other person</p> <p>Hold onto anger, resentment, mistrust</p> <p>"Self-fulfilling prophecy" – person will act the way we expect</p> <p>Have difficulty thinking clearly</p> <p>Have difficulty in being open to believing or trusting the other person</p>	<p>Are unable to listen, with BLOCKS, like:</p> <p>Rehearsing what you will say while they are speaking</p> <p>Mind Reading, thinking you know what they really mean even if they're not saying it</p> <p>Dreaming, when your mind wanders off to private thoughts</p> <p>Advising, telling them what to do before they have really told you the problem, and thinking of what they should do as they are talking</p> <p>Sparring, being quick to disagree. Listening only for points to argue with</p> <p>Placating, agreeing with what they're saying, or telling them everything will be OK without really listening.</p>
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## Pass It On

### Activity: What and When in A Mentoring Relationship

#### GOALS

- § To clarify how and when to pass on information effectively.
- § To understand what information needs to be relayed to someone else in the home
- § To develop skills of introducing issues of confidentiality into the mentoring relationship

#### ACTIVITY INSTRUCTIONS

- Ask the participants to define what is meant by “Pass It On.” (Pass it on- means Passing information On to those who need to know it. Oftentimes it involves information you cannot keep confidential- someone else needs to be aware of it. Generally in a nursing home environment, workers have a gut- instinct to “tell the nurse” if they hear, see, sense that something is not right in order to protect the residents, themselves or others. However at times, in a mentoring relationship- passing confidential information along to someone else becomes “tricky.” A mentor has a responsibility to “report” reportable information and traditionally- that’s how it has been done. In a mentoring role however, the mentor wants to encourage the mentee to pass reportable information along- with the mentor playing the support role- trying to maintain that relationship to/with her but also “checking in” with the nurse the nurse that the mentee has reported. The important factor to teach to in this exercise is “HOW” and “WHEN” to pass along information and to identify what exactly needs to be passed along.
- Explain that as a mentor, you may find yourself in a position where the information you hear/obtain from a mentee may need to be passed on to a supervisor and/or other staff member.
- Introduce the idea that we are about to discuss three situations that a mentor may find herself in that may/may not challenge issues of confidentiality.
- Break the participants into small groups of 4-5.
- Hand out a different vignette to each group and ask the participants to discuss what may or may not be the best way to handle it- and why? (Use guide)
- Allow the groups to process the vignette for approximately 10 minutes. While the groups are participating circle the room to observe any disagreements, issues raised, and assign a reporter to report out what they have discussed.
- In large group discussion, ask if there are any disagreements to what the other groups have discussed- or are there any further thoughts. As the groups

report if an area is “Absolutely Confidential, Gray Area, or Must be Passed ON” write it on the flip chart under the appropriate heading.

- Ask the group to add other areas that may fall into these categories.

## Pass It On: Scenario One

You haven't spent much time with your mentee, Trisha, since she's been moved to a different neighborhood. That morning you bumped into her and you decided get together for lunch. Over lunch she tells you that she loves the job, but she hasn't gotten much sleep because she's been taking a lot of overtime on the 11-7 shift. You ask Trisha, "How do you do it? With 3 kids and all, it must be hard!" Trisha replies to you: "It's not that hard, you get used to it, and between you and me- a little hit now and then- can't hurt no one."

What issues are raised?

What are the policies around these at the nursing home?

Does this need to be passed on and to whom?

## Pass It On: Scenario Two

It's the second week that you've been working with your new mentor, Breyanna on the 3-11 shift. She is a young, single, black mother of 2 kids. She's pleasant and attentive to her work and gets along great with her residents. You ask Breyanna if she can help you give Pauline a shower after the shift report because Pauline likes to go to bed early. She seems a little distant, but says "sure-no problem." You say back, "Great, meet me at 3:30 in her room." Breyanna doesn't show up until about 4:00- and when she does she looks very pale. You pull her aside out of concern, and ask her if she is ok. She very sleepily says, "I'm just fine, I'm tired because I just woke up an hour ago!" As she's talking you notice that her breath smells like alcohol.

What are the issues are raised?

What are the policies around this at the nursing home?

Does this need to be passed on and to whom?

## Pass It On: Scenario Three

It's about 10:30 pm. You tell the nurse at the desk that you are going to check in with Wanda, your mentee, who is working on the 3<sup>rd</sup> floor tonight. When you get downstairs, Wanda is in the tv room watching Food Channel taking notes. Everything seems normal, the nurse looks like she is giving Mr. Jones his sleeping pill so you go and sit down with her. She tells you that she's working double shifts for the past week and is exhausted but relieved. She quietly tells you that there is a little trouble at home, and she feels safer being here. When you probe further, Wanda starts crying and tells you that her husband has starting using again and has become physically violent over the past two months. His behavior has become increasingly erratic. She says in the past two weeks, she's had to run out of the home twice because she's feared for her physical safety.

What are the issues are raised?

What are the policies around this at the nursing home?

Does this need to be passed on and to whom?

PARAPROFESSIONAL HEALTHCARE INSTITUTE

For the:

Center for Nursing and Rehabilitation  
Dementia Grant

# CNA Peer Mentor Training and Leadership Development

## ORIENTATION TO MENTORING (SESSION IV)

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- § Listening Effectively- Review of Pull Back and Paraphrase
- § Becoming a Trusted Mentor- Building Bridges Review
- § Exploring Issues that Get in the way of Trust Building
- § Maintaining Mentor/Mentee integrity with Privacy/ Conf.

