

Creating Palliative Care Leaders: Lessons Learned from the *ACE Project*

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Written Disclosure

- No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.

Learning Objectives

At the end of this activity, attendees will have the ability to:

1. Cite evidence from recent Institute of Medicine Reports supporting the need for innovative biopsychosocial-spiritual palliative care educational programs to develop leadership skills for palliative care professionals.
2. Summarize the outcome measurement strategies used in these innovative educational programs.
3. Identify strategies to create sustainable institutional change.

Goal ~ Reliable Delivery of...

Compassionate, Competent,
Person-Centered

and Family-Focused Care...

But This Requires a Paradigm Shift
and Ultimately a

Transformation in our
Provision of Palliative Care

Change Is Needed!

- IOM (2008). *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Washington, DC: The National Academies Press.
- IOM (2013). *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. Washington, DC: The National Academies Press.

These Reports Highlight Current Deficits in the Delivery of Care

If we do what we have always done...

We will get what we've always gotten.

And that isn't nearly good enough ~

- Unsustainable System of Healthcare
- Workforce Shortages
- Staff Dissatisfaction (Burnout, etc)
- Inequitable access to Quality Care
- Training Deficits for Delivery of Quality Palliative Care

National Clinical Practice Guidelines for Quality Palliative Care

1. Structure and Processes of Care
2. Physical aspects
3. Psychological and psychiatric aspects
4. Social aspects
5. Spiritual, religious and existential aspects
6. Cultural aspects
7. Ethical and legal aspects
8. Care of the imminently dying

- National Consensus Project for Quality Palliative Care (2004; 2009; 2013)

Lessons Learned from Working with Those Facing End of Life

Importance of:

- Living Authentically
- Minimizing Regrets
- Identification and Prioritization of What *Really* Matters
- Making a Difference
- Appreciation of Opportunities

We only have one opportunity to die well!

Journey...

The ACE Project –

Advocating for Clinical Excellence:

Transdisciplinary Palliative Care

Education Grant

Sought NCI-funding for development
and evaluation of an innovative
palliative care educational experience
for competitively-selected
psycho-oncology professionals

NIH Grant Writing is a (L-O-N-G) Process...

So...

- While revising and re-submitting for *ACE I* had convinced my colleagues that there were deficits in palliative care education for social workers that we might begin to address.
- Led to the development of an “interim” educational program targeting “local” health social workers focusing on pain and palliative care ~



Foundation Funded (2006-2010)

***Promoting Excellence in Pain
Management and Palliative Care
for Social Workers***

Course Intentions...

To promote excellence in pain management and palliative care by developing the core skills necessary for social work professionals to maximize their interventions in palliative care, pain and symptom management.

Funding

- Southern California Cancer Pain Initiative
- Alliance of State Pain Initiatives
- Archstone Foundation
- Lamb Pain Foundation
- Community Hospices
- Resource Donations
 - American Cancer Society
 - Mary Ann Liebert, Inc

Framework

- Faculty: Nationally Known Social Workers
- Annual Honoree: Recognized for Contributions to Pain Management and Palliative Care (Identify & Celebrate Role Models)
- Local Pain and Palliative Care Experts

Highlight Social Work Opportunities

- Anticipatory Guidance
- Advocacy
- Mentorship
- Education
- Support
- Collaboration
- Cultural Sensitivity
- Coordinate Family Conferences
- Counseling
- Companionship Presence
- Witness
- Interventions
- Provide Medical *CONTEXT*

INSTRUCTIONS FOR USE

This tool was designed to standardize a comprehensive psychosocial pain assessment for an interdisciplinary pain service. Through the use of a guided interview process, the clinician explores the impact of unrelieved pain on the patient/family experience in the following domains: Economic, Social Support, Activities of Daily Living, Emotional Impact, and Coping Style.

