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***Past Event: 2022 NCSBN Leadership and Public Policy Conference -
Communication in a Crisis Video Transcript***
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Event

2022 NCSBN Leadership and Public Policy Conference

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Presenters

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- [Timothy] Well, thank you. We're very happy to be here and welcome to Florida. All this talk about the first people on the moon. UCF was founded in 1963 as a space grant institution. They were designed to provide engineers first and then all levels of employees for the NASA project, and have grown now into the second-largest university in the United States.

So it's a big school, and when you go to NASA, enjoy it, you'll see a lot of our graduates walking around working. So we're very proud of that. Today, as Nicole said, we're leading you through a workshop and we'll focus on our IDEA model, which Deanna will explain in a minute. But before we get started, I want to clarify a little bit more about risk itself.

Think for a minute about risk being a coin. On one side is opportunity. You don't get anywhere in this life without taking chances. We wouldn't have UCF, our home university, if people didn't take a chance and try to create something new, challenge oneself, that's risk.

Might fail, but you'll learn in failure, you'll try again. But let's flip that coin. And on the other side, we see risk as a hazard, danger, disease, chronic illness. That side of the coin is less promising. It doesn't lead to lessons learned and other opportunities, especially if you perish.

So hazard is another form of risk, and it's something that the board, that you all serve, your mission is designed to avoid. Your goal in many ways is to promote public safety, in this case, particularly through nursing. So we're talking about hazard.

It's not that we're downers, we're not. We're just talking about the kind of risks that we try to mitigate as opposed to welcome and embrace. And I got a story about that. And Deanna told me I can tell this story.

- [Deanna] One story.

- She calls this reverse Houdini. So think about that. We're sitting in the airport and we're waiting for our plane to go to Senegal. Now, this is 2014, and the Ebola outbreak is happening in West Africa. And she says to me, "I really don't want to go. I'm thinking about just going back to the car."

I said, "Why?" She said, "Because I don't want to get Ebola. I don't want to go to West Africa. This is pretty..." I said, "Ugh, please, there's no way this is going to come into Senegal because they've got it under control." So time passes, she concedes, we go to Senegal. Our goal, to talk to farmers there about different strategies that they can employ to reduce their risk in the use of cancer-causing chemicals.

They were using a lot of chemicals on plants in Senegal and other regions around Senegal that were linked to cancer-causing agents and, well, that were cancer-causing agents, and that had long since been outlawed in the United States. That was our goal.

We were sponsored by the State Department. So we were there going through this presentation. And what happens? Well, Senegal gets its first case of Ebola and there's thought that there might be more, and they're not really sure exactly how much contact and how many people are coming in, and the borders that they thought they had secured were not secure and all this. So that's not unlike communication.

My communication failure is not unlike Thomas Frieden's miscommunication about Ebola. Remember what he said, the director of the CDC at the time, he said that the spread of Ebola was not in the cards for the United States and that we weren't going to have a problem with Ebola because he was questioned about people like us going to West Africa, coming back, and Doctors Without Borders treating patients and coming back and forth.

Well, what happened? Yeah, we get a case of Ebola, and nurses are infected and they travel, and it becomes a huge story. So what we argue is that through poor communication for Dan Friedan, who was criticized tremendously for this for months and weeks, as you'll recall, was a reverse Houdini put himself into a trap.

His words limited what he could do and caused great problems for him and embarrassment for CDC. So we'll talk about some words, some strategies, very simple, easy to recall, easy to employ today, and then we'll go through this as a bit of a lesson and let you experience this process.

Deanna's got the full rundown.

- Yes, I had the preview, but before I start the preview, I do want to say thank you for inviting us to engage with you a little bit here today, because we are all about connection. I like to say that because we're college professors and we're primarily researchers, and we love what we do in research, but it means nothing unless we make connections with the people that are on the ground doing the work. And so thank you for having this opportunity to engage with you, to see how we can work better together to help save lives.

As I was listening to Jim just a minute ago too, I couldn't help but think about how the NCSBN came about and how that's really similar to how we came about as a field of communication studies. We actually came about because we left the teachers of English as the professional association that those teachers of speech were part of because we felt like we were enough different that we needed our own identity.

And that happened in 1917. So it's not too long ago, about 100 years ago that this field of communication studies branched off. And it was a risk. And it seems to have worked. I mean, the success story, we feel the success story now. But we're also similar in another way. And that is in our quest of what you asked us to be here for today.

And that's about learning. We're so similar because just like the profession of nursing is very complex, the profession of professors is very complex. People sometimes say, "Oh, you're a teacher. How many classes do you teach? Oh, you're in the nursing profession. You're a nurse." No, it's very much more complicated that... but how we are similar is in our quest for lifelong learning.

Whether we're teachers, professors, nurses, or regulators, we want to learn and we love the opportunity to engage with you today on that quest. So our journey today then is to start by talking to you about what the elements of the IDEA model as a theoretical framework for designing effective messages is. Then we're going to talk a little bit about some learning situations and what we learned from Nicole about the three Cs that you face, conflict, capacity, and compression.

And then we'll have the big...

- We invented those names, so.

- Well, we like words too, like how Professor Jordan said, C, C, C, the three C's. And then we'll have the big finish where we'll put you into an application scenario and see if we can come up with some awesome answers and words to some of the problems that you face.

- Well, we'll talk to you about a model in a minute. And this model is something that we've spent more than two decades developing, testing, and creating. And we'll give you the rundown on how we built that model in just a little bit. But I think it's fascinating to present this model to our students because they say, "Oh, yeah, good idea. Yeah, makes sense. I could have figured that out."

