

Transcript for Narrative Exemplar:

1 "Julie Wan" (1026612480)

00:00:05.279 --> 00:00:18.199

Hello listeners and welcome back to the nursing station podcast where we highlight nurses coming together to share information about daily professional practice and initiatives to improve patient outcomes across the NYU Langone health system. My name is Julie Wan and I'm the nurse manager of nursing Quality at NYU Langone Hospital Brooklyn.

2 "Julie Wan" (1026612480)

00:00:23.930 --> 00:00:43.690

My name is Julie Juan and I'm the nurse manager of nursing Quality at NYU Lancome Hospital Brooklyn, and I am joined by Lauren Moran, a nursing professional development specialist at NYU Lancome Hospital Long Island. Before we begin, we want to remind our listeners that this session is eligible for contact hours and in disclosure in compliance with ANCC's commission on accreditation. This educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest.

3 "Lauren Moran" (1026612480)

00:00:58.749 --> 00:01:15.790

Thanks Julie. In today's episode, we'll explore narrative exemplars. A nursing narrative exemplar is a story about a leadership practice that conveys something memorable or something that you remember as being important or significant. Narratives may be patient, staff or family focused.

4 "Lauren Moran" (1026612480)

00:01:16.650 --> 00:01:54.919

Narrative exemplars are written in the 1st person, placing the nurse's experience at the center of the story. Pseudonyms may be used to foster anonymity and protect confidentiality. Some of the benefits of this practice include giving a voice to our nursing practice, stimulating clinical reasoning and reflection, and providing nurses the opportunity to learn through storytelling.

Our guests today are both NYU Langone Health nurses who shared their personal stories at a recent NYU nursing leadership retreat. They're here to share these stories today with our listeners across the health system. Let's begin with a brief introduction to our guests.

5 "Reni Papananias" (1026612480)

00:01:55.090 --> 00:02:38.920

Hi everyone. Thank you so much for inviting me on. My name is Reini Papananias. I'm a nurse manager in Manhattan at the Kimmell campus of a acute surgery GI unit. I've been a nurse manager for three and a half years and a nurse practitioner before that here at the institution for five years working on the wound and ostomy team. And, yeah, almost 20 years as a nurse.

I love writing, so that's kind of how I got here today and it's a big part of who I am and my practice as a nurse and I've always integrated that in my practice, so I was really fortunate when this opportunity came up to share that.

6 "Jessica Mayer" (1026612480)

00:02:39.770 --> 00:02:58.210

Hi everyone. My name is Jessica Mayor and I'm Senior Director of outpatient oncology clinical programs and operation at the Perlmutter Cancer Center at NYU Langone and I've worked here for over 26 years, 20 years in progressive leadership, and I chose to share this experience because I always look for the lesson. And this was a powerful leadership lesson for me, so I'm really appreciative that I'm able to share it with you

7 "Julie Wan" (1026612480)

00:02:59.770 --> 00:03:14.090

Thank you. It's nice to meet you both through this podcast. I had actually heard your stories at the leadership retreat, but it's nice to actually do this in a more intimate setting.

8 "Lauren Moran" (1026612480)

00:03:14.640 --> 00:03:34.040

So thank you both for the introduction. We're very much looking forward to hearing your stories. Renni, would you like to start?

9 "Reni Papananias" (1026612480)

00:03:34.720 --> 00:03:36.520

So, this is a story I wrote about a leadership lesson as well, that helped me understand my role as a leader and a little bit about forgiveness. So on 6 December 2021 a giant heaving jangle of unmarked mixed metal was dropped in my lap. Keys, the weight of which was not lost on me. Here you go, my medical director giggled. I dove head 1st into the steep learning curve of my new role as I always do with challenges. I was excited to have the opportunity to wrestle with the practice environment. I felt proud and inspired in my new leadership.

10" Reni Papananias" (1026612480)

00:03:57.739 --> 00:04:12.899

I was excited to have the opportunity to wrestle with the practice environment. I felt proud and inspired in my new leadership. However, I missed who I was with patients. The nurse patient relationship was NO longer there to sustain me.

11 " Reni Papananias " (1026612480)

00:04:13.690 --> 00:04:33.210

Sitting behind a desk, I mourned the loss of that magical moment when a nurse and patient connect and stories flutter until I found another way. The day started with an error on the schedule, leaving a short staffed. The nurses were disappointed and I was frustrated that somewhere the ball was dropped.

