

# Creating, Implementing and Assessing a PACT Training Program Within the Minneapolis Health Care System

December 18, 2013

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# Outline

- Timeline
  - Content
  - Training
  - Lessons Learned
  - Challenges
  - Evaluation
- 
- Creation, Implementation

# Audience Poll

- I am a **member** of a PACT

Yes \_\_\_ No \_\_\_

- I **teach** PACT concepts or skills to others

Yes \_\_\_ No \_\_\_



**VA** | U.S. Department  
of Veterans Affairs



# APRIL 2010



2010

2011

2012

2013



Las Vegas

2010

Las Vegas

2011

Chief, MSP Primary Care Service Line gives the charge



2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected, forms

- Chief, General Medicine (MD)\***
- Clinic Director (RN)\***
- Health Behavior Coordinator (PhD)
- Educators (RN x 2)
- Pharmacist
- RN Case Managers (3)
- MSA Supervisor
- Front line MDs (2) with education and facilitation training
- CBOC Director (MD)
- CBOC Clinic Director (RN)

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected, forms

**Vision, Mission, Charter Created**



2012



*“Every PACT team exceptionally prepared to transform the delivery of primary care”*

*“To develop a comprehensive, standardized curriculum to train Mpls VAMC staff about  
The Patient Aligned Care Team Model”*

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

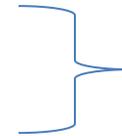
PEG forms

Vision, Mission, Charter Created

Teamlets\* Created

-MSP (24)

-CBOC (21)



n = ~**230** individuals

2012

\*1 teamlet = MD, RN, LPN, MSA

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

**Curricular Content Determined**

**-VACO charge**

**-Local (Delphi)**

2012

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

**Share Point Created**

2012

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

2012

PACT Training

**Weekly Meetings (PEG + Teams)**

2013

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

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Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

**Team Effectiveness Coaches Trained (4)**

2012

PACT Training

**Weekly Meetings (PEG + Teams)**

2013

2010

Las Vegas

2011

Chief, Primary Care Service Line gives the charge

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Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

Team Effectiveness Coaches Trained (4)

2012

PACT Training

**Weekly Meetings (PEG + Teams)**

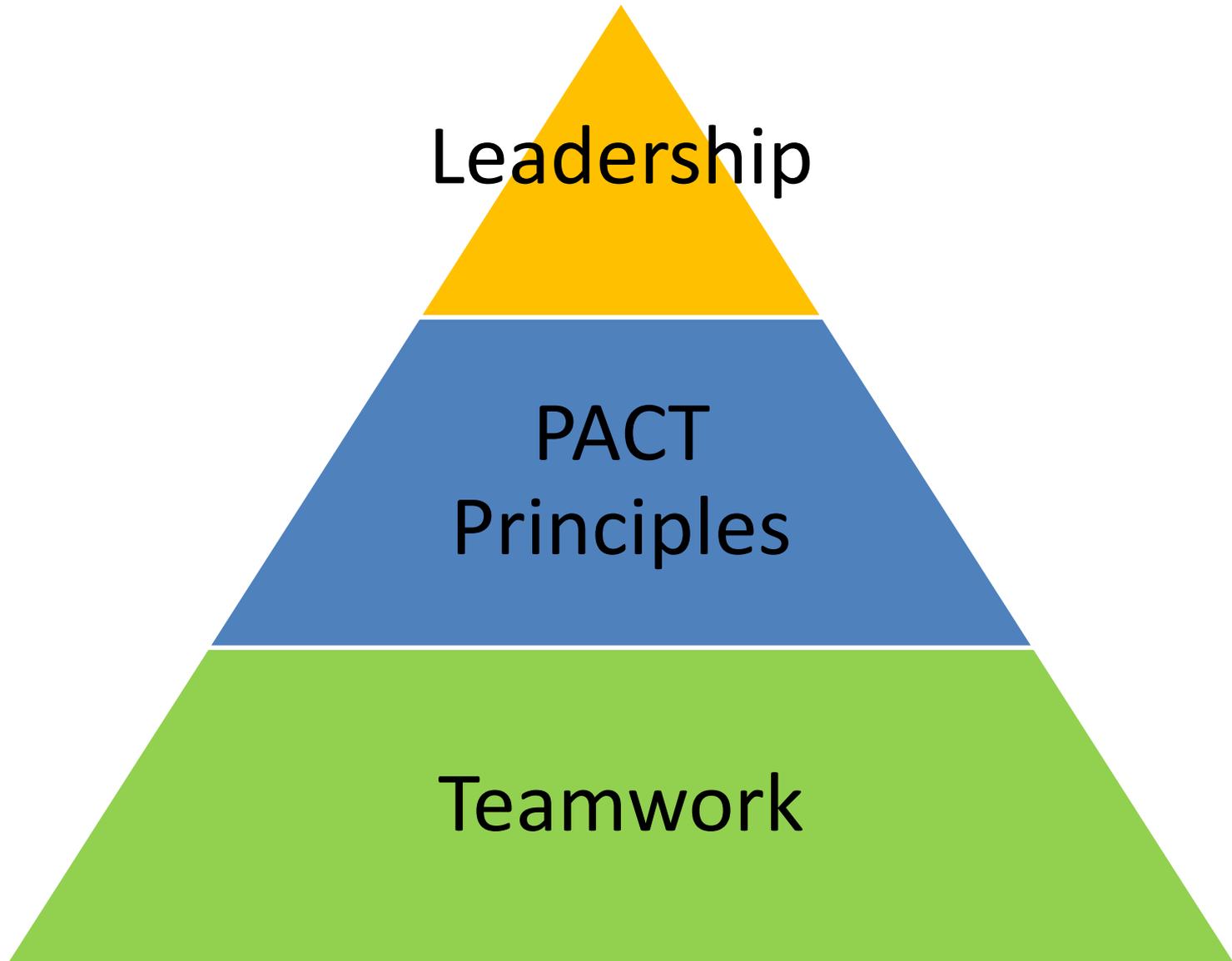
2013

Coaches Assigned to Teamlets (1:3)

# Poll slide

- I have personally participated in a PACT training activity      Yes \_\_\_ No \_\_\_

Content



# TEAMWORK

2011

-Team Effectiveness Coaches Trained (4)

Centers of Excellence Training

(2 days)

-Foundations of Team Effectiveness (TDM-based)

(8hrs)



2012

-“PACT Essentials”

(4hrs)

2013

-VISN 23 Training #1

(8hrs)

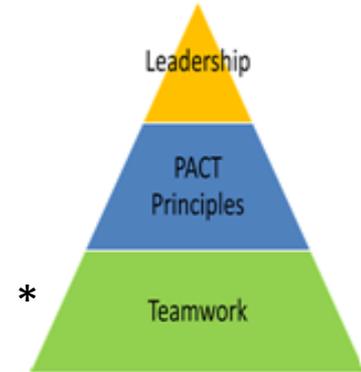
-VISN 23 Training #2

(8hrs)

-VISN 23 Training #3

(8hrs)

-Coaches assigned to teamlets (3:1)  
-Coaches meet monthly (MSP).  
-Book given to coaches:  
*“Understanding Teamwork In Healthcare”*



2011

**PACT PRINCIPLES**

“PACT 101”  
(LMS)

(2 days) Centers of Excellence Training

(8hrs) -TEACH –  
(8hrs) Motivational Interviewing  
(1hr) -Secure Messaging  
(TMS, Course)

(4hrs) “PACT Essentials”

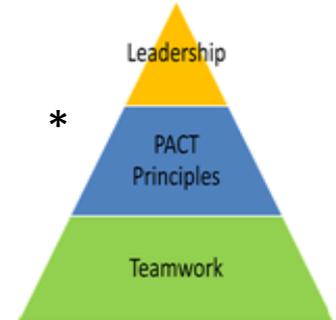
(8hrs) VISN 23 Training #1

(8hrs) VISN 23 Training #2

(8hrs) VISN 23 Training#3

2012

2013



**LEADERSHIP**



2011

2012

2013



-PACT Leaders named  
-Charge from PC Chief

Live (MSP+CBOC) (6hrs)

-Leadership session #1

Books to leaders: *"Improving Primary Care"*  
Books to coaches: *"Change Leaders Roadmap"*  
*"Facilitating with ease"*

Live (MSP) + V-Tel(CBOC) (120 min)

-Leadership session #2

(120 min)

-Leadership session #3

Job description for leaders

## Teamwork

## PACT Principles

## Leadership

2011

-Team Coaches Trained

-“PACT 101”  
(LMS)

-COE training

-COE training

-Foundations of  
Team Effectiveness  
(TDM-based)

-TEACH  
-Motivational  
Interviewing  
-Secure Messaging

x

-“PACT Essentials”

-PACT Leaders Identified:  
Charge from PC Chief

2012

Evaluation

-Leadership session #1

2013

-Team Coaches  
-Coaches Meet

-VISN 23 Training #1

-VISN 23 Training #2

-Leadership session #2

-Leadership session #3

-VISN 23 Training#3

Evaluation

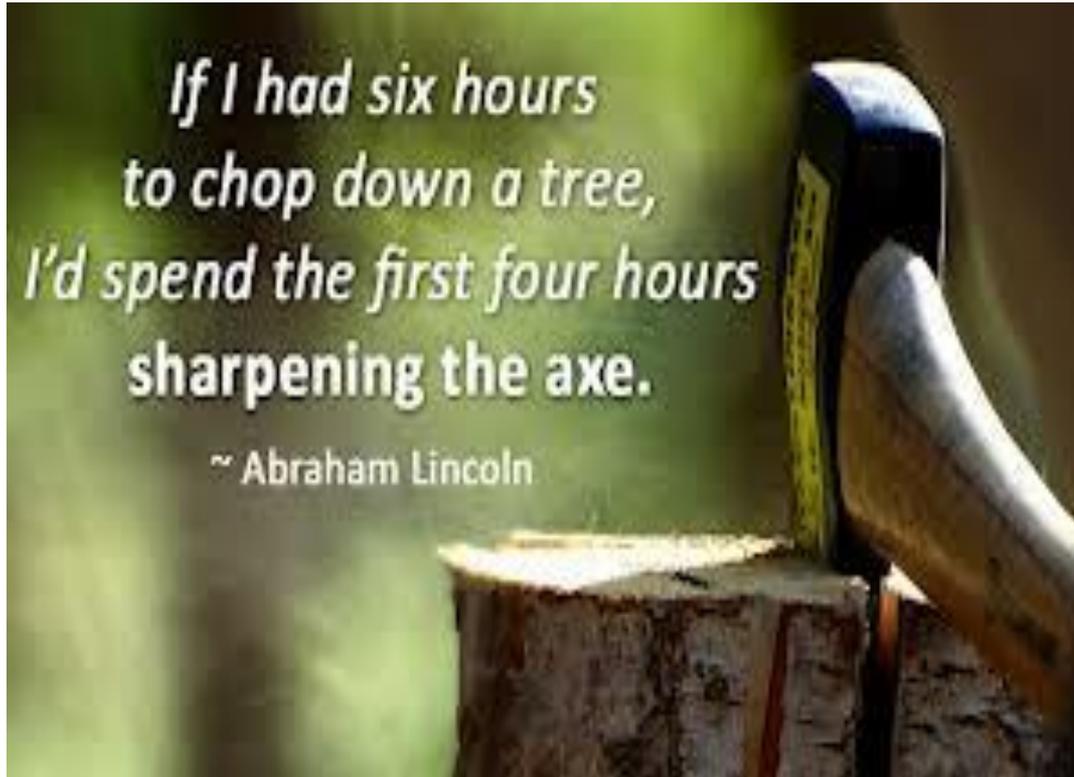




# Lessons Learned

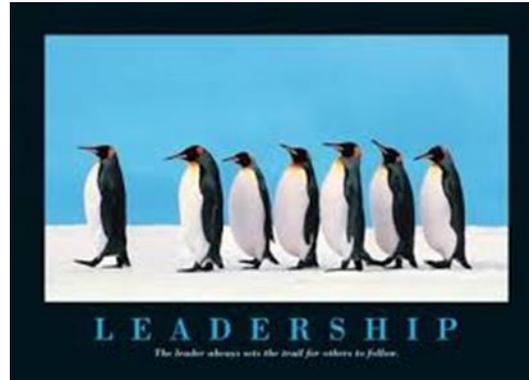
*If I had six hours  
to chop down a tree,  
I'd spend the first four hours  
sharpening the axe.*

~ Abraham Lincoln



# Lesson 1: Create a Clear Vision (And Some Urgency)

PACT



Small steps count



## Lesson 2: Assemble & Support the Right People



## Lesson 3:

Nurture Relationships & Promote  
Open, Honest Group Communication



## Lesson 4:

# Seek and Utilize Existing PACT Education Resources



## Lesson 5: Watch for Information From VACO and VISN re: PACT



## Lesson 6:

Take Initiative.

