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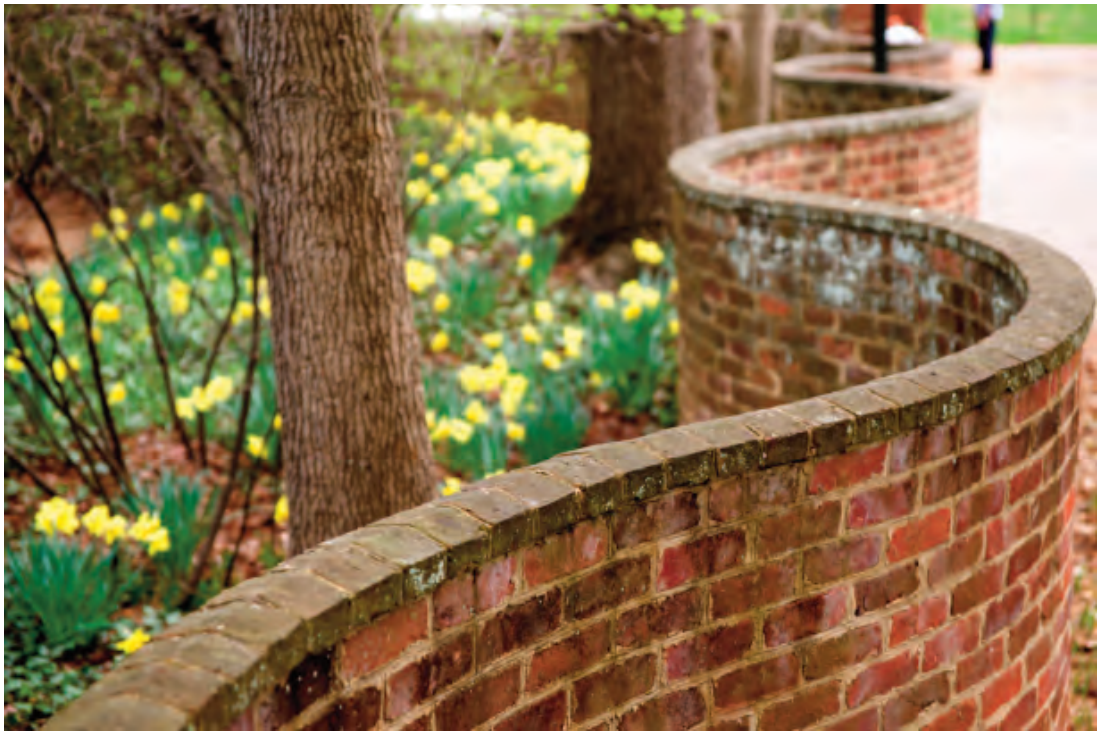
Standing in My Power: Becoming a Fearless Dean

by Dorrie K. Fontaine



The Serpentine Wall at the University of Virginia

The serpentine wall was built by Thomas Jefferson at the University of Virginia nearly two hundred years ago. Only one brick thick, it takes its resilience from the curvature of the wall, needing only one brick sitting beside and supporting one another. Resilience is essential for health care providers as well.

I was attracted to a career in nursing because of a love of science and people. I admit it was also a plus that several good friends were also making the same career commitment. Beyond graduation, nursing became a passion and a way of life. It has inspired me to reach inside and outside of myself to make a meaningful difference in the world. In the beginning, I was a follower. Now I am a leader. Here is the story about how all that came about.

I began working at a small community hospital in the early 70's as a new nurse in the intensive care unit, back when these units were in their infancy. A 60-year old woman's cardiac resuscitation had gone badly on the night shift and I believed the patient could have been saved. I spoke to the physician in charge and begged him to give more and appropriate drugs. He just shrugged. In protest, I went to the Director of Nursing after my shift who looked at me with a sigh and said, "Those codes never work. Go home and go to bed." I have never forgotten how those words pierced through me. From them I developed a passion for standing in my own power. I said to myself, "I will show her. We can improve care and be excellent! We can save lives and prevent suffering." I have watched too many patients suffer and die in the intensive care unit when we didn't allow families in, worrying more about ourselves than the anxiety of loved ones.

