Rwandan Nurses Save Lives!

Rheumatic Heart Disease Conference ©

Certified RHD Presenter Mentorship Guide

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Rwandan Nurses Saving Lives

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Introduction

You have been chosen to become a Certified Presenter in the Rwandan Nurses saving Lives project. This project is a complex educational project for nurses providing care to children with potential streptococcus pyogenes infections. In order to save the lives of children from Rheumatic Heart Disease, nurses must acquire the knowledge and skills to assess, diagnose, and treat strep infections, acute rheumatic fever, heart failure, and rheumatic heart disease.

Receiving education does not mean a nurse will use the education. There are many personal or system problems that are barriers to implementing the knowledge and skills. However, often mentorship and support from another nurse will provide the empowerment and confidence needed to use the knowledge and skills to make a difference.

This manual will provide you with the needed materials to increase your capacity as a mentor and certified presenter of the Rwandan Nurses Saving Lives.

Knowledge

Mentorship

The word, "mentor" comes from the name of the friend Odysseus entrusted with the education of his son, Telemachus (in Greek mythology). Mentor was a wise and trusted man who would guide Telemachus from childhood into a man who became a great leader of his people. Today we seek "Mentors" in life as we seek to grow and understand life, our work, and ourselves.

The Difference Between a Mentor and an Instructor/Preceptor

Mentoring is a process of providing inspiration, motivation, and guidance from a person with experience (the Mentor) to a person who is a novice (the Mentee) (Wensel 2006). It is based on a healthy and trusting relationship. Mentoring can be an important part of the development of self-image that impacts the growth and development of professional identity (Hernandez et al. 2017). In a mentor–mentee relationship, the mentee is encouraged to ask questions, seek guidance, discuss fears, excitement, problems, and successes. Mentoring is a one-on-one relationship. That relationship should include sponsorship, protection, challenges to consider and learn, and the sharing of advice (Kowalski 2019). There are different types of mentors.

The 5.5 Types of Mentors

As you go through your career you will seek advice and guidance from different people for different reasons. There six different types of settings in which the mentor fills a specific need. Understanding the "5.5" types of mentors can help clarify how you can be a mentor to another person and provide the needed education, support, or motivation/inspiration.

0.5 = The "anti" mentor. These are people with habits, reactions, or responses to situations that you do not want to imitate. You can learn from those actions in terms of what not to do. However, you need to recognize the bad habits the "anti" mentor is using and make a conscious effort not to repeat the bad habits of that person (Stewart 2020). The mentorship (wisdom gained) from the "anti" mentor comes by recognizing what not to do.

1 = The time machine mentor. There are many great people who have walked this earth before us. We can learn so much by reading about those people and how they impacted others (their positive social influences). If you could have a conversation with anyone, who would it be? We now have technology to reach back and learn from so many great people from history's past. Some impressive nurses from the past include Florence Nightingale (1820–1910), Clara Barton (1821–1912), Maria Theresa of Austria (1717–1780), Hildegard Peplau (1909–1999), and Loretta Ford (1920–current). Today, you can easily access information about people of our past who shaped the future of nursing and life. The time machine mentor is the information found in books and the internet about past great people and events (Stewart 2020).

Understanding how other nurses/people impacted patients, nurses and society can provide you with courage and inspiration. Building determination through the gained insight from people who have impacted (and still impact) society is mentorship.

2 = The micro mentor. A micro mentor is the person we reach out and ask for their perspective. We can learn something from each person we meet, all we have to ask is, "what is your perspective on…" Then be a mindful listener. These mentors can give you insight into a lived experience (such as patients, family members, fellow students, instructors, and other stakeholders). Unexpected micro mentors are found simply by asking others to share their stories (Stewart 2020). It is through listening that creates the mentorship from a micro mentor. In nursing, patients and colleagues are often micro mentors.

3 = The street mentor. These are the people who know you very well! They stand beside you—in essence they walk down the street of life with you and support you such as your family and friends. Street mentors are people you have decided that can impact and direct your life. Typically, you do not have a formal mentor relationship with a street mentor, yet these people can have profound impacts on you. Some potential street mentors are your parents, grandparents, a sibling, or best friend. The mentorship is the inspiration, support, guidance, ability to share fears, joys, sorrows, and frustrations in a safe relationship allowing you to reflect on who you are and where you are going in life (Stewart 2020).

4 = The categorical mentor. We know many people with a few great ideas, skills, or specific knowledge on a precise topic. A categorical mentor is a person from which you can learn a great

knowledge, skills, or critical thinking, knowledge, or involve the ability to make complex critical decisions. This mentorship requires a short-term formal relationship of mentor–mentee (Stewart 2020).

In this RHD project, you are Categorical mentors to the frontline HC nurse who is seeing patients with potential Streptococcus pyogenes infections, Acute Rheumatic Fever, RHD, or heart failure. Your role is to support and inspire the nurse to use the knowledge and skills gained and develop strong relationships and communication skills for early diagnosis, referrals, and treatments.

5 = The worldview mentor. The "traditional" mentor is the worldview mentor. This is the wise person with whom you want to develop a formal mentor relationship for a long-term commitment to obtain guidance, support, intense conversation, feedback, and a trusting relationship. This is the person you admire for their values, knowledge, skills, creative and critical thinking, ability in relationships, and their social influence/leadership style and impact (Stewart 2020).

Patricia Benner & Levels of Knowledge

This RHD project uses the five levels of knowledge to guide the knowledge and skills at specific levels to tailor education to improve outcomes.