Create Your Own Opportunities.



# Lesson 7: Encourage The Teachers and Teams

**Performance Pay**  
**PACT Recognition**



**Protected Time**  
-Teams (meet, train)  
-Teachers  
-Coaches



# Lesson 8: Manage the Process Effectively



Weekly



Success



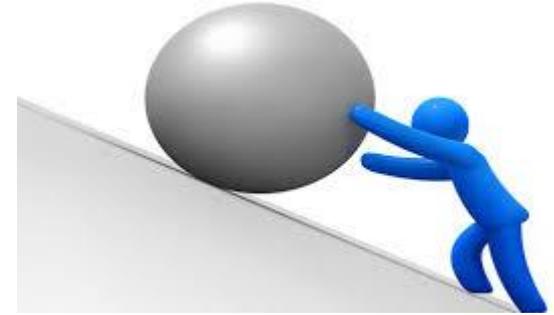
What people  
think it looks like

Success



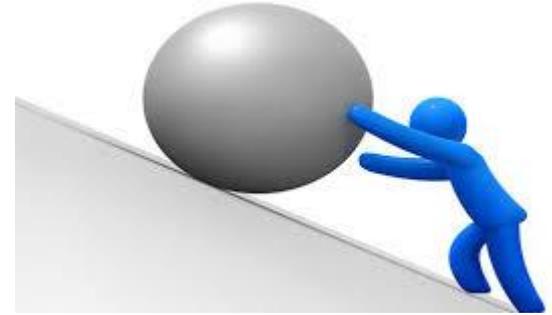
What it really  
looks like

# Challenges



- Staff
  - Buy-in, resistance
  - Turnover
- Getting teams to meet
- Leaders
  - Buy-in, skills

# Challenges



- Communication
  - Mixed messages, on/off training: VACO, VISN
- Patient input

# Outcomes

- PACT Recognition (VACO)

	<u>2011</u>		<u>2012</u>
–CBOC	1	→	<b>6</b>
–MNPLS	3	→	<b>14</b>



# Resources

- References
- PDF files
- Hyperlinks

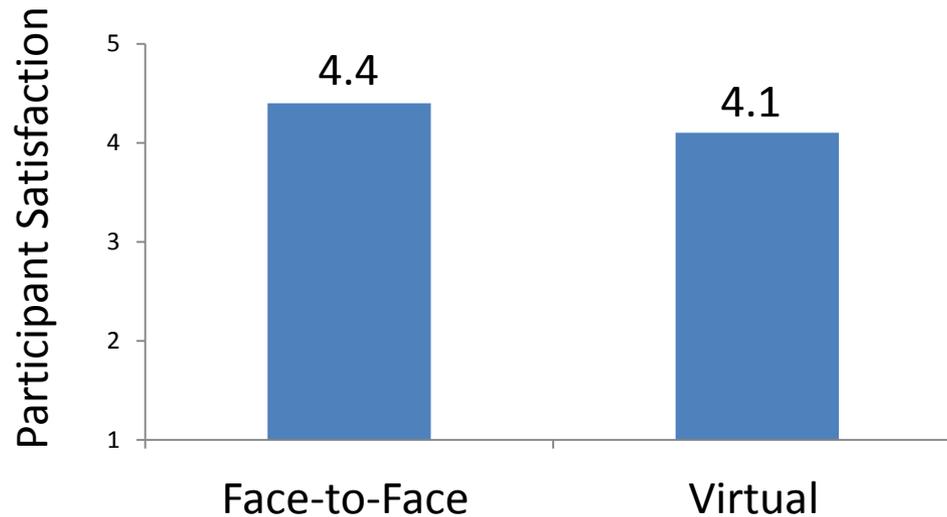
# Poll Question

- I consider my knowledge of PACT practice model to be:
  - None or very little
  - Moderate
  - A great deal

# Research-Operations Partnership

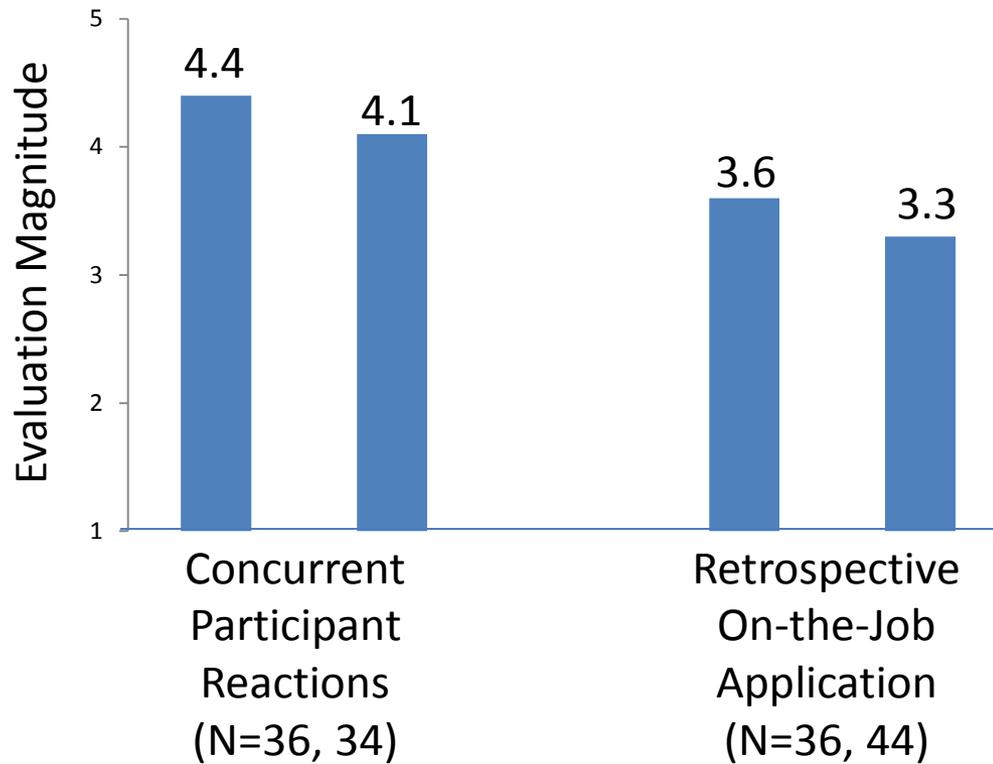
- Develop a Leadership Training Program
  - General Leadership Expertise + Front-Line Perspective
- Identify Optimal Methods of Training Delivery
- Evaluate Training Intervention Effectiveness
- Identify and Overcome Barriers to On-The-Job Training Application

# Face-to-Face vs Virtual Training



At end of virtual session 25 of 34 participants provided open-ended responses  
11 expressed frustration with the virtual delivery or preference for face-to-face

# Satisfaction vs Application



# Barriers to On-the-Job Application

- Staffing & Employee Turnover

“for us, we have new staff, new physicians, and new nurses: that’s another reason we don’t have an effective group”

- Leadership Harmony

“really wish that nursing and provider directors had this training to understand what we are trying to accomplish—they tend to clash trying to attain goals in the old model vs. what we are trying to accomplish in the new model”

# Key Conclusions from Evaluation

- Preference for face-to-face
- On-the-job application is difficult
- Structural and leadership barriers
  - Remember it is team-based training
- Benefits of Operations-Research Partnerships
  - Focuses research on relevant issues, provides access
  - Provides operations with ongoing feedback, assesses value of ongoing efforts

HSR&D Cyberseminar December 18, 2013

Assessing a PACT Training Program within the Minneapolis Health Care System

Craig S. Roth, M.D. ([Craig.Roth@va.gov](mailto:Craig.Roth@va.gov))

### References

1. Mosser G, Begun JW. *Understanding Teamwork in Healthcare*. New York; McGraw-Hill Education, 2013.
2. Ackerman LA, Anderson D. *The Change Leader's Roadmap*, 2<sup>nd</sup> Edition. San Francisco; Pfeiffer, 2010.
3. Bens I. *Facilitating with Ease!*, 3<sup>rd</sup> Edition. San Francisco; Jossey-Bass, 2012.
4. Bodenheimer T, Grumbach K. *Improving Primary Care*. New York; Lange Series-McGraw-Hill, 2007.
5. Richard MJ, Bohmer MB. Leading Clinicians and Clinicians Leading. *NEJM*. 2013;368(16):1468-1470.
6. Team Development Measure. <http://www.peacehealth.org/about-peacehealth/medical-professionals/eugene-springfield-cottage-grove/team-measure/Pages/measure.aspx>
7. TEACH for Success. National Center For Health Promotion and Disease Prevention (NCP) training. [http://www.prevention.va.gov/HealthPOWER\\_Prevention\\_News\\_Summer\\_2010\\_VHEI.asp](http://www.prevention.va.gov/HealthPOWER_Prevention_News_Summer_2010_VHEI.asp)

Other documents in PDF format available upon request:

1. Foundations of Team Effectiveness Training. Summary of the content and learning objectives. More detailed facilitators guide available upon request.
2. PACT Training Sessions, VISN 23, #1, #2, #3.
3. "PACT Essentials", Minneapolis VAHCS, Winter 2012.
4. "PACT Leadership Curriculum", Minneapolis VAHCS, Sessions 1-3, Oct 2012, Feb 2013, and May 2013. PDF for each of the three sessions with handouts of slides.
5. "PACT 101". Slide handouts from training session on the Learning Management System (VA). 2011.

# FOUNDATIONS OF TEAM EFFECTIVENESS

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We are excited to offer this **1-day workshop** to all (new and existing) VISN 23 teams. It is a great way to establish a solid foundation as a team, using key learning modules to strengthen team cohesion, communication, role clarity and goals and means clarity.

Facilitated by Team Effectiveness Coaches (TECs) at each facility with the support of TEC Mentors, this program is interactive and designed to help teams explore how they work together and build a *Team Effectiveness Plan* for ongoing success.

This session is designed for **all team members to participate together** in order to get maximum value from the learning experience. The experience is not a presentation. Rather, it encourages a large amount of team discussion and decision-making regarding work processes and results. Therefore, involvement of all team members is essential.

