

CHAPTER TWO

COMMUNICATION STRATEGIES AND TIPS: AVOIDING PROBLEMS; ACHIEVING EFFECTIVENESS

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Clinical nurse specialists (CNSs) must be effective communicators. The outcomes of CNS practice are dependent on CNSs' ability to wield influence to effect change within and between systems. The ability to influence is essential for effective CNS practice (NACNS, 2004) and positively affecting the spheres of influence associated with CNS practice, patient/client, nurses and nursing practice, and organization/system (NACNS, 2004; AACN, 2002) requires exemplary communication skills.

Most CNSs are not in positions of direct authority. They exercise influence using a variety of communication strategies within organizational relationships with indirect or informal reporting mechanisms. CNSs need a repertoire of communication strategies that is effective, powerful, and positive. This chapter provides an overview of the more frequently used methods and modes of communication in healthcare settings. These communication vehicles include electronic mail (e-mail), meetings, presentations, and print.

CNSs interact with a variety of people thereby requiring an appreciation for communicating with diverse personality types. Communication may take place on an individual basis during coaching, consulting, or interviewing. It may also occur in group venues during meetings and presentations. CNSs should critique their communication style, develop their arsenal of communication techniques, and continuously improve their communication skills.

Netiquette

Netiquette is a term used to refer to etiquette practices or manners specific to Web-based or electronic communication. These recommendations apply to a variety of forms including electronic mail (e-mail), discussion boards, Usenet, and LISTSERV. Netiquette resources abound on the Web, and a simple search using the popular search engine *Google* reveals 10,400,000 results.

E-mail: Maximizing Impact and Avoiding Pitfalls

E-mail is a popular communication vehicle in work settings and for good reasons. It is much more efficient than voice mail and provides an electronic record of interactions. E-mail is more environmentally friendly than hard print memos and allows for a rapid exchange of information between individuals or within large groups.

The advantages of e-mail contribute to its disadvantages. E-mail is easy and speedy. As a result, there is a tendency for people to respond to e-mails in a reflexive fashion, hitting *send* before taking the time to thoughtfully consider the response. A habit of delaying immediate replies to awkward or challenging inbox messages avoids aggravation.

Nonverbal and auditory signals are lost with e-mail. The communication process is instant and potentially fraught with the danger of misunderstanding. The problems associated with the rapidity of e-mail are worsened by the enormous volume of messages and the lack of human interaction during message exchange (Brinkman & Kirschner, 2002).

The lack of personal interaction encourages impulsivity and discourages social inhibitions. Firing off a caustic e-mail message or replying to a message using sarcasm and unkind comments may be likened to road rage. The sense of isolation and anonymity in a vehicle encourages people to believe that they have been victimized and provides individuals with poor impulse control an opportunity to retaliate in ways that they might not use during face-to-face encounters.

CNSs should think about the perils and advantages of e-mail and establish personal guidelines for its use (Table 2-1). In general, CNSs need to remember that workplace e-mail is owned and controlled by the employer. As a result, employers have a vested interest in making certain that employees are using e-mail appropriately and within the confines of the law.

Table 2-1 E-MAIL GUIDELINES

1. Verify e-mail settings. Make certain that settings promote efficiency while protecting e-mail retrieval and verification.
2. Establish electronic file folders. Click and drag important messages into appropriate folders.
3. Develop a habit of reading messages and immediately deleting, electronically filing, printing, or forwarding.
4. Use subject lines.
5. Forward messages and reply to messages selectively. Follow a need-to-know process to avoid cluttering colleagues' mailboxes.
6. Delete chain mail. Do not forward.
7. Generate a paper copy of important, irreplaceable sent and received messages.
8. Do not leave e-mail account open and accessible when computer is unattended.
9. Read, review, and reread messages for tone and clarity.
10. Never send an angry e-mail.
11. Use delivery receipts and read receipts selectively.
12. Select high-priority designation infrequently.
13. Clear inbox of attached files, including pictures, video, and presentations, as soon as possible.
14. Make certain that attached files are not too large for the corporate system to handle before sending them (avoid system crashes).

Copyright, defamation, discrimination, and harassment regulations applied to written communication also apply to e-mail. A majority of employers monitor their employees due to concerns over potential lawsuits. A 2005 survey by the American Management Association found that 75% of employers monitor employees' Web site visits, and over half review and retain e-mail messages (Privacy Rights Clearinghouse [PRC], 2006).

In general, the best way to approach e-mail is to never send anything that is not appropriate for general viewing by the larger workforce group. There are no guarantees that e-mail messages will not be forwarded. It is also wise to remember to log off e-mail accounts when leaving computer terminals to avoid situations in which other people send out messages under the account name.

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Composing E-Mail Messages

Many people use software to filter spam—unsolicited junk mail—from their inboxes. At times, spam filters block legitimate e-mail messages. Blocking is more likely when the subject line entry is not meaningful or is left blank. The sheer volume of e-mail also encourages the use of spam filters as a way to reduce the volume of unimportant inbox messages. CNSs should craft subject line entries to accurately reflect the nature of the e-mail message. Subject lines should be short and succinct.

Avoid forwarding chain letters through e-mail. It is also helpful to send messages only to people who really need to be in the communication loop. Sending replies to “all recipients” when it is not necessary for the entire group to read the response is impolite. It wastes server space and increases the volume of unnecessary inbox messages.

It is a good rule of thumb to keep e-mail messages as brief and tightly written as possible. If a CNS has a lot of information to convey, it may be best to craft a brief e-mail message and attach a document that can be saved or printed. This strategy allows the mail recipient to quickly get through the message and return to the information-dense memo at a later time.

CNSs should avoid any sort of sarcastic or threatening messages. The challenge lies in accurately determining whether the recipient will interpret the message as threatening. Without the opportunities of visual and auditory cues, misinterpretation is likely and should be expected.

Emoticons may be used to convey the feeling associated with a message (Table 2-2), but avoid using complex, uncommon symbols that may not be understood by the recipient. Emoticons are increasingly sophisti-

Table 2-2 EMOTICON EXEMPLARS

SYMBOL	MEANING
:-) or :)	Smile
;-) or ;)	Wink
:-O or :o	Surprised
:-(or :(Sad
:- or :	Disappointed

Source: Microsoft (2006).

cated and should not be used in any sort of formal e-mail to a supervisor, given the likelihood of confusion. Reserve their use for casual correspondence or to strike a friendly tone ☺.

In general, it is best for the CNS to keep e-mail messages and replies brief. Some common abbreviations are used in personal, and occasionally professional, e-mail that may be incorporated into workplace correspondence (Table 2-3). As with emoticons, it is important to make certain that selected abbreviations are easily recognizable. A simple Web-based search using any common search engine will provide many examples of frequently used abbreviations.

