Many novice managers feel unprepared to handle some of the situations that occur as a daily part of their job. It is important to provide an environment through which novice managers can receive training and develop skills in effective communication in complex nursing environments. Simulation-based training can provide a safe, interactive way for new managers to develop their communication and leadership skills. This type of training allows novice managers to increase their confidence and improve their job satisfaction and their management skills. (Critical Care Nurse. 2011;31[5]:58-63)

Scenario 1: A novice critical care manager is preparing for a conversation with a staff nurse who requires counseling about the need for respectful communication in the workplace. The nurse has been continually disrespectful to both peers and patients. The nurse has been exhibiting behavior that does not reflect the unit’s expectations for a healthy work environment and patient-centered care. It is the first time this manager has been required to counsel an employee and the manager is feeling anxious. What is the best approach? How to clearly communicate goals and expectations? How to deal effectively with the worker’s reactions?

Scenario 2: The condition of a patient in the intensive care unit is deteriorating. The nursing staff is limiting visitors at the bedside, which is creating a conflict with the patient and his family. The family wants to be able to have all family members at the bedside during this time. The bedside and charge nurses are refusing to alter the visitation policy. The patient’s family contacts the patient representative office, and the nurse manager is contacted by both the nursing staff and the patient representative office.

What skills were provided during orientation that would enable a novice critical care manager to approach these situations with confidence?

Nursing leaders are strategically important in hospitals. Their leadership enables an organization to navigate through the complex and dynamic changes occurring in health care today. Effective leaders are able to influence others by creating a vision of what can be accomplished. These leaders are inspiring, motivating, and empowering staff toward goal attainment such as improved working conditions and optimal outcomes for patients.

Interpersonal skills are a key component of effective leaders and include the ability to listen actively, provide authentic expression of understanding, and communicate effectively in negotiation of disputes or the provision of discipline. Today, many novice managers feel unprepared to handle some of the interpersonal situations that occur as a daily part of their job.

Traditional Nurse Manager Orientation

Much of the nursing literature on orientation focuses on the orientation and socialization of nursing staff. Few studies focus on orientation programs for nurse managers. Orientation of nurse managers is an important step in the socialization...
of managers because it provides a foundation for the establishment of successful relationships among staff and management.\textsuperscript{2,4,5}

Currently, many programs integrate interactive computer programs with didactic content. The focus of these programs is on the essential management skills and the development of an understanding of the manager’s role within the organizational vision and goals.\textsuperscript{2} These interactive programs include leadership simulation computer videos that provide viewers with the opportunity to see how techniques can be used through modeling of roles in real-life scenarios. Additionally, many of these programs provide detailed information on managing the business aspects of a health care environment such as fiscal management, quality improvement, and strategic planning.

This type of learning can provide the basis for the development of many leadership skills, yet some learners require more engagement. Interpersonal communication, difficult conversations, and negotiations occur daily in the workplace among staff, departments, patients, and patients’ families. Simulation centers offer learners the opportunity to engage, learn, and apply their skills in these areas in real-life situations. The use of simulation affords novice managers the opportunity to engage others and perfect their communication skills in a safe environment.

**Simulation**

Simulation has been successfully used in commercial aviation, nursing, and medical training to provide a safe environment for individuals to learn the skills needed in their chosen roles.\textsuperscript{6-11} Simulation is defined as the attempt to replicate the aspects of a clinical situation or process so that the experience is comparable to the real work environment.\textsuperscript{12}

Simulation places the person in a “lifelike” situation that allows immediate feedback on questions, decisions, and actions. It reduces the training variability, yet can be customized for individual learning. Simulation integrates the cognitive behavioral and technical aspects of learning. Initially, simulation was developed and used for crisis intervention. In the field of health care, anesthesiologists pioneered the use of high-fidelity–based simulation in crisis training.\textsuperscript{13} For several decades, simulation has been used effectively by many professions to reduce error, improve team communication, and create the complex computerized war games of today.\textsuperscript{6}