But the point is that these aren't just magical thoughts that occur. Our reality is more like a whole research process that we'll tell you about. All the aspects, though we've got it down to three different aspects we'll explain to you how those came about and why they're important and where they emerge and where they made sense, and all that.

I'm always reminded with this quotation by Einstein that seems so innocent. He says, "Everything should be made as simple as possible." That make sense? Then there's this troubling comma that he puts there and he says, "But not simpler." So we're always careful to make sure that we're not leaving out key aspects when we try to make something real practical and useful.

We're trying to be very careful so that we're being mindful of Einstein's comma.

- And as I mentioned already, we're into connection. We believe that we do so much synergistic work so much better when we collaborate with others. And so we always want to acknowledge the collaborations that we've had an opportunity to engage with, and that they have been instrumental in the growth of the model and the work that we have done and where we're at today.

And so we've had the opportunity to work with people around the world. We've been funded in support and collaboration with a number of agencies, funding agencies, and sources. And they've all been very important to what we're going to share with you today.

- I just want to add, you saw CDC and World Health Organization up there, I just want to admit this, that Deanna and I were pandemic influenza faculty for CDC in their broadly-funded initiative about eight years ago, where we went city to city and taught about community planning for a major endemic, or, well, not endemic, but pandemic influenza.

And when we went city to city, I'm just saying we taught some of these same concepts and they were effective. But we also had in our participating with us, first responders that were like firefighters, police officers, and they listened to a lot of what we said that made sense to the medical community, and they said, "We're not going to do that. I can tell you right now, we're not going to comply with that."

And what happened? Did you see some resistance from first responders? We did in Florida quite a bit. That was one of the first sources of conflict in terms of vaccination, in terms of masking. So we were on that process. And also, we're on a group with the World Health Organization that looks at their public communication. And so it's just been traumatic the number of phone calls, number of meetings, virtual meetings, talking about, well, how do we get this messaging right?

And really, this has been a very troubling pandemic situation. But we'll talk more about you and how you can engage on an individual level. So we practice a lot for major agencies, but we've also done a lot of work interpersonally with training and interacting.

And we want to get it down to the more message-centered approach. So I just wanted to say that we think that your mission, like our mission is about reducing risk, particularly a public risk by certifying nurses and various activities that you do. And by doing that, we're saying that an instructional approach is our foundation. And Deanna will talk more about that in a minute.

But we're saying that we can reduce risk hazard by having the right messages in place, defending procedures that are in place to reduce risk, and putting it all in context.

- So we always like to begin by talking about what is our goal. What is our *raison d'être* in what we do, so to speak? And it was interesting to listen to Professor Jordan because he said, "Remember, words matter." And interestingly, that's one of our mottoes, the right words, whether it's verbal or nonverbal symbols, but the right messages, the right words at the right time saves lives.

So a consistent theme is running through already today, I think. So our goal has been for about the last 20 years, can we design an effective instructional risk and crisis model that's easy to use? Why easy to use?

Because communication scholars aren't going to be the ones using the model. People who are doing the work on the ground, who have to come up with the messages are the ones that are using it. If it's so complex, we need to decomplexify it, or as Tim said with Einstein, we make it simple enough that people can use it. They don't have to be a communication scientist to do so. But also easy to remember. So we have an acronym, IDEA that stands for the four elements in the model, and that's intentional on our part, strategic, if you will, so that it's easy to remember.

But we also wanted it to be theoretically grounded. In other words, we wanted our fellow scholars in the field of communication studies and sciences to understand that we are theoretically grounded. Some of the backlash that we got early on as crisis communication specialists was you're just talking about anecdotal stories and you're dissecting them and saying, "Here's what worked and didn't work in that story."

And we said, "No, we can make this theoretically grounded." And so that was important for us. And we also wanted to be data-driven based on rigorous research so that, again, our colleagues would understand that what we're doing is grounded in data, in rigorous research. But ultimately our goal is to empower people to make informed decisions because people will make a decision to do something, won't they?

Even if it's not the best thing for self-protection for themselves and others, right? They will do something. So we want them to be empowered to make informed decisions, to reduce harm, and ultimately to save lives. And so that is our *raison d'être* for our research paradigm. We're theoretically grounded. We're not going to go into all these theories, but these are some of the theories that have guided the work that developed the IDEA model.

It started with the experiential learning theory because as Tim already mentioned, what we realized is that to be effective, it's instructional. We need to get people to understand what's happening, why it's important to them, and what they should do about it. That's experiential learning theory. It's instructional communication theory. Then we've also expanded it on things like exemplification theory, short quick heuristics to remember what we need to do or how to act, muscle memory activities like what to do when a tornado is coming or an earthquake's going to hit drop, cover, hold on.

Immediacy theory, the importance of dialogue and co-constructing meaning that we can't just come in and assume we know what the values, and needs, and desires are of the people that we're working with. Convergence theory, you know, the whole thing with the misinformation, disinformation, and malformation that's happened over the course of this pandemic, right, and what to do, not to do, what's true, what's not true is really a matter of losing this piece of what needs to be done.

Convergence theory is about making sure that we have control of the master narrative so that those pieces of mis, dis, and malformation are getting debunked all along the way. That didn't happen, and that's unfortunate. We lost many more lives as a result. Dialogue. That's that idea of co-constructing meaning. And communities of practice, putting together diverse groups of people and stakeholder groups to talk together, not to assume that the sender has all the answers.