## CONTENT DESCRIPTION

### I. Listening Effectively (Review)

Pull Back and Paraphrase

### II. Becoming A Trusted Mentor

- Building Bridges Review
- Exploring Issues That Get In The Way of Trust-Building
- Maintaining Mentor/Mentee Integrity With Privacy/Confidentiality Situations

### III. Techniques for Assisting With Mentee Problem

- Exploring Factors and Identifying Options for Problem-Solving
- Skills Practice (Putting It All Together: Pulling Back and Listening Actively To Help Solve Mentee Problems)

## “Reconnecting”

Small Group Review (3-4 person): Listening Effectively (Pulling Back) – CNAs separate from staff group.

Have small groups discuss the following:

Discuss situations you experienced at home or in the nursing home in which you had opportunity to use a ‘pull back’ strategy effectively over the past week.

What was the situation and which strategy (or strategies) did you find yourself using? Select one person to report out the different strategies used.

*(Post on Newsprint definition of Pull Back)*

The steps taught during the Pull Back session are:

- § Pause and take a deep breath;
- § Using positive affirmations to clear your mind;
- § Observing the situation; and
- § Focus attention on the problem you are facing before responding.

The goal is for participants to respond thoughtfully to a situation rather than simply reacting.

## Paraphrasing Review

§ Post on Newsprint definition of Paraphrasing: *Checking understanding for facts and emotions in message*. Explain that in today’s activities, we are going to ask participants to paraphrase for FACT and EMOTION, and in addition- PULL BACK from the impact of a message.

§ Review the following:

Paraphrasing is broken down into three steps:

Non-verbal listening techniques;

Restating information to ensure that you have heard the person correctly;

and

Asking questions to gather additional information.

§ Review common paraphrase ‘lead-ins’ (participant memory)

§ Ask participants to practice ‘simple’ paraphrasing (one fact) by flip charting a few statements for volunteers to paraphrase. For example:

I have two dogs and a houseful of hair!

I love to go to the movies.

The weather is great for a bike ride through the country!

## “Reading Emotions” Activity:

(Activity adapted from 104 Activities That Build... by Alanna Jones; Emotion Bench)

Actors exaggerate their emotions when they act so that the audience can easily capture the feelings they are trying to convey. Because people sometimes expect others to know how they are feeling and have trouble expressing their emotions like an actor can, they got through life feeling as if nobody truly understands them. This activity is a fun way to practice acting out those emotions that many people keep hidden deep down inside.

- § Set up two chairs in the front of the room facing the participants.
- § Explain that the facilitators will be acting out certain emotions, during the conversation and it will be their job as participants to identify those emotions. The facilitators will converse for two minutes before participants will be allowed to guess the emotions being acted out.
- § The facilitators will engage in a pre-planned dialogue acting out the two different emotions.
- § Before beginning- designate a timekeeper who will inform you when two minutes have passed.
- § Converse until the timekeeper signals two minutes and end the conversation when both emotions have been correctly “guessed” by the participants.
- § Process the activity after all four scenarios have been acted out with these questions:
  - What was easy or difficult about this activity and why?
  - What did the facilitator do to make the emotion known? How did you know what emotion was being acted out?
  - When is it easier to read/ figure out someone’s emotions? When is it more difficult?

### Scenario One:

Engage in a discussion about the upcoming holiday season- personally. (Kids, shopping, cooking, snow, etc...)

Emotions:      Excited                      Depressed

### Scenario Two:

Engage in a discussion about the raising teenagers today.

Emotions:      Frustrated                      Self-assured

### Scenario Three:

Engage in a conversation about the upcoming state survey in two weeks.

Emotions:      Nervous                      Apathetic

### Scenario Four:

Engage in a conversation about the upcoming holiday season as it relates to your job/ the nursing home and the residents.

Emotions:      Sad                      Angry

## Practice Paraphrasing for Emotions, Facts, and Emotions & Facts

### Activity:

- § Explain that participants are going to have the opportunity, once again, to practice the skills of paraphrasing. This time, they will be asked to paraphrase: for FACTS only; EMOTIONS only; or FACT and EMOTION. Explain that facilitators will be in each group telling you which you will be paraphrasing for in each statement.
- § Explain that the paraphrase statements will be similar to last weeks, but the facilitators will be emphasizing certain emotions for certain statements.
- § Each participants will have the opportunity to paraphrase AT LEAST ONE statement from each category (The facilitator handout is broken into three sections).
- § Divide the participants into groups of 3-4- but more importantly, make sure that each group has a facilitator.
- § Ask each facilitator to read (and act out) each statement, asking the participant to paraphrase for the specific task. Have the participants work through the paraphrase until s/he gets it correct. Keep in mind, many of those who are in training (and in society in general) are not taught to or immediately comfortable with identifying emotions. This takes time. Use prompting and cueing and accept responses similar to the emotion being paraphrased for.
- § Have the groups paraphrase for 20 minutes.

## PARAPHRASE EXERCISES

### Paraphrase for **EMOTION** Only:

1. [Sound excited] "I'm not too worried about finishing on time today, I only have 3 residents."
2. [Sound depressed] "I really don't get along with all the residents... *(Sigh Loudly)* maybe this isn't the job for me."
3. [Sound disgusted] "The smell is unbearable, I don't think I can take it any longer!"
4. [Sound confident] "The nurses are such bitches, they are always nit-picking everything I do! Nobody else, just me."
5. [Sound shocked] "Oh my god! This one man on the floor looks EXACTLY like my father. He's so young"
6. [Sound exhausted] "It's been a very hard week, I don't think I'm cut out for this overnight work."
7. [Sound helpless] "The residents look so bored, I wish there was something to do for them."
8. [Sound confused] "I don't think the last woman I took care of hated me, she just kept swearing and swatting at me as if I were a fly!"