A few final e-mail caveats deserve emphasis. It is tempting to fire off a response to an incendiary e-mail to immediately set straight the e-mail recipient. As difficult as it may be, the CNS must practice restraint. It is very important to take a time-out before responding.

Writing an immediate response may serve as a catharsis for initial emotion; however, once written, the message should not be sent. Most e-mail software gives the user the opportunity to save replies as drafts. Take advantage of the option and save the response. Come back to the original message at a later time, read it again in a calm state, and try to determine whether the initial reaction was appropriate. Then, after reflection, review the drafted response.

Make certain that the written reply is a reasonable, rational, and fair retort. Remember that the response may be circulated to a broader audience or may precipitate an escalated flame response. Consider obtaining a second opinion or asking a few clarifying questions.

Table 2-3 SELECT ELECTRONIC ABBREVIATIONS

ABBREVIATION	MEANING
BFN	Bye for now
IMO	In my opinion
BTW	By the way
LOL	Laughing out loud
HTH	Hope this helps
NRN	No reply necessary
TIA	Thanks in advance

Exemplar 2-1 Taking the Electronic High Road

Richard is a CNS in cardiovascular (CV) care. He has been charged with responsibility for establishing clinical guidelines for managing patients with congestive heart failure. His multidisciplinary group, comprised of nurses, a CV nurse practitioner, cardiologist, pharmacist, and other nonclinical professionals, has developed evidence-based guidelines that they believe are well suited to the patient population served by this particular acute care setting. The committee has worked for several months and has periodically communicated with various clinicians to solicit input. In preparation for rolling out the guideline, Richard sends a brief, explanatory e-mail with an attached guideline draft to the medical staff. Within an hour, Richard receives an e-mail response from a well-established cardiologist who has been practicing at the hospital for over 30 years. The physician, Dr. Smith, is livid with Richard and the committee and is incensed over the proposed guidelines. The e-mail notes, "The practice of medicine cannot be reduced to a set of guidelines. I refuse to be dictated to by a nurse—go to school, become a doctor, and then try to tell me what to do. My patients trust me and I provide high-quality, individualized care. This guideline is yet another attempt to save money at the expense of our patients! I've already made an appointment to speak with the Chairman of the Board and will be offering your guideline as yet another example of how patient care is compromised at Get Well Hospital by supposed experts."

Richard's initial response is outrage. He quickly writes a scathing response pointing out the many opportunities for feedback during the guideline development process. Richard notes the importance of evidence-based guidelines and suggests that Dr. Smith would be aware of the importance if he was current in his practice. The e-mail concludes with a hastily constructed, "Go ahead and talk with the Chairman. I was assigned this committee job and if my work is not up to par, someone else can do it!"

At this point, it may be wise to consider two possible conclusions.

The First Vignette

Richard hits the "send" button. For a few minutes, Richard feels satisfied in setting straight Dr. Smith. After calming down, Richard becomes increasingly anxious. Dr. Smith is an older physician with long-standing relationships and influence. Dr. Smith is usually rational, and although he can be cantankerous over patient care issues, he is genuinely concerned

about his patients. Dr. Smith is considered a nursing champion and is recognized as such by most advanced practice nurses. In fact, Richard usually has an amicable, rather benign relationship with this physician. Richard pulls up his sent response and rereads it. He reads it several times and realizes that although the initial e-mail from Dr. Smith was inappropriate and hostile, Richard has increased the stakes and the hostility by replying in kind. He begins to think about the ramifications of insulting Dr. Smith and writing a flippant comment regarding the chairperson. Richard begins to plan a back-out strategy for undoing the predicament in which he now finds himself.

The Second Vignette

Richard rereads his message slowly and looks at his computer screen. Written on a Post-it note is a simple reminder: "Vent it but don't send it." (Brinkman & Kirschner, 2002). Richard saves his response as a draft and leaves his office to get a cup of coffee. He tries to step back from the tone of Dr. Smith's e-mail and consider the variables that may have led to such initial hostility. Richard decides to speak with a cardiologist colleague and get a second opinion.

A few hours later, Richard speaks with his colleague about the guidelines draft and the e-mail response from Dr. Smith. Richard discovers that Dr. Smith is struggling to get insurance company approval for a medical therapy labeled as "experimental" for a middle-aged patient with end-stage congestive heart failure. The patient is doing poorly, and the pressure on Dr. Smith is great. One challenge confronting Dr. Smith is his inability to speak with a physician; rather, the insurance company has him working with a nonphysician representative. The colleague recommends that Richard wait a few days and then approach Dr. Smith personally regarding the proposed guidelines and the angry e-mail response.

Richard returns to his computer, reads his unsent reply, and hits "delete." He has vented his frustration using the computer as a sounding board and now feels calmer. Richard realizes that there was value in writing the response but that sending it would intensify a bad situation and create more work stress for him. Richard's decision does not mean that Dr. Smith is unaccountable for his response. Rather, Richard recognizes that perpetuating electronic hostility is a nonproductive use of his energies and may be counterproductive to the larger goal, approval of the CHF guideline. Richard contacts the cardiology receptionist and schedules a meeting with Dr. Smith.

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Quote the original message and backtrack as appropriate. Backtracking involves the use of the caret right (>) sign in front of the words someone else wrote to symbolize quotations (Brinkman & Kirschner, 2002). The CNS must always keep in mind that it takes less time to clarify an issue than it takes to undo the damage associated with an inappropriate, rude, or angry electronic retort.

Tricks for Sending E-Mail

There are times when CNSs need to send a relatively important e-mail that is deserving of immediate review. Similar to making a decision as to whether to send paper mail via first class or priority mail, CNSs need to think about whether an e-mail should be sent with a priority notation. Avoid overusing this function. There are times when individuals use priority designations so frequently that the red font and exclamation mark associated with priority status lose their impact.

Other convenient functions associated with sent messages are the delivery receipt and read receipt. A delivery receipt informs the sender that the electronic message has been received by the designated e-mail address. The read receipt notifies the sender that the message has been read by the recipient.

A word of caution is needed, as most read receipt functions inform the recipient that a read receipt has been requested and ask for permission to notify the sender that the message has been read. If the recipient declines the notification opportunity, the sender will not know that the message has been read. This is why it may be a good idea to consistently send a delivery receipt notification request with a read receipt.

These options are available through most e-mail software, although the function button locations vary. CNSs may also find it useful to access the help function if they are unable to locate the mail priority, delivery receipt, or read receipt functions.

Organizing E-Mail

It is surprising how many CNSs do not utilize the helpful organizing functions available in most popular e-mail software. The underutilization of filing options and the overutilization of server memory can pose significant

problems. CNSs should become familiar with the many varied options of the workplace e-mail system to maximize efficiency.

Most e-mail software allows users to select inbox and sent message functions. For example, some systems have an established default that saves copies of all sent messages. The sender is able to modify this default to individually select sent messages requiring a saved copy. This function will reduce the number of individually saved messages. By reducing the number of saved message copies, the CNS will also reduce server memory utilization.