Saying 'no' to injustice and suffering has inspired and sustained me over a 40-year career. Now I am an academic leader in charge of educating 700 nurses, working with over 130 faculty and staff at the University of Virginia (UVA) School of Nursing. As a newly appointed Dean in 2008, I had three goals:

- Create and sustain a healthy work environment where all can flourish
- Increase interprofessional education, especially for nursing and medical students to learn together and gain respect for each other
- Increase diversity of faculty, staff and students

My commitment was to excellent patient care and quality education. I realized that passionate nurses often become heartbroken over the challenges they face on the job and need support to continue. I initiated the Compassionate Care and Empathic Leadership project to inspire health care providers to share kindness, to deeply engage with others and to continue with patience and optimism in the face of obstacles. These values were solidified and honed even further when I attended the Upaya Zen Buddhist Retreat Center and later met Dr. Monica Sharma.

photography | wikimedia commons

Building Resilience in the Workplace

In the Spring of 2009, I attended an Upaya course called 'Being with Dying' (www.upaya.org/bwd/). The course focuses on improving care for the dying by cultivating prosocial mental capacities combined with practical skills that allow caregivers to truly accompany dying people and their families. A dear nursing friend, Dr. Cynda Rushton, who teaches at Upaya, convinced me that I would gain new insights that could dramatically change how I was leading the nursing school. Those eight days of silent meditation and mindfulness changed not only my work, but also my life.

Today, 45 interdisciplinary UVA colleagues—chaplains, social workers, physicians and nurses—have attended the Upaya program, building a foundation for our work of fostering compassionate care and building resilient caregivers. When health care providers can stand in power and resilience—'fierce compassion' as my emergency department nurse colleague, Jonathan Bartels, refers to it—patient and family care is improved. 'Fierce compassion' is what fuels my passion for fostering diversity of ideas and pushing for interprofessional engagement.

Funded by a generous donor, the School of Nursing has built a Resilience Room out of an old classroom where we meditate and practice quiet reflective thinking and yoga. This space represents our nurturing and respect for handling patient care with compassion and resilience. Several faculty members championed the project, but a few others thought we were 'pushing religion.' Time and patience helped us navigate the issues respectfully as we demonstrated that this initiative is beyond religion.

The resilient caregiver is one who can withstand the routine joys and sorrows within the chaos of the clinical setting and stay balanced, calm and able to make good choices for self and others. More than just dedicating a room, creating a resilient workplace has a deep core meaning for each of us.

Compassionate Care and Empathic Leadership Initiative: A Journey on the Serpentine Wall

In 2010, our two consultants, Drs. Monica Sharma and Cynda Rushton, aligned their efforts to lead an emerging Compassionate Care Initiative at the UVA School of Nursing and the broader health system at the University. Dr. Sharma is a physician and former director of the United Nations for Leadership and Capacity Development. Dr. Rushton is a pediatric nurse, professor of nursing and ethics and director of the program in palliative care for children at the Johns Hopkins Hospital. Dr. Sharma's model has inspired UVA clinicians, faculty and the community to create and sustain change. The challenge we chose was to improve end-of-life care in the Charlottesville community by focusing on resilience, interprofessional collaboration and what we had learned from the Upaya program.

Our model begins with identifying one's values and contribution to the world (see *figure* 1). More than 60 UVA Medical Center professionals have now embraced this approach. Perhaps fearful at first, they quickly caught the magic of 'standing in your own power' to shift system barriers and solve problems for lasting results. We named our resilience initiative Compassionate Care and Empathic Leadership (CCELI) and called this our 'journey on the serpentine wall.'