### Paraphrase for **FACTS** only:

11. "All four of my kids are home sick with my mom today, what's worse is that one of them has mono. My mind just ain't in it today. I hope the residents go easy on me!"
12. "I just got assigned to the Rehab floor, I'm a little nervous since I've heard such stories about the CNA's and nurses up there."
14. "I like the residents a lot, but some of them gotta lose weight. I can barely lift them! My back is killing me and the health insurance hasn't kicked in yet."

16. "My resident has so many friends on the floor, she's got so many family members coming every day. I can't figure out why she keeps asking me to do things for her with so many other people around her."
17. "The floor I'm working on is good, there aren't too many REALLY sick residents but I'm a little worried about one of them because he looks like he has AIDS or something."
19. "I think I'm doing a good job. Nobody is telling me I'm not doing a good job. It's weird not knowing who your supervisor is, each day there's a different nurse in charge."
20. "It feels pointless to be here this early. I have to wake up at the crack of dawn to be here at this time, and the residents don't even want to get up until noon."
22. "I'm going to my meetings, going to my counselor, taking good care of my kids, and putting up with my a\*hole boyfriend. I don't know what else I need to do to make everyone happy."
23. "I just got something attached to my paycheck about a test I have to take- some sort of TB or something. I'm scared to death because I don't like needles."
24. "I'm not sure what to do with the one resident I was assigned, she always needs to be suctioned and I know how to do it, but they said I wasn't supposed to do it. I feel so sorry for Mrs. Smith, she's always choking on it."

Paraphrase for FACTS and EMOTION:

25. [Sound Relieved and Ecstatic] "I had a great week! One of the other older CNA's finally came up to me and asked how I was holding up and where I lived and if I liked working here - and then she even invited me to sit with her and a couple other CNAs at her table for lunch."

26. [Sound lonely] The people at the home are pretty cold, you know? I mean no one has said more than two words to me. All I heard so far was: the linen closet is over there, here are the resident's you have to "do" today, and lunch is at 11:15. The nurses have their noses buried in the charts all shift long and never say a word to me- nobody just chats like in my old job."
27. [Sound excited] "I did GREAT today! I did most of the residents on my list."
28. [Sound Care-Free] "The training was really hard to get through because of all of those medical terms. I don't think I'll ever remember the difference between DM and BM! I've decided that I'm just going to go about the nursing home as if no one was sick and do my job, clean 'em and feed 'em!"
29. [Sound Angry] "The nurse in charge is just plain jealous of the way I look and she is taking it out on me by giving me the hardest residents- the ones who are constantly groping at me. She doesn't understand that an attractive woman like myself can't be caring for the young men, she should be the one to do it."
30. [Sound nervous] "The nursing supervisor was in the room when I was giving Mr. Jones a bed bath. I think I did ok, she didn't say anything- she just stood there and talked to him about me and how I was doing my job."
31. [Sound overwhelmed] "I'm working my butt off all day long. I never get a chance to take a break- I have 10 residents to feed, 4 need showers today, and one has to get ready to go to a wedding tonight, I don't know how I'm going to finish it all before 3!"
32. [Sound secretive] "This one woman is really sweet to me, she said she wouldn't tell the nurse that I accidentally bruised her arm in the shower."

## Impact of Message (Information) Shared

In the large group, give a Mini-Presentation on:

Concept: Importance of Self-Awareness of "In the Moment Trigger/Charge" to avoid/address reactive Listening Block

Skill To Regain Ability to Listen Fully: Use of Pull Back and Paraphrase 'in the moment' to address unexpected emotional impact of message (information) received

§ Facilitate a Large Group Discussion about: Confidentiality and Privacy- WHEN and HOW to Pass information on...

Sometimes the impact of a message is prompted by the need for the message to be passed on- it is an area that cannot be held in confidence between you and the mentee. Again, many workers have a desire to solve the problem- and thus will automatically think that it is their job to pass important information along. Although a mentor may become aware of a problem a mentee is having- they are not necessarily the one who needs to pass the information along. Yes, they a sharer of the responsibility- and thus must "check in" that the information was reported, but it is also a mentor's role to encourage that mentee to report it FIRST. The WHO, the HOW and the WHEN of passing information along is key to maintaining that trust between the mentor and mentee.

§ Have the participants break into small buzz groups (3-4)

§ In groups, have them discuss: their new mentor position, come up with 2 statements that could create an emotional charge 'in the moment' that could (even temporarily) block your ability to listen fully (i.e. for emotion and fact).

§ On index cards (or sheet of paper): Write the statement and say whom is speaking to whom, e.g. Co-worker to mentor: "How did you get chosen as a mentor? All the new CNAs come to me for advice and nobody's paying me!"

§ Statements can be between any two staff: supervisor/mentor, mentor/mentor, mentor/mentee, mentor/ co-worker, mentor/nurse, mentor/other staff.

§ Have the participants rejoin in a Large Group Demo.

§ Facilitators collect statements and role play for effect. Ask CNA participants to refer to listening blocks and say which block might be triggered by a given statement.

§ After discussing statement and possible block, facilitators role play to 'exaggerate' a pull back strategy (including paraphrasing) based on select information.

The ability to listen fully by maintaining emotional control is key to helping people to solve their own problem because it allows the mentor to:

- 1) Be able to listen accurately for facts and emotion to
- 2) Help mentee explore specific options to address issue presented (PRESENTING OPTIONS) in a non-reactive manner.