Page 2 is designed to provide a synopsis of the patient/family situation. It is designed to be completed following the guided interview as a summary for clinical reference and to aid in a brief presentation for an interdisciplinary pain meeting. It includes the interviewer's impressions, interventions and recommendations as well as a summary of the key domains and associated level of concern.

Pages 3-8 contain questions regarding the five domains listed above. Following the questions in each domain is the opportunity for the patient and family (significant other) to rate their individual level of concern via a 0-10 rating scale (0 = no concern; 10 = greatest concern). Based upon their interpretation of the interview, the interviewer rates their subjective impressions of the patient's level of concern. If a family member or significant other is present, their rating is then asked and finally the patient's rating. Coherence and discrepancies in ratings amongst the interviewer, patient and family are noted and may be explored for clinical significance.

Additionally, the assessment of prior history (including traumas such as physical and sexual abuse or unresolved losses) helps a clinician to focus interventions that respect past difficulties as well as past strengths and coping skills that may be transferable to the current pain experience.

This assessment tool is available in English and in two Spanish versions (children/adolescents and adults). Contact Shirley Otis-Green, LCSW (sotis-green@coh.org) with any questions regarding usage.

City of Hope Psychosocial Pain Assessment Form

City of Hope Pain & PC Resource Center



Pain & Palliative Care Resource Center

Categories of Materials:

- I. Quality of Life and Cancer Survivorship
- II. Spirituality
- III. Palliative Care/End of Life/Bereavement
 - A. Palliative Surgery
- IV. Pain and Symptom Management
 - A. Pain Assessment Tools
 - B. Pharmacology/Policies and Procedures
 - C. Complementary, Alternative, and Integrative Approaches
- V. Special Populations
 - A. Family Caregiving
 - B. Pain Management, Palliative, Long-Term Care in the Elderly
 - C. Pediatrics
 - D. Cultural Considerations in Pain Management
 - E. Sickle Cell Disease
 - F. HIV/AIDS
 - G. Chronic Non-Malignant Pain & Headache
- VI. Education
 - A. Professional Competencies and Educational Programs
 - B. Patient and Family Education
- VII. Quality Improvement
 - A. Cost Effectiveness
- VIII. Ethical and Legal Issues
- IX. Research Instruments/Resources
- X. Other Resources
 - A. Related Organizations and Websites

<http://prc.coh.org>

September, 2011 edition
(updated monthly)

CITY OF HOPE PAIN & PALLIATIVE CARE RESOURCE CENTER (COHPPRC)

Resources for Pain, Palliative Care, Quality of Life and Cancer Survivorship

Index/Order Form of Materials

The purpose of the COHPPRC is to disseminate information and resources to assist others in addressing pain management, palliative care, quality of life and cancer survivorship. The COHPPRC, established in 1995, is a central source for collecting a variety of materials including pain assessment tools, patient education materials, quality assurance materials, palliative care resources, research instruments and other resources.

If you have materials that may be useful to others related to these topics you are invited to contribute them. Please contact Maggie Johnson or Betty Ferrell, RN, PhD, FAAN at the City of Hope for a materials submission form so that you will be properly credited for your contribution. Attached is the Index of Materials that is available for ordering through the COHPPRC. There is a nominal \$3.00 fee for ordering written materials to be mailed from the Index to help defer the cost of printing and mailing.

Please note that most items are available at no cost on our Website <http://prc.coh.org>
The last page of the index contains the mailing and background information of the individual requesting materials to be mailed. So that we may better serve you, please be sure to complete this information in its entirety.

Please feel free to copy this index of materials and distribute to whomever you feel would benefit from this service.