THE FIVE STAGES OF NOVICE TO EXPERT

1. Novice (Many A2 nurses will be at this level)
2. Advanced beginner (the A1 and A0 Health center nurse before the conference**)**
3. Competent (The level we want all trained Health center nurses to be- this is the level at which a nurse provide safe and effective care. This is also the level we expect most NCD nurses to currently be for cardiovascular disease understanding and management).
4. Proficient (This is the target level for Certified RHD presenters. This is the level anticipated where the Core Team starts as they have been revieing the manual develop for six months)
5. Expert (This is the anticipated level of knowledge and skills of the Core Team after additional education, skills, and mentorship from the US expert Team)

Novice is the person trying to learn a new skill. You will need a lot of support, guidance and mentoring. As a novice, you break down the skill into smaller tasks you can recognize and accomplish without a past experience of the skill. Then rules are supplied for the novice to determine an action. As a novice, monitoring and feed-back is essential. Feed-back can be accomplished by instructional feedback or discussion on self-monitoring. Once you have completed the skill several times, you become an….

Advanced Beginner. You still ask for help at times. Instructional feedback changes from simple steps to exploring possibilities and interaction with additional pathophysiology or environment that could change the outcome. As you complete the skill easily and no longer need assistance with the normal aspects of the skill you are ….

Competent. You still may need help if complications arise. Competence come from experience in real situation and incorporation of meaningful component patterns. In this stage, the person incorporates and understands guidelines. Once you can handle a variety of complications with the skill, you are …

Proficient. Clinical/skill expertise comes from continued education on the skills, understanding the complications and having the ability to teach others. Has developed a process to view past experiences to guide future decisions.

Experts handle complex complications, understand the theories surrounding the skill and teach, guide and mentor others. Due to past experiences, the expert has intuitive responses and appropriate responses.

(Brenner, P. (1983). Uncovering the knowledge embedded in clinical practice. Image: The Journal of Nursing Scholarship, 15(2):36-41.; Drefus, S and Drefus, H. (1980). A five stage model of the mental activities involved in the directed skills acquisition. University of Berkley.)

No matter if you are a nurse, formal leader, novice or expert, everyone has many things they must attend to. There are tasks and multiple responsibilities that we must recognize, organize and prioritize both professionally and within our homes. All distractions and responsibilities affect our journey from novice to expert. With self-determination and dedication, you can achieve expert status in many things.

Leading someone from novice to expert is complex.

As a leader you must recognize Novice to Expert in four Competency Domains to mentor: knowledge/Skills; thinking (Critical & Creative); relationships (intrapersonal & interpersonal), and leadership.

SELF EVALUATION ON NOVICE TO EXPERT

Where are you? Rate yourself from novice to advance beginner to competent to proficient to expert!

Leadership- personal / professional identity? ____

Leadership- outward helping others? ____

Knowledge for your workplace? ____

Skills for your workplace? ____

Critical thinking? ____

Creative thinking? ____

Interpersonal Relationship building? ____

Intrapersonal Relationship building? ____

Those eight areas are distinct competencies and every APN should strive to cultivate towards the expert level. However, remember it takes years of practice to become an expert!

Progression Novice to Expert

The following is a table to help clarify the difference in thoughts and decision along with using knowledge and decision with skills as a person goes from Novice to Expert.

Skill level	**In thoughts/decisions**	**In technical skills**
Novice	• "rigid adherence to taught rules or plans" • no exercise of "discretionary judgment" • little situational perception	Follows rules and procedure as a given without thought of context. No previous exposure to base decision or use data. Unable to use discretionary judgement Have to concentrate on the rules they have been taught Needs supervision

Advanced Beginner	• limited "situational perception" • all aspects of work treated separately with equal importance • formulates guidelines for actions based on attributes or aspects	Can complete the task marginally acceptable Still does not take in surrounding situation/context outcomes/decision with a mentor to see recurrent meaningful components (aspects) Cannot set priorities Needs supervision/ mentor
Competent	• "coping with crowdedness" (multiple activities, accumulation of information) • some perception of actions in relation to goals • deliberate planning • formulates routines • standardization and routinized procedures	Organizes principles and assesses possibilities that are relevant to task Sets priorities based on context Plans are based on conscious, abstract, and analytical contemplation of the problem Uses active decision making and can makes a plan based on task outcomes. There is a feeling of mastery, yet speed and flexibility are lacking Needs mentoring on decision and positive support
Proficient	• holistic view of situation • prioritizes importance of aspects- sees what is most important in a situation • "perceives deviations from the normal pattern" • employs maxims for guidance, with meanings that adapt to the situation at hand • decision making is less labored	Uses intuition and past experiences Perceives situation as a whole instead of parts Can make sound decision based on context and possible outcomes & can modify plan in response to changes Can complete task and deal with deviations and context

		Requires mentor
Expert	• transcends reliance on rules, guidelines, and maxims • "intuitive grasp of situations based on deep, tacit understanding" • has "vision of what is possible" • uses "analytical approaches" in new situations or in case of problems	Completes task in context of setting and possibilities. Highly flexible and sets priorities based on context and intuition. Considers future outcomes base on intuition, experiences and possibilities with a narrow range of problem solutions Knowledge is embedded in experience. Has abilities to mentor others

Brenner, P. (1982). From Novice to Expert. American Journal of Nursing, March, pp402-7.

Cheetham, G. & Chivers, G. (2005). Professions, Competence and Informal Learning. Edward Elgar Publishing.