**Contact any facility TEC or your Education department** to schedule a session. Team leaders are asked to work with a facility TEC to coordinate your session and the completion of important pre-work that sets the stage for success.

## **Pre-work – Team Development Measure™**

Team members are asked to complete a short (15 minute) online questionnaire to establish a baseline measure that gauges where the team is in terms of stages of development progress and growth. This survey—Team Development Measure™—supports best practices in team development specific to health care.

## **Workshop Learning Objectives**

Upon completion of this workshop, team members will be able to:

- Utilize the Team Development Measure® (TDM) as a standard assessment tool for momentum
- Describe the four stages of team effectiveness and associated behaviors that lead to success
- Set initial team goals, build cohesiveness and strengthen trust among team members
- Identify communication styles and the importance of valuing diversity and adapting for results
- Build role clarity by mapping the patient experience to identify points of service and responsibilities
- Complete a Team Effectiveness Action Plan to strengthen all levels of effectiveness

# AGENDA

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8:00AM – 4:30PM

## **Section 1: Welcome & Team Effectiveness Model**

- Welcome, Introductions, Learning Objectives
- Stages of Team Effectiveness
- Activity: Team Assessment Results (TDM)
- Building a Team Effectiveness Action Plan

## **Section 2: Cohesiveness**

- Warm-Up: Team Perceptions
- Who We Are: Team Purpose and Goals
- Team Culture & Relationships
- Behaviors that Establish Trust
- Activity: Communication & Trust Building

## **Section 3: Communication**

- Warm-Up: The Value of Effective Communication
- Team Diversity: Styles & Communication
- Style Review & Learning
- Activity: Adapting for Results

## **Section 4: Role Clarity**

- Warm-Up: The Patient Experience
- Awareness of Team Roles
- How Roles Support Patient Care
- Activity: Integration Planning

## **Section 5: Goals & Means Clarity**

- Warm-Up: Our Team's Vision
- Setting Performance Goals & Defining Priorities
- Ongoing Team Evaluation
- Activity: Final Team Effectiveness Action Plan

### Program Schedule-PACT training Session II

<b>Time</b>	<b>Content</b>	<b>Faculty Name</b>
08:00 – 08:10	Introductions/Agenda Review	
8:10am – 8:30am	Mindfulness Exercise	
8:30am – 09:15 am	<b>Module 1 A: Patient Centered Care</b>	
09:15 – 10:25 am	<b>Module 2A: High Performing Teams</b>	
10:25am – 10:40am	<b>BREAK</b>	
10:40 am – 11:00am	<b>Module 2A Cont'd:</b>	
11:00am – 12:00	<b>Module 3A: Group facilitation</b>	
12:00pm – 1:00pm	<b>LUNCH (on your own)</b>	
1:00pm-1:40 pm	<b>Module 3B: Access</b>	
1:40pm – 2:00 pm	<b>Module 4A:Care Management &amp; Transitions</b>	
2:00 pm – 3:00pm	<b>Module 4B: Data &amp; Tools</b> <ul style="list-style-type: none"> <li>• PACT Toolkit &amp; How To Use It</li> <li>• PACT Almanac/PACT Compass</li> <li>• Team Planning Time/Group Exercise</li> <li>• Team Building (review paper copies of Almanac/Compass/CAN Scores)</li> </ul>	
3:15pm – 3:30pm	<b>BREAK</b>	
3:30pm – 4:00pm	<b>Module 4 C: Care Management &amp; Transitions</b>	
4:00pm	<b>ADJOURN</b>	

### Program Schedule: MPLS PACT Training Session 3

Time	Content	Faculty Name
08:00 – 08:30	Introductions/Agenda Review	
8:30am – 10:00am	<b>Motivational Interviewing-Part I</b> - Overview, Spirit, 4 principles	
10:00am – 10:15 am	<b>BREAK</b>	
10:15am - 12:00 pm	<b>Motivational Interviewing-Part I</b> - 4 Processes overview - OARS - Practice	
12noon- 1:00 pm	<b>Lunch</b> (On your own)	
1:00 pm – 2:30 pm	<b>Group Work: (New Models of Care /Care Transitions Map)</b>	
2:30 pm - 2:45 pm	<b>BREAK</b>	
2:45 pm – 3:45 pm	<b>Module 5A</b> 5A part 1 Content: 10 minutes/ Practice Redesign Activity: 20 minutes  5A part 2: Practice redesign Content: 20 Minutes  Activity: 40 minutes- Introduce Team launch Workbook & AIM Statement template  Discussion of best practices	
3:45 pm- 4:30 pm	<b>Wrap up and next steps</b>	

## Roth, Craig

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**From:** Helbok, Craig  
**Sent:** Thursday, December 12, 2013 8:33 AM  
**To:** Roth, Craig  
**Subject:** RE: Content of Learning Sessions 1-3  
**Attachments:** Agenda for PACT Session 3.docx; Agenda PACT Session 2.docx

Hi Craig,

There is no handbook or guidance on Sessions 3 & 5. We create our own, sort of.

What happened is that the VISN curriculum for sessions 2 & 4 is 12 hours, while sessions 3 & 5 were open sessions of 3-4 hours. What we did instead, was to make sessions 2 & 4 8 hours each for logistical reasons (e.g. closing clinics), and then we rolled what was left from sessions 2&4 into sessions 3 & 5, and made those 8 hours instead of 4, so that we end up with 5 8-hour sessions, equaling 40 hours. (instead of alternating 12 and 4 hour sessions). We also rolled 2 hours of MI into session 3, and will again in session 5, so all staff can complete the 4 hours of MI training while at PACT training, and not have to attend that separately.

So, I am pretty OCD, and of course keep everything, so I have the agenda for PACT training session 3 right in front of me. It includes MI for the morning (actually was 4 hours with breaks), the transitions Care Map (remember the pictures of fragmented care, where we read the cards, and the picture of integrated care), and then some work on system redesign, module 5A also from session 2.

I have the agendas for PACT sessions 2 & 3 right on my computer, so have attached them. I likely have the agenda for session 1 somewhere as well, let me know if you want that as well.

*Craig M. Helbok, Ph.D., ABPP*  
Staff Psychologist, Health Behavior Coordinator  
Primary Care-Mental Health Integration (PCMHI)  
Minneapolis VA Health Care System  
One Veterans Drive (116A)  
Minneapolis, MN 55417  
[Craig.helbok@va.gov](mailto:Craig.helbok@va.gov)

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**From:** Roth, Craig  
**Sent:** Wednesday, December 11, 2013 7:32 PM  
**To:** Helbok, Craig  
**Subject:** Content of Learning Sessions 1-3

Hi Craig,

Thanks again for your input at the meeting Monday morning.

I am having trouble finding the content of learning session 3 that you and Peter presented to our PACTs. I checked the VISN Share Point, and I may have overlooked it. Do you know how I could find that content? I have copies of the coaches handbooks for presentations 1 & 2, but was not sure if there was such a document for session #3 (the companion text/facilitators guide used with DVDs).

Sorry to bother you with this. I wish I was more organized.

Thanks,

4 sessions  
Feb, March 2012

# PACT Essentials

## PACT Essentials Training

Instructors: Jan James, Jennifer Reinardy, Lori Pawelski, Ken Engelhart

▶	8:00-8:30	The Daily Huddle---Jan, Jennifer, Lori, Ken
▶	8:30-8:45	Telephone Care Notes and Encounter Forms---Jennifer
▶	8:45-9:15	Navigating the Primary Care Almanac and PACT Compass---Ken
▶	9:15-9:30	How to Achieve VACO PACT Recognition---Ken
▶	9:30-10:00	Questions and Refreshment Break
▶	10:00-10:45	Team Charter and Goals---Jan James
▶	10:45-11:15	PACT Weekly Meetings---Ken
▶	11:15-12:00	Improvement in Clinic Access with PACT---Lori
▶	12:00-12:15	Questions

**Leadership Curriculum**  
Minneapolis PACT Education Committee  
**(Draft Proposal June 2012)**

**Aim:** Develop and support leadership abilities in PACT teams to facilitate practice transformation.

**Premises:**

1. Leadership abilities must be intentionally developed, and can always be improved with instruction, reflection and coaching.
2. There is great wisdom in a group.

**Participants**

1. Designated leaders of every Primary Care PACT team in the Minneapolis VA Healthcare System (required attendance).

**Teaching methods:**

1. Based upon principles of adult learning theory (i.e. relevant, practical, highly interactive, learner-centered, safe environment, clear ground rules).
2. Short didactics.
3. Facilitated small group discussions.

**Initial Curriculum**

**SESSION #1**

Location: Minneapolis, Bldg #9 lower level.

Date: October 2012

Presenter/facilitator: Dr. Greg Stewart, University of Iowa

Length: 4-6 hours (9:00-3:30)

- I. **Foundations of Influence and Leadership (2 hours)**
  - A. Strong Man, Economic, Transformational, and Empowering Perspectives
  - B. Personal Power and Soft Influence Tactics (rational persuasion, inspiration) over Positional Power and Strong Influence Tactics (coercion, intimidation)
  
- II. **Transformational Leadership (2 hours)**
  - A. Creating a vision
  - B. Helping others stretch

Other activities: (suggested by PEG):

- Introduce team coaches and their roles
- Forum to share "best practices" and challenges
- Build relationships, trust, matrix of group (beginning of ongoing series)
- Veteran-centric learning map. Introduce with plan to take back to their PACTs.

## **Leadership Curriculum**

Minneapolis PACT Education Committee  
(Draft June 2012)

### **SESSION #2**

Location: Webinar/call-in

Date: November

Presenter/facilitator: Dr. Greg Stewart, University of Iowa

Length: *90-120 minutes*

- III. **Empowering Leadership** (*social learning –Bandura-confidence*)
  - A. Modeling appropriate behavior
  - B. Building follower confidence
  - C. Tapping into the power of **teams\***

### **SESSION #3**

Location: Webinar/call-in

Date: December

Presenter/facilitator: Dr. Greg Stewart, University of Iowa

Length: *90-120 minutes*

- IV. **Contingency Perspectives** (*when to be active and when to be more passive*)
  - A. Matching leadership to situations
  - B. Balancing leadership approaches

### **OTHER suggestions by PEG:**

- Booster sessions (?quarterly). Best practices (with invited guests such as the TN physician).
- Annual face-to-face session for sharing ideas.



**"Help! I'm supposed to lead a PACT"**

Leadership Development Training  
Sponsored by the Minneapolis PACT Education Committee

**October 25 (and repeated on Oct 26), 2012**

Location: Building #9, Minneapolis VA Health Care System Campus

- 9:00 Welcome, Introductions, Training Overview, (Dr. Craig Roth, Dr. Michael Koopmeiners)
- 9:30 Experiential Exercise: Leaders and Followers? ✓
- 10:00 Video Discussion: Models of Leadership ✓
- 11:00 Experiential Exercise: Power and Influence ✓ ↗
- 12:00 Lunch (On your own)
- 1:00 Video Discussion: Transformational Leadership
- 1:45 Application Experience: Crafting a Leadership Vision
- 2:30 Applying Leadership in PACTs (Craig)
- 3:30 Adjourn

*Craig*  
1 1/2 - GREG ON GREG  
1/2 - STONE PACT  
GREG

*Application*

Greg L. Stewart, PhD  
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory  
Henry B Tippie Research Professor of Management, University of Iowa  
[gregory.stewart2@va.gov](mailto:gregory.stewart2@va.gov)

**Objectives:**

Upon completion of this series, participants will be able to:

1. Discuss ways leaders influence others.
2. Describe characteristics of Personal Power, Soft Influence Tactics, Positional Power, and Strong Influence tactics.
3. Identify and describe their personal leadership style and its' strengths and challenges.
4. Describe elements of an inspiring team vision.
5. List ways to help others stretch.
6. Describe strategies for building follower confidence and accessing the power residing in teams.
7. Discuss why leadership needs to adapt to match situations.