Server memory is an important consideration for the entire e-mail community of the organization. Attached pictures, documents, and PowerPoint™ presentations are very large files. CNSs can review their inbox and check the size of each message file. Make certain to clear particularly large files as soon as possible using the *save as* function and migrating the files to more appropriate locations. Then delete the e-mail with the attachment.

Inbox messages can usually be read without deciding whether to delete or save the message. It may be tempting for the CNS to quickly read messages without deleting or filing. This e-mail practice can lead to cluttered inboxes making it difficult to retrieve important messages when needed at a later date.

CNSs should consider developing a pattern of inbox message scrutiny that relies on immediate decisions regarding deleting or filing. E-mail software provides options for creating a file directory. CNSs can create files with short clear names that allow inbox mail to be categorized in a meaningful way.

Similar to the filing system popular in Microsoft Windows Explorer, most e-mail platforms will allow CNSs to create a file folder, point and click on an e-mail message, and drag the message to an appropriate folder. The individual message or folder can be reviewed and saved or deleted at a later date. Some e-mail messages do not warrant filing and should be immediately deleted after review.

There are times when servers crash, files become corrupted, and systems fail. With these scenarios in mind, CNSs should selectively print hard copies of vital e-mail correspondence. Hard copies should be scarce or the CNS runs the risk of duplicating digital records without good reason. However, there are certainly isolated e-mails that should be saved and protected beyond ordinary digital filing. A reasonable rule of thumb is for CNSs to view e-mail as similar to hard copy files and, as with paper, discard e-mail that is trivial or insignificant.

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E-mail certainly has changed communication practices in all venues including work and home. The advantages of instant communication outweigh the disadvantages. The skillful CNS will recognize the benefits of e-mail and take full advantage of digital communication while remaining wary of its potential for misuse.

Organizing Successful Meetings

CNSs are often involved in committees as members or as chairpersons. Successful meetings are chaired by effective people who purposively prepare to achieve deliberately selected goals (Table 2-4). Disorganized, poorly planned meetings with no clear goals reflect poorly on the chair and discourage committee members from active engagement in group processes. Agendas drive meetings, and agenda preparation is important.

Agendas and Goal Setting

Agenda preparation provides an excellent opportunity for meeting planning. The CNS should reflect on the main objective of the meeting,

Table 2-4 PREPARING FOR A MEETING CHECKLIST

ACTIVITY

1. Solicit agenda items from committee members.
 2. Create an agenda with clear designations of work and responsibilities in preparation for the meeting.
 3. Assign a recording secretary for the meeting and place assignment on the agenda.
 4. Arrange for a meeting room and refreshments, if appropriate.
 5. Distribute the agenda with a copy of the previous minutes. Note the room and time. Request RSVP, regrets only, from committee members.
 6. Provide a template for the minutes.
 7. Make certain invited guests or committee members have necessary equipment ordered prior to the meeting, for example, overhead projector equipment.
 8. Prepare materials for duplicating. If electronic materials are used, send as e-mail attachments with the agenda and old minutes. Make certain that committee members have at least 1 week to review materials. Two weeks is preferable.
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whether this is an agenda for a standing committee that meets on a regularly scheduled basis or a more impromptu ad hoc meeting. The agenda should be distributed prior to the meeting. Include the date, start time, end time, and meeting location.

If recording responsibilities are shared by committee members, it is helpful to identify the meeting's assigned recording secretary on the agenda. This notification alerts the recorder of the need for a laptop, audiotape recorder, or if this particular individual cannot attend the meeting, it places responsibility for finding a substitute squarely on the assigned recorder. Assigning responsibility for minute taking or cajoling members into taking minutes at the start of a meeting conveys a disorganized tone that may influence the dynamic of the committee group process, particularly in more formal meetings.

Consider the desired outcomes of the committee meeting and the preparation that is required of each committee member to accomplish the objectives. Distribute materials as far in advance of the meeting as possible. Remember, members cannot get their work finished if they receive materials at short notice. Many chairs attach old minutes to the new agenda to draw the committee's attention back to previously discussed items that continue to require resolution or ongoing work.

Agenda building may be formal or informal. In general, customary activities lead to a finalized agenda. First, members should be asked to forward items to the chair for the agenda. Timing is important, so make certain to give the members enough time to think about important items but not so much time that the participant places the need for agenda items at the bottom of a "to-do" list and forgets to submit.

Second, provide committee members with a deadline for agenda items to avoid last-minute changes. The CNS will need to decide whether it is acceptable to include late agenda items. Make certain to carefully discuss agenda items with the person submitting them to avoid any confusion.

Most agendas follow a standard format (Table 2-5). The meeting begins with a call to order. Attendance is checked, and depending on the type of committee, a quorum is established.

A quorum is the minimum number of committee members required to conduct the business of the group (Wikipedia, 2006). Usually a quorum is defined as a majority; however, this standard varies by committee. In committees with formal structures and processes, the quorum is usually established in the organizational bylaws. Without a quorum, the status quo cannot be changed. If there is not a quorum, any decisions

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Table 2-5 STRUCTURING A MEETING

Organization Name
Committee Name
Date of Meeting
I. Call to Order
II. Old Business
A. Items are drawn from previous meeting's minutes
III. New Business
IV. Announcements
V. Adjournment

requiring votes, including motions, will need to wait until a quorum is available.

The chair may follow the call to order with a brief review of the measurable objectives set for the particular meeting. This strategy focuses the group on the tasks at hand and facilitates a shared consensus about the intent of the meeting. The call to order and brief introduction is usually followed by old business.

New business items are discussed next, followed by announcements. The meeting concludes with instructions regarding the scheduling of the next committee meeting, if an additional meeting is necessary. The meeting concludes with a formal adjournment by the chairperson.

Documenting the Work of the Committee

Committee minutes are critically important. Similar to the popular premise underlying nursing charting, if it isn't documented, it wasn't done; minutes document the work and accomplishments of the committee. They provide a context for evaluating the progress of the committee. Minutes keep people current with the committee's work by allowing new members, supervisors, and members who miss an occasional meeting to be apprised of the committee's work.

The recording secretary, or in lieu of an established secretary, the chairperson, is responsible for tracking minutes. Minutes should be word processed during or immediately following the meeting. An electronic record and paper copy should be saved.

At the conclusion of the committee year, usually the fiscal, calendar, or academic year, the minutes may be easily saved to a compact disc (CD) for easy retrieval. CDs are also convenient during accreditation visits, as missing minutes can be easily replaced and surveyors can quickly scan minutes using a laptop computer. Eliminating paper copies of minutes beyond 1 year can also substantially reduce file clutter, and CD copies protect server memory capacities. Another suggestion is to maintain hard copies of minutes and supporting materials in a 5-inch binder that may be easily transported to meetings and accessed quickly if computer access is unavailable.