Dreyfus, S. & Dreyfus H. A five-stage model of the mental activities involved in directed skill acquisition. (Supported by the U.S. Air Force, Office of Scientific Research (AFSC) under contract F49620-C-0063 with the University of California) Berkley, Feb., 1980. (Unpublished study).

Applying Novice to Expert to Decisions and Thought

Skill Level/ Mental Function	Novice	Advanced Beginner	Competent	Proficient	Expert
Recollection- using past experiences to guide the current situation	Non-Situational- think of parts	Situational	Situational	Situational	Situational
Recognition- using insight and knowledge to see changes that are not obvious	Think of parts as separate	Think of parts as separate	Holistic	Holistic	Holistic
Decision- to make a plan based on experience &	Analytical	Analytical	Analytical	Intuitive	Intuitive

knowledge					
Awareness-understanding influences of change and process	Monitoring	Monitoring	Monitoring	Monitoring	Absorbed

https://en.wikipedia.org/wiki/Dreyfus_model_of_skill_acquisition retrieved 9/7/2017.

Why is this important?

The ultimate, long-term goal of this RHD project is for nurses to save lives. You have been selected to be certified RHD presenters. As certified presenters you represent this program and as nursing leaders you develop trustworthiness with hospitals, clinics, and communities developing a sense of value of nursing's unique knowledge with benefit to patient, families, organizations and public. In our case, this is specific to RHD through increasing awareness of the link of streptococcus pyogenes infections and a 100% preventable fatal heart disease. Therefore, in the development process of expanding one's knowledge and skills, a distinct evidenced-based framework, or theory, is required to build a strong foundation. Subsequently, a nursing theory (such as Patricia Brenner's Novice to Expert) provides an excellent frame for you to build your expertise from general nurse to Certified RHD Presenter/ Core Team member.

You represent the core of this training to society through the your combined responsibility of patient care and leader to nursing plus commitment to Rwanda's Healthcare.

Creative and Critical thinking

"Thinking" is a process of reasoning by using your knowledge and past experiences to make decisions. The two types of thinking in this domain are: critical and creative thinking. Critical thinking often involves breaking a complex problem into small solvable problems. Creative thinking is the ability to have a new idea, or a new way to try to solve a problem. Creativity focuses on the possibility that there is more than one way to solve a problem. To be a successful RHD mentor, you will need to practice both thinking processes of critical and creative thinking.

Critical Thinking

Nurses are impacting healthcare in communities, clinics, and hospitals. In addition, nurses are making direct healthcare decisions, implementing new policies, leading change, conducting research, and mentoring others. These activities are dependent upon a person's ability to think critically. There are four steps of critical thinking:

Step 1. Knowledge acquisition and application of knowledge

Step 2. The analysis of information—the balance between perception and reality

Step 3. The process of informed decision-making

Step 4. Refection—the review of process, or debriefing after a process, event, or decision

(Von Collin-Appling and Giuliano 2017).

Critical thinking is a process about how you think, assess your knowledge and abilities, and regulate your decisions. Much of your professional identity is developed through a critical thinking process by reviewing what you have learned in didactic education and compare those truths to your experience to determine the ethics and evidence-based practice level of the situation (Ewertsson et al. 2017). A risk management foundation on diagnostics reported in 75% of cases of errors of diagnosing, poor critical thinking skills contributed to the error (Hayes et al. 2017). Therefore, it is important to review your critical decision-making skills and to actively pursue strategies to improve.

Critical thinking is an important aspect of the RHD project. Every module has a specific component on critical thinking and decision making.

Step	what	Applied to RHD	measure
1	Knowledge acquisition and application of knowledge	The specific conference content on Strep infections, ARF, RHD and HF. Plus the physical assessment skills	Pre and post test Asking specific questions
2	The analysis of information—the balance between perception and reality	Knowledge: the nurses need to balance what they learned and the patients they see. Skills- balance between what they have learn and what is traditional for nurses.	Tracking how often nurses are using the stethoscope, completing a history, or physical exam.
3	The process of informed decision-making	This is the core of the conference- the process of taking the symptoms, history, physical exam and make an informed decision and plan of care.	Discussing a scenario
4	Refection—the review of process, or debriefing after a process, event, or decision	After a clinical diagnosis or clinical decision, nurses need to take time to reflect on the process and outcome to understand how they made the decision.	Asking the nurse to share a positive cases of diagnosis of Strep infection, ARF, RHD, or HF

Activity Below is a list of skills that aid critical thinking. Place a mark where you feel your current level of ability is at for each skill. As you gain education, experience, and confidence, your novice to expert level should increase. This self-review is only a guide for you to recognize skills that you can use to increase your critical thinking. It is hoped that as you increase your understanding of critical

thinking you can help the Health Center nurses at our Rwandan Nurses Saving Lives conference improving their critical thinking skills.

Read the process and consider where you are today. 1-2-3-4-5

Process	Level of expertise/confidence 1 (novice) 2 3(competent) 4 5 (Expert)
• Planning	
• Evaluating and analyzing	
• Problem-solving	
• Decision-making	
• Priority-setting	
• Allocating resources: time-people-money-equipment	
• A reflecting practice	
• Learning	
• Change management	
• Probability analysis	
• Ethical decision-making	

Creative Thinking

Creative thinking and being creative in the health field is important when seeking new ways to complete tasks, use resources, provide care, implement training programs, or change behavior. Creativity is the generation of something both different and useful (Beaty et al. 2016). Brainstorming, developing graphic models, or using brain maps are all aspects of creative thinking. Creative thinking involves dynamic interactions of large-scale brain systems and supports complex cognitive processes. Goal-directed and self-generated thought is a key component of creative thinking (Beaty et al. 2016).