In your journals:

1. Document at least two situations in which you success (or someone you witnessed) pulled back.
2. For each, what was your pull back strategy?
3. Identify two times that you used paraphrasing.

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## EXPLORING AND PRESENTING OPTIONS TO A SOLUTION (SESSION V)

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- § Identifying Important Factors in Solving a Problem
- § Exploring and Presenting Options
- § Putting it All Together

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Center for Nursing and Rehabilitation  
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**CNA LEADERSHIP TRAINING**

### **Day Five Agenda**

- Welcome and Reconnect
- Listening Effectively: Review of Pull Back and Paraphrase
- Becoming a Trusted Mentor
- Exploring issues that get in the way of trust building
- Maintaining mentor/mentee integrity and confidentiality



## **Knowledge/Skills Building: Exploring and Presenting Options**

Activity: Identifying Important Factors  
Materials: Newsprint  
Case Situations (see attached)  
Important Factors Handout

Review the following information:

Presenting options is about moving towards finding solutions. Being able to help mentee see different ways to address a work or personal situation increases their ability to ultimately make a successful transition to a floor or the nursing home.

Primary content is to learn about the main steps to best assist someone in problem solving situations they are grappling with:

- Learning ALL IMPORTANT FACTORS from the mentee about the situation
- Knowing all the options that the mentee has already explored (and the outcome!)
- Helping the mentee identify and explore other options (based on mentors knowledge and experience managing to be a successful employee in this field) to expand mentees awareness of other possible solutions

Definition: Important Factors are those issues that MUST be dealt with by each possible solution. They are the guides when looking to improve or solve a given situation.

Identifying important factors isn't easy. Requires FOCUS, CLEAR THINKING, and ADEQUATE INFORMATION. Pull Back and Paraphrasing is a essential part of being able to get the full body of information (factors).

Remember:

Pulling Back makes it possible to control your emotions and not just react to what you're hearing.

Paraphrasing: makes it possible to get full picture (sufficient information)

Activity Instructions

- After reviewing the purpose of identifying important factors and presenting

- options, handout the case scenarios.
- Read the first scenario. Ask participants to identify important areas that may need to be addressed in a conversation. And with these ask participants to state if the area is work-related or personal.
  - Pass out and review the important factors handout. Ask participants to categorize what they've already said into one of the categories listed. After, explain that in every situation- there are important factors to consider- that need to be addressed. Some are a higher priority to address, and some do not even need to be addressed.
  - Explain that the groups are going to be given time to practice identifying the important factors in the case scenarios you've handed out.
  - Break the groups into 4-5 participants. Assign each group to be responsible for reporting out on two scenarios- identifying the important factors and once they've finished with the two assigned, to continue on in identifying important factors for the rest. (about 10 minutes).
  - Ask each group to report out the important factors, and after the primary group for those scenarios has finished ask the large group if they have additional input- or changes- for those scenarios.

#### Debriefing Questions

- What was easy or difficult about identifying the important factors of each scenario?
- Ask the participants if anyone would like to share an additional example from the nursing home, or personal life that they would like help in identifying important examples?

# IMPORTANT FACTORS

## Work Related:

- § Client Safety
- § Caregiver Safety
- § Infection Control
- § Client Care (*for example, taking care of client's needs and observing their health and behavior and reporting changes*)
- § Role of the caregiver (*staying within the job description*)
- § Cultural Respect
- § Client Rights (Confidentiality, et al.)
- § Following agency policy (*keeping your job*)



## Personal Life:

- § Safety of Self and family members
- § Needs of family and self (medical, emotional, physical)
- § Role of the worker in the family (only one income, adult, single, mother)
- § RULES! Government or school rules
- § Cultural/Religious issues
- § Major disruptions in schedule/routine
- § Personal Rights/Preferences

# Case Scenarios

- 1) Your resident, Mr. Wigglebe, is a diabetic and you find a package of candy bars in his bedside stand. The care plan specifies that he should not have concentrated sweets. You remember seeing your co-worker Sally eating the same brand of candy this morning after she came out of his room.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 2) You have been assigned to work with Mrs. Jones for the past 3 weeks. Her son visits frequently to check in on his mother. When you enter her room on Friday evening, Mrs. Jones's son is there and he accuses you of stealing his mother's watch. He says that the watch was on her dresser on Wednesday evening, when you were here last, but that she hasn't seen it since. He tells you that Mrs. Jones is very upset, and he is obviously upset because he calls you a "thief."

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 3) Mrs. Looseleaf is 96 and very frail. This is your first day being assigned to her and you are responsible for giving her a bath, changing her sheets, and feeding her. When you enter her room, she is happy to see you, but she does not want you to give her a bath. You try to persuade her to have her bath, but this only upsets her further- she starts yelling "get out" and takes off her leg brace and throws it at you.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 4) Mrs. Cloverleaf had a heart attack recently and she suffers from anxiety. She is afraid

to be left alone, and she rings her call bell frequently. As soon as you leave her room, she puts the call bell on again. You are having trouble caring for the rest of your residents because she needs so much of your attention. You are having a hard time staying patient with her because of the constant ringing of the call bell.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 5) It's your first day of work at Pleasant Valley Nursing Home. You are caring for Mr. Abram when the nurse enters the room. She hands you a little cup filled with his medications and tells you to give it to him before you leave his room.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 6) Ms. Faithful has just been admitted to the nursing home. You enter her room at 8 am to deliver her breakfast tray and you find her on her knees in prayer. You interrupt her and explain that breakfast is here. Ms. Faithful tells you that she prays daily from 7:30 to 9:30 and advises you that she cannot eat breakfast at this time.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 7) You have been assigned Mrs. Jensen who is very weak and has severe osteoporosis. Her care plan says for two nursing assistants to transfer her from her bed to chair. Mrs. Jensen has been asking to get out of bed for a while, but you have been unable to find another staff member to help you lift her. Mrs. Jensen asks you to please transfer her by yourself, telling you that others do it all the time.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 8) You have been assigned Mr. Garnet. He is diabetic, has a history of heart problems, and is overweight. He is known to “cheat” on his recommended diet, and is a pack rat. When you enter his room you find many food items brought back from the dining room wrapped only in a napkin. There are ants on the floor of the room.