## Influence Tactics (Continued)

- ◆ Coalition Tactics
  - getting aid and thereby pressure from others
- ◆ Pressure Tactics
  - demands, threats, intimidation
- ◆ Upward Appeals
  - approval of and assistance from above
- ◆ Exchange Tactics
  - offers of rewards and benefits

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## Sources of Power

- ◆ Reward
- ◆ Coercion
- ◆ Legitimate
- ◆ Referent
- ◆ Expert
- ◆ Information



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## Research Findings

- ◆ Influence Tactics
  - Positive: Rational persuasion, consultation, inspirational appeal
  - Negative: Pressure
- ◆ Power Sources
  - Referent is strongest and most consistent
  - Expert has some positive effect

Yukl et al. JAE, 1996

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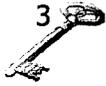
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## A Key to Leadership



◆ Influence is best maintained by

**PERSON-BASED POWER &  
SOFT INFLUENCE TACTICS**

Which are methods that allow individuals to retain  
volition over their own actions

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## Transformational Leadership

◆ THE BIG IDEA...



- Effective leaders get followers to connect and work together for a larger cause and accomplish more than what is usually expected

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## Dimensions of Transformational Leadership

- ◆ Idealized Influence/ Charisma
  - Role models, sense of mission
- ◆ Inspiration
  - Gives perspective, emotional appeals
- ◆ Intellectual Stimulation
  - Encourage creativity, innovation
- ◆ Individualized Consideration
  - Cares, personal relationships

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## Charisma

### ◆ Items

- Displays sense of power and confidence
- Goes beyond self-interests for group good
- Emphasizes a collective sense of mission

◆ Followers aspire to be like the leader

◆ Engenders trust



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## Inspiration

### ◆ Items

- Talks optimistically about the future
- Expresses confidence that we will achieve goals
- Articulates a compelling vision of future

◆ Links past, present, and future to past

◆ Creates a need for action

◆ Ties the individual to the group



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## Intellectual Stimulation

### ◆ Items

- Gets me to look at problems from many angles
- Suggests new ways of looking at our jobs
- Re-examines critical assumptions

◆ Refuses to accept status quo

◆ Develops high expectations

◆ Allows individualism



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## Individualized Consideration

### ◆ Items

- ◆ Treats me as an individual
- ◆ Focuses on developing my strengths
- ◆ Spends time teaching and coaching me
- ◆ Develops a personal link with each
- ◆ Creates a sense of belonging



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## A Key to Leadership



### ◆ Effective leaders connect with and transform followers

1. Show confidence without self-interest
2. Create vision of the bigger picture
3. Hold others to high expectations
4. Take a genuine interest in others

Followers take action because of a desire to improve.

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## Elements of a Motivating Vision

- ◆ Simple and clearly understandable
- ◆ Challenging and idealistic, while realistic and achievable
- ◆ Appeals to values, emotions, and ideals
- ◆ Forward-looking, while based on present

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## Identifying A Good Vision

- ◆ Easy to understand and grasp?
- ◆ What are the common values it is built upon?
- ◆ What images are used?
- ◆ What picture of the future is painted?
- ◆ How are individuals connected to the message?

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## Steps to Change

- ◆ Establish sense of urgency
- ◆ Build powerful coalition
- ◆ Create a vision
- ◆ Constantly communicate vision
- ◆ Remove obstacles
- ◆ Assure short-term wins
- ◆ Don't stop too soon
- ◆ Reinforce the change



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## A Key to Leadership



- ◆ Guide followers by creating and communicating a clear vision

1. Keep it simple
2. Make it believable
3. Link it to core values

Followers take actions because they see clear possibilities

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# INFLUENCE

Below is a series of questions about the ethics of influence. Your task as a team is to decide if each of these forms of influence is ethical. You must come to a group consensus about the ethics of each question. This means that you need to discuss the issue until you can all agree about the ethical nature of the influence attempt. There can be no voting, etc. You must come to the point where everyone in the group agrees that the influence attempt is either appropriate or inappropriate.

1. Twenty years ago a man stole a fairly large sum of money from his employer. He was never suspected of the crime. He continued working for the employer and saved enough money to pay back the employer. He has confided in you that he intends to anonymously return the money. He claims that he has not stole anything else in the past 20 years. He has become a relatively important leader within the company, and is a well respected citizen of the community. Should you try to convince the man to not only return the money but also to turn himself into the authorities?
2. A medical doctor has a 7-year-old patient with severe neurological malfunctions. These malfunctions make it so that the child will never be able to pursue normal activities such as walking, eating, etc. The child is also likely to die if he does not receive a heart transplant. A donor heart has just become available, and the child is next on the waiting list. However, the doctor also knows of another potential recipient whom she believes can benefit more from the heart. Is it appropriate for the doctor to try influencing the parents of the 7-year-old patient not to pursue the transplant?
3. A friend of yours is continuously borrowing small sums of money from you. This friend never pays you back. One day you are in a store and your friend asks to borrow \$5. You have the money, but your friend does not know this. If you loan the money to your friend you are quite certain that you will never see it again. Is it acceptable to lie to your friend and say that you just don't have any money?

# CREATING A VISION

## Analysis

1. What **common values** did he use in the speech? *SEE*  
*INCLUSIVE* RELIGIOUS  
 KEEP PROMISES - PAY DEBTS - ~~FOR~~
2. What **images** did he use in the speech? *CHECK*  
 JOINING HANDS, ~~BRIDGE~~ WHITES/BLACKS  
 FROM COAST TO COAST - EVERYONE

CALL TO ACTION  
 RIGHTS INDIGNATION  
 PEACEFUL ACTION -  
 WE CANNOT KEEP WAITING

3. How does he paint a **picture of the future**?  
 MORE FREEDOM -  
 LESS HATRED / INEQUALITY

JUSTICE LIKE WATER -  
 A MILE OFF SHORE

4. How does he **connect** with specific listeners?  
 ALL GROUPS - YOUNG, WHITE, <sup>BLACK</sup> RELIGIOUS

## Application

1. What are some common **values** that members of your PACT share? RESPECT, EQUALITY, ENTITLEMENT -  
 EARNED HONOR, RELATIONSHIP, CARING, INTEREST, FAIRNESS  
 LISTENING ON THE
2. What **images** can you use to capture your vision for effective care for veterans? ✓  
 TEAM DIVERSITY PULL TOGETHER

*COLLABORATE  
 SHAPED*

3. How would you describe your picture of an **ideal future**?  
 PTS GET <sup>JUST</sup> THE CARE THEY NEED (NOT MORE OR LESS), WHEN THEY NEED  
THE RIGHT CARE AT THE RIGHT TIME FOR EVERY PATIENT

4. What can you do to connect with specific individuals who are members of your PACT?

~~ASK~~ BE CURIOUS ABOUT THEM AS  
 IN

*US - WE  
 Value  
 No Right try to do  
 Different*

*WE  
 FREE - NO LIMITED  
 EQUALITY  
 SAME  
 MORE INTERACTION*

## I HAVE A DREAM SPEECH

Martin Luther King, August 28, 1963

I am happy to join with you today in what will go down in history as the greatest demonstration for freedom in the history of our nation.

Five score years ago, a great American, in whose symbolic shadow we stand today, signed the Emancipation Proclamation. This momentous decree came as a great beacon light of hope to millions of Negro slaves who had been seared in the flames of withering injustice. It came as a joyous daybreak to end the long night of their captivity.

But one hundred years later, the Negro still is not free. One hundred years later, the life of the Negro is still sadly crippled by the manacles of segregation and the chains of discrimination. One hundred years later, the Negro lives on a lonely island of poverty in the midst of a vast ocean of material prosperity. One hundred years later, the Negro is still languishing in the corners of American society and finds himself an exile in his own land. So we have come here today to dramatize a shameful condition.

In a sense we have come to our nation's capital to cash a check. When the architects of our republic wrote the magnificent words of the Constitution and the Declaration of Independence, they were signing a promissory note to which every American was to fall heir. This note was a promise that all men, yes, black men as well as white men, would be guaranteed the unalienable rights of life, liberty, and the pursuit of happiness.

It is obvious today that America has defaulted on this promissory note insofar as her citizens of color are concerned. Instead of honoring this sacred obligation, America has given the Negro people a bad check, a check which has come back marked "insufficient funds." But we refuse to believe that the bank of justice is bankrupt. We refuse to believe that there are insufficient funds in the great vaults of opportunity of this nation. So we have come to cash this check — a check that will give us upon demand the riches of freedom and the security of justice. We have also come to this hallowed spot to remind America of the fierce urgency of now. This is no time to engage in the luxury of cooling off or to take the tranquilizing drug of gradualism. Now is the time to make real the promises of democracy. Now is the time to rise from the dark and desolate valley of segregation to the sunlit path of racial justice. Now is the time to lift our nation from the quick sands of racial injustice to the solid rock of brotherhood. Now is the time to make justice a reality for all of God's children.

It would be fatal for the nation to overlook the urgency of the moment. This sweltering summer of the Negro's legitimate discontent will not pass until there is an invigorating autumn of freedom and equality. Nineteen sixty-three is not an end, but a beginning. Those who hope that the Negro needed to blow off steam and will now be content will have a rude awakening if the nation returns to business as usual. There will be neither rest nor tranquility in America until the Negro is granted his citizenship rights. The whirlwinds of revolt will continue to shake the foundations of our nation until the bright day of justice emerges.

But there is something that I must say to my people who stand on the warm threshold which leads into the palace of justice. In the process of gaining our rightful place we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred.

We must forever conduct our struggle on the high plane of dignity and discipline. We must not allow our creative protest to degenerate into physical violence. Again and again we must rise to the majestic heights of meeting physical force with soul force. The marvelous new militancy which has engulfed the Negro community must not lead us to distrust of all white people, for many of our white brothers, as evidenced by their presence here today, have come to realize that their destiny is tied up with our destiny and their freedom is inextricably bound to our freedom. We cannot walk alone.

As we walk, we must make the pledge that we shall march ahead. We cannot turn back. There are those who are asking the devotees of civil rights, "When will you be satisfied?" We can never be satisfied as long as the Negro is the victim of the unspeakable horrors of police brutality. We can never be satisfied, as long as our bodies, heavy with the fatigue of travel, cannot gain lodging in the motels of the highways and the hotels of the cities. We can never be satisfied as long as a Negro in Mississippi cannot vote and a Negro in New York believes he has nothing for which to vote. No, no, we are not satisfied, and we will not be satisfied until justice rolls down like waters and righteousness like a mighty stream.

I am not unmindful that some of you have come here out of great trials and tribulations. Some of you have come fresh from narrow jail cells. Some of you have come from areas where your quest for freedom left you battered by the storms of persecution and staggered by the winds of police brutality. You have been the veterans of creative suffering. Continue to work with the faith that unearned suffering is redemptive.