Creative thinking skills

1. Generating ideas - A process to generate new ideas can include:
   - Group meetings to discuss the concern/issue.
   - Have multiple people complete a SWOT analysis (strengths-weakness-opportunities-threats) on the topic .
   - Ask "What would you do?" to people outside your department.
   - Conduct a group process to discuss an issue through a brain map or graphic model.
2. Synthesizing Taking different parts of other solutions and create a new solution:
   - Seek similar concerns/problems and review all solutions, then work in group for possibilities
   - Look to other industry or department for solutions
3. Stretching boundaries- Review the current boundaries of the topic, then remove the boundaries and ask what could be done if the boundary/barrier was removed.

• Do in groups, as questionnaire, or group SWOT.
• Have small groups answer a problem through the use of a graphic model, or brain map.
• Always provide support that stretching boundaries is good to assess innovation.

4. New patterns and possibilities-Review current patterns of the process, culture, and outcomes
   • Determine the current process, culture, or outcome, then identify the desired process, culture, or outcome.
   • Seek information from a wide source of people.
   • Build the new way.
5. Suspended judgment
   • Allow every idea to be discussed and considered important.
   • Seek input from every stakeholder.
   • Actively listen and support every idea to see which idea become the best fit for the solution.
   • Do not let another person's idea to be dismiss or berated in group discussions.
   • Seek consensus and not majority.
6. Novelty
   • Consider teaching in a new way, implementing a new idea/product in a different way from tradition.
   • Look to other industries for solutions or ideas.
   • Be open-minded
   • Seek all assumptions and discuss every assumption to then consider a new idea.
   • Provide a short creative activity before the formal meeting (write a poem, draw, use blocks to build, complete a puzzle).
7. Divergent thinking
   • Allowing all possibilities to be looked at
   • Use large pieces of paper and write all ideas down.
   • Conduct group activities where ideas build.
   • Include all ideas (suspend judgment)
8. Learning Gaining knowledge and skill
   • Provide the inspiration, infrastructure (supplies and resources).
   • Provide the correct training level from novice to expert for the team.
   • Have the team teach each other.
   • Include engaging activities in the training.
   • Have the team determine training topics.
9. Strategic thinking Looking to future and how new ideas would look
   • Consider the impact of innovative ideas to all stakeholders.
   • Review the values and build behavior changes to support the values.
   • Work in groups/teams to project the future and present.
10. Leading change Providing support, coaching, and mentoring to implement change
   • Involve and support those who will be active in the change process.
   • Present change as the desired outcome of the team
   • Develop at least two different platforms of presentation (such as written, graphic model, oral presentation).

- Teach mentorship skills.
- Decrease the perceived negative impact of the change to stakeholders (such as nurses perceive a change will add more duties and time to their already stressed days).
- Seek consensus and understanding the thoughts of those who oppose the change.

(Bacal (n.d.) accessed 4 Feb 2020, Beaty et al. (2016), Branch and George (2017), Dickert and Kass (2009), Katz (2018), Koloroutis and Wessler (2007), Millick (2012), Roberto (2011))

RHD Clinical Expertise

Developing RHD clinical expertise is the summation process of your Certified RHD Presenter role. There are several key components of RHD clinical practice where this domain is central to achievement including:

- Being autonomous and accountable nurses providing full spectrum RHD care
- Provides safe and competent patient care through implementing the evidence-based knowledge and skills from the conference
- Works as a community knowledgeable healthcare provider for community education
- Influences nursing through leadership, education, and policy in the health center settings
- Provides evidence-based care and supports nurses to provide evidence-based care
- Recognizes limitations and maintains clinical competencies through continued professional development
- Adheres to the ethical standards of nursing
- Identify and initiate required diagnostic test and procedures
- Gathers and interprets assessment data to formulate plan of care
- Completes excellent clinical documentation written and verbal reports
- Assesses patient or family response to therapy and modifies plan of care on the basis of response
- Communicates plan of care and response to patient and family
- Provides appropriate education to patient and family.

Clinical expertise encompasses far more than advanced knowledge and skills. To be a clinical expert, you need the skills to share your knowledge through word and action. Below are some personal actions/knowledge that are beneficial to prove your clinical expertise as an RHD Certified Presenter/Core Team member. What level from Novice to Expert are you in each area? Place a mark on each continuum where you think you are now.

Action	Write an activity you can do that shows your knowledge & skill as a Certified RHD presenter/ Core Team: Be Specific
• Being creative	
• Be caring	
• Being a role model	
• Be encouraging	
• Be and advocate	
• Use skills to show knowledge	
• Give honest feedback	
• Develop trust	
• Use knowledge for decisions	

Communication

Communication by Theory and Leadership

Communication is the most common place for errors, mistakes, and misunderstandings. Yet, we communicate daily. As Certified RHD Presenters/Core team members, part of your leadership role is to help others become their best and that requires specific communication pattern. Using Patricia Brenner's Novice to Expert, a leader can assess the competency domains of the person and design a communication that support, grows the person, is clear to interpretation, and builds trust.

Responsibility + Authority + Accountability

AN ESSENTIAL FOUNDATION FOR DECENTRALIZATION AND EMPOWERMENT

The concept R+A+A is from LEO (Leading Empowered Organizations). This concept was used with permission from 2007 (LEO/CHCM)

RESPONSIBILITY

When you ask someone to do a task for you, you must be clear and specific with the instructions of the duties / tasks to achieve your desired results.