In simulation training, learners are immersed into a dynamic, realistic environment where cognitive, behavioral, or technical skills can reinforce learning. In emergency management and health care team leadership, research studies have looked at team integration and communication dealing with complex situations. These studies have demonstrated that simulation-based learning can be superior to problem-based learning for the acquisition of critical assessment and management skills.\textsuperscript{6,13} Learning is an active endeavor that invites the engagement of the learner. Simulation provides active engagement in today’s learners, including nurse managers.\textsuperscript{6,13,15}

Nurse managers are often very adept at managing clinical activities on their units. In many cases, these same managers feel less prepared to manage the personnel communication issues that are a daily part of their environment. Effective personnel management can improve staff and unit morale, increase patient safety, empower staff, and improve patients’ outcomes. In looking to enhance the preparation of novice nurse managers in the area of human resource management, it is important to focus on the critical managerial activities and skills related to this level of nursing management.\textsuperscript{16}

Recent studies by Linton and Farrell\textsuperscript{17} and Raup\textsuperscript{18} have shown that leadership skills in nurse managers

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are crucial in the retention and satisfaction of nursing staff. Transformational leadership skills (Table 1) of interpersonal communication, active listening, crisis management, and creative interaction are examples of skills that can be developed by using simulation. The use of a simulation center can provide opportunities for refining communication and problem-solving skills and establish competence and confidence in a safe environment.  

**Table 1** Transformational leadership skills

- Good interpersonal communication
- The ability to listen
- Organizational understanding
- Ability to navigate within the organization
- Stepping up in a crisis
- Negotiation skills
- Creative interaction

Participants leave the simulations with a more realistic understanding of situations and the skills needed to resolve them.

**Nurse Manager Orientation Simulation Pilot Design**

A collective leadership group decided to develop an orientation program that used simulation to help novice managers with communication skills. The clinical management team collaborated with the local school of nursing, the human resources department, and the university’s simulation lab to identify the content and consulted methodology experts to develop the scenarios. A novice manager’s skills in the communication and the management of human resources affect retention and recruitment of nursing staff, mentoring, teamwork, and collaboration among unit nurses.

The simulated scenarios were developed to reflect difficult conversations associated with personnel and patient/family issues that can occur daily. After evaluating the various challenges facing a novice manager, nursing leaders decided that it was important to begin this novice educational program in 2 phases.

**Phase 1**

The first phase would deal with the key issues of situational awareness, communication of goals, development of a performance improvement plan, and how to conduct a termination conversation. The overall outcome was to provide an opportunity for the novice managers to increase their interpersonal skills and understanding of the diverse cognitive and behavioral threads occurring during difficult conversations with their nursing staff. Two nursing leadership students were invited to participate in this project as part of their leadership practicum.

**Phase 2**

The second phase of the program was developed with scenarios that reflected negotiation skills. In this set of scenarios, the manager is negotiating win-win solutions to conflicts with patients, patients’ families, and nursing staff.

The scenarios were developed through a review of literature and input from the advisory team, which included nursing administration, the simulation laboratory staff, and human resources staff. The advisory team identified learning objectives, performance measures, and the level and types of challenges that would be incorporated into the scenarios.

**Discipline Scenarios**

The first phase scenarios dealt with 3 aspects of discipline with an employee who was not participating as an active team member. The employee’s behavior was creating potential concerns about patient safety and was not reflective of the values of the unit or institution.

The first scenario (Table 2) looked at communication between the charge nurse and the manager and communication between the manager and the employee. Performance measures for this scenario included the cognitive measures of situational awareness and arranging for the communications to take place in a private area away from the patient’s room. The behavioral measures included clear articulation of the management and staff concerns and identification of the risks to patients. Also included were active listening to employees’ concerns, the exchange of information in a respectful manner by using nonpolarizing words and phrases, and a summation of the manager’s expectations.

The second scenario in this phase was staged for the provision of a written warning and additional goal and expectation setting. In this scenario, the cognitive measures were similar to the first scenario; however, the behavioral measures were different. The behavioral measures included a review of the employee’s prior actions that resulted in counseling and identification of the outcomes that were agreed upon during the last counseling.
session. After this review, the manager would develop a performance improvement plan with the employee. This plan would include a clear statement of the manager’s expectations and the consequences of failing to perform at the level expected. The manager would observe the employee in the clinical environment for a specified period. The final measure was a technical measure that looked at the nurse manager’s documentation and communication with the human resources department.