City of Hope Pain & Palliative Care Resource Center
1500 East Duarte Road, Duarte, CA 91010
Phone: 626.256.4673 ext. 63829
FAX: 626.301.8941

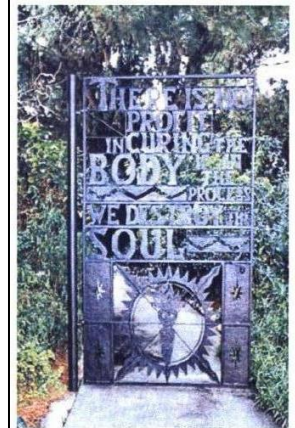
Website: <http://prc.coh.org>
Email: prc@coh.org



City of Hope Pain & Palliative Care Resource Center

1500 East Duarte Road
Duarte, CA 91010

(626) 256-HOPE ext. 63829
FAX: (626) 301-8941



Website:
<http://prc.coh.org>

Email:
prc@coh.org

Over 1,000 resources and
links on the website!

Publication(!)

Otis-Green, S., Lucas, S., Spolum, M., Ferrell, B., Grant, M. (2008). *Promoting Excellence in Pain Management and Palliative Care for Social Workers*. Journal of Social Work in End-of-Life and Palliative Care.

***The ACE Project ~
Advocating for
Clinical Excellence:
Transdisciplinary
Palliative Care Education***

Enhanced Team Functioning

- Most health care professionals receive predominantly discipline-specific training yet are expected to translate this into effective team functioning...(perhaps, not surprisingly this becomes a challenge!)
- Transdisciplinary Care: Integrative, holistic, innovative, hospice/anthropology concept
 - Invites a change in the medical hierarchy
 - Collaboration/communication/compassion amongst team members based upon shared skills & team-training

Project Goal

- Development and evaluation of an innovative palliative care educational experience for 300 competitively-selected psycho-oncology professionals
- Investigative Team:
 - PI: Shirley Otis-Green
 - Co-I: Betty Ferrell
 - Co-I: Marcia Grant

Faculty & Co-Investigators

- Palliative care leaders from nursing, medical education, psychology, social work and spiritual care
- Expertise across the life-span
- Committed to cultural inclusion
- Mentorship and modeling as “Change Agent Champions”

Specific Aims

- Develop a transdisciplinary palliative care curriculum and advocacy skills training program for the primary psycho-oncology disciplines of chaplaincy, psychology & social work
- Implement the curriculum through 4 training courses and a follow-up reunion conference

Specific Aims

- Evaluate the impact of this training by measuring the process & outcomes of the educational activities & advocacy efforts initiated by the participants
- Disseminate the findings through peer-reviewed publications, various palliative care organizations & each discipline's professional networks

Changing the Change Agents

Knowing is not enough
to elicit lasting
behavioral change

- We don't always practice what we preach...
- “Head” knowledge must be translated into “Heart” commitment
- It must ***personally matter*** that change occur

ACE Project Curriculum

Values-Based Reflection

- Moral Imperative
- Personal Death
 Awareness
- Ethical Obligation

Palliative Care Knowledge

- Physical Aspects
- Psychosocial Aspects
- Spiritual Aspects

Advocacy Skills

- Advocacy Issues
- Transdisciplinary Collaboration
- Effective Change

What were the Major Barriers or Obstacles you Regarding Implementation of your Goals?

Time/Workload (N=133)

- *Time, time, time – lack of time. Busy case load.*

Organizational Support (N=96)

- *The hospital has not philosophically or financially embraced palliative care.*
- *Logistics: Coordinating the schedules of multiple disciplines.*

Staffing (N=72)

- *Staff turnover and delayed hiring process.*
- *Inadequately staffed Palliative Care Team.*

Funding/Resources (N=70)

- *Reduction in hospital budget reducing the amount of non-clinical hours available for hospital staff.*

Impact of ACE

Enhanced Expertise

- *The session on publishing....made me think, "Maybe I could do this."*
- *I believe that it has opened my eyes to what can be and what should be. It prepared me for resistance and helped me to look at organizations and change.*
- *It has vastly improved my expertise related to palliative care.*

Impact of ACE

Increased Confidence

- *This has dramatically impacted my confidence in my delivery of palliative care services....This was a phenomenal experience.*
- *ACE has helped push me to be more assertive in working with physicians and other colleagues.*
- *ACE has helped me to have more confidence in what I offer as a chaplain with other disciplines.*