Assigning a task is complex. It is a two-way process: allocating (tell the person) and accepting (the person accepts the request). It is the leader's responsibility to understand the person's level from Novice to Expert for the match of request and need of information.

Responsibility is a requirement on both sides of the question. Responsibility always has two parts:

- **Part 1-** the **person asking the question (allocator)** has responsibility to ask the question in the fashion in which the receiver understands, and precise authority to make decision has been clearly stated.

- **Part 2**- the **person receiving the question (receiver)** has the responsibility to understand and have the ability (knowledge, skills and infrastructure) to respond. PLUS the person receiving the question is responsible to understand the level of authority that has been given to them to complete the task being asked.

Both people have Responsibility

Responsibilities of Both people

Allocator (sender) Responsibilities	Acceptor (Receiver) Responsibilities
-States question clearly -Understand the person who is receiving the question personal level from novice to expert -State authority clearly and to the proper level	-Understand the question being asked -Understand the authority which is being asked -knows personal ability in all competency levels to answer the question

from novice to expert -ensures receiver has the knowledge, skills, experience, and infrastructure (supplies/equipment) to successfully complete the ask	-Clarify for a new level of authority if cannot accomplish the task in the current ask due to time, skill, knowledge, critical thinking, creative thinking, or interpersonal/ intrapersonal relationships or infrastructure.

AUTHORITY

Authority is the level from novice to expert you give to a person to complete a task. Correct authority is given to a person when the leader has reviewed all competency domains, then choses from novice to expert authority level.

A difficult aspect of helping a person improve knowledge and skills is the evaluation and understanding at which level of skills each person is when you are developing a process to help a mentee. Your goal is to help each nurse obtain knowledge and skills tha bring them from novice to expert. Then, have those nurses help other people. This challenge is finding out what is important to your mentee. If you know what is important to them, then you can give valuable work and training that sparks passion within that nurse. Understanding where the mentee is from Novice to Expert on the task/decision you want them to complete is critical to how you ask the question and give authority to make a decision and plan from the task.

However, this is also the most common place for errors to occur for leaders. Communication that is done poorly will allow for:

- Miscommunication
- Lack of clarity, failure to complete tasks
- Failure to achieve what you have determined to be success
- Create frustrations or hurt feelings of the other person. (Fear & Anger)
- Failure to acknowledge the employee, team member as a valued-person
- Poor technical skills
- No feeling of ownership
- Lack or no trust
- Lack of innovation
- Behind back talk
- No team commitment
- Poor feedback
- Inability to obtain the organizational or unit vision
- Failure to uphold Values
- Failure to uphold Words of Wisdom & Respect
- Failure to complete tasks on time
- No desire to become an expert status
- Refusal to take on additional duties
- Inability to be an advocate for others

That is a long list of possible miscommunications, or problems related to asking a question and hearing the question! A great leader will get the specific level of authority that is required (whether the leader is the allocator (sender) or acceptor (receiver). (Wessel, S., and Koloroutis, M. (2007).

Authority

is the right to act in areas where one is given and accepts responsibility to obtain the answer using the given level of capability.

is the level from novice to expert you give to a person to complete a task.

For anyone to complete **a request as you desire**, you must give them the authority to complete the task with a **specific level of authority** based upon their current skill level Novice to Expert. This is the most common area of misunderstanding and miscommunications. (Wessel, S., and Koloroutis, M. 2007).

Putting Levels of Authority into a Theoretical Frame: Novice to Expert

NOVICE: **Data/information/ idea gathering:**

Get information and bring it back to me.

ADVANCED BEGINNER: **Data/information/ idea gathering + providing recommendations**

Get the information, think about it and provide me your recommendation…. But I will make the decision

COMPENTENT: **Data/information/ idea gathering + providing recommendations (Pause to communicate, clarify or negotiate) + than Act**

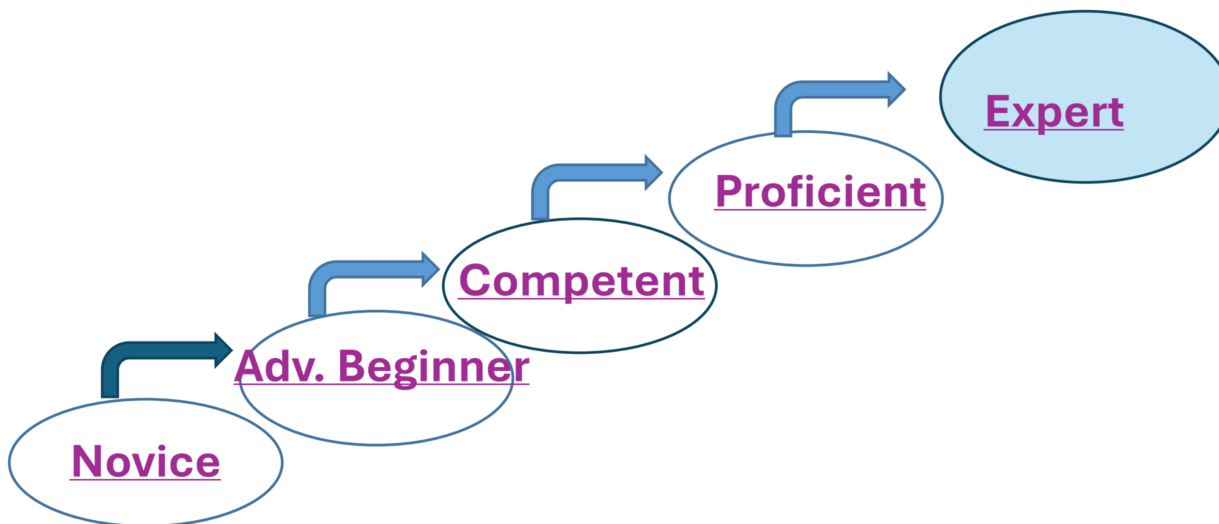
Get the information, think about it and provide me your decision (double check with me) then act.