It may be helpful for CNSs to develop a standard format for the minutes. Providing a written or electronic template (Table 2-6) can ensure that minutes are recorded consistently between meetings. If recording responsibilities are shared and rotated among committee members, having a template can be a real time saver and is often appreciated by

Table 2-6 TEMPLATE FOR MINUTES

Name of Organization		
Name of Committee		
Date of Meeting		
Present:		
Excused absences:		
AGENDA ITEM	DISCUSSION	OUTCOME
I. Call to Order		
II. Old Business		
1. Agenda Item		
III. New Business		
1. Agenda Item		
IV. Announcements		
1. Next Meeting Date and Time		
V. Adjournment		
Respectfully submitted,		
Recording secretary signature		
Recording secretary name		

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the recorder. If the meeting's recorder prefers taking handwritten minutes, a template can make it easier for the secretary to follow when word processing.

Isolating a column specific to outcomes related to each item of business facilitates follow-through and helps to clearly establish who is responsible for what and by when. Both the recorder and the chairperson should make certain that each agenda item has an agreed-on outcome or action plan. The chairperson needs to lead the group, and determining end points and responsibilities for the work of a committee is very important. Too often, committee discussions are abstract or broad without resolution or measurable outcomes. Compelling an outcome or action plan for each agenda item ensures that members leave the meeting with a clear sense of their assignments.

The minutes are also used to construct the next meeting's agenda. Old business items for the agenda are taken from the previous sets of minutes. New business items should be new to the work of the committee. Minutes provide the necessary data for subsequent agendas. The cycle perpetuates itself, so organizing minutes is well worth the time and effort.

Controlling the Committee

Applying control in an economical fashion is crucial to ensuring the best use of people's time and achieving the meeting's aims (Banks, 2002). Establishing an agenda is one control mechanism. Asking open questions to stimulate discussion, closed questions to narrow discussion, and directed questions to encourage participation are communication strategies that will enhance control and assist in getting work finished (Banks, 2002).

Applying Robert's Rules of Order (Robert, Evans, Honemann, & Balch, 2004) is another control strategy that brings order from potentially chaotic meeting situations. Many CNSs have participated in meetings that follow Robert's Rules. As an aside, the rules were originally developed by Henry Martyn Robert in 1876 (Robert's Rules Association [RRA], 2006) after presiding over a church meeting and realizing that he did not know how to effectively use parliamentary law. Robert was an engineering officer in the regular Army and lived in a variety of places in the United States. He found that different parts of the country had different interpretations of parliamentary procedure, and so he wrote *Robert's Rules of Order*. These rules are now in their 10th edition and are

used by many organizations and governments as parliamentary authority (RRA, 2006).

CNSs may find that most committees perform more efficiently when Robert's Rules of Order are followed. These rules are very formal and inalienable and so are probably less appropriate for casual meetings or small groups. Chairs may be well advised to consistently use select procedural rules to avoid chaos (Table 2-7). One specific example might be to allow committee members to speak only after recognition from the chair. This rule prevents members from interrupting others or boisterously dominating a meeting. It also facilitates difficult conversations by directing members to the chair rather than to a member when disagreements arise.

In conclusion, CNSs are involved in many sorts of committees, either as members or as officers. Chairing a committee is rewarding work that has the potential to become frustrating if the CNS does not have the requisite skills. Keeping the group focused, controlled within reason, and ensuring documentation of the committee work are a few functions of committee chairs. Preparation is key and can make the difference between a productive committee and an inefficient committee. In general, CNSs are well suited to committee work given their focus on the influence of individuals, groups, and systems.

Table 2-7 BASIC STRATEGIES FOR MAINTAINING ORDER

1. Establish a deadline for submitting items to the chair for agenda consideration.
 2. Develop a thoughtful agenda appropriate to the length of available meeting time.
 3. Distribute the agenda 5 to 10 business days prior to the meeting, depending on frequency of meetings.
 4. Attach previous meeting minutes to the new agenda.
 5. Create a minutes template for the recorder. Include action/outcomes column.
 6. Follow select parliamentary rules of order.
 7. Summarize action plan and members' responsibilities at meeting's conclusion.
 8. Follow-up meeting with electronic reminders of agreed-on action items and upcoming meeting date.
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Communicating Professionalism

The term “professional presentation” usually conjures a vision of a CNS standing in front of a filled room presenting on a topic of interest. Sharing work and promoting scholarly practice are certainly integral to the CNS role. It is also important for CNSs to appreciate that each day and in every encounter they present themselves to individuals and groups in both informal and formal settings. Communicating professionalism is a critical component of an individual's practice as a CNS.

Exemplar 2-2 Ensuring Accuracy with Tact

Bernie Ward, MSN, APRN, BC, CS, CDE, is employed by a community hospital to establish community diabetes outreach programs and to assist the nursing staff in their efforts to improve inpatient nursing care related to diabetes management. In particular, Bernie's job is to guide the RN staff to a higher quality of diabetes nursing care. Bernie had 12 years of experience as a certified diabetes educator (CDE) at a local teaching hospital prior to accepting this job at Smithville Hospital. She has been at Smithville Hospital for 7 months. Bernie is smart, conscientious, and reliable. She has a good reputation in general but is warily regarded by the medical–surgical nursing staff, who see Bernie as someone who may report them if diabetes care is amiss.

During a meeting, Bernie is asked to comment on the progress made toward meeting the established inpatient goal of 100% compliance with nursing documentation specific to medical nutrition therapy and self-monitoring of blood glucose for patients admitted with diabetes mellitus as a primary or secondary diagnosis. Bernie shares the lack of progress on one particular nursing unit as compared to two others. She accurately notes that the nurses on the more successful units, 4 West and 6 South, are eager to learn and pleased with the opportunity to improve their teaching and documentation, whereas “the nurses on 2 North are pretty disagreeable. It's difficult to get anything done on that unit simply because the nurses are generally disinterested and annoyed by the suggestion that they need to do things differently. The nurses page me for all the patient teaching and seem to be really uncomfortable providing the level of instruction that even nursing students are able to handle.”

Bernie was honest in her representation of 2 North staff. However, she was not tactful. The director of nursing (DON) was present at this multidis-

ciplinary meeting and felt that her leadership was reflected poorly by Bernie's comments. This particular unit had experienced administrative turnover several times in the past 2 years and was now managed by an inexperienced nurse manager. The unit's census had been running high due to the closure of an adjoining unit, and the staff was frustrated. These circumstances did not justify the lack of attention paid to meeting the standards for diabetes mellitus nursing care; however, the lack of progress shared by the CNS was perceived as tactless due to the abruptness of the criticism and the lack of explanation related to the context of the perceived inadequacy of nursing care.