"I am the all-powerful Oz," in the words of the Wizard of Oz. Yes, moving on. For our colleagues, we need to measure whether or not our messages are effective. So since we're instructional in nature, we went to how we measure effective instructional communication.

And that's by how people learn. And the three measures that exist for how people learn are affective learning. Do they realize the perceived relevance, value, utility of what is being discussed? If you don't, if you're in a class, think of yourself in a class and you think it doesn't matter to you, you stop listening, right? You stop worrying about it or just enough to get the A on the test or whatever it might be.

You got to see the relevance. Second, B, ABCs, behavioral. Can people perform the action, the desired action that we want them to perform? And C, cognitive learning, comprehension. Do people understand what's going on, what these things are and what they mean? Yeah. So those are how we measure learning in all of our studies.

- So we've done a lot of different projects, and it's been very exciting. We've done a lot of work with the United States Department of Agriculture, helping them understand how to best issue food recalls and warnings about things like E.coli. With Golden Rice, that was an exciting project working in the South Pacific area with the development of rice that can provide different forms of nutrients.

People trying to overcome some of the hesitation to eat something different, even though it's designed to address a serious problem. Disney did a project with them, talking about how to explain to customers why things are closed, why the annual pass system is changing in response to the pandemic, and what some of the different messaging systems could be.

Lots of different things. Mudslides in Uganda was a fascinating experience for us where we talked to villagers on the side of a mountain that were moving further and further up the mountain as their population grew, and as climate change produced heavier rains, entire families and villages were being swept away in mudslides.

We went up to try to talk to them about warnings and explaining the danger. And we had one of those reverse mission moments. They explained to us that what they simply needed was opportunities from the government to move people that were at greatest risk and to make safer those that didn't want to move.

In other words, they explained to us that the warnings were not the problem. The problem was the population, the land, and where they wanted to go. We then took that message instead of taking the government's message to the people, we took the people's message to the government. And I think with that reverse mission, we wound up making a difference.

And I think you can experience those kinds of things too, listening to the people that you're serving, that you're guiding, taking that message upwards. In many ways, you're in a central position. And I think that's a fascinating opportunity, and we'll talk about some of the different kinds of strategies that will work for that.

- So that said, now that we've illustrated that we're theoretically grounded and data-driven, yes, okay, the model. So the IDEA model stands for four components, internalization, distribution, explanation, and action. These are the four things, IDEA, to remember when you're thinking about how you're going to communicate effectively regarding risk and crisis.

During the pandemic, when we were all locked down, we had an opportunity to work with a group called Research Outreach. And their entire mission is to take theoretical work being done in the academic world and make it make meaning for people in...practitioners on the ground. And one of the things that they did with us during that time was develop a one-minute YouTube video to describe the IDEA model.

And we thought that might be a nice thing to show you as kind of a preview to what this model represents. ♪ [music] ♪ So as I mentioned, we were all about connection and collaboration. And one of the things that I got convicted about during the lockdown of the COVID-19 pandemic, was the ways in which I watched people in media say the wrong things at the wrong time just to...

That we knew better because we had data-driven, empirical, theoretically-grounded research that knew how to put up this message together better. And so we wanted to get something that was short and sweet, one minute or less. Can we get that out there and get it distributed more quickly?

So that's kind of what that piece is about and where that came from. So I want to talk just a little bit right now about each of the four components and what each one means. So the first component is internalization. And internalization you need to think about how to answer this question. This is the question that needs to be answered in order to motivate people that you're working with to think that this is important and relevant to them.

Am I or those I care about affected and how? In order to do that, we discovered through our research that the first thing is you have to build trust. So for the Uganda example, the first thing for us was we're a couple of strangers from the United States was to build trust that, you know, we're there to try to be helpful if we could be.

But then the second thing is listen, encourage storytelling. Find out what the norms and values are of the people and then help them see the linkages, the relevance for them. Don't come in and say, "It's relevant to you because the mudslides are coming." No, it's how might it be relevant. Find out, hear the stories, and engage in dialogue. It's so important to get that piece right about making it relevant to people.

You can't assume that you know what's going to make something relevant. The second one is distribution. And distribution has to answer the question, which communication channel or channels and source or sources will best reach my target populations that I'm trying to reach? And 20 years ago, the best practices in this field said, "Find one spokesperson to give one message, and that's going to be great."

Well, how did that work? Yeah, social media blew that one up, right? Now what we say is it has to be multiple communication channels, multiple sources because different people go to different sources, right, including, might I add social media influencers. They need a seat at the table, right? Because our goal now is to control the master narrative across channels and across sources so that we can counter and debunk misinformation, disinformation, and malformation.

The third one is explanation. And that's what's happening? Why is it happening? What's being done about it and by whom? And here, a critical piece here is, if you don't know, it's better to say you don't know than to make up something and then have to say later, "Oh, it was wrong."

No, we don't know. Coronavirus is novel. That means we haven't had this experience before. We don't think it's airborne, but it might be airborne. Here are some precautions we're doing, and here's what we're doing to study that. And we'll come back to you every... so whenever it is, as we learn more information.

That would've been way better than to say, "It's not airborne. Just wipe off your grocery bags and your groceries when you put them in your cupboard."

- People get upset when you tell them, "We don't know yet." But they get really mad when you say, "Oh, yeah, oops, we were wrong on that."

- It's much harder to come back and refute something that you said earlier than to say, "I don't know, but here's what I'm doing to find out. And here's what we're doing right now." That's what people want to know. What are you doing? What do you know? What do you don't, you know? And what are you doing to find out, right? Decomplexify.