PROFICIENT : **Data/information/ idea gathering + make decision on own and Act + inform others after you act.**

Get the information, make a decision based on your knowledge and past experiences, then review the outcomes, let me know how I can help or support you and implement.

EXPERT: **"Do as I would do" or "Act in my absence**" or **"I trust you and your knowledge, go and do!" Mentor others.**

(Adapted from Koloroutis & Wessler, 2007)



R+A+A: Think of a skill or knowledge that is critical to assessing, diagnosis, or treating any aspect of RHD. Write a statement for each level on how you would ask a person to complete the task/ skill/knowledge.

TASK: ____

NOVICE: ____

____

ADVANCED BEGININER:____

____

COMPETENT: ____

____

PROFICIENT: ____

____

EXPERT: ____

COMMUNICATION ACCOUNTABILITY

Accountability in communication means that the person who is accepting the request is clearly accountable for completing the task/request that has been asked of them (and responded).

Plus, excellent communication builds accountability. There are several tactics every person can do to increase communication accountability, including:

- Seeing each person as person and acknowledging them by name
- Always placing value on other's ideas, opinions and emotions during conversation
- If you are the allocator (asking a request from someone) ensure they have understood, have the ability, and resources.
- Mutually agree on a deadline
- Saying "thank you"
- Completing the tasks requested of you on time and with your full ability.

Example: Here is an example on how you could do R+A+A in the field of nursing.

NOVICE: To a young novice nurse a Leader might say, " please go get the vital signs on Mrs. Mukamana and bring me back the information. "

ADVANCED BEGINNER-As the nurse gets more understanding of the words of vital signs the leader could say, " please go get the vital signs on Mrs. Mukamana and determine if anything needs to be done. Please come back to me and discussion or thoughts before you do anything."

COMPETENT-The nurse continues to grow and a leader could say, " please go get the vital signs on Mrs. Mukamana and determine a plan, if there is significant abnormalities- please- before you do it, tell me what you plan to do."

PROFICIENT-The next step the leader could say, please go get vital signs on Mrs. Mukamana and determine a plan, do any action that is required, and tell me later in the shift. If you have any questions, I am available."

EXPERT- To an expert, you may say, "Please take nurse Kidner with you to assess Mrs. Mukamana and explain to nurse Kidner your thought processes and critical thinking on how you arrived on the plan of action based on her current status. Thank you, for taking the time to share your wisdom and experiences, I so value your expert status. "

Developing Personal Self-Accountability

It is important that people trust you. If you would like to try to retain and motivate great team members, then you have to think about your own accountability. The trust you have with your

colleagues and the amount of trust they have of you are equally important. You must lead in an environment that causes people to want to join you and stay with you as you are motivating them to change… to become their very best. That sense of ownership is motivating. In this RHD project, we want nurses to have the desire to improve their knowledge, skills, and referral process. As RHD mentors, you want to both model and encourage high levels of self-accountability and ownership of the RHD knowledge and skills to make a difference.

Growing self-accountability and ownership is complex, yet as RHD mentors you can find many ways to support the nurses:

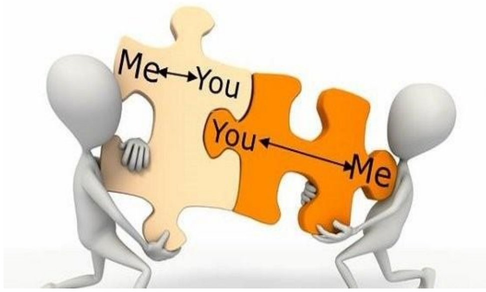
1. Providing the importance of each nurses' work. How people understand the importance of the task they are doing, will help motivate them and improve their ideas and creativity.
2. Give good, clear, and immediate feedback to each nurse you visit. Helping each person grow their own skill set will help them have ownership and increased self-accountability.
3. Helping each nurse gain the knowledge and skills sets to be highly effective in obtaining a history, physical exam, using the skills and knowledge to critically think and make evidenced-based decision and care plans.
4. Allow autonomy (high self-work and low supervision) after each person reaches proficient status on the tasks, knowledge, and skills. Give positive feedback.
5. Design an effective way to improve communication and build trust relationships through the referral and follow-up processes.
   (Roberto, 2011. Transformational Leadership; Samson, 2009)

Having a high level of personal accountability develops trust. Leaders can use this accountability, to increase the power of commitment, and the help others be persuaded for a campaign or a process that you are trying to complete that supports your plan of action. A level of high accountability will allow leaders to influence people. However always remember the difference between leadership and manipulation. It is your personal value system that will keep you on the leadership side and away from manipulation. Self-accountability is a critical aspect of professional identity and understanding that you remain ethical and technically competent at all times because it is the duty of your profession.

Accountability Complexities

- Accountability is your personal ownership for the consequences of one's decision and actions
- You cannot give away your accountability
- Personal accountability is a reflection of your personal values
- Personal accountability **develops a sense of ownership** to both decisions and to a group/workplace
- Accountability requires reflecting on actions and evaluating effectiveness of actions/decisions
- Accountability promotes learning and directs future efforts
- High Accountability builds trust.