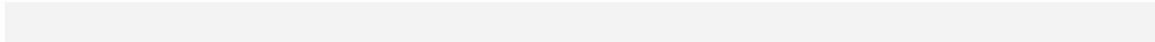
Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____

- 9) You are expected at the nursing home for the 3-11 shift. At 2 pm you get called from your son’s school. He is in the nurse’s office and has a high fever. You are asked to pick him up as soon as possible meaning he can’t go to the after school program like usual since the program only allows well children to attend.

Important Factors:

_____	_____
_____	_____
_____	_____
_____	_____



## EXPLORING/IDENTIFYING SOLUTIONS

*Explain:*

*Key Rules to Remember:*

- *1 IMPORTANT FACTOR = 1 SOLUTION (as we saw, situations often have more than one important factor that needs to be addressed)*
- *GOOD TO HAVE MORE THAN ONE SOLUTION TO SOLVE AN IMPORTANT FACTOR*

BY GIVING CLIENT, FAMILY MEMBER OR MENTEE A SENSE OF CHOICE (YOU COULD DO 'X' OR TRY 'Y') FOSTERS THEIR INDEPENDENCE (IN THE MENTEE, HELPS THEM FEEL THEY ARE SOLVING PROBLEM FOR SELF). HAVING BACK-UP SOLUTIONS PREPARES YOU IF ONE SOLUTION DOESN'T WORK

Goals

- Trainees will learn how to present more than one option.
- Trainees will understand the importance of having a back-up solution.

ACTIVITY

- Using the original cases, review the important factors and the three solutions of the first case. Ask the group to identify the "most important" factor to address first. (If not consensus is arrived at, get a general sense of the most popular and work from there.)
- Ask the group to identify options to address this factor- ultimately helping to assist the person in finding a solution. Don't narrow your thinking; go outside the box. IDEA IS TO COME UP WITH MOST not FEWEST Options.
- Write more viable solutions on flipchart. Talk about why a recommended option might not be the most effective one.
- Draw strong link between factor language and viable option.
- After you have done one in a large group, have the participants rejoin their smaller group and do the same there (Identify "most important" factor to address first, come up with several options for that factors (what can a person do about it?). Have groups continue in brainstorming options for the rest of the factors as well.
- Come back to the large group have the smaller groups report out the options they have come up with. Flip chart viable options.
- Process by asking participants if there were any conflicts between the options for certain factors... e.g. Client rights to eat sweets vs. role of a caregiver. Cultural respect vs. client care in terms of breakfast only being served during the hours when a person wants/needs to pray.

# Case Scenarios

1. Your resident, Mr. Wigglebe, is a diabetic and you find a package of candy bars in his bedside stand. The care plan specifies that he should not have concentrated sweets. You remember seeing your co-worker Sally eating the same brand of candy this morning after she came out of his room.

Options to Address Important Factors:

Important  
Factors to  
Address:

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2. You have been assigned to work with Mrs. Jones for the past 3 weeks. Her son visits frequently to check in on his mother. When you enter her room on Friday evening, Mrs. Jones's son is there and he accuses you of stealing his mother's watch. He says that the watch was on her dresser on Wednesday evening, when you were here last, but that she hasn't seen it since. He tells you that Mrs. Jones is very upset, and he is obviously upset because he calls you a "thief."

Options to Address Important Factors:

Important  
Factors to  
Address:

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3. Mrs. Looseleaf is 96 and very frail. This is your first day being assigned to her and you are responsible for giving her a bath, changing her sheets, and feeding her. When you enter her room, she is happy to see you, but she does not want you to give her a bath. You try to persuade her to have her bath, but this only upsets her further- she starts yelling "get out" and takes off her leg brace and throws it at you.

Options to Address Important Factors:

**Important Factors to Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Mrs. Cloverleaf had a heart attack recently and she suffers from anxiety. She is afraid to be left alone, and she rings her call bell frequently. As soon as you leave her room, she puts the call bell on again. You are having trouble caring for the rest of your residents because she needs so much of your attention. You are having a hard time staying patient with her because of the constant ringing of the call bell.

Options to Address Important Factors:

**Important Factors to Address:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

5. It's your first day of work at Pleasant Valley Nursing Home. You are caring for Mr. Abram when the nurse enters the room. She hands you a little cup filled with his medications and tells you to give it to him before you leave his room.

Options to Address Important Factors:

<b>Important Factors to Address</b>	_____
	_____
	_____
	_____

6. Ms. Faithful has just been admitted to the nursing home. You enter her room at 8 am to deliver her breakfast tray and you find her on her knees in prayer. You interrupt her and explain that breakfast is here. Ms. Faithful tells you that she prays daily from 7:30 to 9:30 and advises you that she cannot eat breakfast at this time.