I loved Professor Jordan's term for that. Decomplexify the complex. We call it intelligible translation. In order for explanation to be effective, we have to take it out of the scientific realm and put it into a realm that makes sense to people who aren't schooled in that scientific discipline. And that has been a problem consistently in explanation.

- Including state legislators.

- Yeah. And the fourth component is action. Now, this is not action what are the agencies and the responsible parties doing? That's explanation. Action is what am I supposed to do or what am I not supposed to do? Am I supposed to hide under a table? Am I supposed to do...?

Am I supposed to wear a mask, not wear a mask? Am I supposed to, you know, stay six feet apart or not six feet apart, or...? What am I supposed to do? That's what action is. Specific. It needs to be specific, and it needs to be end-user-oriented, not what is the organization doing. And it needs to be, that's where exemplars, exemplification theory, can come into play, short heuristics, drop, cover, hold on.

Simple things. Don't share your air, right, to wear masks, so put it over your nose. Yeah. Okay? And modeling. Some of our early research, what we did with our data-driven research was to do content analyses of the actual messages that were going out when a crisis or a risk situation would erupt over the media.

Yeah. And what we found is that almost to a tee, it was unbelievable, explanation was being considered instruction, right? They thought, "If they don't get this, we'll do a better educational campaign. We'll give them more information, more information." And that's not instruction. That's not achieving the three outcomes of learning. That's just more explanation, right?

It's not rounding what we call the cycle of learning. Okay? Here's one example. Ebola. When Ebola wasn't in the cards for the United States, came to Dallas, Texas in 2014, some of my colleagues and I collected data. We collected the content to examine messages from the Dallas press releases and media outlets, from the CDC the U.S.

CDC, and from the World Health Organization to see what they were saying, if they were rounding that cycle of learning. Well, the orange bar is the explanation. So in 2014, still, you know, was still highly explanation at the expense of action and internalization. So we had some work to do.

This was after in 2010, we did this with a big egg recall. And it was that same thing. Last year, my colleagues and I did it with the preventative measures being addressed for COVID protection and it was the same thing. We did six states. We didn't do all 50 states, but we did 6, same thing. So we still, we're not getting through, we're not getting through, we're not breaking through the silo yet.

Okay.

- Another one that we worked on, I think you'll find this example interesting. During COVID, we were able to work with public television. This is a quick story. I had a student that took a risk class, a risk communication class that I was teaching. She was working on an advanced degree.

She was the director of communication at the public television station in Orlando. So she was watching this, and she said, "You know, this really fits with a project I have in mind." They were developing a project that they started after the Pulse nightclub shooting that was in Orlando when nearly 50 people were killed by a single gunman.

And this information was so troubling to children that she had viewers reaching out and saying, "Is there something you can show? Is there something you can tell us to help children?" And she thought about it and she thought, we really don't have something. We need to develop it. To develop it, she went back in time to a classic from public television, Mr. Rogers.

- How many of you know Mr. Rogers?

- Come on. Come on.

- I was raised on Mr. Rogers. I loved him.

- Yeah. So, what Mr. Rogers always said that if you're worried, if you're troubled, if you are in trouble, look for the helpers. They're always there. Might be a doctor, might be a police officer, might be a teacher, might be a parent, might be somebody else's parent. And so they started this Meet the Helpers program and for kids to help them, as Deanna said, have something they could do.

Kids get real worried. When we just explain it to them, "It's going to be okay. It's going to be okay," We find that, and we had child psychologists on the team, we find that if we say, "But here's something you can do, it's really helpful," they love to do it. And so they taught them things like, what is the difference between social distancing and not social distancing? Can't say it's six feet, but you can say, "Hey, if that door on the wall were to lay flat, it's that far apart. Try to stay that far apart. Wash your hands."

And the videos go on. "This is, you can't go visit someone who's sick, but you can take them food, you can take them a card, you can visit them." So they helped them understand. They had already internalized the problem. They understood that something bad was happening, gave them action. This is kids. But it just goes to show, what Deanna is saying, if you round the cycle, include all these elements, you're giving people a better chance to manage these threatening hazards that we all face.

- I love that story. Such a good story of intelligible translation is maybe across languages, like from Spanish to French to English, but it's also a translation for the different groups that you're working with. And this is translation for children. I love it. And we just came back from St. Louis where our daughter and her family live, and our grandson, Lincoln turned six on Halloween.

And so we got to go spend the birthday with him, and it was the cutest thing. She said, "Time to wash hands." I said, "I'll go wash hands with Lincoln." And we went in there, he starts singing the happy birthday song. He was so... No prompting. He just knew that it was going to take...

You know, it did work. It really was interesting.

- This got so popular, and they shared it with other stations that they were nominated for an Emmy last year. So that's cool. All my class papers get nominated for Emmys. That's a lie. Just kidding.

- But the Emmy is not a lie, so it's cool. Okay. So again, we've been talking about rounding the cycle of learning and thanking you for the opportunity to engage in this opportunity for us to learn as we co-construct meaning together. So it's time for us to move to part two of our three-part talk, conflict, capacity, and compression. And what we'd like you to do is, well, do you want to talk about this slide, please?

- Yeah. I just wanted to say that, at this point, we tried to understand some of the issues that you face. We talked to Nicole, we got some other information, we did some reading, and we feel like if we cover three areas and have a chance for us to understand and for you to apply the model and understand how it works.

So we're talking about conflict being anytime you are in a supervisory position as your boards are, you have potential for conflict. Maybe within, maybe people upset by what you're doing, you tell us. But

clearly, we understand that. Then also, you have people who want you to act outside your lane, want you to do more than you can. They put pressure on you.