(Samson, W., 2009 ; Scott, K., 2009; Wessel, S., and Koloroutis, M., 2007).



The Accountability Balance requires that you hold people accountable AND grow personal accountability for self and those working around you.

High personal accountability leads to high credibility

A strong Personal Accountability does NOT use blame, excuses, or entitlement thinking!

&

All behaviors are born of belief: What you believe drives your behaviors

Samson, W. (2009). The Personal Accountability Revolution

Remember, behavior comes from your values. In addition, the stated Words of Wisdom & Respect that have been clearly stated (and agreed upon) delineates acceptable and expected behavior.

Group Activity

Accountability of RHD care in the Health Settings:

Discuss actions, skills, knowledge, or a process you think the Health Center nurses should be accountable for after this conference.

1. Brain storm topics
2. Choose 1 topic-
3. Explain to topic
4. Write a plan on how you think it should be implemented
5. Write the steps on how you, as mentors and advocate, can help the nurses be successful
6. Share

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Are there any barriers to your future success on this topic?

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What are the facilitators that will help make this project successful?

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Developing Accountability

Personal accountability develops from habits and past experiences that drive how we respond to a request to solve a problem or complete a task. The person in power requesting you to be accountable directly impact your response. Often people get stuck on the solution side (looks to the future) or the problem side (past). Accountability builds integrity. Both depend on the person's

thoughts and actions, their emotions, and actions all aligning to provide the results anticipated by the leader (Scott, 2009).

Solution Side

These are people who:

Ensure clarity: Understand what is known about the concern and what is unknown

Get themselves informed… "I do not know, Let us go find out."

Supports and provides all that is needed for creative solutions

-infrastructure
-inspiration
-education/ knowledge/skills
-mentorship if needed

Problem Side

These are people who frequently say:

- "It is not my job"
- "We have always done it this way…"
- "You cannot do that…"
- "It is not MY fault"
- "Nobody told me that"
- "Management said…

A critical role of the leader is to guide staff away from being stuck in the problem and negative attitude by inspiring HOPE that comes from integrity, personal values and your ability to guide and lead others.

Developing Accountability through find solutions/solving problems

- Ensure clarity: Find out what you do not know
- Get yourself informed, "I do not know, let us go find out."
- Use good resources
- Understand the information, or seek help to understand it
- "OWN" the problem/project and SOLVE it without blame
- Use "we" thinking and not "me" thinking to help solve a group project

- Create solutions and
- Build relationships

Notes:

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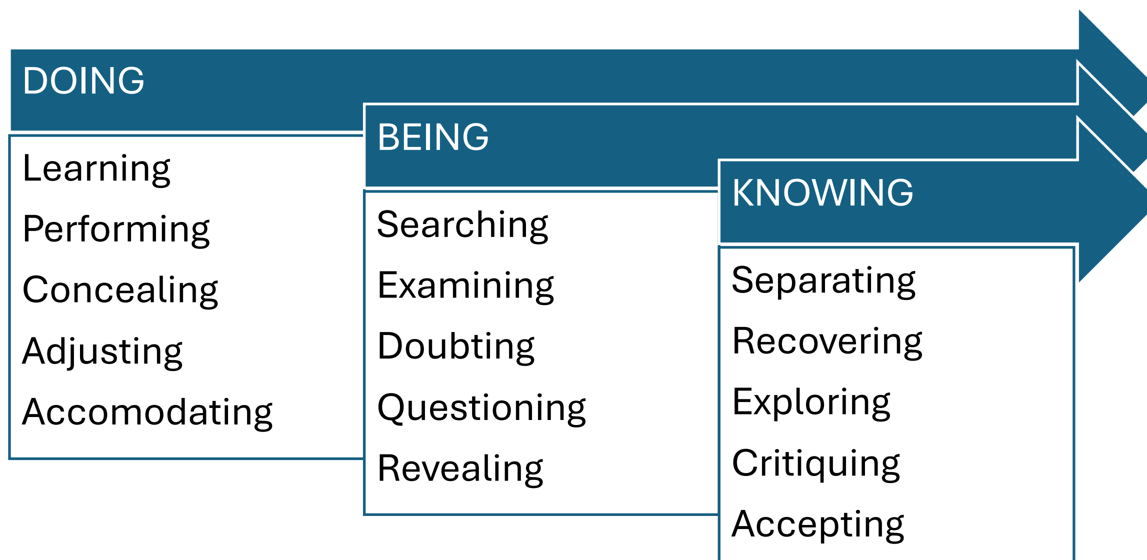
The Process of incorporating new knowledge into a role

This Rwandan Nurses Saving Live conference provides new knowledge and skills for nurses. We know that these new skills and knowledge will help the nurses to improve their diagnostic skills and ability to provide better care to most patients as the history and physical exam is the cornerstone to nursing care. Yet there is a process that each person goes through when learning new knowledge and skills. The reason for the RHD mentorship is support this transition to a long-term positive outcome. It is important for you as RHD mentors to understand this process to help guide, mentor, and advocate for the nurse to compete the process of incorporating new knowledge into the role.



<u>The use of an estimated time frame of transition</u>

The knowledge and skills transition after completion of any intensive educational training into the workplace is a nonlinear process comprised of your experiences, role preparation and understanding, skill/knowledge changes, and role relationship changes (Duchscher 2008). The experience of the conference with the meaning to the change in practice are compared to the nurse's expectations and anticipations. Although complex, there is predictability of the transition of new knowledge and skill into practice through three stages. The three stages are doing, being, and knowing. Within each stage there are possible activities that the nurse can experience, and you can mentor, for the nurse to gain confidence in self, your knowledge, skills, and decision-making. Time is impacted by the support, orientation, and mentorship that one receives. Transition support in formal orientation or mentorship has a positive outcome in knowledge and skill transition with greater confidence and competence (Kidner 2022 & Russell & Juliff 2021).

