



**California Simulation Alliance (CSA)
Simulation Scenario Template
Leadership Specialty**

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). HealthImpact, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the CSA is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within HealthImpact for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.californiasimulationalliance.org

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CSA. The writers have agreed to waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P release forms can be obtained by emailing KT Waxman at kt@healthimpact.org.

Original CSA template modified for Leadership Development 8/13/13 by C. Delucas, revised 2.17 by KT Waxman

ALL DATA IN THIS SCENARIO IS FICTICIOUS

SECTION I: SCENARIO OVERVIEW

Scenario Title:	Leadership Competencies for Succession Planning- Executive Influence Behaviors
Original Scenario Developer(s):	Beth Eichenberger
Date - original scenario	April 20, 2017
Validation:	Dr. KT Waxman, M. Miller, MA, BSN, CHSE
Revision Dates:	
Pilot testing:	USF ELDNP cohorts 6,7, and 8
Learner Level:	Experienced to Expert

Estimated Scenario Time: 15 minutes Estimated Debriefing time: 10 minutes
Target group: New or Emerging executive nurse leaders

Leadership Competencies: Leadership, Communication, Relationship Management, Professionalism (AONE, 2015)

Framework: Influence. (Optional- not part of this template)

The power to have an important effect on someone or something to change a person or thing in an indirect but important way.

Skills:

- A. Lead from the head, heart and hand (Forbes) while establishing a sense of urgency
- B. Communicate a compelling and inspirational shared vision
- C. Adapt leadership style to the situation- attempt to see the world from another's point of view
- D. Role model civility and respect
- E. Actively listen to hear both, that which is spoken and that which remains unspoken

Brief Summary of Case: The nursing director is being considered as a potential successor for the nurse executive. Currently an interim nurse executive is in place until a permanent replacement can be found. She has been asked to take over an additional department that has recently undergone a change of the entire leadership team. She has met with her staff to establish rapport and elicit feedback and received mixed reviews regarding her message and communication style.

EVIDENCE BASE / REFERENCES (APA Format)

American Organization of Nurse Executives. (2015). *The AONE nurse executive competencies*. Retrieved from: <http://www.aone.org/resources/nec.pdf>

Bondless, (2016) influence. *Boundless*. Retrieve from:management/textbooks/boundless-management-textbook/leadership-9/defining-leadership-68/a-

Guerra, S. (2014). Six leadership behaviors that influence innovation. (2014, November 24). Retrieved March 11, 2017, from <http://www.halogensoftware.com/blog/six-behaviors-of-leaders-that-influence-innovation>

Porath, C. (2015, May 11). The leadership behavior that's most important to employees. Retrieved from: <https://hbr.org/2015/05/the-leadership-behavior-thats-most-important-to-employees>

Scharlatt, H., (2011). How to influence when you have no authority. Retrieved from:

<http://www.forbes.com/2011/01/03/influence-permission-cooperation-leadership-managing-ccl.html>

Original CSA template modified for Leadership Development 8/13/13 by C. Delucas, revised 2.17 by KT Waxman

ALL DATA IN THIS SCENARIO IS FICTICIOUS

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES	
Learning Outcomes	
1. Create an environment that fosters empowerment through active engagement	
2. Establish common values to enhance alignment for the participants	
3. Display authentic Caring or Humanness to nurture trusting relationships	
4. Inspire others to direct visionary trailblazer efforts for innovative change	
Specific Learning Objectives	
1. Demonstrate influential executive/leader behaviors that support common goals for a first meeting	
2. Share a compelling reason for change using change theory and personal narrative	
3. Listen generously, acknowledging others points of view prior to negotiating group norms	
4. Build trusting relationship to establish credibility, which is central to influence and move teams toward focused goals of quality, safety, and service.	
5. Create an environment that motivates and inspires others to engage in positive and more proactive (versus reactive) ways	
Critical Learner Actions	
1. Demonstrate your own influential behaviors from previous reflective practice and self awareness	
2. Lead from your head, heart, and hand (whole person leadership) to nurture trusting relationships	
3. Model civility and respect while creating the impetus for change and urgency	
4. Foster empowerment through engagement	
5. Inspire the team by sharing your commitment to shepherd change as a process vs a task	
6. Adapt leadership style to complex and diverse situations to gain consensus and drive outcomes	
7. Shift team focus from problem solving (reactive) to solution seeking (explorative and proactive)	

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Required prior to participating in the scenario	
Knowledge	Skills/ Attitudes
X Complete assigned readings prior to simulation if provided	X Take survey prior to simulation
X Dress appropriately for the role	X Engage fully through active listening and a positive approach
X Remain open to the learning experience	X Display respect for the process and others
X Finish the pre simulation survey	<input type="checkbox"/>
X Be open to engage in the experience with curiosity	<input type="checkbox"/>