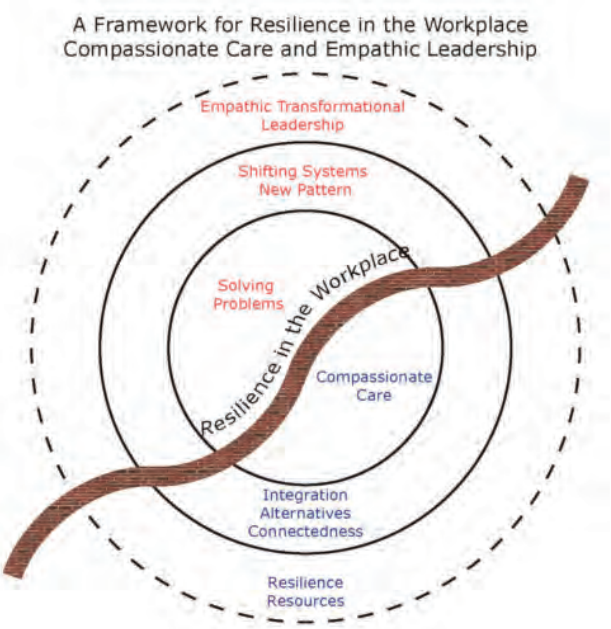


figure 1

The purpose is to reduce human suffering by cultivating compassionate people and systems. Our vision is to promote health and well-being through the creation of innovative, scalable, adaptable models of health care that incorporate practices that invite stillness, inquiry and insight, and are grounded in compassionate action and empathic leadership. We are also developing clinical, educational and research initiatives to optimize the quality of life for patients and their families.

Success Stories

Designed for transformation and results, our program is shifting people from scarcity to abundance, from fragmentation to wholeness, from isolation to connectedness, and from fear to courage. We have trained leaders in several departments, including the emergency department, education, palliative care and pediatrics.

The Emergency Department: The outcomes are truly changing lives and spirits while creating an army of empathic leaders. One nurse in the Emergency Department (ED), Jonathan Bartels, instituted the 'Pause' as a compassionate intervention.

"*I noted that when people die after a traumatic incident I would often see surgeons, docs and nurses walk away with frustration, throwing their gloves off in a defeatist attitude, not recognizing that the patient was a human being we had just worked on saving. So after these deaths I decided it would be a good thing to pause in a moment of silence. Just stop. Honor them in your own way, in silence.*"

Note the shifts here toward integration, inclusion and connectedness. In the words of Pamela Ross, ED physician, "*To operate compassionately, minister from the heart, see the person before the disease... To take the time to humbly acknowledge the human life that has entered your presence that day... To be fully accepting of whatever comes... To hesitate and wonder if you have what you*

need to give to that person in that moment. And to worry if, in any given moment, you will be swallowed whole by the process or overwhelmed by the condition of the masses… Sometimes it's enough to knock you over and render you motionless from frustration and helplessness...

But then you breathe in and breathe out. Suddenly, it's like a brand new day has just begun, with brand new mercy. Look up and take courage. Angels are nearer than you think. That is the strength of CCELI for me."

Palliative Care: Nurse and physician colleagues in Palliative Care are creatively teaching an interactive course called 'Difficult Discussions' about end-of-life care to medical and nursing students. Knowing how challenging it is to give bad news to patients, this course gives students practice with standardized patients. Renewed awareness of what the patient and family experience and their own values about the meaning of life are encountered. CCELI colleagues Jeanne Erickson RN and physician Dr. Leslie Blackhall serve as empathic role models for these traits and skills in the next generation. The work has garnered several grants, including a prestigious Josiah Macy Jr. Grant, to extend this work. Here is what Dr. Blackhall had to say about the initiative:

"One of the problems when you work in a big institution is people work in silos and do not have a sense of shared vision. People can get lonely and burnt out. Having a sense of shared community makes everyone feel more energized and inspired. …CCELI helps to take things that seem like intractable problems and reframe them. Instead of being debilitated or hopeless, it gives a sense of energy… The project has grown way beyond its small beginnings to teach residents, nurses and others how to work together and communicate better with their patients."

Interdisciplinary teams in the Palliative Care group have also worked with the Coronary Care Unit and other units to develop an engagement tool, 'All About ME,' based on literature that shows how helpful it is to encourage patients and families to provide personal information about themselves. Team members include social workers, chaplains, as well as nurse clinicians and physicians from the community.