"Do something about this. I've got this problem. Take it to the state Board of Nursing." Well, the problem is that many of those requests, as we say, are not your responsibility. How do you explain that? How do you respond to that? And then perhaps the hardest one of all, compression. Pressure from governors, pressure from those that are above you, and then pressure from those who want higher standards, different standards, those who want the same standards, more standards.

There's this compression that you can feel at the state level that is a natural occurrence. So we're going to talk about these together for a few minutes - Yeah. Engage in some dialogue - Because we know that you're experiencing things that are similar. And we always say you learn from experience. Well, you do, but you don't really learn from the experience you learn that really hurt.

That's painful. That's frustrating. I'm mad. But the learning, as Deanna described it, affective, behavioral, cognitive, our own learning comes from reflection and talking about it. That's why we're talking a little bit about it now, to encourage you to do that now and through the whole conference.

- So what we're going to ask you to do right now is pair up. You can pair up with one other person, or if we have an odd number, you can pair up with two other people total of three. So if you have five people at your table, you can have two and three. If you only have one person, can you find somebody at another table, right? So I want you to pair up, and what I'd like you to do is if you don't know each other, to introduce yourselves to each other. Yes. And then I want you to find out...

- [Male] [inaudible].

- Great. And would you find out whose birthday is coming up next? Now that you've introduced each other, what we'd like to find out is, who's got a birthday coming up really soon? Who thinks they're the winner? Raise your hand. Back in the back. When is your birthday?

November 13th.

- [Female] [inaudible].

- Anybody before November 13th?

- [Female 2] Same month.

- But later in November? Anybody else have a birthday sooner than November 13th? And you are?

- [Mary] Mary from Mississippi.

- Mary from Mississippi is our winner. And now that we did a little happy, fuzzy, warm, and fuzzy, let's go on to find some conflict. Tim.

- Just want to hear you share with each other stories of a conflict situation that happened because of your role that probably shouldn't have happened. It's not fair, but you wound up in a conflict situation. And then we want you to...

We're going to have a few people share their examples, so.

- So two minutes to talk to each other a little bit about a conflict situation that came up that you said, "That shouldn't have been a conflict or frustration about the conflict." There's no rules here.

- And because you're going to share, make sure it's not top secret.

- Okay. Time to wrap up. And let's see. What we'd like to do is we'd like to ask for a couple of volunteers to share a story. So if you're willing to share one of the stories from your pair or table if you could raise your hand? The rule breakers.

They've already got a name.

- Yeah, there we are.

- Hey, rule breakers.

- Yeah, if you could just go to the microphone then. I think they're recording it.

- Yeah, just somebody come up. There's a microphone here, here, and here, and here. Yeah. And would you say your name and where you're from as well when you start?

- [Susan] Sure. My name is Susan VanBeuge, and I'm from Nevada. I'm on the Board of Nursing in Nevada, so I'm a board member and I'm also the board president right now, so.

- Okay.

- All right. That's impressive. All righty. You're getting an applause and you haven't even started.

- Oh, thank you so much.

- You haven't even shared the story.

- Okay. So in our small group, and I'm here with my Nevada colleagues at this table, and we were talking about conflict in terms of the NLC, the Nurse Licensure Compact. And so within our own state, you know, there's the conflict that happens within even nursing, agreeing whether this is a good thing or a bad thing. And we, you know, as individuals, we think it's a good thing, but it creates a lot of conflict of the lane that we are in as regulators and our roles and how much we can do and can't do, and all of those things.

So it's a lot of conflict.

- See, and that's a lot of communication stress there. And how do you respond to that? Anybody else have some challenge with this topic? Anybody? See. Yeah.

- So that's one really... Is that one that other people can resonate with, that there's conflicts because the individuals within even your organization have different perspectives on what we should or shouldn't do or what's right or wrong to do? Is that something that's kind of a common theme? Can you show me a show of hand?

- Is that a seen conflict? And that starting to drift into my other Cs, I like to keep things clean, but I'll deal with reality. Just kidding. It's good. That's good.

- Okay.

- Oh.

- Yes.

- [Angela] Hello, I'm Angela Beard, and I'm from the Tennessee State Board of Nursing. And I have Charlotte Webb with me here with me also. And we, the RaDonna Vaught case, that went nationwide, that caused a lot of conflict within our board and within our state as well. And we as board members actually really took a lot of public media display of dissatisfaction with the decision.

- And that decision, is that the one where there's the conviction of a nursing mis-error?

- Yes. She was found guilty.

- Found guilty, and that's being appealed right now, we hope.

- That's our understanding.

- That's our understanding. How many have been troubled by that case? Yeah, that was big news, right? Big news.

- You know, we studied earthquake early warnings in L'Aquila. Do you remember the L'Aquila earthquake? There was a similar situation where the scientists got convicted for risk communication failure, communication error is what it was in terms of the reason that people died in that earthquake because they didn't make sense to the public official, who then shared it with the people and it was the wrong thing for them to do.

Isn't that something? So that is a very common thing, the concern about getting punished for doing your job, trying to do your job. Yeah.

- Honest mistakes, so, yeah, so that's a key point. We'll keep it. This is sort of commonality.

- We would like to get two more. Yeah.

- [Marie] Hi, I'm Marie Claire from Minnesota.

- Hi, we're from Minnesota.

- We're from Minnesota.

- Whereabouts in Minnesota?

- Someone who talks like me.