The final scenario in this phase involved the termination of an employee. The performance measures for this scenario were first the cognitive measures of identification of the reasons for termination, documentation of communication with the human resource department (teamwork) and situational awareness (the need for a witness and possibly security personnel). The behavioral performance measures included the review of prior communication and performance plans with the employee, clear statements of how the employee did not meet the expectations, active listening to the employee’s response, notification provided to the employee of his or her rights, and escorting the employee from the premises. The technical performance measure was the final documentation and communication with the human resources department.

**Negotiation Scenarios**

The second-phase simulation was focused on a clinical situation on a patient care unit where negotiation and conflict resolution is needed. This set of scenarios incorporated a worsening clinical condition, cultural diversity, active resuscitation, patient and family dynamics, and family-staff dynamics as embedded challenges.

In this series, the roles of family members were played by actors unknown to the manager (confederates), and the roles of the staff nurse and charge nurse were played by nurses also unfamiliar to the manager. The patient was a high-fidelity mannequin set up in a critical care simulation room. The chief patient care director and the human resource specialist were the subject matter experts, and the senior nursing director of the simulation laboratory was the facilitator.

**Development and Testing**

The scenarios were developed and tested through 2 sets of simulations. Four critical care managers volunteered to participate in the test simulation. Of this sample, 1 manager had recently been hired; another manager had been promoted from a nursing support team to become the manager of critical care, intermediate, and acute care units. The remaining 2 managers had been managers for more than 4 years. The managers were divided into teams of 2 on the basis of their level of experience, and only 1 team at a time was present during a simulation session.

Observers of the simulation observed live-stream and included the chief patient care director in nursing administration, a representative from the human resources department, and 1 of the experienced nursing managers. Additional roles in the scenarios were played by 2 nursing leadership students and technical staff from the simulation laboratory (simulation confederates). The facilitator was the senior nursing simulation staff member. Simulations were video and audio

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**Table 2 Three scenarios**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>First scenario</strong></td>
<td>A charge nurse has called the nurse manager to request assistance in dealing with a staff nurse on duty. The charge nurse describes the situation, which involves a lack of teamwork, potential patient safety issues, and disrespectful communications. The nurse manager reviews the recent communications that have occurred, during which the unit/hospital values were discussed with the employee. The nurse manager arranges to meet with the employee.</td>
</tr>
<tr>
<td><strong>Second scenario</strong></td>
<td>Development of a performance improvement plan. The employee who has been counseled in teamwork and communication several weeks prior is reported to have refused to be of assistance to another nurse during a procedure and was noted to be on a social network site while on duty. The manager arranges to meet with the employee to discuss the recent events and to provide the employee with a performance improvement plan. The employee is upset, but not violent—there is a need to be clear in communication of expectations and to defuse the situation.</td>
</tr>
<tr>
<td><strong>Third scenario</strong></td>
<td>Termination of an employee. The manager has received, from both patients and staff, complaints that the employee who had received written warning and the performance improvement plan continues to display a lack of teamwork and disrespectful communications and has put patients at risk. Evaluation of the manager’s communication process and termination are observed.</td>
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</tbody>
</table>
recorded, and debriefing was held immediately after each simulation.

The first simulation session included the recently hired manager in the role of nurse manager. The second simulation session had the experienced manager from the nursing support team who had relocated to the critical care unit management in the role of nurse manager.

**Postsimulation Debriefing**

After each simulation, a debriefing was held where the video and audio tapes were reviewed by the observers and the participants. Debriefing is a nonjudgmental opportunity to provide feedback to strengthen and transfer learning. The main objectives of debriefing include the identification of the perceptions and attitudes of both participants and observers and the linking content and skills.

During the 20-minute debriefing, in addition to a discussion of perceptions, feedback is provided from the observers, participants, and manager on cognitive, behavioral, and technical skills noted. What worked in the scenario and where there are opportunities for improvement also are discussed.\(^{19}\) Acknowledgment of perceptions and feelings and the use of open-ended questions guide the debriefing (Table 3). The debriefing environment is considered a safe educational environment, where positive leadership and communication skills are reinforced.