12 " Reni Papananias " (1026612480)

00:04:33.490 --> 00:04:49.890

Later, an RN received some difficult news. My mother-in-law has cancer. She confessed the frame of my office door holding her up. I sat with her until she was sturdy enough to return to her assignment. And when she reappeared less than an hour later in tears, I called for backup.

13 " Reni Papananias " (1026612480)

00:04:50.409 --> 00:05:10.369

Once I knew she was in good hands, I searched for a clock, 430p. My son was waiting. On my way to the elevator, another RN rushed at me in tears. Can we talk? Less of a question and more of a demand. Of course. We found an empty room and once inside she downloaded a mix of exhaustion and stress.

14 " Reni Papananias " (1026612480)

00:05:17.099 --> 00:05:33.579

A consulting RN had belittled her in front of a patient. The clock was screaming 05:15 p.m. And I worried, did my son wonder where I was? I'll address it, I said, I'm so sorry that that happened to you. Then out of nowhere, another nurse raged towards us. I'm ready to walk out.

15 " Reni Papananias " (1026612480)

00:05:34.399 --> 00:05:50.319

I quickly texted my wife, I'm going to be late. I'm sorry. At that moment I just couldn't leave. I don't deserve to be treated this way. I'm tired of people being disrespectful, she said. I felt a bit ambushed.

16 " Reni Papananias " (1026612480)

00:05:50.729 --> 00:06:09.008

But I responded, I understand. Reassuring her that I was listening and that her feelings were valid. Sit, let's take a deep breath, but it was too late. I'm transferring. I'm done, she said. I wanted to respond, remember when you cried through orientation and it was me that showed you a way through?

17 " Reni Papananias " (1026612480)

00:06:09.569 --> 00:06:26.569

But instead I said, I'm really sorry to hear that and I understand. Then the door swung open and another nurse said, we need to talk about the PCTs. I left the building after 06:00 P.M. that evening with my son finally in my arms, my mind lingered on the unit.

18 " Reni Papananias " (1026612480)

00:06:27.169 --> 00:06:46.849

I knew there would always be dynamics that needed tempering and problems that needed fixing, but this dependency felt different. It felt personal. At that moment, the need to respond to their emotional demands seemed to overrule my role as mother and wife, and I felt

resentment ignite in me. Carrying the weight of so many staff members struggles, fears, and anxieties takes a toll. However, there is also an immediate reward.

Like the 1st nurse who came to me when she needed comfort and direction, or the time I approved bereavement for a nurse whose neighborhood passed. Who am I to be the judge when family means something different to everyone? But the volatility of that day spiraled me. Have I enabled this behavior?

19 " **Reni Papananias** " (1026612480)

00:07:12.579 --> 00:07:28.619

Have I made them feel so safe that now they've crossed the boundary? I needed to say something. So the next day at 07:00 A.M. and at our safety huddle, it was me who raged. This behavior is disruptive, it doesn't align with our unit values and I'm at my end. Gulp.

Immediately I felt regret. I scanned their faces and they averted their eyes. We had worked hard to become a team built on trust, respect, and joy, but I was angry that this behavior jeopardized that and perhaps what I just said did too.

After the huddle I took a beat in my office. Shortly after there was a knock, a trusted charge nurse. We know how hard you work for us Reni. This was about huddle. She went on, I just.

20 " **Reni Papananias** " (1026612480)

00:08:05.599 --> 00:08:21.839

I want you guys to be happy I said. We are happy most of the time, but you can't fix everything and we know that. Oh, I said. Also, I think sometimes you take things personally that aren't, she said gently.

Remember those keys that dropped in my lap? Well, I had identified my 1st one and it needed a label. Quiet the fixer response and trust in myself. A magic moment was now in front of me. This time of recognition between nurse and leader.

My nurse who had nurtured from novice to expert was now doing the same for me. We see you, she said. The following day at safety huddle I apologized to the staff. I want to take this opportunity to acknowledge how you feel and apologize if I made anyone here feel uneasy.

When I said I'm at my end, I hope you know that's far from true. It's just the opposite. This team and our work have reframed my purpose as a nurse. I paused and scanned the huddle. Their eyes were fixed on me this time and the story fluttered once again.

21 "Julie Wan" (1026612480)

00:09:15.289 --> 00:09:34.969

Thank you Reni, for sharing your story. Something that really resonated me with me the 2nd time that I heard this story was when you said to steady the quiet fixer response to myself and I feel like that's something that really resonates because we're all, just even as nurses, our 1st

response initially is always to help and to fix something, right? And sometimes it's not necessarily our role in that situation and it's great that you built this environment where your team feels the safety where they can feel they're, they can be vulnerable with you and really be able to have those conversations. So thank you for sharing that story again.