Reunion Conference: Most Meaningful Moment

- **Poster Session and Presentations**
 - *Preparing an abstract and a poster, and then an elevator speech about my topic. Priceless experience!!*
- **Collaboration and Sharing Ideas**
 - *Seeing the multiple creative and useful ways that participants made a difference, often with no resources.*
- **Sense of Community and Networking**
 - *The stories and the connections with others in this work re-energize and re-commit me to it.*

Abstracts

- Otis-Green, S., Ferrell, B., Grant, M., Spolum, M., (2008). *ACE Project: Advocating for Clinical Excellence ~ Transdisciplinary Palliative Care Education*. Journal of Palliative Medicine, [Abstract #418: PDIA Social Work Award], 11(2): 307.
- Otis-Green, S., Ferrell, B., Grant, M., Spolum, M. (2008). *ACE Project ~ Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education*. Psycho-Oncology, [Abstract #8-3], 17(3): Supplement, S22.
- Mullan, P., Otis-Green, S., Spolum, M., Grant, M., Ferrell, B., (2007). *ACE Project ~ Advocating for Clinical Excellence*. Journal of Cancer Education, [Abstract B 1-5], Supplement, 22(4):19.
- Otis-Green, S. (2007). *Transdisciplinary Palliative Care Education*. Psycho-Oncology, [Abstract #XIV-4], 16(3) Supplement, S34-S35.
- Otis-Green, S. (2006). *Transdisciplinary Palliative Care Education*. Journal of Cancer Education, [Abstract # C14-4, 13], Supplement, 21(2): 49.
- Otis-Green, S. (2006). *Transdisciplinary Palliative Care Education*. Journal of Palliative Medicine, [Abstract #761], 9(2):585.

Publications

- Otis-Green, S., Ferrell, B. R., (2010). *Professional Education in Psychosocial Oncology*. In J. C. Holland, W.S. Breitbart, P.B. Jacobsen, M.S. Lederberg, M. J. Loscalzo & R. McCorkle (Eds), Psycho-Oncology, Second Edition. New York, NY: Oxford University Press, 610-616.
- Otis-Green, S., Ferrell, B., Spolum, M., Uman, G., Mullan, P., Baird, P., Grant, M. (2009). *An Overview of the ACE Project ~ Advocating for Clinical Excellence: Transdisciplinary Palliative Care Education*. Journal of Cancer Education, 24(2), 120-126.

OMEGA: Journal of Death and Dying

- Otis-Green, S. (Ed), (2013). Special Double Issue: *Changing the Change Agents ~ Through Palliative Care Education for Psycho-Oncology Professionals*. OMEGA: Journal of Death and Dying, 67(1-2): 1-246.
- Otis-Green, S., (2013). Editorial: *Changing the Change Agents Through Palliative Care Education for Psycho-Oncology Professionals*. OMEGA: Journal of Death and Dying, 67(1-2): 1-4.
- Otis-Green, S., Yang, E., Lynne, L., (2013). *ACE Project ~ Advocating for Clinical Excellence: Creating Change in the Delivery of Palliative Care*. OMEGA: Journal of Death and Dying, 67(1-2):5-19.

Atilio & Otis-Green (2011)

Chapters on:

Culture

Communication

Family Conferencing

Collaboration

Professionalism

Self-Care

Legacy Building

Leadership

National Recognition

- **Interprofessional Education and Collaborative Practice Resources Award** (Association of American Medical Colleges (AAMC)
MedEdPORTAL \$2,000 Grant (2013-2014)



NCI: R25 CA 138291 Award

ExCEL in Social Work

Excellence in Cancer Education & Leadership

Cancer Care for the
Whole Patient (IOM,
2008): An Oncology Social
Work Response

ExCEL's Primary Goal:

To promote excellence in person-centered, family-focused care by developing the core skills necessary for social work professionals to ***reliably*** meet the standard of care for psychosocial health as recommended by the 2008 IOM Report.