Following the meeting, the DON met with Bernie privately to share her assessment of Bernie's unprofessional behavior. Bernie was dismayed, as she believed her brief explanation was accurate and honest, although it may have been less tactful than necessary. The DON reinforced with Bernie that as a result of her indiscreet comments, the new nurse manager and the staff of 2 North were going to feel further alienated from Bernie. The DON reiterated her expectation that Bernie balance honesty with tact and appreciate the impact that accurate but tactless comments could have on the dynamic of the nursing group in which Bernie needed to effect change.

Whether a CNS is presenting to a group or presenting herself/himself to others as a professional, understanding the nature of professional behavior is imperative. The word *professional* is used in all types of venues, just as *unprofessional* is used to connote some type of behavior or characteristic that is less than that desired of a true professional.

The underlying assumption is that the professional ideal is a shared concept. In fact, CNSs probably have divergent views on professionalism. CNSs know what professionalism is when they see it but may have a difficult time agreeing on its attributes. Grove and Hallowell (2002) offered an interesting perspective on professional behavior based on their research. They explored what it means to behave as a professional in the United States and uncovered that behaving professionally is a balancing act between contrasting cultural values (Figure 2-1).

In addition to the seven balancing acts, professional behavior includes presentable appearance, reliability, conscientiousness, and a nonjudgmental disposition (Grove & Hallowell, 2002). This model provides an interesting perspective and helps make sense of the tensions CNSs experience as

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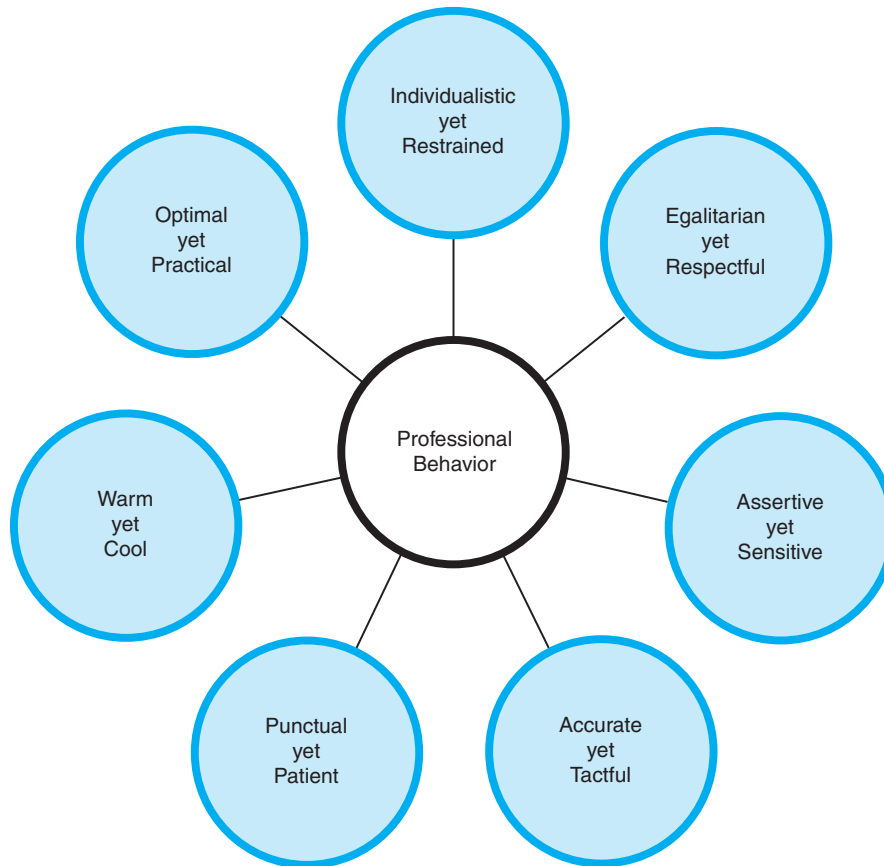


Figure 2-1 Seven balancing acts of professional behavior in the United States. *Source:* © Grove, C., & Hallowell, W. (2002). Published by GROVEWELL LLC. Reprinted with permission.

they try to juggle between the contrasting cultural values. It also helps CNSs better appreciate the challenges experienced by foreign nurses, medical residents, and other healthcare professionals as they attempt to navigate the healthcare system.

For example, most CNSs realize that healthcare professionals are conscious of hierarchy while recognizing that American society is based on egalitarian premises. This idea may explain why CNSs may engage in friendly banter with attending physicians and may interact as colleagues when discussing patient care, yet may refer to attending physicians using the title “Doctor,” whereas attending physicians refer to CNSs on a first-name-basis without a formal prefix (e.g., “Mrs.” or “Mr.”). The difference in communica-

tion style is anecdotally attributed to social status and traditional female versus male roles; however, the Grove and Hallowell (2002) model suggests that people in the United States are generally conscious of hierarchy, and friendly equality should not be confused with social prestige awarded to and expected by people based on income, education, and history.

CNSs are expected to be warm and friendly while being careful to not become so chummy with staff or other healthcare professionals that they lose the ability to wield influence to improve care or accomplish goals. CNSs are valued as individuals, and being set apart because of a unique attribute can be beneficial, providing the attribute is viewed as individualistic rather than weird or strange. The difficult aspect of these contrasting values is that there are no absolutes. Attempting to describe to the new CNS or the graduate student enrolled in a CNS program the fact that being punctual is good and holding staff accountable for punctuality is appropriate but that this concern with time needs to be tempered with patience begs the questions, "How much patience?" and "When is late too late?"

An awareness of the seven balancing acts can attune CNSs to the necessity of gauging the reactions of colleagues specific to these behaviors and learning the expectations of the culture within which the CNS is employed or practices.

Surviving and Flourishing in a Work World Filled with Difficult People

CNSs are usually effective communicators. They work well with others and have a clear grasp of the basic principles of communication and group processes. CNSs are often asked to intervene in situations that involve difficult patients, staff, or healthcare colleagues based on their prowess as communicators. Nonetheless, most CNSs will concur that there are many times in real-world practice when working nicely with others demands the patience of a saint!

The CNS Lament: Why Can't Everyone Get Along?