Go back to Mississippi, go back to Alabama, go back to South Carolina, go back to Georgia, go back to Louisiana, go back to the slums and ghettos of our northern cities, knowing that somehow this situation can and will be changed. Let us not wallow in the valley of despair.

I say to you today, my friends, so even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream.

I have a dream that one day this nation will rise up and live out the true meaning of its creed: "We hold these truths to be self-evident: that all men are created equal."

I have a dream that one day on the red hills of Georgia the sons of former slaves and the sons of former slave owners will be able to sit down together at the table of brotherhood.

I have a dream that one day even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice.

I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character.

I have a dream today.

I have a dream that one day, down in Alabama, with its vicious racists, with its governor having his lips dripping with the words of interposition and nullification; one day right there in Alabama, little black boys and black girls will be able to join hands with little white boys and white girls as sisters and brothers.

I have a dream today.

I have a dream that one day every valley shall be exalted, every hill and mountain shall be made low, the rough places will be made plain, and the crooked places will be made straight, and the glory of the Lord shall be revealed, and all flesh shall see it together.

This is our hope. This is the faith that I go back to the South with. With this faith we will be able to hew out of the mountain of despair a stone of hope. With this faith we will be able to transform the jangling discords of our nation into a beautiful symphony of brotherhood. With this faith we will be able to work together, to pray together, to struggle together, to go to jail together, to stand up for freedom together, knowing that we will be free one day.

This will be the day when all of God's children will be able to sing with a new meaning, "My country, 'tis of thee, sweet land of liberty, of thee I sing. Land where my fathers died, land of the pilgrim's pride, from every mountainside, let freedom ring."

And if America is to be a great nation this must become true. So let freedom ring from the prodigious hilltops of New Hampshire. Let freedom ring from the mighty mountains of New York. Let freedom ring from the heightening Alleghenies of Pennsylvania!

Let freedom ring from the snowcapped Rockies of Colorado!

Let freedom ring from the curvaceous slopes of California!

But not only that; let freedom ring from Stone Mountain of Georgia!

Let freedom ring from Lookout Mountain of Tennessee!

Let freedom ring from every hill and molehill of Mississippi. From every mountainside, let freedom ring.

And when this happens, When we allow freedom to ring, when we let it ring from every village and every hamlet, from every state and every city, we will be able to speed up that day when all of God's children, black men and white men, Jews and Gentiles, Protestants and Catholics, will be able to join hands and sing in the words of the old Negro spiritual, "Free at last! free at last! thank God Almighty, we are free at last!"



**"Help! I'm supposed to lead a PACT" (Session 2)**

Leadership Development Training  
Sponsored by the Minneapolis PACT Education Committee

**February 20 (repeated on February 21), 2013**

Location: Feb 20: 1B102 (1:00pm-3:00pm), Feb 21: 3B137 (10:00am-noon)  
Minneapolis VA Medical Center

<u>Wed</u>	<u>Thur</u>	
1:00	10:00	Welcome, Introductions, Training Overview
1:05	10:05	Empowering Leadership and Teams
1:30	10:30	Review and Evaluation (Craig Roth) of Previous Training
1:55	10:55	A Foundation of Self-Leadership
2:10	11:10	Four Tools for Empowerment
3:00	12:00	Adjourn

Greg L. Stewart, PhD  
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory  
Henry B Tippie Research Professor of Management, University of Iowa  
[gregory.stewart2@va.gov](mailto:gregory.stewart2@va.gov)

**Objectives:**

Upon completion of this series, participants will be able to:

1. Discuss ways leaders influence others.
2. Describe characteristics of Personal Power, Soft Influence Tactics, Positional Power, and Strong Influence tactics.
3. Identify and describe their personal leadership style and its' strengths and challenges.
4. Describe elements of an inspiring team vision.
5. List ways to help others stretch.
6. **Describe strategies for building follower confidence and accessing the power residing in teams.**
7. Discuss why leadership needs to adapt to match situations.

## Dimensions of Leadership

- ◆ Power Orientation
  - Autocratic
  - Democratic
- ◆ Involvement in Details
  - Active
  - Passive

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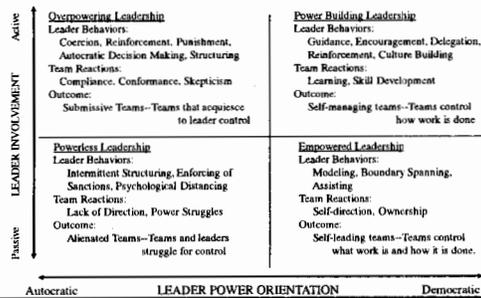
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## Leadership's Effect on Teams




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## A Key to Leadership



- ◆ Helping others learn to lead themselves requires something other than being passive

Power Building Is Empowering

Transition from active democratic leadership to passive democratic leadership

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## A Key to Leadership



- ◆ Leaders can help followers take ownership, be motivated, cooperate, and innovate by helping the followers experience

### INTERNAL DESIRE TO ACT

Which occurs when actions express authentic interests and values

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## A Key to Leadership



- ◆ Leadership actions should be tailored to fit the follower reaction that is desired

Strong Man  
Transactional  
Transformational  
Empowering

What do you want followers to do?

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## A Key to Leadership



- ◆ Influence is best maintained by

### PERSON-BASED POWER & SOFT INFLUENCE TACTICS

Which are methods that allow individuals to retain volition over their own actions

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## A Key to Leadership



◆ Effective leaders connect with and transform followers

1. Show confidence without self-interest
2. Create vision of the bigger picture
3. Hold others to high expectations
4. Take a genuine interest in others

Followers take action because of a desire to improve.

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## A Key to Leadership



◆ Guide followers by creating and communicating a clear vision

1. Keep it simple
2. Make it believable
3. Link it to core values

Followers take actions because they see clear possibilities

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## Discussion

- ◆ What leadership lesson or principle have you found helpful on the job?
- ◆ What things have made it difficult to apply leadership concepts in your job?
- ◆ Is there anything that could help you better apply the leadership principles?
- ◆ What might be included in future training to improve leadership?

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### Which Relationships are Strong?

- ◆ Smoking & Lung Cancer
- ◆ Lead Exposure & Children's IQ
- ◆ Asbestos & Cancer
- ◆ Homework & Academic Achievement
- ◆ Calcium Intake & Bone Mass
- ◆ Media Violence & Aggression

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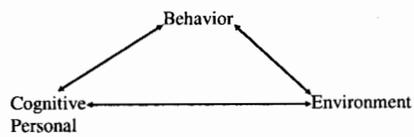
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### Social Cognitive Theory



- ◆ Behavior is filtered through thought
  - Not on auto-pilot
- ◆ People learn from observing others
- ◆ People learn through reflection
- ◆ People have self-regulatory capacity

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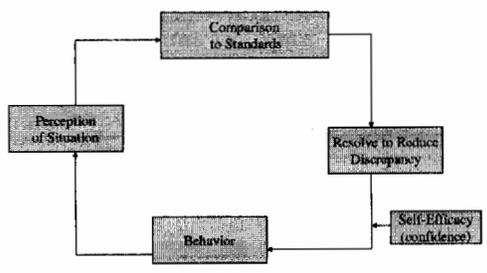
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### The Self-Regulation Cycle



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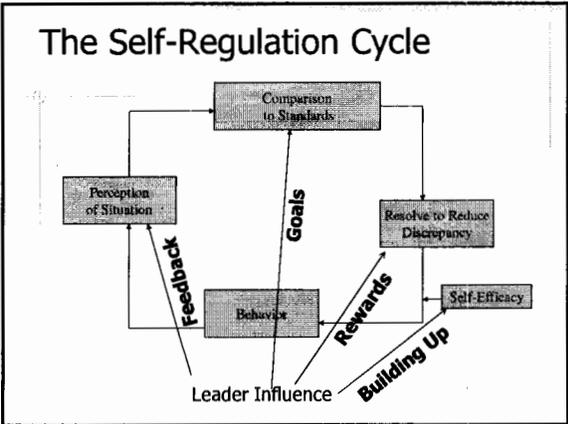
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- ### Levers to Facilitate Self-Leadership in Others
- ◆ Increasing self-efficacy
    - Building Up
  - ◆ Raising internal standards
    - Goal Setting
  - ◆ Increasing commitment
    - Rewards
  - ◆ Increasing accuracy of perceptions
    - Feedback
- Not by trying to control behavior directly

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- ### Sources of Self-Efficacy
- ◆ Verbal Persuasion
    - Tell them they can do it!
  - ◆ Models
    - Show them that they can do it!
  - ◆ Direct Experience
    - Have them actually do it!

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## A Key to Leadership



- ◆ Building up activities help people develop a sense of confidence

Success comes from Positive Beliefs

Tell them, show them, let them succeed

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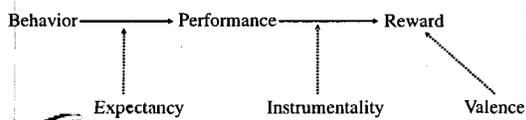
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## Expectancy Theory



Motivation is a function of beliefs

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## Money as a Motivator

- ◆ When has money worked to motivate you?
  - What factors made you work harder?
  - Was it you (internal) or something about the setting (external)?
- ◆ When has money failed to motivate you?
  - What is the difference from when you were motivated?
  - Was the problem with the giver or with you?

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## Using Rewards to

- ◆ Control Details
  - ◆ Make winners and losers
  - ◆ Control Behavior
  - ◆ Highlight what is important
  - ◆ Empower followers to focus on results
- ◆ Negative                      ◆ Positive

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## A Key to Leadership



- ◆ Rewards increase resolve to bring behavior into alignment with desired states

Empower rather than control

Transactional leadership has a place but is best when used as part of empowerment

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## Goals are best when....

- ◆ When they are clear, specific, and easily understood
- ◆ They are moderately difficult
- ◆ They are accepted by team members
- ◆ When team members are committed to them

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## Goals and Teams

- ◆ Goals for individual members can harm team performance
- ◆ Group-level goals facilitate performance
- ◆ Individual-level goals can often harm
- ◆ Individual goals can be helpful if they are "groupcentric"
- ◆ Best practice is to combine "groupcentric" individual goals with a group goal

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## A Key to Leadership



- ◆ Goals help people increase desire to achieve an improved state

Focus Attention  
Energize  
Persistence  
Exploration

Make sure goals focus on teams rather than individuals

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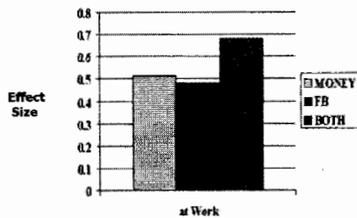
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## Does Feedback Matter?



Feedback Does Matter  
But 1/3 of Time it Results in Decreased Performance  
Why?

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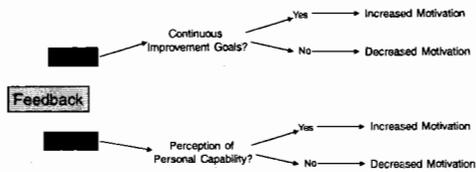
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## Effects of Positive and Negative Feedback



Information from Amabile, T. M., Kramer, D. J., & Argente, D. (2006). "The Effects of Feedback Interventions on Performance: A Historical Review, A Meta-Analysis, and a Preliminary Feedback Intervention Theory." Psychological Bulletin, 132(1), 254-284.