22 "Reni Papananias" (1026612480)

00:09:54.239 --> 00:10:08.719

Yeah, absolutely. I, you know, reading it again, I feel like I've kind of come so far since I wrote that, even though I think we read it maybe six months ago at the leadership retreat or that was the beginning of like a change for me in trusting that they see the work that I'm doing and that I'm not always going to be able to listen to everything in real time and that I do need to go home and be with my family so that I can come back and be a good leader for them the next day. But if I burn my candle like that every day. I won't be able to do the job. So I think it was a learning lesson for the whole team, and it was important for me to show my vulnerability to them the next day and apologize, and I've actually done that again when I needed to, and it was a little easier 2nd time, and I did it a little differently. I had to apologize for how I responded to something out in a stressful moment, and I just went individually. To each person that was working that day and said, you know, if I made you feel uncomfortable, I'm sorry. So I think learning to say, I'm sorry, was also a really important lesson as a leader.

23 "Julie Wan" (1026612480)

00:11:04.819 --> 00:11:09

Thank you. Jessica, would you like to share your story next?

24 "Jessica Mayer" (1026612480)

00:11:09.569 --> 00:11:27.329

So I remember this lesson clearly as it has been critical to my leadership development. I've always done my best to put myself in our patient's shoes to see things from their perspective and consider the needs of our patients. Our infusion areas have grown quickly and we have expanded regionally to multiple sites.

The growth we have experienced has made it difficult to reach the patients on a more personal level as we have in the past. Historically, we've done infusion tours with our new patients and shared information in advance, but our volume has grown and our referral base has extended beyond onsite physicians, which makes it difficult to reach all patients prior to their 1st infusion.

25 "Jessica Mayer" (1026612480)

00:11:48.109 --> 00:12:04.349

We identified a need to share information with our patients prior to their 1st infusion visits so they know what to expect and we can put them in ease and decrease their anxiety. We knew other areas within the institution were using videos and turned to an IT solution that would allow us to reach them electronically.

Our proposal was an infusion welcome video. We engaged our internal communications department and met with them about the best steps to take. They encouraged us to develop a script and over the next several weeks we engaged staff and leadership to ensure we captured all the necessary areas.

26 " Jessica Mayer " (1026612480)

00:12:21.799 --> 00:12:41.719

We incorporated what to expect on arrival, what to bring, who they would see, an example of how the visit would go. We talked about how long they would be there, if they would see a dr., what they would wear, and the environment. We kept the script as generic as possible to have it meet the needs of all of our centers and did our best to address pain points we hear from our patients and can capture in our patient experience comments.

27 " Jessica Mayer " (1026612480)

00:12:44.439 --> 00:13:03.559

Once the script was reviewed and validated, we chose a seasoned staff member as our exposed person and went to production. Once production was completed, we anxiously awaited the results so we could share it with our patients. Coincidentally, at the same time as we were developing our infusion welcome video, our center kicked off a patient family advisory council, we call PFAC.

28 " Jessica Mayer (1026612480)

00:13:05.319 --> 00:13:22.039

During one of our 1st PFAC meetings past patients and family members brought up concerns that they didn't know what to expect when they went to infusion and that they often had questions about what may arise during treatment. I said we were in the process of developing an infusion welcome video when we would bring it back to them during when we received it.

29 " Jessica Mayer " (1026612480)

00:13:22.689 --> 00:13:37.048

When I received a video, I was excited to share it with the staff. The responses from the staff and physicians were all positive and we received great feedback. Well done, we love it, came out great. I look forward to sharing our accomplishments with our patient family advisory council.

30 " Jessica Mayer " (1026612480)

00:13:37.559 --> 00:13:52.519

At our next meeting, we kicked it off with the infusion welcome video. I eagerly awaited the positive responses from our patients as they watched the video. Once the video ended and much to my surprise, they hated it. Their faces were worth a thousand words.

31 " Jessica Mayer " (1026612480)

00:13:53.049 --> 00:14:08.049

One of our 1st patients responded, well, I guess it's done, but it would have been nice to see it before. Oh boy, I thought, not good and not what I expected. The next comments that came were too cold, not warm and fuzzy. I want a more personal touch before I arrive.

32 " Jessica Mayer " (1026612480)

00:14:08.819 --> 00:14:28.699

Needs a more encouraging tone. I want to see more of a background of one of the centers. The comments continued and most of them were not positive. Although the patients understood our goal, we clearly missed the mark. I felt deflated. Well I thought I was meeting the patient's needs, something had gone wrong. I listened to their feedback and took notes on what changes they wanted to see in the video. We expressed that we appreciated them sharing their ideas and we would make adjustments.