It is a simple truth that no one gets along with everyone. CNSs may find themselves assigned to committees, working groups, and task forces with colleagues that they do not prefer. Brinkman and Kirschner (2002) described 10 different types of people who are difficult. They offer a *Lens of*

LENS OF UNDERSTANDING

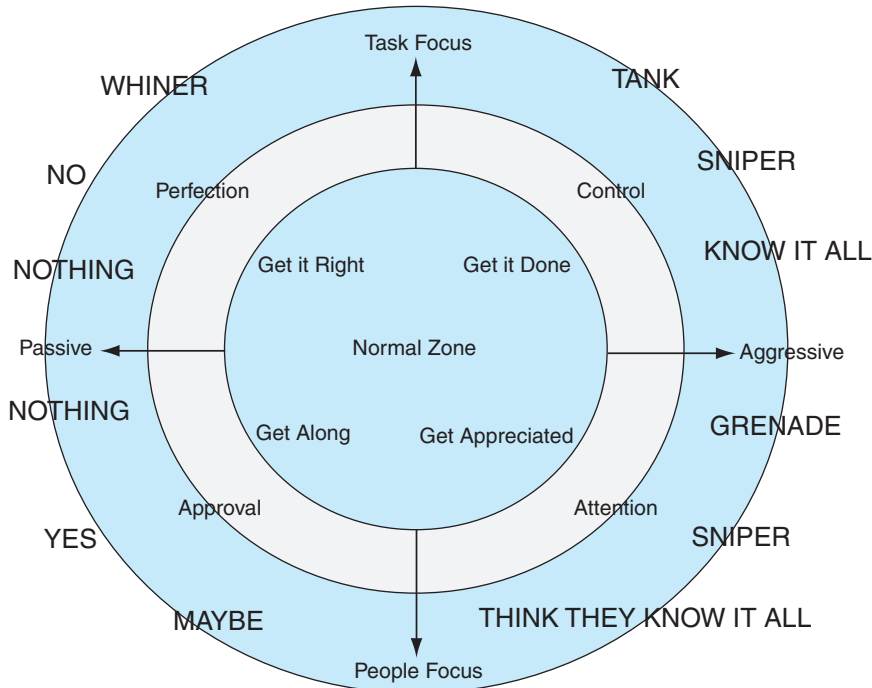


Figure 2-2 Lens of understanding. Source: © R & R Productions. Published by McGraw-Hill, 1994, 2002. Reprinted with permission.

Understanding (Figure 2-2) for viewing interpersonal dynamics and understanding the focuses and needs of these 10 types during normal periods and during times of increased demands.

The Lens of Understanding is constructed with a normal zone and four primary foci of intents, “get the task done; get the task right; get along with people; and, get appreciation from people” (Brinkman & Kirschner, 2002, p. 15). As stress is applied to the system, the four basic types of people begin to further differentiate into their more extreme condition. For example, the individual who is motivated to be appreciated by colleagues at work may exhibit attention-seeking behaviors during stressful working group activities. With continued stress, this person snipes at the chairperson or becomes explosive and grenadelike.

The *Lens of Understanding* (Brinkman & Kirschner, 2002) is an excellent resource. Nurses in graduate courses have been encouraged to read this book, and they rave about its helpfulness. The nurses share that they developed a better appreciation for the motivations underlying the behaviors of difficult people. Many times, they have also discovered that they are the difficult ones with whom to work!

The four basic intents underlying difficult behaviors categories are general but useful. The CNS may be able to identify colleagues who are primarily focused on getting assigned tasks completed. They want to know what is required and accomplish it as efficiently as possible. These sorts of colleagues can be quite useful on committees, as they tend to take responsibility for completing work and help to keep the group moving. However, once the stakes become greater, these get-it-done colleagues can become aggressive and act as know-it-alls.

Using the *Lens of Understanding*, the CNS may be able to better understand why, when this task-focused person is placed under stress with deadlines or seemingly insurmountable workload, the person may become pushy and aggressive (Brinkman & Kirschner, 2002). Their comments relate to the task at hand. They are not interested in chitchat. Rather, they want the job finished. Whether it is finished to the desired quality standard of the *get-it-right* colleague is not as much a priority as completing the work.

This typology is an interesting tool for group exercises and self-reflection. It is interesting to apply the *Lens of Understanding* to work groups and to family. If the CNS has a *get-it-right* focus and seeks perfection when developing a clinical algorithm, there may be interpersonal challenges if the CNS is committed to work with a *get-it-done* colleague who wants to finish the algorithm without waiting for additional references or reviewing more data! Brinkman and Kirschner (2002) offered many suggestions for facilitating group processes and promoting healthy interpersonal dynamics based on this typology.

Avoiding Naiveté When Navigating Dangerous Waters

CNSs must be very strategic in their interactions with other health professionals, including physicians. Working strategically requires excellent communication skills and a keen sense of organizational politics. It is not uncommon for CNSs to have difficulties in the workplace because of an inadequate appreciation for strategic alliances.

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“How to Swim with Sharks” (Cousteau, 1987) is a wonderful piece that offers opportunities for personal reflection as well as lively discussion (Exemplar 2-3). Use the piece as a stimulus for frank group discussion and also to illustrate some of the characteristics inherent in a very political environment. It can be interesting and informative to consider the applicability of the various rules to life in the waters of health care!

Exemplar 2-3 **Swimming with Sharks. An Interesting Exemplar to Stimulate Discussion**

How to Swim with Sharks: A Primer **Voltaire Cousteau**

Forward

Actually, nobody wants to swim with sharks. It is not an acknowledged sport and it is neither enjoyable nor exhilarating. These instructions are written primarily for the benefit of those, who, by virtue of their occupation, find they must swim and find that the water is infested with sharks.

It is of obvious importance to learn that the waters are shark infested before commencing to swim. It is safe to say that this initial determination has already been made. If the waters were infested, the naïve swimmer is by now probably beyond help; at the very least, he has doubtless lost any interest in learning how to swim with sharks.

Finally, swimming with sharks is like any other skill: It cannot be learned from books alone; the novice must practice in order to develop the skill. The following rules simply set forth the fundamental principles which, if followed will make it possible to survive while becoming expert through practice.

Rules

1. **Assume all unidentified fish are sharks.** Not all sharks look like sharks, and some fish that are not sharks sometimes act like sharks. Unless you have witnessed docile behavior in the presence of shed blood on more than one occasion, it is best to assume an unknown species is a shark. Inexperienced swimmers

have been badly mangled by assuming that docile behavior in the absence of blood indicates that the fish is not a shark.

2. **Do not bleed.** It is a cardinal principle that if you are injured, either by accident or by intent, you must not bleed. Experience shows that bleeding prompts an even more aggressive attack and will often provoke the participation of sharks that are uninvolved or, as noted previously, are usually docile.
3. Admittedly, it is difficult not to bleed when injured. Indeed, at first this may seem impossible. Diligent practice, however, will permit the experienced swimmer to sustain a serious laceration without bleeding and without even exhibiting any loss of composure. This hemostatic reflex can, in part, be conditioned, but there may be constitutional aspects as well. Those who cannot learn to control their bleeding should not attempt to swim with sharks, for the peril is too great.

The control of bleeding has a positive protective element for the swimmer. The shark will be confused as to whether or not his attack has injured you and confusion is to the swimmer's advantage. On the other hand, the shark may know he has injured you and be puzzled as to why you do not bleed or show distress. This also has a profound effect on sharks. They begin to question their own potency or, alternatively, believe the swimmer to have supernatural powers.