Options to Address Important Factors:

<b>Important Factors to Address</b>	_____
	_____
	_____
	_____

7. You have been assigned Mrs. Jensen who is very weak and has severe osteoporosis. Her care plan says for two nursing assistants to transfer her from her bed to chair. Mrs. Jensen has been asking to get out of bed for a while, but you have been unable to find another staff member to help you lift her. Mrs. Jensen asks you to please transfer her by yourself, telling you that others do it all the time.

Options to Address Important Factors:

<b>Important Factors to Address:</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

8. You have been assigned Mr. Garnet. He is diabetic, has a history of heart problems, and is overweight. He is known to "cheat" on his recommended diet, and is a pack rat. When you enter his room you find many food items brought back from the dining room wrapped only in a napkin. There are ants on the floor of the room.

Options to Address Important Factors:

<b>Important Factors to Address:</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

9. You are expected at the nursing home for the 3-11 shift. At 2 pm you get called from your son's school. He is in the nurse's office and has a high fever. You are asked to pick him up as soon as possible meaning he can't go to the after school program like usual since the program only allows well children to attend.

Options to Address Important Factors:

**Important  
Factors to  
Address:**

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## Pulling it all together...

To pull all the strategies together, we will engage in a role play that will give participants an opportunity to identify the skills learned. The goal is to have participants identify the skills of paraphrase, pull back- after they have had the opportunity to identify the important factors and explored different options related to those factors.

- § Reread aloud the following scenario.
- § Ask participants to identify what seem to be the important factors of the scenario.
- § Ask participants to come up with some options for the important factors.
- § Ask participants to jot down specific time that the facilitators use paraphrase and pull back strategies.
- § Role-play the scenario.

## ROLE PLAY SCENARIO

Its the second week that you've been working with your new mentor, Breyanna on the 3-11 shift. She is a young, single, black mother of 2 kids. She's pleasant and attentive to her work and gets along great with her residents. You ask Breyanna if she can help you give Pauline a shower after the shift report because Pauline likes to go to bed early. She seems a little distant, but says "sure-no problem." You say back, "Great, meet me at 3:30 in her room." Breyanna doesn't show up until about 4:00- and when she does she looks very pale. You pull her aside out of concern, and ask her if she is ok. She very sleepily says, "I'm just fine, I'm tired because I just woke up an hour ago!" As she's talking you notice that her breath smells like alcohol.

What are the important factors:

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What are some options for those Factors?

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Paraphrases you heard:

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Pull Back Strategies used and when?

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## WORKING TO FORM A NEIGHBORHOOD TEAM

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- § Exploring the Definition and Meaning of Culture
- § Assessing the Culture of a Nursing Home
- § Envisioning HOME
- § Seeing, Feeling, Smelling and Experiencing it
- § Fitting in as a Leader



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Center for Nursing and Rehabilitation  
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**CNA LEADERSHIP TRAINING**

**Day Six Agenda**

- Welcome Back and Reconnect
- Exploring the definition and meaning of culture
- Assessing the culture of the nursing home
- Envisioning HOME
- Fitting in as a leader
- Graduation!



# Exploring the Definition and Meaning of Culture

## Materials:

- Handout: Me and My Culture(s)
- Flipchart
- Markers
- Handout: "The Definition of Culture"

## Learning Outcome:

Participants will begin to develop an understanding of what "culture" means;

## Activity:

- § After welcoming and reconnecting in a warm-up exercise begin by asking participants to define: CULTURE and Flipchart responses that are fitting
- § Handout and Review the one common definition of culture. "Culture is a set of values, beliefs, norms, activities, possessions, rules and codes, assumptions about life that socially define groups of people, giving them commonality."
- § Explain that they are going to have an opportunity to think about and share what defines their own culture(s);
- § Break the participants into groups of 3;
- § Distribute the handout: "Me and My Culture(s)"; Ask participants to each take a few minutes to respond to the questions asked on the handout individually (in writing) and after five minutes be prepared to share your responses with the group.
- § As a facilitator, ensure that participants have at least 5 minutes to answer the questions individually and 10 minutes (as a group) to share responses and FIND commonalities. Assign a "reporter" for each group.
- § After the groups have finished, ask for the reporters to share what they had in common and Flipchart the responses.

**“Culture is a set of values, beliefs, norms, activities, possessions, rules and codes, assumptions about life that socially define groups of people, giving them commonality.”**

# ME AND MY CULTURE

To which culture(s) do you belong?

List the beliefs, values, and traditions in one your cultures:

How did you become a part of this culture?

Do you belong to more than one culture?

What do you think all cultures, everywhere, have in common?

What are some of the traits or characteristics of your culture- what does an outsider see in your culture?

## Assessing the Culture of a Nursing Home

### Materials:

- Video: The Way Back Home, [Action Pact and Culture Change Now]
- Handout: Culture at CNR
- Flipchart and Markers

### Learner Outcomes:

- § Participants will be able to begin defining nursing home culture, identify nursing home values, beliefs and objects that make this culture unique.
- § Participants will begin to understand culture change.

### Activity:

- § Explain that we are now going to switch thinking modes to what organizational culture is- specifically- what is the culture at the nursing home.
- § If you haven't explained it already, reorient participants to the fact that CNR has initiated culture change at the home. Give a brief history.
- § In the same manner above, ask participants to individually complete the survey on nursing home culture: "Culture at CNR." In small groups (same as the previous activity), participants will discuss their thoughts and findings about the culture at CNR and find the commonalities.
- § In a large group- have the groups report out the commonalities and flipchart.
- § Explain the "transformation" that occurs in a culture changing home in terms of medical vs. social model; traditional vs. individualized care. The history being that nursing homes were modeled after hospitals- not homes and while there is validity and necessity to providing "healthcare" it is imperative now to include what was left out: HOME.
- § Distribute: Paradigm Change: Traditional Care vs. Individualized Care." Review the handout and ask participants to identify their responses in the small group to one of the models (if possible.)
- § Introduce the video, The Way Back Home, and explain that they are about to see a clip of a Culture Change Pioneer, Bill Thomas. Bill is the founder of the Eden Alternative which restores social and biological diversity and brings richness, spontaneity, and greater normalcy to daily life.
- § After the video, ask the participants for their thoughts, feelings and reactions.