Education: Creating Resilient Practitioners by Starting with Students and Mindfulness: We needed to find champions among the faculty who valued our experience that students with a reflective practice are more likely to better care for themselves and in turn generously care for others. Faculty leaders for the initiative continue to emerge and the culture is becoming more open and transparent. All third-year nursing students participate in a mindfulness day at a local farm. It consists of gentle yoga, relaxation using body scan techniques and mindfulness meditation opportunities modeled after Jon Kabat-Zinn's Mindfulness Based Stress Reduction program. Much of the day is spent in silence.

In addition to personal practice, there are multiple competencies to learn and practice. Self-awareness is necessary but not sufficient. I needed to increase my own skills as a dean and leader while also cultivating and supporting the leadership of others. Moving flexibly between my personal and professional profiles helped. It is important to articulate with the greatest clarity who you are at the deepest level, what you stand for and what people can count on you for. Fostering leadership, building partnerships, speaking up and speaking out and creating platforms for transformation are key to making resilience and compassionate care come alive for others. We turned reluctant faculty and clinical staff into believers by enrolling them in an initiative where they could rediscover their own passion, see their own transformation and feel the power of standing up. New pattern makers emerged and people began to follow. Followers became leaders. One nursing faculty put it this way:

"We turned reluctant faculty and clinical staff into believers by enrolling them in an initiative where they could rediscover their own passion, see their own transformation and feel the power of standing up."

"As an oncology nurse I always strive to give compassionate care to patients. In an environment that is distressing, we can lose sight of this. CCELI helps me to keep this in focus and to see colleagues who also have this as a priority… I try to be supportive, encouraging and nurturing to everyone I interact with. What energizes me is to remember strategies I have learned in the workshops here that keep compassionate care a priority."

Pediatrics: Nurses, physicians, chaplains, and social workers in Pediatrics help young children die at home rather than in the hospital. They garnered financial support for an enhanced care model using both a nurse practitioner and a physician for home visits. Focused on results and a new fire in the belly to remove barriers and shift systems, this group successfully lobbied to improve the care of vulnerable children dying in our community and to better support family members. Making the shift from fear to courage and from scarcity to abundance is happening. A community pediatrician devoted to making home visits for dying children shared his lessons:

"CCELI helps me lead from strengths and core values. It gives me an opportunity to think about who I am and who I can be as a leader. It helps me to see the effects of engaging people's commitments to a project and to their core values. It also creates synergy in a group. We have been able to extend the palliative care with children and improve the services in the hospital and the community through partnerships. What keeps me coming back to the meetings is sharing the energy and having a place to think about and explore my own passion for what I do, but also to sustain and draw on the passion of other people."

Strategies to Establish a Resilient Workplace

Create a healthy work environment with a generosity of spirit. Being a generous leader means not caring about who receives credit, putting others' needs first and leading with love. This does not mean tolerating poor performance or unacceptable behavior. Recall that the first step is to have individuals know and acknowledge

their inner capacities, what they stand for, and recognize and live their unique contribution. With a generous spirit then, the leader captures the passion of the group and helps to inspire a new vision.

Create connectedness with conversation about contribution. In a resilient workplace everyone's contribution is valued and respected. When we can call upon the best within each of us, the organization achieves results. It is critical to make time for conversations that lead to improvements and even new connections among people in the organization.

Celebrate a new narrative of optimism with results. No one follows a depressed, cynical, glass-half-full leader. Change your narrative to be one of constant optimism and the world changes around you. Having the courage to remain positive and try new things is a hallmark of a resilient leader. For decades, it was thought that the lock-step schedules of the nursing and medical schools prohibited active learning together. I found that those who were passionate about training students together circumvented enormous barriers because they believed in the benefits. I relentlessly pushed this initiative from my earliest days as a dean because I too believed in the benefits and stayed optimistic despite the cynics worn down by decades of negativity and hierarchy.

Cultivate competencies and inner capacities to unleash creativity. Mindfulness practices of being present, paying attention and not being attached to outcomes has enabled many of us to step back in order to move forward. Creative ideas can emerge with new freedom when we let go of who takes the credit. Who would have thought we could ever have a new way to deliver pediatric palliative care when the answer had been a resounding 'no' for a decade? Asking colleagues to turn off electronic devices during meetings, take a moment to focus on the breath, and then deeply listen to each other can truly transform our challenges.