ExCEL in Social Work Team

City of Hope Investigators

Principal Investigator:

Shirley Otis-Green, MSW, ACSW,
LCSW, OSW-C

Co-Investigators:

Betty Ferrell, PhD, FAAN, FPCN

Marcia Grant, DNSc, FAAN

Program Director:

Lisa Kilburn, BA



External Co- Investigators

Brad Zebrack, PhD, MSW, MPH
& AOSW Organization Consultant

Barbara Jones, PhD, MSW
& APOSW Organizational Consultant

Biostatistician Consultant:

Gwen Uman, RN, PhD: Vital
Research

ExCEL in Social Work Team

Expert Psycho-Oncology Content Consultants

Terry Altilio, MSW, ACSW, LCSW

Kathy Smolinski, MSW, LCSW-C

Stacia Wagner, MSW, MEd

Katherine Walsh, PhD, MSW

Key Organizational Partnerships

Association of Oncology Social Work (AOSW)

Association of Pediatric Social Workers (APOSW)

Funding made possible through the National Cancer Institute (NCI) (1R25CA138291)



Our Strategy ~

Development
and evaluation
of an intensive
leadership skills-
building
curriculum in
partnership
(with AOSW &
APOSW)

Program Scope

- 400 Competitively selected oncology social workers will be taught enhanced team functioning, leadership strategies, advocacy & psychosocial support skills through eight pre-conference training programs
- Electronic materials expand the program's impact

Data, Data, Data...

Quantitative Data Summary (AOSW & APOSW)

<u>Program Ratings</u>	<u>Scale 1-5 (5 = Excellent)</u>
How would you rate the syllabus and resources.	4.8
Commitment to improve the delivery of care to underserved populations.	4.5
Commitment to effect change within my setting.	4.7
Understanding and awareness of tools and resources.	4.6
Information stimulating and thought provoking.	4.8
Program met my expectations.	4.6
Overall evaluation of program	4.7

<u>Session Ratings: (Scale 1-5 = Excellent)</u>	<u>Effectively Presented</u>	<u>Met Session Objectives</u>
Overview of the IOM Report 2008: "A Call for Heightened Leadership" (Shirley Otis-Green)	5.0	4.9
Making Goals SMART (Brad Zebrack, Barbara Jones & Shirley Otis-Green)	4.8	4.7
Opening Plenary Collaboration (Terry Altilio & Stacia Wagner)	4.5	4.5
<i>Workshop Session 1</i> A: Psychosocial Screening & Assessment (Brad Zebrack, Barbara Jones & Stacia Wagner)	4.7	4.7
B: Culturally-Sensitive Communication (Kathy Smolinski & Katherine Walsh)	4.7	4.6
<i>Workshop Session 2</i> C: Evidence-Informed Interventions (Terry Altilio & Katherine Walsh)	4.7	4.6
D: Family Caregiver Support & Family Conferencing (Kathryn Smolinski, Barbara Jones, & Brad Zebrack)	4.9	4.9
Closing Plenary: Professionalism in Action Strengthening our Commitment to Leadership & Advocacy (Brad Zebrack & Barbara Jones)	4.7	4.7
Overall Session Rating	4.8	4.7

Publications (Under Review):

- Otis-Green, S., Jones, B., Zebrack, B., Kilburn, L., Altilio, T., and Ferrell, B. (Under Review). *ExCEL in Social Work: Excellence in Cancer Education and Leadership ~ An Oncology Social Work Response to the Institute of Medicine Report, Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs.* Research on Social Work Practice.
- Jones, B., Phillips, F., Head, B., Hedlund, S., Kalisiak, A., Zebrack, B. Kilburn, L. and Otis-Green, S. (Under Review). *Enhancing Collaborative Leadership in Palliative Social Work in Oncology.* Journal of Social Work in End-of-Life and Palliative Care.

