

Kathleen Bartholomew

2018 Speaker Topics

The Dauntless Nurse: Becoming an Expert Communicator

Ultimately, it is the confidence and skill with which we hold our everyday conversations that will pave the way to a future time when our patients are safe, our voices are heard, and the skills and knowledge of this incredible profession are valued and utilized.

America needs nurses who are bold and intrepid; who have the confidence and skill to represent this noble profession. And at no other time in history have their voices been so desperately needed. Hospital based errors are now the third leading cause of death in America, despite our professional ethic of "First Do No Harm" - and yet recent surveys show that the majority of nurses are still avoiding the difficult conversations. In addition, the health of Americans is insidiously declining as the rates of cancer, diabetes and obesity steadily rise.

1. Explain two reasons why our country needs nurses who are dauntless
2. Assess your confidence level in mastering challenging conversations
3. Identify a conversation that you have been avoiding and apply the DESC model
4. Discuss how and why courage plays a critical role in becoming dauntless

Nursing Leadership Three Part Series (3-5 hours)

Part 1 "What You Don't See..."

Using Professor Diamond's framework (Collapse), for "How group decisions fail", this presentation offers a fresh and fascinating look at the hospital culture in light of sociology. Only when we understand the forces that affect us as humans can we have an impact on the world around us. This session speaks to how power, perception and culture affect our behavior as humans.

Objectives:

1. Understand the carbon-based system: how people in groups react to stress, change and routine.
2. Give two examples of how you can personally shift the power structure from a hierarchy to a team in your department/organization to create synergy and maximize power.
3. List two reasons why groups fail at perception
4. Identify one opportunity to shift your perceptions
5. Define "culture" and give one example from your work environment

Part 2 “What You Do See...”

The expression “Nurses eat their young” is so far removed from our idea of the caring and nurturing nurse that we shudder to think it could possibly be true. But the truth is, nurses are hurting each other. Stories from the ‘front line’ cannot be ignored. These stories are the voices of nurses telling the world about their experiences. The first step to healing our relationships is the most difficult: to recognize and openly discuss the problem. Only by understanding the origin and reasons for our behaviors can we even begin to create the healing environment that is needed in nursing - for ourselves, as well as our patients.

Objectives

1. Acknowledge that nurse to nurse hostility is a serious problem.
2. Explain why nurses experience un-caring behaviors from their peers.
3. List one action that you can take to build a culture of healthy relationships and/or decrease horizontal hostility in the workplace.
4. Evaluate the power level of your relationships with managers and physician

Part 3 “What You Can Be...”

How do you lead? And why does the profession of Nursing need every nurse to be a leader?

Unfortunately, the ever increasing demands of nursing has not allowed us the luxury of time needed to step back and look at the ‘big picture’ as well as the actions necessary for nurses to practice to their full scope and garner public support. Participants will leave this presentation prepared, empowered, and determined to engage in the leadership conversations that can transform our culture.

Objectives

1. List three situations that demand a conversation in healthcare.
2. Recognize the impact of culture on communication and leadership
3. Describe a conversation you avoid and apply the DESC model to this situation
4. Understand how to maximize power and resources within a human institution.
5. Imagine and describe what the profession of Nursing will be like in the year 2050
6. Describe the impact that nursing could have on the health of America

REFERENCE for this presentation from Dartmouth can be obtained upon request

A Passion for the Art of Nursing

(Based on Sigma Theta Tau's book: "The HeArt of Nursing", C. Wendler)

Abstract

Nursing is both a science and an art. The science of nursing requires us to stimulate our minds while the art of nursing engages our soul. As we tackle the everyday challenges, it is clear that many of us have forgotten the joy of nursing. Using the power of story, Kathleen inspires nurses to be in awe and appreciation at nurses' work. This lecture challenges how we look at our own profession, reminding us through the story of the moments where we have connected to another human being on the deepest of levels as we help them to deal with the gamut of human emotions. When we encourage the role of nurse as artist, and integrate these qualities into our daily routine, we unleash our own personal power - Nursing then becomes a place to be nourished rather than drained.

Objectives

1. Re-kindle your passion for the nursing profession
2. Describe the benefits of practicing both the art and science of nursing for both patients and nurses
3. Identify two situations in your practice where you have experienced or observed nursing as "art"
4. Explain why the art of nursing has been portrayed as "less than" science

Understanding Nurse-to-Nurse Hostility: Why Civility Matters

Abstract

The expression "Nurses eat their young" is so far removed from our idea of the caring and nurturing nurse that we shudder to think it could possibly be true. But the truth is, nurses are hurting each other. Stories from the 'front line' cannot be ignored. These stories are the voices of nurses telling the world about their experiences. The first step to healing our relationships is the most difficult: to recognize and openly discuss the problem. Only by understanding the origin and reasons for our behaviors can we even begin to create the healing environment that is so desperately needed in nursing- for ourselves, as well as our patients.

Objectives

1. Understand that nurse-to-nurse hostility is an unconscious human behavioral response
2. Explain why nurses experience un-caring behaviors from their peers.
3. List one action that you can take to build a culture of healthy relationships and/or decrease horizontal hostility in the workplace.
4. Describe the impact of horizontal hostility on the patient, our peers and our profession

Strengthening RN/MD Relationships

Abstract

The patient is the one who loses when nurses and physicians are in conflict. Research shows that not only do poor nurse-physician relations affect morale and retention, but also patient mortality. In order to achieve best practice, we need to understand why we play this game and how it started. Learn practical strategies for building good relations that will be ego-boosting for both nurses and physicians and leave this presentation with the courage and determination to improve your working relationships.

Objectives

1. Identify two strategies that you can implement to improve MD/RN relationships at your workplace.
2. Explain one reason for the source of physician-nurse conflict.
3. Recall a situation where you experienced or witnessed a power differential
4. Describe a current situation in your practice where physicians and nurses play “the game”.

Creating Community: The Key to Recruitment and Retention

Abstract

In a world characterized by increasing complexity and diversity, in which many are feeling greater alienation, the workplace is a fertile common ground. High-tech companies not only recognize that people are their most important resource, but also strive to create an environment in which their employees can find personal value and meaning in their work. The health care industry lags behind and the shortage of nurses is providing additional challenges. We can measure our effectiveness as nurse managers by the quality of our relationships.

(Kathleen managed a 57 bed Orthopedic and Spine unit in Seattle, Washington. For the last three quarters of her tenure, her unit was in the top 10% of patient, physician and employee satisfaction. With a turnover rate of less than 3% and a waiting list for employment on the unit for over three years, Kathleen’s success is dependent upon one thing: building a community of nurses who feel that they belong and who care about each other.)

Objectives

1. Recognize the impact of building community on retention and recruitment.
2. Define community in relationships to the nursing profession.
3. List two specific activities that will promote community on your unit.
4. Describe why the art of nursing flourishes in a community setting.