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## Key Lessons About Feedback

- ◆ Self-confidence is key
- ◆ Focus Attention on task rather than person
- ◆ Use in conjunction with specific goals




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## Giving & Receiving Feedback

- ◆ Realize that is not always that easy
  - Do your homework
  - Don't skirt the issues
  - Rehearse events
  - Keep notes of specific behaviors
- ◆ Giving Feedback
  - Focus on issues and behaviors
  - Be objective; not value-laden
  - Reduce emotional content; keep voice tones civil
  - Listen too
- ◆ Receiving Feedback
  - Listen & paraphrase
  - Seek additional information

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## A Key to Leadership

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- ◆ Feedback helps people develop more accurate perceptions of their states

Positive linked to goals  
Negative without personalization

Best when it is objective without emotion

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## **APPLYING THE LESSONS**

1. What are two or three areas where I could build the confidence of other member of my PACT team?
2. What can I do to make rewards less controlling?
3. What are two or three group goals that I could help my team develop?
4. What are some "groupcentric" goals that I could encourage for members of my PACT team?
5. How can I improve the way I give feedback to other members of my PACT team?



**"Help! I'm supposed to lead a PACT" (Session 3)**

Leadership Development Training  
Sponsored by the Minneapolis PACT Education Committee

**May 8 (repeated on May 9), 2013**

May 8 (1:00pm-3:00pm), May 9 (10:00am-noon)  
Minneapolis VA Medical Center

<u>Wed</u>	<u>Thur</u>	
1:00	10:00	Welcome, Introductions, Training Overview
1:05	10:05	Completion of Self-Assessment
1:15	10:15	A Contingent Perspective of Leadership
2:00	11:00	Leadership as Structuring Tasks
2:20	11:20	Leadership as Building Relationships
2:50	11:50	Review of Sessions and Leadership Lessons
3:00	12:00	Adjourn

Greg L. Stewart, PhD  
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory  
Henry B Tippie Research Professor of Management, University of Iowa  
[gregory.stewart2@va.gov](mailto:gregory.stewart2@va.gov)

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5. List ways to help others stretch.
6. Describe strategies for building follower confidence and accessing the power residing in teams.
7. **Discuss why leadership needs to adapt to match situations.**

## Contrasting Leadership Styles

### ◆ 12 O'Clock High Movie

- Davenport
- Savage
- What are their leadership actions?
- Which leader is most effective?
- What is the same/different about the leadership situation?

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## Consideration Dimension of Leadership

- ◆ Leader creates mutual respect and trust
- ◆ Focus is on showing concern for group member needs and desires
- ◆ Fosters job satisfaction and loyalty

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## Initiating Structure Dimension of Leadership

- ◆ Leader organizes and defines what group members should be doing to maximize output
- ◆ Focus is on getting things done
- ◆ Fosters goal achievement

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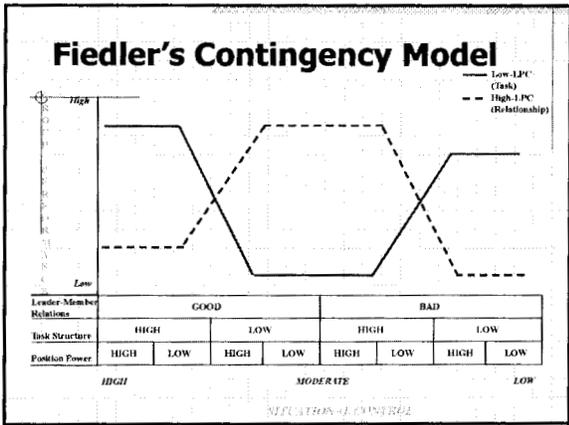
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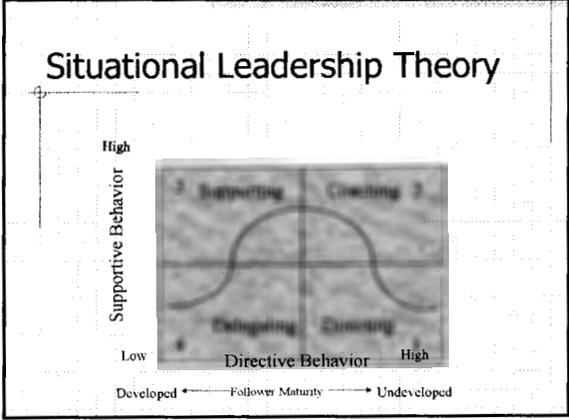
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### A Key to Leadership 11

- ◆ Match leadership efforts to task types and follower readiness

Task focus works in really good or really bad situations

Empowered leadership requires follower maturity

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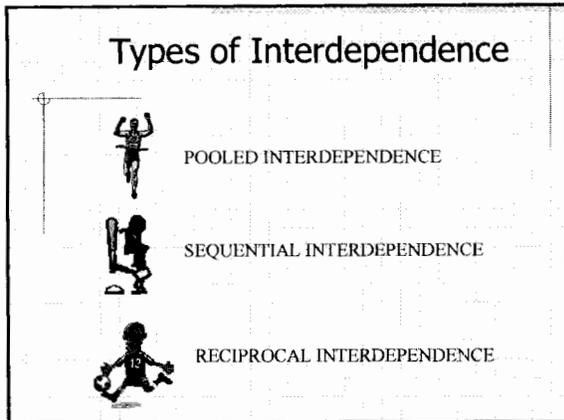
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### Interdependence and Tasks

Interdependence:	Task Characteristics:
Reciprocal	Creative tasks Diverse inputs that need coordination Dynamic work
Sequential	Standardized tasks Easily broken into subtasks Routine work
Pooled	Tasks without need for coordination Motivated as individuals, not groups

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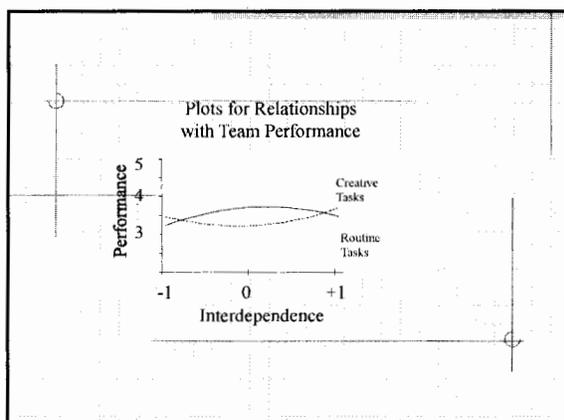
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## A Key to Leadership



- ◆ Effective leaders match levels of interdependence to task needs

Creative tasks require either individuals or fully functioning teams

Mundane tasks are facilitated with assembly line processes

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## Is conflict in teams good or bad?



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## 2 Types of Conflict

### ◆ Relational Conflict

- attitudes, name calling, grudges, friction
- causes anxiety & stress, wastes effort, escalates
- is a self-fulfilling prophecy

### ◆ Task Conflict

- content & goals of work, ideas, opinions
- creates diverse ideas & good decisions, allows everyone to participate
- Is best if it is not too drawn out

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### Issues with Conflict

- ◆ Relationship conflict is harmful
- ◆ Norms that discourage relationship conflict from escalating are usually best in work groups
- ◆ Task conflict has a curvilinear relationship with performance
- ◆ Norms should encourage some task conflict

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### Task Conflict Can Become Relationship Conflict

- ◆ Misattribution is the problem
  - People perceive attacks as personal rather than issue-based
  - Trust is the key!!
- ◆ Methods of discussing points can be negative
  - Loud voices and attacks harm relationships
  - Positive methods of discussing issues

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### A Key to Leadership

13 

- ◆ Leaders manage task and relationship conflict

Progress at the expense of relationships is often not really progress

Moderate task conflict facilitates performance

Trust is key!

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## LEAST PREFERRED COWORKER MEASURE

Think of the person with whom you can work least well. He or she may be someone you work with now or someone you knew in the past. That person does not have to be the person you like least but should be the person with whom you had the most difficulty in getting a job done. Describe this person as he or she appears to you by circling the appropriate number for each of the following items.

Pleasant	8	7	6	5	4	3	2	1	Unpleasant
Friendly	8	7	6	5	4	3	2	1	Unfriendly
Rejecting	1	2	3	4	5	6	7	8	Accepting
Tense	1	2	3	4	5	6	7	8	Relaxed
Distant	1	2	3	4	5	6	7	8	Close
Cold	1	2	3	4	5	6	7	8	Warm
Supportive	8	7	6	5	4	3	2	1	Hostile
Boring	1	2	3	4	5	6	7	8	Interesting
Quarrelsome	1	2	3	4	5	6	7	8	Harmonious
Gloomy	1	2	3	4	5	6	7	8	Cheerful
Open	8	7	6	5	4	3	2	1	Closed
Backbiting	1	2	3	4	5	6	7	8	Loyal
Untrustworthy	1	2	3	4	5	6	7	8	Trustworthy
Considerate	8	7	6	5	4	3	2	1	Inconsiderate
Nasty	1	2	3	4	5	6	7	8	Nice
Agreeable	8	7	6	5	4	3	2	1	Disagreeable
Insincere	1	2	3	4	5	6	7	8	Sincere
Kind	8	7	6	5	4	3	2	1	Unkind

**"Help! I'm supposed to lead a PACT"**  
Leadership Development Training

Session #3: Contingent Leadership  
May 8 and 9, 2013

**EVALUATION**

Please indicate (with an "x" or check) your level of agreement with the following statements:

**Participating in this learning session.....**

	Strong DISAGREE	DISAGREE	NEUTRAL	AGREE	Strong AGREE
Gave me a useful framework to think about leadership in different situations					
Made me reflect on my own personal leadership and how that might affect others					
Could be useful for me as a member/leader of my PACT					
Clarified when different leadership approaches are most effective					
Provided insight about task and social approaches for leadership					
Provided a useful framework for assessing causes of team conflict					
Makes me want to learn more about being an effective leader					

- List something that you learned today that you will consider applying to your work as a PACT leader next week.
  
- What part of this workshop was most useful for you?
  
- Is there something you would change about this learning activity?

## LEADERSHIP TRAINING PROGRAM EVALUATION

The following questions apply to the three leadership sessions conducted by Dr Greg Stewart. Please mark the answers that best reflect your participation in the training sessions.

Did you attend the first leadership session in October that was face-to-face and introduced different models of leadership (Strong Man, Transactional, Transformational, and Empowering)? Yes      No

Did you attend the second leadership in February that discussed empowering leadership? Yes      No

Please indicate (with an "x" or check) your level of agreement with the following statements:

	Strong DISAGREE	DISAGREE	NEUTRAL	AGREE	Strong AGREE
I have been able to apply many of the Leadership concepts in my daily work					
I am a more effective leader because of the Leadership training sessions					
The concepts taught during the Leadership training sessions have helped me do my job more effectively					

What have you found most beneficial about the 3 Leadership Training Sessions?

What would you change about the 3 Leadership Training Sessions?

## PACT Training: Session 4

### **Module 1: Introduction**

**Total time allotted:** 30 minutes

#### **Goal /Brief Description**

Understand and apply transformational principles into integrated healthcare.  
Understand how successful application of the Core Behaviors will facilitate transition to personalized, proactive, patient-driven, integrated care.