# Paradigm Change

Traditional Care	Individualized Care
Medical Model	Social Model
Staff provide treatment	Nurture the human spirit in addition to meeting medical needs
Residents follow facility routine	Home follows resident's routine
Staff float	Permanent assignments
Staff make decisions for residents	Residents make their own decisions
Facility belongs to staff	It is a HOME to each resident
Structured activities	Spontaneous opportunities around the clock
Departmental Focus	TEAM and Neighborhood focus
Staff know you by diagnosis	Staff know you as a person

# CULTURE AT CNR

List one belief, one value, and one tradition at CNR:

How does someone become a part of this culture [i.e. fit in]?

What are some of the traits or characteristics of this culture- what does an outsider see in this culture?

# Envisioning HOME

## Materials:

- Poster Board
- Markers
- Flipchart....
- Handout: Thought Tool Box

## Learning Outcomes:

- § Participants will be able to see the nursing home in which s/he works as a home;
- § Participants will be able to identify areas in which change is needed in order make the facility more like a home;

## Activity:

- § Read the following statement to introduce this activity:

*“Envision the home you would want to live and work in...”*

“I’d rather die than live in a nursing home.” Let’s change that sentiment uttered by so many at the slightest mention of the words “nursing home.” For several years, the transformation process has been underway at the Center for Nursing and Rehabilitation. Culture change is a journey, there are benchmarks, there are steps back and steps forward. People contribute individual skills, talents, and ideas while teams, neighborhoods, communities, and organizations work together to get there....

But where is there?

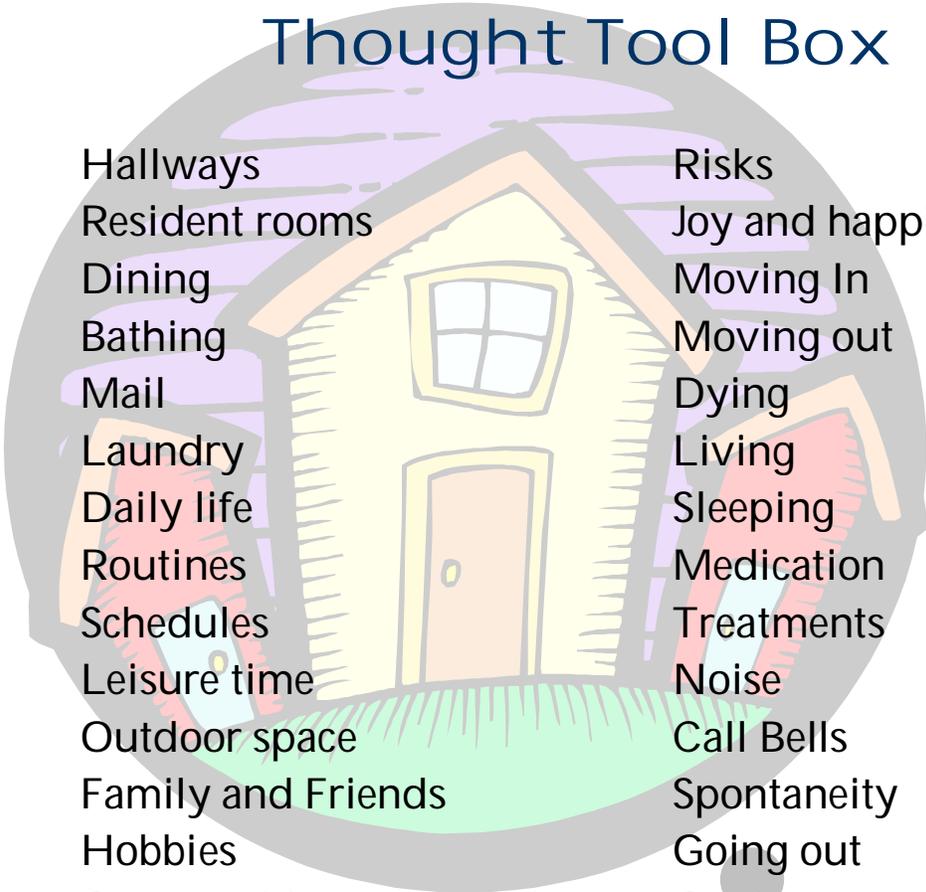
What still needs to happen to create a place where people WANT to live, to MOVE into when they cannot remain in their lifelong homes. What would be an ideal place to spend the rest of your years? Imagine CNR now and imagine CNR in 2010- ten years from now. What do you see, what do you smell, touch, experience, feel, hear?

- § Give each small group a posterboard and markers.
- § Inform the groups that as a team they are to discuss these questions:
  - H What makes your personal home, HOME?
  - H What makes you feel safe, wanted, happy, and comfortable?
  - H Where do you want the culture change
  - H journey to take CNR? What will home be like for the residents, if you could change anything!