- Yeah, sure.

- Minnesota Heights, so near the airport, so.

- Yeah. Good.

- We had a recent nurses' strike, unfortunately, despite our valid efforts to pass the Nurse Licensure Compact seven times. So we are in the position of having to license thousands of nurses in a short period of time.

- Wow.

- Which our staff has done amazingly. But anyway, we had a member of the public come to a board meeting and express their concern about how slow we are. Even though we can license nurses in about five days with a complete application.

- Wow.

- Yeah, that's amazing.

- So we were at 10 days and wanted, you know, us to spend more money, get emergency funding from the legislature to hire more staff, like, immediately and just, like, immediately hit the floor running and can license nurses, you know, tomorrow. So that was a real struggle for the board to kind of explain the appropriation, how the board gets their money, how we can spend money because we may have money, but we only can spend what the legislature appropriates to us.

So there was just a lot of conflict with that. So that's just an example some crisis that actually is still ongoing. They didn't settle. So we may see them back striking again.

- Wow.

- Yeah. It's an ongoing crisis.

- Yeah. My mom was a nurse in Minnesota full career, and I remember when she was out on strike, I went and marched with her, carried a sign with her. This is something that happens in Minnesota as I gave her a break.

- And behind the scenes, I don't think I'm talking out of turn, is that our governor was on the picket line, of course, trying to support nurses in general, which that's great, of course. But behind the scenes, they want a report every day on how fast we're licensing nurses.

- Yeah. So that's a... Yeah, so.

- So internal with the staff too, there's this push and pull of, well, what's best, you know?

- So I am hearing a theme in all of these is that misunderstanding, misinterpretation, and differences of opinion tend to be where the conflicts seem to stem. Is that true? Do we have one more example somebody's willing to share?

- [Christine] Hi, I'm Christine Penney from Canada, and...

- Someone else who talks like me.

- Don't you know.

- Don't you know, hey.

- Hey.

- Hey.

- So the conflict arose a couple of weeks ago, and it's a conflict in terms of confusion of roles, where the public health office issued an order during COVID and the health authorities interpreted it one way, and now they need more nurses under that order, but they thought that we, the regulator were putting up the barrier.

- Oh, yeah.

- So anyway, it did turn there is it's not uncommon to have, you know, the confusion of roles. However, this one I was able to sort out by bringing in the PHO and it all worked out okay. But it's just another example of conflict that arises over confusion in this space.

Yeah.

- A lot of confusion is where the conflict comes. Yeah. Yeah.

- And there's so much with internalization that happens with conflict. We need to understand where people are coming from, how are they internalizing the issue. And if we ignore that and go straight to explanation, we're failing to give them a chance to share their feelings before we jump straight to information. And here's what we're going to do, or you're going to do.

See the difference in when we do studies and we leave one of these key attributes out, our results are always problematic in one of our groups that we're comparing. So that internalization is real.

- And one of the things that we found is when it's a risk, when it's a murky issue, like risk where it's a very complex, murky issue, we found that action alone, it doesn't work at all because of differences of opinion. Internalization becomes critical in terms of starting with the people, finding common ground. People want to be heard. You know, Dale Carnegie got this right way back in the early part of the 1900s when he wrote his book, "How to Win Friends and Influence People," listen first, listen first.

If people are heard, it's amazing. Once people are heard, when you can say, "That I understand, that must be really frustrating." And then go from there, it's amazing. Just that small thing, if you're authentic about it, can make a huge difference. We all want to be heard.

Our experiences are real, right? And then we can go from common ground, have dialogue, and co-construct meaning, but when it's risk, if you don't have internalization, you don't take the time for that piece, it will fail. Even if people do act, they know what to do and act. As soon as you turn your back, they'll try to get away with not doing it. Right? We've got data-driven research to show that.

- Yeah. Don't make us go back to our other slides. Let's try the next one. Let's take it.

- Next one.

- Yeah. This one is when people try to get you capacity, something outside of your lane, out of your capacity, they try to make you do something or they expect you to do something, or they're putting pressure on you, and it's really not in your control. Could you talk about this?

- Yeah. Well, we would like to change the rules on you now. We're going to go with the rule breakers and we're going to make the rules what they have so that they can't be breakers anymore. You can talk amongst yourselves at your tables about this one with some stories, and we'll give you about four or five minutes for this. So get ready, get set, go. Okay.

If you can kind of wrap up your stories. So, we're going to do the exact same thing. We're going to ask for a few examples to see if that kind of resonates. And we're going to listen for the themes and see what we can hear happening in terms of capacity. Who is responsible? All right.

- All right.

- [Peggy] Mine's a little bit of a story.

- Will you tell us your name and who you're from?

- Peggy Benson, Alabama Board of Nursing.

- Alabama.

- So the governor's office called, and he is one of his legislative officers and want to know what we were doing as a regulatory board to recruit nurses into the state of Alabama. And I said, "Well, we don't recruit nurses. We're a regulatory board, but I'll tell you what, I'm an old CNO, which is a Chief Nursing Officer, so I can dust off some things and share those with you and tell you what we've done this past year to ease the burden on nurses."

So, long story short, I put it all together. I sent it out to all the CNOs and the healthcare employers in the state. And even though I wasn't responsible for that, it ended up being, I think I've had close to 25 speaking engagements now related to how to recruit and retain your nurses and what we've done from the Alabama's Board of Nursing to stabilize the nursing workforce and to help during the pandemic and to recover.

- Wow. That's a great story. Thank you.

- Nice work. Okay.

- And you are?