4. **Counter any aggression promptly.** Sharks rarely attack a swimmer without warning. Usually there is some tentative, exploratory aggressive action. It is important that the swimmer recognize that this behavior is a prelude to an attack and takes prompt and vigorous remedial action. The appropriate countermove is a sharp blow to the nose. Almost invariably this will prevent a full-scale attack, for it makes it clear that you understand the shark's intention and are prepared to use whatever force is necessary to repel aggressive actions.
5. Some swimmers mistakenly believe that an ingratiating attitude will dispel an attack under these circumstances. This is not correct; such a response provokes a shark attack. Those who hold this erroneous view can usually be identified by their missing limb.
6. **Get out of the water if someone is bleeding.** If a swimmer (or shark) has been injured and is bleeding, get out of the water

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promptly. The presence of blood and the thrashing of water will elicit aggressive behavior even in the most docile of sharks. This latter group, poorly skilled in attacking, often behaves irrationally and may attack uninvolved swimmers and sharks. Some are so inept that, in the confusion, they injure themselves.

7. No useful purpose is served in attempting to rescue the injured swimmer. He either will or will not survive the attack, and your intervention cannot protect him once blood has been shed. Those who survive such an attack rarely venture to swim with sharks again, an attitude which is readily understandable.

The lack of effective countermeasures to a fully developed shark attack emphasizes the importance of the earlier rules.

8. **Use anticipatory retaliation.** A constant danger to the skilled swimmer is that the shark will forget that he is skilled and may attack in error. Some sharks have notoriously poor memories in this regard. This memory loss can be prevented by a program of anticipatory retaliation. The skilled swimmer should engage in these activities periodically and the periods should be less than the memory span of the shark. Thus, it is not possible to state fixed intervals. The procedure may need to be repeated frequently with forgetful sharks and need be done only once for sharks with total recall.
9. The procedure is essentially the same as described under rule 4: a sharp blow to the nose. Here, however, the blow is unexpected and serves to remind the shark that you are both alert and unafraid. Swimmers should take care not to injure the shark and draw blood during this exercise for two reasons: First, sharks often bleed profusely, and this leads to the chaotic situation described under rule 6. Second, if swimmers act in this fashion, it may not be possible to distinguish swimmers from sharks. Indeed, renegade swimmers are far worse than sharks, for none of the rules or measures described here is effective in controlling their aggressive behavior.
10. **Disorganized and organized attack.** Usually sharks are sufficiently self-centered that they do not act in concert against a swimmer. This lack of organization greatly reduces the risk of swimming among sharks. However, upon occasion the sharks may launch a coordinated attack upon a swimmer or even upon one of their number. While the latter event is of no particular

concern to a swimmer, it is essential that one know how to handle an organized shark attack directed against a swimmer.

The proper strategy is diversion. Sharks can be diverted from their organized attack in one of two ways. First, sharks as a group, are prone to internal dissension. An experienced swimmer can divert an organized attack by introducing something, often minor or trivial, which sets the sharks to fighting among themselves. Usually by the time the internal conflict is settled the sharks cannot even recall what they were setting about to do, much less get organized to do it.

A second mechanism of diversion is to introduce something that so enrages the members of the group that they begin to lash out in all directions, even attacking inanimate objects in their fury.

What should be introduced? Unfortunately, different things prompt internal dissension of blind fury in different groups of sharks. Here one must be experienced in dealing with a given group of sharks, for what enrages one group will pass unnoted by another.

It is scarcely necessary to state that it is unethical for a swimmer under attack by a group of sharks to counter the attack by diverting them to another swimmer. It is, however, common to see this done by novice swimmers and by sharks when under concerted attack.

**Little is known about the author, who died in Paris in 1812. He may have been a descendant of Francois Voltaire and an ancestor of Jacques Cousteau. Apparently this essay was written for sponge divers. Because it may have broader implications, it was translated from the French by Richard J. Johns, an obscure French scholar and Massey Professor and director of the Department of Biomedical Engineering, The Johns Hopkins University and Hospital, 720 Rutland Avenue, Baltimore, Maryland 21203.*

Source: Cousteau, V. (1987). How to swim with sharks: A primer. *Perspectives in Biology and Medicine*, 30(4), 486–489. © The Johns Hopkins University Press. Reprinted with permission of The Johns Hopkins University Press.

Excellent Interviews: Knowing What to Ask and How to Ask It

Conducting a great interview is a skill that can be developed with effort and practical information. It is not uncommon for CNSs to participate in interviewing applicants for positions as advanced practice nurses, administrators, or staff. As shared governance processes become more widespread, staff is also increasingly involved in the interview process and may require

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the guidance of the CNS. It is important for CNSs to have a basic understanding of interview processes, including the permissibility of certain types of questions. Conducting a successful interview not only leads to the acquisition of useful, accurate information from applicants, it also facilitates relationship building and assists in avoiding litigious situations.

Selecting people with a solid clinical skill set is no longer sufficient to ensuring quality patient care outcomes. Nurses need to be able to work as team members. Communication skills are critical. Nurses must be technically proficient and able to acquire information using the World Wide Web and electronic databases.

Most CNSs will be unable to evaluate these areas during an unstructured interview session. It may be helpful for CNSs who are involved in preemployment interviews to consider developing an interview query path prior to actually conducting the interview. Soliciting input from staff and colleagues for structured interview guidelines supports consistent interviewing processes within the department. In addition, a group interview tool encourages collection of objective data that the group has identified as important (Lindaman, 1997).

Even with a structured interview format that has been established with group input, there will be differences in interviewers' judgments as to a candidate's desirability. Graves and Karren (1996) suggested that there are four causes of idiosyncratic interview decisions (Table 2-8). These idiosyncrasies may explain how several CNSs interviewing a candidate for a CNS position that is vacant can have very different views of the applicant's suitability for the job.

Table 2-8 CAUSES OF IDIOSYNCRATIC INTERVIEW DECISIONS

- 1) Interviewers' views of the ideal applicant
 - i) Differences in beliefs about the characteristics of the ideal applicant
 - 2) Interviewers' information-processing skills
 - i) Differences in the ability to recall information about the applicants and to utilize and combine information about multiple criteria in the decision process
 - 3) Similarity bias
 - i) Preferences for applicants who share interviewers' characteristics
 - 4) Interviewers' behaviors
 - i) Differences in social competence and general approach to interview
-

Source: Graves & Karren (1996) ©1996 by John Wiley & Sons, Inc. Reprinted with permission.

One possible explanation for the difference in conclusions may be that each CNS has a personal preference for a personality or communication style. Some may be looking for APN experience, whereas another is more concerned about the type of institutions in which the applicant has previously worked. Some of these issues can be resolved by proactive discussions preceding interviews on what skills, experiences, and attributes are most highly preferred.

Sometimes interviewers' abilities to digest and synthesize information differ, and this difference influences interview decisions. Some interviewees are intent on detail and do a fine job of recalling detail as compared to others, who struggle with remembering information.