**Key Messages:** *(what do you expect the participants to walk away with at the end of the module?)*

- Core Behaviors are the foundational elements that lead to meaningful experiences and outcomes.
- Veterans are dependent upon our system coming together to address their needs.
- Change is continuous. Teams must know how to change and redesign what they do.
- An integrated approach to care:
  - 1) Comprehensively assesses the needs and values of the veteran
  - 2) Identifies and works with internal and external resources
  - 3) Offers ready access between and among all dimensions of care
  - 4) Integrates healthy living messages throughout the lifecycle
  - 5) Expands team capacity through alternative resources, modalities, methods
  - 6) Relies on team effectiveness and partnerships

#### **Activity #1: Welcome and Housekeeping**

**Time Allotted:** 5 minutes

Leaders begin with a short welcoming statement and request that teams sit together during the entire meeting, unless directed otherwise. Restroom locations, agenda for the day, parking issues and lunch menus may be addressed during this time.

## **Activity #2: Introductions**

**Time Allotted: 5 minutes**

A brief round of faculty introductions;  
followed by asking teams to identify their team members, area of practice, and duty station.

## **Activity #3: Ice Breaker** (optional)

**Time Allotted: 5 minutes**

Ice Breaker activities serve two purposes. First, they allow participants to 'step out' of their usual roles at work and second, they allow the group members to relax a bit while engaging in a light-hearted activity. Ice Breakers should feel 'benign' to those involved. They should be short and easy to lead. Feel free to use this one, or substitute another activity as desired.

**Word Search – “Transformation”**: Each PACT team will find as many words as possible from the word 'Transformation'. All words are to be:

1. Greater than 3 letters
2. No use of the letter 'S' for the 3<sup>rd</sup> letter
3. No pronouns
4. No abbreviations

## **Activity # 4: Video Presentation**

**Time allotted: 20 minutes**

### **Description:**

*Previous sessions were focused on understanding and implementing PACT principles. Session 4 expands the focus toward understanding the broader range of transformational initiatives, and how they integrate into clinical practice.*

Dr. Christie Emler and Dr. James Putman offer a brief overview of the VHA primary care transformation to a patient driven, integrated care delivery system. The mission of each transformational initiative is also described as the key areas of focus throughout this training session.

✓ HW  
Session 4

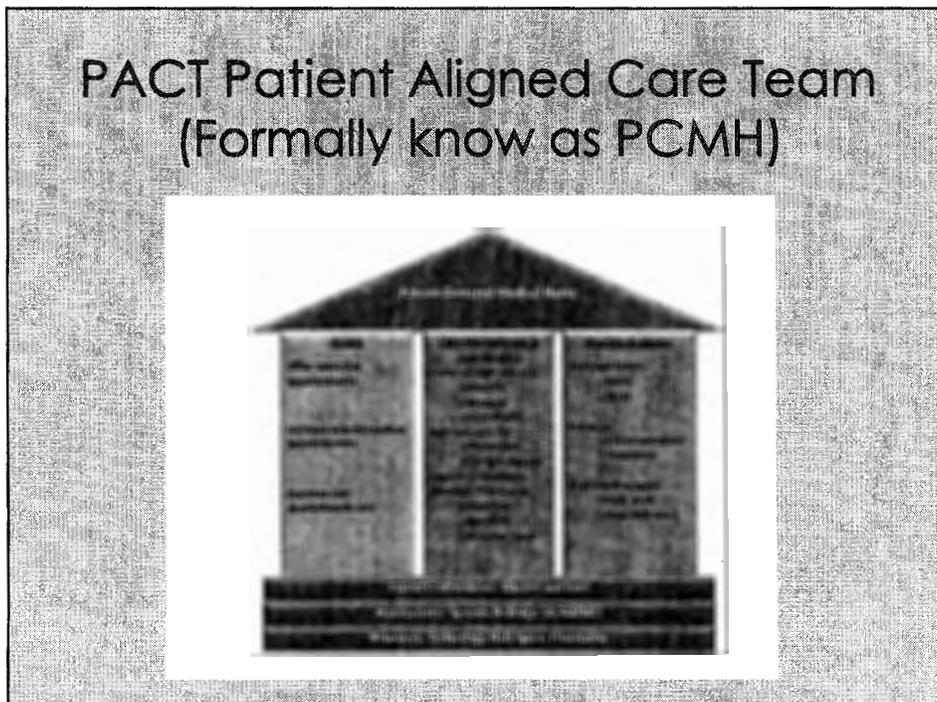
Time	Content
8:00am – 8:30am	Welcome and Introduction <ul style="list-style-type: none"><li>• Introductions/Agenda Review</li><li>• Integrated Transformation Overview</li></ul>
8:30am – 10:00am	PCC & Prevention <ul style="list-style-type: none"><li>• Personalized, proactive, patient-driven plan</li><li>• Components of Health and Well-Being</li><li>• Patient Partnerships/Personal Health Inventories</li></ul>
10:00am – 10:15am	<b>BREAK</b>
10:15am – 11:45am	PCC & Prevention <ul style="list-style-type: none"><li>• Integration of prevention into care</li><li>• Healing communications / deep listening</li><li>• SMART goals</li></ul>
11:45am – 12:45pm	<b>LUNCH (on your own)</b>
12:45 – 1:30 pm	<b>Patient Scenarios</b>
1:30-pm – 2:15pm	Population Management <ul style="list-style-type: none"><li>• Population Identification/Special Populations</li><li>• Patient Self-Management</li><li>• Service Integration with VHA and Community</li></ul>
2:15pm – 3:15pm	Access <ul style="list-style-type: none"><li>• Access among clinics</li><li>• Care Coordination Agreements</li></ul>
3:15pm – 3:30pm	<b>BREAK</b>
3:30pm – 4:30pm	Access <ul style="list-style-type: none"><li>• Managing perceptions</li><li>• Leveraging tools / team members</li></ul>

4:30pm	<b>ADJOURN</b>
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**DAY 2**

<b>Time</b>	<b>Content</b>
8:00am – 8:15am	Recap of Day 1 Mindfulness Activity
8:15am – 9:15am	Team Effectiveness <ul style="list-style-type: none"> <li>• Team Effectiveness Survey</li> <li>• Team Development Exercises</li> </ul>
9:15am – 9:30am	<b>BREAK</b>
9:30am – 10:15am	Team Functions/Scenarios <ul style="list-style-type: none"> <li>• Functioning in an integrated system</li> <li>• Partners in Care</li> <li>• Team dynamics</li> </ul>
10:15am – 11:30pm	Content Review Review of Team Aims Wrap-Up/Planning Next Steps
11:30am	<b>ADJOURN</b>

FROM  
MURPHY





**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century

**VETERANS HEALTH ADMINISTRATION (VHA) MISSION STATEMENT**

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

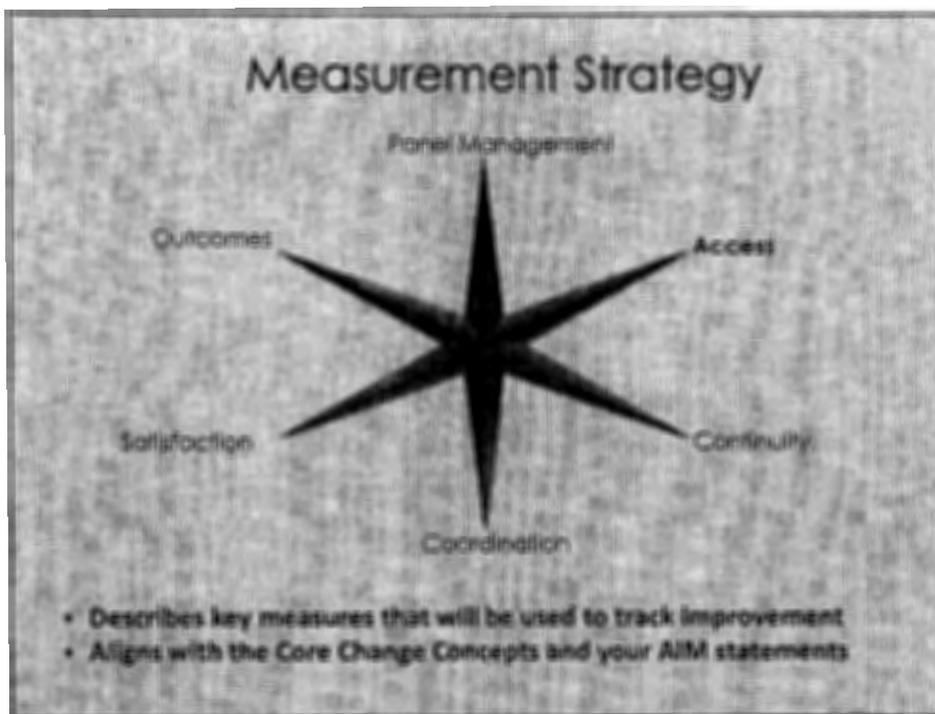
**VETERANS HEALTH ADMINISTRATION (VHA) VISION STATEMENT**

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.





## VISN 23 PCMH Compass of Measures

Patient Management	Patient Engagement and Satisfaction	Continuity
<ul style="list-style-type: none"> <li>• Patient Visit</li> <li>• Patient Satisfaction</li> <li>• Patient Engagement</li> <li>• Patient Compliance</li> <li>• Patient Adherence</li> </ul>	<ul style="list-style-type: none"> <li>• VISN 23 PCMH Experience Survey (3 questions)</li> <li>• QEP scores selected</li> <li>• Patient compliance (Patient Adherence)</li> <li>• 60% meeting patient engagement &gt; 5 PA</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Care: 50% with the assigned PCP</li> <li>• 50% with the assigned PCP</li> <li>• Continuity</li> <li>• Patient engagement (Patient Adherence)</li> <li>• 60% meeting patient engagement &gt; 5 PA</li> </ul>
Access	Coordination	Clinical Improvement
<ul style="list-style-type: none"> <li>• Clinical Data Improvement</li> <li>• Service Line</li> <li>• Patient Flow</li> <li>• 30% year available</li> <li>• 60% year available</li> <li>• 60% year available</li> <li>• 60% year available</li> <li>• 60% year available</li> </ul>	<ul style="list-style-type: none"> <li>• Admission rate</li> <li>• Specialty referrals</li> <li>• 60% contacted within 48 hrs of admission</li> <li>• Patient contacted within 48 hrs of discharge</li> <li>• Consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical indicators selected</li> <li>• 60% year available</li> </ul>

BOLD lettering indicates a required VISN 23 PCMH Core Measure

## VISN 23 PCMH Core Measures

1. V23 Patient Experience Survey "Thinking about your most recent clinic visit, how would you rate the visit overall?"
2. V23 Patient Experience Survey "In general, how would you rate your overall health?"
3. Provider Continuity - % visits with assigned PCP
4. Access - 3<sup>rd</sup> next available appointment
5. Team contacted within 48 hrs. of admission
6. Patient contacted within 48-72 hrs. of discharge
7. Clinical Improvement - Selected clinical indicators/reminders
8. Direct Cost per SSN (annualized)
9. Medical Home Builder Assessment Scores
10. Team Development Measure<sup>SM</sup> Score

### Panel Management

- Panel size
- Panel capacity
- Team/et staff
- Staff turnover rate
- PCMH Teams setup

**Patient Engagement and Satisfaction**

- VON 23 Pt. Experience Survey (Qualitative)
- SPP scores tracked
- Patient complaints (Patient Advocate)
- Monthly patient appointment % PA

**Continuity**

- Patient View: % visits with my assigned PCP
- Team: % visits with team
- ED visit rate
- Patient hospitalization (in process)
- Hospital View: % of visits by assigned patients

**Access**

- Desired Date appointments
- Same day
- Within 7 days
- Within 14 days
- 3<sup>rd</sup> next available
- No-show rate
- Telephone access data
- #Group clinic encounters
- #Telephone clinic encounters

### Third Next Available

- Third next available appointment-method of finding out when the provider's next third available open appointment.
- The theory is that when you see the next third available appointment, the provider should have accessibility.
- This is a snapshot of how long it would take to get a patient in to see their primary care provider.