- [Brandon] I am Brandon from Nevada.

- Nevada.

- And during the last couple of our board meetings, or at least over the last couple of years, we've had a gentleman that has come before us for public comment. And one of his consistent messages is in Nevada, we do not have enough nursing assistants. And part of his proposed solution is lowering the standard for the state test. And that I don't think we'd be willing to do.

But the trouble that I see with this is that we produce an annual report every year, and in our annual report, that information is quite compelling. For the last three consecutive years, Nevada's actually produced more CNAs year over year. The trouble is, one, we can't really control where they work.

We also cannot control the culture within some of these facilities that result in the staff turnover they're having.

- So, see the clear explanation?

- Yeah. Again, it's about...

- Yeah. This is when we get to this lane, when we're asked to move beyond our capacity, the explanation, sometimes it's the give that keeps giving, but, yes.

- We don't recruit nurses and we can't control the environment where they're working. If it's a toxic environment, bad culture, that's not your job, right? There's not, yeah. Can we have another one?

- Got to have one more and we'd appreciate it if it would come from the best-looking group.

- [Female 4] Oh.

- I'm just kidding.

- [Ann] Just kidding, everyone. Everyone's beautiful in their own way.

- Yeah. You're all beautiful.

- Yes. Ann Coughlan from Pennsylvania, board member with my colleagues from Pennsylvania, and we were just discussing the myth of the power of the board. Being board members and our executive officer Wendy Miller, people reaching out to us and saying, "I need this. Can you make it happen?" Whether it's licensing, but you also have employer and employees reaching out to us with, like, wanting a definite answer.

And it's almost like we were saying, I think it's Abbott and Costello, like the two hands going that way. So that's what we were just discussing at our table, the myth of the power and a definite answer. Like, I want a yes. There's no nos allowed. It's, yes, I can make that happen if that makes sense. Yes.

- Fix this for me.

- That's good. Good example.

- Fix it, mommy.

- Fix it. And if the other person I'm right, the other person's wrong.

- Yeah. And our only recourse is good explanation.

- Right. Thank you. That was great.

- Okay. Thanks.

- And go Phillies just wanted to add that.

- Oh, go Phillies.

- How about that? What was it like...? What was it like seven nothing Last night?

- Yes.

- Yeah, there you go.

- So interestingly, the conflict, what we heard was the internalization, the idea of listening to their stories, finding the common ground, acknowledging that they're stressed or whatever the issue is, and then working together to co-construct the meaning from there. Now we're listening to this in terms of the who's responsible. You know, it's a natural human tendency to look for somebody else to blame, somebody else to be responsible, somebody else to fix it.

And you're being that somebody else for a lot of people, it sounds like. And so there becomes an issue of explanation, as Tim said. How do we explain what we do, do, and don't do? The myth of the power of what we have to do, the fact that we can't control the toxic environment that you might be in, in your hospital or clinic and what was the other one, oh, we don't recruit nurses.

- I love that story.

- Yeah. So clearly explanation is the gap there, right, that might be able to fill that. Let's do one more.

- This is the compression one. We're seeing if we're right and if you're feeling that, and some of the examples have suggested that you might be feeling that, that we're getting pressure from those who have greater authority and those that you serve are asking for more. Just discuss amongst yourselves. Let's see what we come up with.

- Ready, get set, go.

- Yeah.

- Pickle in the middle is what I was thinking about with this one. Ever play pickle in the middle when you were a kid, right? They got somebody with the ball over here and the ball over there and you're in the middle and you try to catch the ball from them. I hated pickle in the middle. Hated that game anyway sounds like you're pickle in the middle, go. Okay. Time's up.

Maybe we'll hear from a table that hasn't yet represented themselves. We all want to be heard.

- Yeah. Is there a table that hasn't gone yet? Someone that has had saved it for this moment.

- I know there's some great stories out there. I'm looking at you all over there.

- There you are. There you are. Yeah. We got two right here. Whoever goes. You want to go first and then you go second.

- [Shannon] I'm Shannon from Arkansas. We recently had some legislation passed that allowed APRN's the ability to apply for full independent practice. And in that statute, it's created a committee that reviews and approves all the applications. Well, I'm APRN practice at the Arkansas board, so I kind of filter their applications, ask for the required documents, and all these things.

So I'm getting pressure from the applicants about when will my application be reviewed. The committee only meets kind of monthly. They only have to meet quarterly. But then I have to wait on the committee and then get all the committee's pressure about why was this letter of recommendation not signed. Why was it not dated? Why does their CV ineligible? I'm like, "I'm not the CV police. I'm sorry."

And so I kind of get it from both ends about, "When am I going to be reviewed?" But I've got 200 applications that are waiting for review because I'm at the mercy of when the committee can meet. They were supposed to meet yesterday. Couldn't get a quorum, so they couldn't even meet. So that's frustrating. I feel like the middleman in between all this.

- That sounds painful.

- I can't do it. I can't do it.

- Yes.

- Okay. You ready for the rule breaker?

- I'm a rule breaker.

- Unless you're the rule breakers.

- [Phyllis] I'm Phyllis, I'm the CEO from Mississippi and President-elect for NCSBN. And so we're coming from a little bit of a different perspective because I've heard and agree with everything we as regulators deal with, but looking at today's climate with employees having better, well, not better opportunity maybe so, but looking for higher paying jobs.

We're dealing with not having sufficient staff in our agency, but the staff we do have, feel like they need to be compensated. And so you get that pressure from the bottom and they think they have some type of authority in which they really don't, but they're pressuring the people in authority to do things, or they're hanging over their head, "We'll just leave," which makes you even more short-staffed.