Graves and Karren (1996) noted that idiosyncratic differences also relate to whether interviewers react intuitively versus analytically to interviewing decisions. They suggest that intuitive judgments may be less accurate and are probably more difficult to defend. CNSs may collaborate with the interview colleagues to develop checklists or data collection forms that would be helpful in the interviewing decision process. These forms would differ depending on the position.

Demographic similarities may also influence interview decisions (Graves & Karren, 1996). When applicants share traits and experiences with the interviewer, they have commonalities and connect on a variety of levels. This connecting experience is different when two people have very little in common.

The interviewer's interpersonal skills also affect interview decisions (Graves & Karren, 1996). Personable, engaging interviewers who know how to draw information from applicants will elicit more detail from candidates than interviewers with fewer people skills. Inappropriate comments, joking, and personal observations may also influence the interview decision; however, there is variability in what people label as *inappropriate* behaviors or comments. It is wise to avoid any sort of questionable communications during an interview.

Given the potential for variability in interviewing outcomes based on the interviewer rather than the qualifications of the candidate, it is important for the CNSs involved in interviewing processes to develop some type of guidelines for group and individual interviews. After all, the organization is adversely affected when less noteworthy candidates are hired instead of qualified candidates with potential.

In addition, developing guidelines and developing query paths based on collective input from the CNS group or staff group encourages the professional development of all concerned. Frank discussions help clarify values and compel people to articulate what is important to them.

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Graves and Karren (1996) offered five action steps for improving interview decisions (Table 2-9). Increasing the structure of the interview process may result in more uniform decision making. CNSs should consider the usefulness of these action steps for interviews of all types, including interviews for promotions and in-house transfers.

Once an interview structure has been determined and general guidelines have been established, teaching people how to effectively interview is very important. Developing questions before the interview helps to avoid inappropriate and potentially litigious situations. However, during the course of a structured interview, it is not uncommon for the interviewer to deviate from the query path and explore areas that have been raised by the candidate. Education programs should address the limits to questions and the rationales for the restrictions.

Falcone (1997) shared 96 great interview questions that can be used during the preemployment interview. These questions may be modified to meet the needs of the healthcare organization (Table 2-10).

Table 2-9 ACTION STEPS FOR IMPROVING INTERVIEW DECISIONS

Step 1—Develop selection criteria.

Determine the knowledge, skills, and abilities required to perform the job, as well as any characteristics needed to function in the broader organizational environment. Determine which of these criteria are most important.

Step 2—Determine how criteria will be assessed.

Determine which of the criteria can be assessed in the interview and which should be measured using other techniques.

Step 3—Develop interview guide.

Develop a semistructured interview guide to assess any criteria identified in Step 1 and determined to be suitable for assessment in the interview in Step 2.

Step 4—Train interviewers.

Train interviewers to use the interview guide and teach them how to have positive interactions with applicants.

Step 5—Monitor the effectiveness of interviews.

Collect data on the job performance, job satisfaction, and retention of new employees. Evaluate and reward managers based on their selection decisions.

Source: Graves & Karren (1996) ©1996 by John Wiley & Sons, Inc. Reprinted with permission.

Table 2-10 SELECT INTERVIEW QUESTIONS TO IDENTIFY HIGH-PERFORMANCE JOB CANDIDATES IN NURSING**QUESTIONS**

1. Tell me about your greatest strength. What is the greatest asset you will bring to our healthcare organization?
2. What was your favorite nursing position and what role did your manager/CNS/director play in making it a positive experience?
3. What was your least favorite position? What role did your manager/CNS/director play in your career at that point?
4. What makes you stand out among your peers?
5. What has been your most creative achievement at work?
6. What would your current supervisors say makes you most valuable to them?
7. What aspects of your current position do you consider most crucial?
8. What will you do differently in your present position if you do not get this position?
9. What kind of mentoring and teaching style do you have? Do you naturally delegate responsibilities or do you expect staff to come to you for added responsibilities? (Good question for a CNS.)
10. How would you describe the amount of structure, direction, and feedback that you need to excel?
11. How do you approach your work from the standpoint of balancing your nursing career with your personal life?
12. What other types of positions and healthcare organizations are you considering right now?
13. Give me an example of your ability to facilitate progressive change within your nursing unit or department.
14. Tell me about your last performance appraisal. In which area were you most disappointed?
15. In hindsight, how could you have improved your performance at your last position?

Source: Adapted with permission © 1997 Paul Falcone. AMACOM.

Falcone (1997) recommended asking behavioral questions. These types of questions require quick thinking and self-analysis. Falcone recognized two categories of behavioral questions, self-appraisal and situational. An example of a situational question geared to nursing practice is, "Tell me about a time when you took action on a clinically

62 Chapter 2 Communication Strategies and Tips: Avoiding Problems**Table 2-11** INTERVIEW QUESTIONS THAT MUST BE AVOIDED**QUESTIONS**

1. What is your maiden name so that I can check your references and nursing license history?
2. Would your religion prevent you from working weekends?
3. Are you married? Are you planning on having children in the near future?
4. How many days were you sick last year?
5. Have you ever been arrested?

Source: Adapted with permission

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significant problem without getting the nurse manager's or supervisor's prior approval." Falcone offered rationales for each of the suggested questions, red flags that warrant concern or follow-up, and response analyses.

Some questions cannot be asked during an interview (Table 2-11). This restriction is nonnegotiable. Inappropriate questions include asking about a candidate's age. Asking about college graduation is acceptable because it is not age related; however, queries about high school graduation are not permitted (Falcone, 1997). Other inappropriate question topics include specifics about disabilities, previous arrests, bankruptcy, marriage, child-rearing plans, ethnicity, and religion. There are ways to obtain the information that is needed for the job interview without violating privacy conditions. For example, the interviewer is permitted to ask if a candidate will be able to meet the attendance requirements of the job (Falcone, 1997).

Conclusion

Most CNSs work in demanding clinical settings filled with diverse personalities, multiple agendas, and limited resources. Wielding influence in this type of environment requires excellent communication skills, both verbal and nonverbal, that can be quickly and readily transferred from one type of situation to another. CNSs interact with people pos-

sessing varying degrees of social prestige and privilege. They rapidly transition from colleague status to subordinate, supervisor, coach, mentor, leader, practitioner, and friend. CNSs accomplish much with limited position authority.

Without the power generated by bureaucratic rank, CNSs use influence to affect outcomes, enhance positive work environments, and promote quality care. These successes are well established and are directly related to CNS communication savvy. Whether sending e-mails, chairing committees, interviewing applicants, facilitating group processes, or intervening in distressing or awkward group dynamics, the effective CNS demonstrates finesse and aplomb through consistently professional communications. This chapter reviews communication basics with the goal of assisting the CNS with the procedural, structural, and process information necessary to begin building a repertoire of effective communication strategies.

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