**Coordination**

- Admission rate
- Specialty referrals
- Team contacted within 48 hrs of admission
- Patient contacted within 48-72 hrs of discharge
- Consult booking

**Clinical Improvement**

- Clinical Indicators (selected)
- Evidence of Care
- Patient Safety
- Quality of Care
- Patient Satisfaction
- Clinical Practice Improvement
- Patient Development/Research
- Other

**The PACT Teamlet**

Provider    RN Care Manager    Veteran    Clinical Associate    Clinical Associate

- PATIENT CENTERED
- PATIENT DRIVEN
- TEAM APPROACH
- PROACTIVE NOT REACTIVE
- WORKING AT THE TOP OF YOUR LICENSE AND COMPETENCY
  - o WITHIN SCOPE
- ENHANCED COMMUNICATION
- COLLABORATION
- WORKING SMARTER NOT HARDER
- INCREASED ACCESS FOR NON FACE TO FACE VISITS (PHONE, SECURE MESSAGING, MAIL)

## Expectations for Team Members

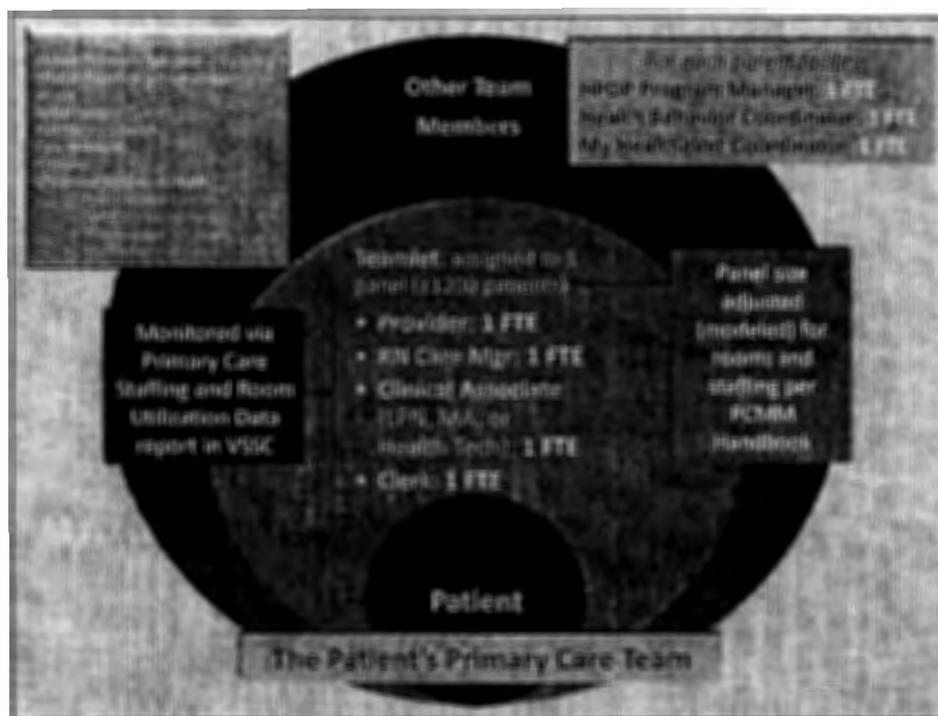
- Attend all Learning Sessions
- Participate in scheduled Action Period calls
- Submit Team Reports
- Set aims, create/implement action plans to achieve goals
- Perform tests of change leading to process improvements
- Share information among the RGMH Collaborative teams and with local SL and VAMC Leadership
- Serve as agents to spread the knowledge to other teams locally
- Measure your progress

## High Performing Teams

- Clear Roles and Responsibilities
- Clear, valued, and shared vision
- Optimize Resources
- Strong Team **Leadership**
- Engage in regular feedback (**Situation Monitoring**)
- Strong sense of collective trust, team identity, and confidence (**Mutual Support**)
- Collaboration and **Communication**

Customize for your Teamlet based on:

- Needs of your patients
- Structure of your Teamlet
- Your local resources



- ### Patient Roles and Responsibilities
- Actively engaged in personal plan of care
  - Notify health care team of communication preference (mail, email, phone etc.)
  - Schedule and keep appointments
  - Arrive on time
  - Bring correct ID to appointments
  - Update team with demographic, insurance, medication and condition changes
  - Bring medications
  - Utilize My HealthAlert
  - Contact team with problems
  - Complete and submit required paperwork
  - Complete the personal health risk assessment
  - Complete tests and procedures in a timely manner
  - Provide input in committees, patient advisory groups, surveys and task forces

## Provider (MD, NP, PA) Roles and Responsibilities

- Hands on, **focusing on complex patients**
- Utilizes **motivational interviewing** to guide patients to establish goals
- Refers to specialty consultants as appropriate
- Annual history and physical
- Develops, evaluates and manages medical treatment plan throughout all stages: prevention and wellness, acute illnesses, chronic illnesses, and end-of-life, **focusing on complex and higher level management patients**
- Reviews and follows up on diagnostic test results
- Ensures appropriateness of CCRF, H&PC, etc.
- Performs final medication reconciliation
- Hand-off communication to and from primary care and specialty, emergency department, or inpatient provider
- Reviews non-VA records
- Complete clinical reminders

## RN Care Manager Roles and Responsibilities

- Promotes evidence-based patient-driven care
- **Identify, educate and coach to support self-management, prevention, and wellness, based on patient's goals**
- Uses Motivational Interviewing to guide patients to establish goals
- **Smooths transitions by collaborating with multidisciplinary services, internal and external to the VA.**
- **Identifies high risk populations, chronic disease tracking and patients that could benefit from CCRF, H&PC, Olf/Oif, palliative care, hospice, etc.**
- Collaborates with key members of expanded team-**Health Promotion Disease Prevention Program Manager, Health Behavior Coordinator, MOVE Coordinator, Women's Health and others**
- Links the patient with services, resources, and opportunities based on the patient's needs

## RN Care Manager Roles and Responsibilities Cont...

- Perform scheduled clinic visits, walk-in or urgent visits (triage), **group visits, and telephone visits**
- Place orders according to **protocol**
- Clinical reminders (pertinent)
- **Promotes access with non face-to-face visits** when appropriate
- Answers patient calls/triage messages
- Preceptor or mentor to colleagues and/or students
- Coordinates care (procedures, labs, transitions, teaching, patient visits and needs)
- Triage patient walk-ins

## Clinical Associate (HT, MSA, PSA) Roles and Responsibilities

- Appointment check-in
- Appointment scheduling including EWL and Recall
- Manage telephone demand (receiving and documenting)
- Assists with daily schedule review
- Arranges transportation for patients
- Data entry and retrieval
- Office management (faxing, stamping, filing, mail management, identify/prepare required forms, etc)
- Obtains medical records and test results from non-VA providers
- Initial point of contact (first impression) – Customer service
- Addresses customer service concerns & coordinating solutions

## Clerical Associate (HT, MSA, PSA) Roles and Responsibilities Cont...

- Hand-off communication
- Assists with updating and verifying demographics and insurance information
- Manages office supplies & setup
- Prepare paperwork for Veterans and/or PCP
- Coordinate information exchange for dual care
- **Pre-visit: patient reminder calls (coordinated with Teamlet)**
- **Data collection from registries**
- **MyhealtheVet enrollment and in-person authentication**
- **Specialty consult and encounter completion tracking**

## Clinical Associate (HT, LPN/LVN) Roles and Responsibilities

- Focuses on clinic visits, exams, and treatments with provider
- **Uses motivational interviewing and health coaching to guide patients**
- **Reviews daily schedules for patient care needs**
- Assists with **medication reconciliation**
- Performs vital signs and treatments
- Assists providers with exams/procedures
- Appropriate clinical reminders
- Administers/tracks immunizations (LPN/LVN)
- Prepares and administers medications
- **Completes orders per provider or protocol**
- Keeps provider on schedule

## Clinical Associate (HT, LPN/LVN) Roles and Responsibilities Cont...

- Ensures visit closure by confirming required pt education and orders have been processed/completed
- Appointment scheduling including EWL and Recall
- **Pre-visit contacts**
- Observes, records, and reports patient's response or changes in patient's condition
- Promptly recognizes and responds to urgent or emergent situations
- Assists with orientation: **FACT patient orientation** and new staff/affiliate orientation
- Assists with messages from patients and face-to-face visits
- **Coordinates group visits**
- Checks daily equipment/supplies and restock
- **Practices per protocols** and follows medical center policies

## PACT Neighborhood



"It's a wonderful day in the neighborhood..."

- Neighbors add richness and diversity to the PACT neighborhood
- These good neighbors are available to support the PACT:
  - Call Center
  - Nutrition Service
  - Mental Health
  - Pharmacists
  - Social Workers

## Patient Aligned Care Teams VA's PACT with Veterans

- Defining EXCELLENCE in the 21<sup>st</sup> Century involves every VA employee who must:
  - Ensure that each Veteran is the center of VA care
  - Make a PACT with each Veteran to become a member of a Patient Aligned Care Team
  - Help advance change and improvement in VA
  - "Be the Change You Want to See"

## If All Our Team Were...

What if all our teams were doctors  
 How plain our team would seem,  
 No reminder calls or hand checks,  
 And how would our obligations be?  
 Wouldn't it be a boring place,  
 If all our team were like that?  
 Just one language, (SOP) none, please!  
 Just the eye's view!

What if all our teams were nurses  
 How plain our team would seem,  
 No appointments made, or meds prepared,  
 How would diagnosis come to be?  
 Wouldn't it be a boring place,  
 If all our team were like that?  
 Just one language, calls and brief complaints,  
 Just one chair to spin!

What if all our teams were clerks  
 How plain our team would seem,  
 No morn'g touch, or grand'ee's plan,  
 And how would the patients get to see?  
 Aren't you glad, my fellow team members,  
 Diffused though we be,  
 We are here to help each other, help our patients,  
 A team from you, and you, from me.

# TEACH – One Day Workshop

May 9 or May 10, 2011

8AM – 4:30 PM - Building 9

**TEACH** is a daylong class designed to facilitate Patient Education and Communication. The Employee Education System (EES) offers continuing education credit. TEACH has an Introductory Module and these five:

- **T**une into the Patient
- **E**xplore the Patient's Concerns, Preferences, and Needs
- **A**ssist the Patient with Behavior Change
- **C**ommunicate Effectively
- **H**onor the Patient as a Partner

## **More Specifics about TEACH:**

\*TEACH emphasizes tailored communication to patients and integrates a patient-centered approach to health education.

\*TEACH provides clinicians the strategies needed to open discussions about health issues concerning life-style changes like eating for health, starting to exercise, quitting smoking and additional behaviors needed to prevent the onset of illness

\*TEACH also offers techniques to help patients move to the next stage of change.

\*Participants have the opportunity to reflect on changes they have tried to make themselves and what helped or hindered them in that process. They use this experience to focus on the challenges patients face and the most effective supportive strategies to help people change to healthier lifestyles.

Limited to 25 participants

PACT Team members have priority

Supervisors approval required

Register on LMS: Item # is VA 1370682