33 " Jessica Mayer " (1026612480)

00:14:33.869 --> 00:14:49.829

It was difficult to hear the negative comments, but it was a positive lesson and ultimately one that I won't forget. It would have been better to involve them from the beginning so that I had input just as I had involved the staff. I should not have assumed that what we thought they needed to know was what they were curious about.

34 " Jessica Mayer " (1026612480)

00:14:50.639 --> 00:15:06.399

It is better to ask the questions and find out the real answers so you can do your best to address the need. If I had included them from the start, the council would have felt heard from the beginning and we could have saved time and money on editing. Many of these lessons can be applied to other aspects of leadership.

35 " Jessica Mayer " (1026612480)

00:15:06.929 --> 00:15:26.649

We updated the script with their feedback, and this time we sent it around to the council for edits. For the most parts, the edits they requested were minor, but we reiterated that we appreciated their comments and their voice was heard. We edited the video, updated the background to include images of the infusion space and added some language at the beginning and the end to make it more inviting.

36 " Jessica Mayer (1026612480)

00:15:27.009 --> 00:15:44.369

The video was reproduced and the patient and family advisory Council had positive feedback with 2nd version. So what did I learn? Now when we roll out patient experience projects, I'm the 1st to say did we bring this to PFAC? In addition, when we work on other things that impact patients, I think of other ways to include them.

37 " Jessica Mayer " (1026612480)

00:15:44.879 --> 00:16:04.599

We are currently replacing our infusion cares in our centers and before choosing their requirement, we've been testing them at multiple sites to receive feedback from our patients and staff. It's important to put ourselves in the patient's shoes, but the truth is that we are not in their shoes or in their family's shoes. So we have to involve them when possible for a good outcome. I would say the most satisfying part of this situation is the lifelong lesson. We will make mistakes of leaders, but it's important that we look for the lesson and grow from the situation so we can continue to develop.

38 "Lauren Moran" (1026612480)

00:16:14.809 --> 00:16:30.169

Thank you, Jessica. I love your story because it really takes such an unexpected turn when you didn't get the feedback you 1st expected, but it paved away for what sounds like was a very powerful and effective learning experience for you as a nurse leader.

39 "Jessica Mayer" (1026612480)

00:16:30.699 --> 00:16:50.379

Yes, it certainly was and something that I take with me in other experiences and projects that we carry out moving forward. And really a great experience for me to just realize that I'm going to make mistakes and it's more on how I reflect on those mistakes and move forward and what I learn from them because nobody's perfect and we're not gonna do everything perfect the 1st time every time.

40 "Lauren Moran" (1026612480)

00:16:53.229 --> 00:17:12.508

Thank you, and I want to ask you both, what would you say you've both gotten out of sharing these stories with other nurses?

41 "Reni Papananias" (1026612480)

00:17:00 → 00:17:50

I mean, the response was really, it shocked me actually after the retreat, people sent me pictures of themselves crying in the audience. I mean, people were really moved, and so I. of storytelling and it's lessons learned and it's also, it's a mirror, you know, it's amazing how many other people feel that way. It helps develop empathy, which is so important in this role, and I think I was really blown away, I didn't realize how many people would.

Respond and say, Oh, that happened to me before or the nurses carry so many stories with them and we're not, we don't really share them and and I always find that so interesting the response was really surprising.

42 "Julie Wan" (1026612480)

00:17:51.279 --> 00:17:54.319

I agree, I think often the stories and the stories that we think about are often what shapes the decisions that we make in the future and I think making yourself vulnerable and putting it out

there is important for others to see cause it helps them realize that they can be vulnerable too. They're not always going to be perfect as well.

70 "Lauren Moran" (1026612480)

00:18:11.479 --> 00:19:02

Well, I want to thank you both Reni and Jessica for sharing your narratives with our listeners. These stories and many more like them help shape the nurses we are today and the care we provide for our patients. And to our listeners, we hope this episode encourages all of you to take a moment to pause and reflect on your own experiences. And if you feel so inspired pick up a pen and write down your story.

And share your story. Our stories are our truths. They bring us together, they help us understand one another and hopefully form deeper connections. As a reminder, this session is eligible for 0.5 contact hours. A survey will be posted with the recording.

Please access and complete the evaluation to attain the certificate. We hope you tune in again soon for our next episode of the nursing station podcast, and coming off nurses week, we want to wish all our listeners a happy belated nurses week.