- § Each person will have the opportunity to answer the question before starting their drawing.
- § Ask them to work together to draw your collective vision of CNR-2010. What will CNR look like, what are the elements of HOME you want to include, what elements are existent now in the culture, that you'd like to leave behind. Handout the "Thought Tool Box" and explain that these are just words that the groups may want to consider addressing when they are building their new home.
- § To encourage teamwork, each person must take at least one color marker and contribute to the drawing using that (those) colors from start to finish. Be creative! And make sure you use all the colors to complete the drawing (vision)!
- § Before they begin their discussion and drawing- remind them that:

**For Today, EVERYTHING is POSSIBLE!**

# Thought Tool Box

- 
- Hallways
  - Resident rooms
  - Dining
  - Bathing
  - Mail
  - Laundry
  - Daily life
  - Routines
  - Schedules
  - Leisure time
  - Outdoor space
  - Family and Friends
  - Hobbies
  - Communities
  - Celebrations
  - Names and titles
  - Uniforms
  - Staff roles
  - Kitchens
  - Décor
  - Nursing Stations
  - Human Spirit
  - Relationships
  - Risks
  - Joy and happiness
  - Moving In
  - Moving out
  - Dying
  - Living
  - Sleeping
  - Medication
  - Treatments
  - Noise
  - Call Bells
  - Spontaneity
  - Going out
  - Getting around
  - colors, textures, smells
  - linens
  - Furniture
  - Rights
  - Decision-making
  - Control
  - Snacks and diets
  - Children
  - Animals



# Vision



Imagine a nursing home where the waiting rooms look like comfortable, homey living rooms; the resident's rooms become "suites"; the bathrooms are referred to as "spas" and the reception area is staffed by a "concierge." A place where each resident determines his/her own schedule based upon individual preferences rather than following a routine set by the nursing home. A place which liberates and empowers residents, staff and families to build relationships.

THIS IS THE CENTER FOR NURSING AND  
REHABILITATION.

Clari Gilbert's (Senior Vice President of Operations, CNR Health Care System)  
Statement from Culture Change in Long-term care.

## Peer Mentors: Leading and Supporting Culture Change Fitting In as a Leader

Purpose: To create PM awareness of the 'leading with presence' role they play in helping CNR's culture change process move forward.

Warm-Up Activity: 'Follow The Leader'

Explain to participants that we all hold an image in our minds about how leaders act. This image is based mostly on what we believe about people we choose to follow, and what we have observed in the world around us. In our personal and work lives, we all lead and follow. While leadership is based on words and action, we often express our beliefs more in actions than words, i.e. more than not, we 'lead by our presence'.

This activity is designed to get us talking about how we express our beliefs about leaders 'lead' without words.

Steps:

1. Have participants for a circle
2. Explain that the facilitator will go around the circle, and tap the shoulder of one person who has been designated the 'leader'
3. That person is to behave in ways they feel will demonstrate that they are the 'leader'. The goal is to get as many people in the circle to figure out that they have been 'chosen'
4. Ask participants to close their eyes
5. A facilitator goes around the outside of the circle and taps EVERYONE'S shoulder
6. Ask participants to open their eyes, and observe for 'signs' of leadership. Give participants 3-5 minutes to 'act out their leadership' designation
7. End the activity
8. Ask participants to point to the person they felt was the selected 'leader'

Debrief 1:

1. Participants will (likely) point to several people. Starting debriefing by asking why participants felt (each) identified individual was 'the leader'.
2. Post responses on newsprint
3. Ask participants to give reasons for not selecting other individuals.

Post responses on newsprint

When responses have been explored, tell group that everyone's shoulder had been tapped.

Debrief 2:

1. What did it feel like to be selected as the leader?
2. How did people feel when others were identified as the leader and they believed they had been chosen?
3. What do the responses tell us about what we believe about how leaders act?

Review 'handout' on 'The Art of Leadership'

Paired discussion: Given this definition of 'leadership' and the observations you made of changes that would move CNR toward being more 'home-like', give specific ways in your mentoring role that you help 'lead' the change process.

Report out to the group.

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WRAP-UP

(Pre-formulated) Small Group Discussions Do I have what it takes? What are my fears and what gets me excited about what was presented to me? What do I think of culture change? Report out similar feelings to the large group.

Large Group Wrap Up Mini presentation on "what comes next from the project director."

Graduation! From Phase I

Alternate Activity for the final session:

## Seeing, Feeling, Smelling and Experiencing it

Materials:

- Flipchart
- Markers
- Handout: Vision

Learning Outcomes:

- § Participants will identify where CNR is today in its journey toward a person centered home.

Activity:

- § Pair participants in groups of 2 (3 if an odd number exists) and ensure that at least one person in each group has a pad/pen to write with;
- § Explain that they are all about to go on short “field trips” into the nursing home. Teams will be assigned to objectively observe and document as much as they can about one of the following locations:
  - a. Resident rooms, bathrooms, closets on the second floor
  - b. Resident rooms, bathrooms, closets on the fifth floor
  - c. Hallways, nursing station, what you see/hear/smell/experience when you step off elevator on the 3<sup>rd</sup> and 4<sup>th</sup> floor neighborhoods
  - d. The entrance/lobby, outdoor space, views/windows
  - e. Dining rooms, activity rooms, other common space
- § Each team has 30 minutes to conduct this activity.
- § Upon return to the large group, facilitate a discussion around each groups observations- asking each group to tell us where they went and what they observed.
- § Flipchart as much detail as possible;
- § Review the lists and ask the question- what elements already exist that make it home for the residents that live there? What elements are “not so close to home?”
- § Read and distribute, Clari Gilbert’s (Senior Vice President of Operations, CNR Health Care System) Vision Statement from Culture Change in Long-term care. Facilitate brief discussion.