Apply breakthrough technologies to move past breakdowns. Too many times events happen and fester without the skills to intervene, causing lasting damage to relationships and letting projects languish. We learned how to move from breakdown to breakthrough. At each group meeting, we focus on the following questions: How do we show up differently? How do we notice when we are acting with integrity and when not? A leader who learns to turn breakdowns into breakthroughs can achieve amazing results. One colleague stated, "Instead of seeing only failures and problems in the institution, in this group I see for the first time promise and genuine possibilities for embodied compassion."

Become more of yourself to set yourself free. The transformational model allowed me to analyze my values and stand up as an authentic leader. In moving from fear to courage, our group and I often found ourselves asking, "What is the worst thing that can happen?" And having Dr. Sharma's and Josselyne Herman-Saccio's concepts of 'bozo-ability' and 'un-messablewith-ness' were key.

Bolster self-esteem in others and use humor. I try to always leave fellow faculty, staff and students with encouragement and stories they will remember and laugh about. Stories of how I have made mistakes and misjudged a situation and how to then make things right. Dr. Sharma's work on transforming breakdowns to breakthroughs has also helped here.

Get the right colleagues on the bus. Engage and enroll others to be champions of the work. Hone inspirational messages to provide a compelling story of why others should care about and contribute resources for the work. I have the responsibility to bring people into the organization that are not just aware of the work but also encourage it and stand up for compassionate care. Our work enabled a generous donor to provide a $15 million gift in 2011 to open a Contemplative Sciences Center to pull together the Schools of Arts and Sciences, Medicine, Nursing and Education, as well as the Tibet Center, to offer innovative education and begin research into contemplative practices such as yoga, mindfulness and healing and resiliency outcomes.

Kindness feels better and opens more doors. Practicing mindfulness invites reflection on what matters most in the moment. Acknowledging and respecting everyone on the organizational chart from housekeeping personnel to the most seasoned leader is watched and appreciated. This cannot be accomplished if your nose is in your electronic device.

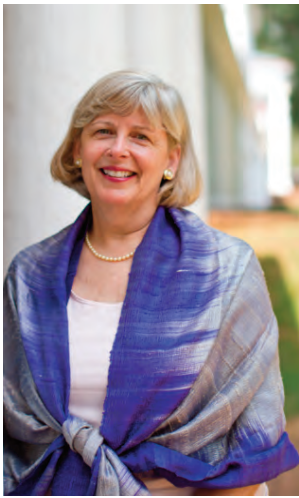
Standing in My Power: Becoming the Fearless Dean

In June 2012, the abrupt and unjust firing of the President of UVA brought 17 days of emotional trauma to campus. Faculty, administrators, students, alumni and local citizens were outraged and media attention was unrelenting. I brought all my faculty and staff together for a dialogue to support each other. Anger and sadness remained palpable for weeks and finally triggered action. The Faculty Senate energized the community to support the return of our President. In a Rally for Honor led by student leaders, I was asked to speak, along with other faculty and students, on the steps of the Rotunda in front of thousands. My rally speech was well received. I was the only dean to speak up that day. Many of the nurse and physician leaders from our compassionate care initiative were there. One said, "Don't you think Monica Sharma would be proud of all she taught us?" We were standing in our power. The President was reinstated. I was called the 'fearless dean' by many and it made me smile. Now the work continues and there is no limit to where we can go.

This paper describes my journey from intensive care staff nurse to standing in my power as dean of a major nursing school. The model of transformational leadership to shift systems, source wisdom and obtain lasting results has changed my life and those around me.

The serpentine wall was built for resilience and so am I.

So are we!



A passion for critical care nursing underlies the distinguished career of ***Dorrie K. Fontaine, RN, PhD, FAAN,*** *as clinician, scholar, researcher, educator and professional leader. Since coming to the University of Virginia School of Nursing as Sadie Heath Cabaniss Professor of Nursing and Dean, Dr. Fontaine has implemented Appreciative Inquiry methodology as the basis for the School's strategic planning and launched an interdisciplinary process to create a transformational model to provide compassionate end-of-life care across the health care spectrum.*