National Recognition

- **Outstanding Education and Training Award**
American Psychosocial Oncology Society Annual
Conference: Tampa, Florida (February 2014)

Lessons Learned:
Strategies for Transforming
Care in an Evolving
Healthcare Environment:
Making Metrics Matter

Our Vision ~

*Reliably accessible quality care
delivered by competent
professionals with a personal
commitment to excellence.*

Data = Power

In most institutions: Research is connected to prestige & power (professions with a strong research base have political advantage)...

**Research (Data) Influences
the
Allocation of Resources**

Evolution in Healthcare (Affordable Care Act)

Data Will Drive:

- Evidence of Need
- Number & Kind of Employees
- Justification of Actions
- Demonstration of Effectiveness
- Accountability of Outcomes
- Dissemination of Findings
- Media & Marketing
- Funding & Reimbursement

“Clinically Relevant Research” Drives this Engine

But There’s a Problem...

*Most Clinicians
Lack
Necessary
Research
Skills!*

“Baby in Bathwater” Syndrome

- Research is resisted because it isn't “relevant” to (my) practice
 - Tools don't adequately measure what we do
 - Applications from one field to another are suspect (limited sample size, limited diversity)
- It isn't relevant to practice because practitioners don't do research (Catch 22!)

Person-Centered & Family-Focused

Requires
rich data on:
why we do
what we do
when we do it
and *with whom*
does it work *best*.

Commit to Excellence

If we are to be a powerful voice for the vulnerable populations that we serve, we must hold ourselves accountable to develop the leadership skills that are necessary to impact change.

What is “Evidence?”

- How do we “know” what we know?
- Why do we do what we do?
- What does “effectiveness” look like?
- What “metrics” do we use?
- How do we “measure” clinical “success?”
- How do we evaluate the “quality” of evidence (are we “critical consumers”)?
- What “literature” informs our practice decisions?
- What findings can we apply from other fields (and what can’t/shouldn’t we)?

Ethical Responsibility...

Research competence needed as both:

- Knowledgeable consumer of research
- Skilled researcher capable of using outcome data to guide & inform practice (even if “only” N=1)

We have an *obligation* to:

- Be good stewards of limited resources
- Leverage resources to maximize impact

Quality clinical care must be:

- Evidence-informed
- Outcome-oriented

Is *Excellence* Optional?

What “Standard” do we hold for these professionals?

- Pilots
- Surgeons
- Teachers
- Ourselves?????

Lake Wobegon Effect



Lake Wobegon:

*“Where all the women are strong, all the men are good looking, and **all the children are above average.**”*

Is *Excellence* Optional?

*Mediocrity can't continue
to be an acceptable
option...*

*our patients and families
deserve better than this!*

Research ≠ Only RCT

- Research Requires ***Critical Thinking*** Skills
 - Curiosity & reflection (Zen: “just notice”)
 - Interest in observing & testing impact (effectiveness) of interventions
- Sharing what we learned
 - Willingness to share lessons learned (through supervision, mentorship, professional presentations, publications)
- Research Needs to be ***Integrated*** Not ***Optional***
 - Performance evaluations need incentives to be aligned ~ Research needs to be institutionally recognized & rewarded

Normalize & Demystify “Research”

- Integration in professional education needed: Dichotomous training haunts us!
- Recognize “research” (*Quality Improvement*) opportunities in your daily settings ~
 - Assessment = Hypothesis/ Interventions test the Hypothesis/ Client feedback confirms or disconfirms Hypothesis
 - Continuous Quality Improvement Cycle:
Plan – Do – Study – Act

“Research” = Critical Thinking

Quality Improvement:

- The **Plan-Do-Study-Act** cycle is used to test and implement changes in clinical settings
- Cultivate Curiosity & Reflectivity (“Just Notice”)



Quality Improvement: PDSA

Aim: (Overall goal you wish to achieve)

Every Goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be done	Where to be done

Plan:

List the tasks needed to set up this test of change	Person Responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do *Describe what actually happened when you ran the test*

Study *Describe the measured results and how they compared to the predictions*

Act *Describe what modifications to the plan will be made for the next cycle from what you learned*

Institutional Change Strategies

SMART Goals Are ~

S... Strategic and Specific

M... Measurable

A... Achievable/Attainable

R... Realistic

T... Time-Framed

Reflection Question...