After the debriefing, the manager had the opportunity to participate in the scenarios again while implementing the suggestions obtained in the initial session. This second session was followed by a 10-minute debriefing where additional perceptions were identified and feedback was provided.

Participants in these sessions indicated that the debriefing was very helpful because it allowed them to see and hear their communications. The participants were also able to view reactions of other participants and identify their own body language through the video recordings. The participants indicated that they had not been aware of the expressions and communications during the actual simulation. The participants from the first phase of scenarios expressed the very real feeling that the simulations had and that clarification of hospital guidelines and policies regarding communication with staff were provided along with an opportunity to explore their communication styles.

Those who participated in the second-phase (negotiation) scenarios were amazed by their increasing ability to defuse a situation and negotiate a satisfactory conclusion for staff, patient, and patient’s family. After the simulation sessions were completed, a final planning debriefing occurred where recommendations for scenario revisions and ideas for future scenario development were made.

**Discussion**

Considerable amounts of managers’ time and attention are devoted to understanding individuals in diverse and complex situations. It is important to provide a safe environment in which learning and mentoring can occur. Simulation is a tool that can be used to provide a variety of clinical situations that assist novice managers in developing interpersonal communication skills that will be effective among individuals (staff or patients and patients’ families) or teams.\(^{19,22}\) The use of simulation ensures standardization of performance through a stable framework that integrates cognitive, technical, and behavioral aspects with measurable actions.

<table>
<thead>
<tr>
<th>Table 3 Debriefing techniques and questions</th>
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<tbody>
<tr>
<td><strong>Debriefing techniques</strong></td>
</tr>
<tr>
<td>Acknowledge perceptions and feelings</td>
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<tr>
<td>Reinforce the concept that simulations are for learning, not for exposing weakness or humiliation</td>
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<tr>
<td>Draw out the quiet learner by using open-ended questions</td>
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<tr>
<td>Use the video to highlight positive performance measures and opportunities for improvement</td>
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<tr>
<td>Keep body language open</td>
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<tr>
<td><strong>Types of questions</strong></td>
</tr>
<tr>
<td>What went well?</td>
</tr>
<tr>
<td>What did not go so well?</td>
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<tr>
<td>Was there more information that could have been provided?</td>
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<tr>
<td>What did you think about this exchange?</td>
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<tr>
<td>What did you need?</td>
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<tr>
<td>What resources would you think about accessing?</td>
</tr>
<tr>
<td>What actions could have been taken here?</td>
</tr>
<tr>
<td>What are some strategies for managing...?</td>
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Adapted from: Medical Simulation Design, Inc, in collaboration with Loma Linda University Medical Simulation Center. Based on information from Fritzsche et al\(^{20}\) and Rudolph et al\(^{11}\).
and outcomes. This arrangement maintains the integrity of the experience, with multiple learners having the same experience and evaluation. The use of simulation also supports the development of transformational leaders who engage their employees and teams through communication and mutually set goals.23

The use of simulation in the orientation of novice managers is an opportunity to apply the best practice knowledge and standards that have accumulated in the areas of communication, engagement of learners, and the transfer and retention of learning. This application can be an additional tool in the orientation not only of nurse managers but of all unit leaders, providing these clinical experts with the management skills to ensure a healthy work environment and optimal outcomes for patients.

Although not all hospitals have simulation centers within their organizations, partnering with local schools of nursing or other organizations such as the Veteran’s Healthcare Administration can lead to excellent collaborations. This interaction and collaboration within our communities will strengthen our leadership abilities and provide for the diversity of perspectives that are needed to understand today’s complex health care environment. These skills will increase safety of patients and employees through long-term behavioral changes in our clinical leaders. CCN

Financial Disclosures
None reported.

References

To learn more about leadership in the critical care setting, read “Authentic Leaders Creating Healthy Work Environments for Nursing Practice” by Maria Shirey in the American Journal of Critical Care, 2006;15:256-267. Available at www.ajcconline.org.

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None reported.

References
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