Time is culture dependent and highly viable from person to person. Your formal RHD mentorship is 2 months. Yet, it is our desire that the Certified RHD Presenters and core team develop ways to have continued contact with the HC attendees.

Stage I Doing: Months 0 to 2

- This stage is exemplified by the activities required to transition from the predictability of academic life to the chaos of change, new expectations, responsibilities, and level of accountability on the new role. This stage is filled with conflicting expectations between self and workplace with remembering the knowledge provided, the skill techniques required, and the education to provide. Common emotions are self-doubt, wavering confidence, anxiety, and confusion. Yet, there is progress towards clinical competence (Russell & Juliff 2021). A key component that directly impact self-doubt is the referral process. Fear of reprimand, or not knowing the people to contact adds to anxiety and doubt. It is critical that the HC nurse receive support and positive reinforcement concerning the referral process.
- To support this stage, you will be conducting a virtual WhatsApp mentorship process for education, discussion, and positive feedback.
- Each nurse will receive an educational flip chart to guide the patient/family education
- Each nurse will receive a community education tool kit
- A randomly selected group of HC nurses will receive a site visit from one of the Certified RHD Presenter from the district hospital associated with that HC.
- Develop a RHD referral sheet/checklist

Stage II Being: Months 2 to 6

- This stage is exemplified by a rapid change in critical thinking, time management, and fulfilling the expected role. There is a waning in the negative emotions and there are the beginnings of trust relationships forming (Duchscher 2008). Yet, a lack of confidence, feeling of being placed to care for patients beyond their clinical competence, and advanced responsibilities dominate can still be part of this stage. However, there is often a shift to the recognition that competent care can be provided, complex decisions can be made, and the knowledge and skills gained from Rwandan Nurses Saving Live education was appropriate. The transition into the Knowing stage is marked by a rejuvenated professional identity and

positive self-concept with enhanced self-efficacy through professional socialization and increased applied competence (Russell & Juliff 2021). This stage builds on the referral communication process.

- It is hoped and many of the HC nurses can reach this stage before the ending of the mentorship. Yet here are some ideas to continue to help:
    - Continue an informal WhatsApp group where the HC nurses can reach out if there is a difficult decision to make.
    - Consider building short videos of the physical assessment components and sending
    - Track Strep infections and treatment
    - Track ARF symptoms and echos
    - Develop RHD days at the district Hospital and invite the HC nurses
    - Do a RHD community Awareness project together

Stage III Knowing: months 6-12

- This stage marks the successful role transition to a nurse highly skilled with the stethoscope and physical exam and fully accepted into the workplace/community. Trust relationships, self-confidence and accountability are enhanced. There is increased autonomous care. In this stage there is a renewed effort to understand and develop one's professional identity (Duchsher 2008). This stage is also marked by familiarity and trust in the communication process of referrals and developing processes to support the flow of patient care information to the District hospital and from the District hospital back to the Health Cener.

Helping other Be Proactive

If you focus on the potential negatives, challenges, and stress of implementing a history, physical, diagnosis, and treatment for each patient, The nurse can become overwhelmed. However, the capacity of learning and work performance is deeply embedded in the ability to understand your capacity, self-efficacy, self-concept, and personal competences (Grosemans, Coertjens, & Kyndt 2020). There are several activities you can do to help the HC nurses be proactive to decrease role transition stresses, implement new skills (stethoscope)/knowledge and overcome challenges.

- Acknowledge change is hard and they are going through significant changes.
    - Using a stethoscope is not traditionally a nursing skill in Rwanda
    - Completing the required history and physical exam takes more time
    - Providing patient and family education takes time
    - The history and physical exam will need to be document- it takes more time
- Support and encourage their personal transition through developing a strong sense of accountability and ownership.
- Recognize their strengths & opportunities. You can even help them complete a SWOT

- Celebrate every clinic success (when you correctly understand and interpret a test, make a diagnosis, see improvement from your medication/treatment plan).
- Be the categorical mentor for their clinical practice and role transition.
- Recognize that your patient assessments and diagnosis process will be slower for your first 6-12 months. This is normal.
- Help the nurses be prepared for jealously.
- Help the nurses be aware of passive aggressive actions and have a plan on your response.
- Be committed to interprofessional collaboration and networking- build relationships with the nurses.
- Provide realistic feedback on their progress through networking, debriefing, and sharing with colleagues.
- Help the HC nurse develop a relationship with the physician and cardiologist. Make the referral system easy.
  (Ares 2018; Baker & Murphy 2021; Faraz 2016; Grosemans, Coertjens, & Kyndt 2020; Hussein et al. 2017; Owens 2019; Russell & Juliff 2021)

Group Project

Critical Thinking/Decision making- The RHD Virtual Mentorship process

Virtual Mentorship

Week 1

Review heart sounds

Scenario: ARF with new mitral murmur

RHD with Aortic stenosis

Week 2

Review Lung sounds

Scenario PND with early RHD

Week 4

Review clinical diagnosis of Strep infections

Week 6

Review ARF

Week 8

Review Heart Failure

Checklists

Knowledge

Skills

Critical Decisions

HC impact checklist

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