If one of your loved ones were to be cared for in your institution would you be satisfied with the experience they are likely to have?

If not, let this guide your next steps...

Goal: Integration of Meaningful Research into Clinical Practice

- Research skills must be synthesized into clinical training
- Clinicians must become skilled “users” of research and “producers” of research
- Research can NOT remain an “optional” skill for competent clinicians: Integrated into performance reviews, allocations of time & budget
- Organizations must be held accountable

Outcome: Enhanced Quality of Care

Attention to the multidimensional aspects of suffering...

By a compassionate and competent team of psychosocial-spiritual professionals...

With a personal commitment to continuously improving the quality of care.

Key Skills for Value-Driven Practice

- Critical Consumer of Relevant Literature
- Collaborator/Educator of Clinical Trials
- Literature Review
- Intervention Selection
- Single-Subject Design
- Needs Assessment (Attention to Disparities)
- Program Evaluation
- Continuous Quality Improvement Cycles
- Process & Outcome Metrics
- Dissemination of Findings (Publications & Presentations)

Implications

Quality palliative care can best be delivered in an environment that integrates a bio-psychosocial-spiritual model of care comprised of a skilled team of dedicated medical, nursing and psycho-oncology professionals.

Habits for a Sustainable Practice

- What were your motivations to join this field?
- You feel better when you are engaged in meaningful work that makes a difference
- Be part of the solution, not part of the problem!

Be *Intentional* in Your Practice

- Question why you do what you do
- Ask yourself how you can *demonstrate* effectiveness? (Metrics Matter!)
- Challenge the status quo: Advocate for excellence
- Lead by example
- Integrate data into clinical decision-making
- Build journal clubs into your practice
- Set aside time to explore the literature
- Become an “expert”
- Leave a legacy

Barriers to Leadership

- I don't have the time or the talent: I'll fail
- It's not my patient/my job/ my responsibility
- I'll be laughed at/ mocked/ reprimanded/ fired/ embarrassed/ afraid
- It's too hard/ nothing can be done/ this will never improve
- The barriers are too big/no-one really cares
- No one expects it of me (***I expect it of you!***)

Realities of Leadership

- If not you, who? ~ If not now, when?
- Skills are learnable (learn from **both** “successes” and from “failures”)
- Opportunities are everywhere
- You already know “enough”
- It’s the right thing to do
- It does matter, perhaps it will make things better, but regardless, *you* will be made better for the effort

Have the Courage of your Convictions!

*Leaders
Dare to
Make a
Difference!*

Developing Your Research Skills is Good For:

- **Your Practice**
 - Sets you apart in a competitive market
 - Gives you a professional “edge”
 - Increases your institutional influence
- **Your Patients & Families**
 - Increases effectiveness of interventions
- **Your Institution**
 - Market “edge”
- **Your Profession**
 - Contributes to building a strong evidence-base
 - Builds credibility for our field

Evolutionary Process:

- Recognize the difference between:
 - Persistence
 - Dedication
 - Commitment
 - Conviction
 - Loyalty

...And Stupidity

Change is Inevitable ~

*We can't just do what
we've always done,
unless we're willing to
settle for what we've
always gotten.*

This is About Transformation ~

Our Goal: To increase
confidence in your
competence!

- ~ Your tool kit is sufficient
- ~ You know *enough* to dare to enter the room
- ~ There *is* something that you can offer
- ~ *Your* voice matters
- ~ *You make the difference!*