SECTION III: SCENARIO SCRIPT

A. Case summary

In order to be considered as a candidate for the open nurse executive role, the nursing director has been asked to take on additional responsibilities of a 2nd department that has recently experienced a complete turn-over of their leadership team. She/he has been asked to step-up to this added responsibility to demonstrate the essential leadership abilities required to stabilize the team & turn-around the units deteriorating performance metrics. Leadership gaps & chaos have already adversely impacted patient satisfaction scores & threaten quality, safety, & financial outcomes as well. The director is aware through leadership discussions & risk reports that there have been 14 medication errors on this unit in the past month. Of the 14, one rose to the level that required engaging disciplinary process after reviewing each case through the Just Culture Algorithm. The patient care team has undergone significant change, including complete & frequent turn-over of the previous leadership team. They appear dispirited by the lack of consistent leadership & constant churn of interims, shifting leadership styles & obvious short-term fixes. There is a sense that the patient care team feels they can manage their own operations & unit culture best without the need for a new director. They lack confidence that a replacement will stay even if the role is filled, based on their experiences & therefore see no legitimate need to change their current behaviors, practices or attitudes to simply survive each shift or otherwise keep the boat afloat.

Having received mixed reviews on her first manager meeting, regarding her ability to shift attitudes & engage the team in changing the culture, the director is now going to have to influence the team to affect progressive changes to ensure the unit's performance supports the organization's mission to provide high quality, safe & affordable patient care. The director is excited about assuming these added responsibilities & is determined to succeed where others have not.

B. Key contextual details

In this scenario, the director is challenged to establish credibility/trust with current management team using her authentic leadership skills. From the initial assessment that was made by the director, educator & HR, including both interviews & policy deviations, it was identified by the management team that the issue with staff is their lack of accountability in their roles. Staff have been allowed to function independently & have not been held accountable for their behaviors, actions or deteriorating performance. There was a perception that staff were aware of policy/practice gaps with patient safety concerns, but no one was willing to speak up. Managers with little or no onboarding were inexperienced & inconsistent in dealing with practice or performance issues. The director is planning her very first team leadership meeting to set the vision, identify solutions, define team norms & outline expectations.

In the scenario, the director must display behaviors that facilitate full engagement of the team & a sense of urgency to impact positive change. This may be done by establishing a common ground (patient focused) and a shared vision, asserting her/his views in non-threatening, non-judgmental ways to facilitate authentic dialogue & movement toward consensus building. Trust is essential & must be earned through consistency, presence, concern, & caring, encouraging "can do" leadership style. The goal is to authentically engage with the team & inspire change toward desired behaviors, evidence-based clinical practices & attitudes that support team cohesion. The focus needs to be on those who want to transform work environment for the better & are willing to embrace the change that is essential to support the organization's mission, vision, and values.

Your job now is to decide how to proceed in this situation. Please take a few minutes to think about the scenario, then demonstrate how you would employ those behaviors of influence to lead this team back to a focus on excellence & sustainable performance. Please use the guiding elements on page one and any other leadership attributes involving influence that you believe to be relevant to this situation as your guide.

C. Scenario Cast		
Leaders/others	<input type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Actor/Confederate (A/C) or Learner (L)
Nursing Director		L
Manager		A
Assistant Managers (ANM)		A

Environment, Equipment, Essential props
Recommend standardized set ups for each commonly simulated environment
1. Scenario setting: (example: office, board room, patient room)
Conference Room

2. Equipment, supplies, monitors (In simulation action room or available in adjacent core storage rooms)						
X	Table/chairs					
X	Computer monitor					
X	Handouts					
X	Video Equipment (opt)					

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
<p>Initiation of Scenario: The nursing director has scheduled a mandatory meeting with the unit management team (Manager/ANMs/Educator). She is first meeting with the manager to prepare for the meeting and explore perspectives and gain additional insight for successful strategy. The goal of the meeting is to set the vision, identify solutions, define team norms, outline expectations.</p>			
PARTICIPANT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>1. Role or position Nursing Director</p> <p>Manager The director begins the conversation by establishing an authentic connection with the manager.</p> <p>The goal is to reinforce that her main interest is to ensure everyone is on the same page or on common ground.</p> <p>She invites perspective, advice, and demonstrate interest in perspectives of the manager and thoughts around potential solutions they could partner on to transform the unit?</p>	<p>Triggers:</p>	<p>Learner Actions The director asks the manager for their perspective on the current climate of the unit? Probe for thoughts about potential solutions? Invites the manager to share how together they could be most successful in helping facilitate this transformation?</p> <p>She waits and listens as the manager expresses her thoughts and concerns and potential solutions.</p> <p>They continue the conversation discussing the historical aspects of different leaders (pros and cons) and responses of the team</p> <p>Director shares with the manager that she/he is aware of the 14 medication errors and has been asked to address the immediate safety risks to patients following these reports.</p>	<p>Debriefing Points: How did director respond to the initial situation?</p> <p>Were her actions in alignment with influential behaviors?</p> <p>Describe the behavior(s) that was most prominent at this time? Did she make eye contact and remain engaged?</p> <p>How else might she have responded that would enhance her stance as an influential leader?</p>

PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>2. Nursing Director</p> <p>Management Team Nursing director opens the meeting with introductions and by sharing with the management team how she came to be in the current interim role.</p> <p>The director states that she appreciates the feedback and that she wants to ensure the team she is focused on the same things as every nurse leader (patient safety) and the concerns you share are all about leadership gaps, eroded trust, the need for engagement in solutions, and a commitment to be there for them and support the process.</p> <p>The manager reinforces the importance of the team and acknowledges that there have been recent concerns over medication errors and poor performance. We are being invited to work together with our new director to help resolve the gaps and address the leadership challenges.</p>	<p>Triggers:</p>	<p>Learner Actions:</p> <p>The director invites the ANMs to share their perspectives and concerns.</p> <p>The director then waits and listens while the team shared their experiences and concerns about “Yet another new Director”.</p> <p>She then asked them what they needed to be successful.</p> <p>The manager led and modeled the conversation by sharing what she/he believed was needed to turn things around.</p> <p>Some of the manager’s ideas and requests were not possible (i.e., more staff, more time off?), yet the director remained open, engaged, and sincere about what she/he may or may not be able to deliver on and the time frames for resolution where possible.</p>	<p>Debriefing Points:</p> <p>Does the director appropriately set the stage for her team to engage or be more open and responsive?</p> <p>What behaviors is she exhibiting during the discussions?</p> <p>Was she listening generously and accurately reflecting back what she heard from others perspectives?</p> <p>Were her actions in alignment with key leadership behaviors that support influence?</p> <p>How else might she/he have responded that would enhance her success as an effective leader exerting influence with teams?</p>

PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>3. Director Manager Assistant Managers</p> <p>The director thanks the leadership team for the authenticity, & asks for their support during this time of chaos/change.</p> <p>A discussion occurs to identify agreements, next steps, & when they will reconnect...</p> <p>She turns focus toward a priority need that requires a focused leadership response. The director engages the team to help identify some short & long term solutions to help ensure a unified response to patient safety concerns.</p>	<p>Triggers:</p>	<p>Learner Actions: Director establishes a sense of urgency & outlines a process for organizational change using evidence-based practices, rather than just jumping quick fixes. Then she asks for input into next steps everyone can support.</p> <p>Manager & asst. mgrs. show concern & begin to discuss a plan to lead the necessary change with staff.</p> <p>Manager recommends thoughtful use of “just culture” algorithm to gain clarity around nurse accountability vs systemic issues, in order to avoid assigning blame or levying unwarranted discipline</p> <p>Managers stated they were aware of errors & potential unsafe practices & agree to implement a consistent monitoring plan</p>	<p>Debriefing Points: Does the director exhibit behaviors that reflect influence during the discussions?</p> <p>Was she able to influence the outcomes through her approach and discussion of the issue?</p> <p>How do the managers appear to be responding?</p> <p>Does the director display the critical learner actions throughout this scenario?</p> <p>How else might she have responded that could have enhanced the goal of leader employing the attributes of influence?</p>
<p>Scenario End Point: Manager states that she will take responsibility for reviewing the errors and interview each nurse involved to determine whether discipline is warranted or if a system issue arises that requires team involvement to review medication practices, policies or potential barriers. The director adapted her/his leadership style to the situation. She/he created an environment that allowed the management team to feel valued for their input on the need for change & steps to move forward. They would now be able to lead through the change process, addressing concerns using best practices outlined in the Just Culture tools, thereby fostering trust & applying a cohesive approach to seek solutions & improve unit performance as a team.</p>			
<p>Suggestions to <u>decrease</u> complexity: Director to have the first engagement meeting with the manager before meeting with any staff or managers to gain a better understanding of the current climate, culture and environment and to establish mutual agreements around expectations, accountability and a collaborative plan to mitigate ongoing patient safety concerns.</p> <p>Suggestions to <u>increase</u> complexity: Manager fails to appropriately engage or respond with the team, leading to further erosion of trust, confidence in leadership stability, and a failure to align teams toward shared goals.</p>			

APPENDIX A: Optional digital images of scenario milieu/set-up

<p>Insert digital photo here</p>	<p>Insert digital photo here</p>
<p>Insert digital photo here</p>	<p>Insert digital photo here</p>

APPENDIX B: DEBRIEFING GUIDE

General Debriefing Plan			
XXX <input type="checkbox"/> Individual	X <input type="checkbox"/> Group	X <input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
Debriefing Materials			
X <input type="checkbox"/> Debriefing Guide	X <input type="checkbox"/> Objectives	X <input type="checkbox"/> Debriefing Points	
Core Leadership Competencies to Consider for Debriefing Scenarios			
X <input type="checkbox"/> Leadership	X <input type="checkbox"/> Teamwork/Collaboration	X <input type="checkbox"/> Evidence-based leadership	
X <input type="checkbox"/> Communication	<input type="checkbox"/> Human factors	<input type="checkbox"/> Systems thinking	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of (identify the human factor) in leadership feel for you? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you feel the need to check the ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What three factors were most SIGNIFICANT that you will transfer to your leadership/management setting? 9. Consider the potential leadership and managerial benefits of improving your _____ (name the soft skill) expertise. 			
Notes for future sessions:			