So that's what we're looking at and trying to address some of those issues. And that to me is a very good example of compression internally, which I'm sure everybody here is dealing with some of the same issues.

- And it's painful.

- Yeah. That's a great one.

- Yeah. Two really good examples. And I think when we talk about this, a lot of times we're looking at the kinds of, for compression that you need all three, right? You have to go through that dialogue. People have to understand what we've talked about in conflict, where you have to I understand what you're saying.

I understand your concern. I explain what I can and can't do. And the action is some sort of co-created resolution because you're talking about situations that demand something has to be done, but it's almost a persuasive appeal for action. We need to do something better, if not better, different, or more consistent. So we can't go on this way with competing pressures.

One has to be able to propose some sort of co-created action for how we're going to get by if we can't get a quorum. People need to internalize the problem that they're causing and the compression that's happening further down. They need to be made part of that instead of thinking that they're acting independently of the universe.

- That thing about the workforce though, that the rule breakers mentioned is really something that we're all facing. What will you do for me? What will you give me for that? It's almost like a regression to a junior high mentality of I will do it, but what are you going to give me for it? What are you going to give me for it?

And some things you don't... It's a long-term. The benefit pays off in the end. It doesn't maybe pay off for every little thing. I know I have one person that I've worked with a lot of my faculty that wants a nickle or a dime for every single thing they do. And it's like, I can't. I can't.

So that's a real action piece. Yeah.

- And again, sometimes the co-creation is to realize that what you can't do and what you can do, and that goes into this entire process. But what I will say is we have to go with internalization. We have to acknowledge their concerns, but they also have to understand the impact that their demands are making on two other levels.

You and the pressures that you face. Does that make sense?

- Yeah. Mm-hmm.

- And we can't skip that. We can explain and explain and explain, but if I don't feel like not making a quorum matters, if I'm only looking at myself, if I'm only looking at my gains, if I'm only looking at my time, then we have to begin with that internalization component, which we forget so easily. And just as Deanna said, she put up all the sides and we've got so much data, explain, explain, explain is what we do.

Or we say, well, I'll do this and I won't do that. We can't leave a piece of the picture out, internalization, explanation, action.

- Action. But not just action for the regulator, but perhaps putting some of the responsibility of the action back into the organization that you're working with or the individuals that you're working with. And that might be a piece that we can grapple with in the big finish.

- The big finish. I don't want to be too... I don't want to create too great of expectations, but this is so great. Okay. The big finish, we're going to give you a case, and this case creates your mission impossible. We're asking you to create a message short that you can read quickly that has internalization, explanation, and action in it, dealing with a very challenging scenario that nobody can take responsibility for, but us.

We created it, we think it fits, but it's really hard. And I don't know, I think it's almost impossible. We'll see if anybody can write something, a one or two-minute message in response to this horrible... In fact, it's...

- Well, I'm going to put it up there, but I want to attribute where attribute is due because we did get consulting advice from Nicole.

- Yeah, don't blame Nicole for this.

- I'm not blaming her.

- Don't. No, because we're about to leave town, right? Don't. Don't - Okay. So what you're going to do as a table is you're going to have a short amount of time because you might not have a lot of time, right? But we're going to read this scenario together, and then we're going to put the directions up for you to create a message to deal with this issue. Okay?

- So Deanna will read with you in her best reading voice.

- Yes, I will. You are in a non-compact state. That's important. Your governor has been convinced by some large hospitals that the state's nursing shortage is due to the "overly-stringent" requirements your board has in place for nursing licensure. The governor is asking you to ease up a bit.

Several nursing education programs in the state are troubled by trends they're seeing in other states where the quality of nursing is deteriorating. They're telling you to keep the requirements in place. Major media outlets are getting in the picture. They're reporting stories on both cases of nursing errors and on patients who believe their care has suffered because of a shortage of nurses caused by a slow and overly-meticulous licensing process in the state.

These media outlets have also broadcast the remarks of a highly-visible state legislator who claims nursing licensure is a socialist conspiracy. Oh boy. Let's do it. Let's communicate. Prepare a message that includes internalization, explanation, and action. Identify what communication channel or channels you'll use to distribute that message.

And your message should account for all these things that are going on. The governor, the hospitals, the nursing education programs, the media. And then please, select one member of your group to share your message out for the rest of us. And we are going to give you a little bit of time for this. We'll give you a two-minute warning.

So you'll have about five minutes, but we'll give you a two-minute warning when you need to start wrapping things up and being ready to present. Okay? Ready, get set, go.

- So keep in mind that this statement would be something that would lead off a press conference so you would have a chance to answer more questions. But we believe that if you begin a press conference or a response in a group by rounding the cycle, that you're better positioned for all forthcoming questions.

So who's brave, bold, courageous, and wise enough to be the first person to read their statement?

- And really has an awesome team. We know that you won't have all the answers, but can we hear where you're at grappling right now? What you've figured out? Especially... There we go.

- There we go. There we go. Are you coming?

- [Female 4] So who do you want taking care of you? So nurses are licensed because the risk to the public is devastating if they're not qualified to provide care to that patient. So who do you want taking care of you? What kind of nurse do you want?

You have to start with asking the question.

- That's internal. I'm internalizing that.

- So that's where you would start. You would start with talk. It's a real concern. Let's hear your concern. What are the characteristics and traits you want from the person that's caring for you?

- And a hard-hitting rhetorical question.

- Right.

- Yeah. I love it. Yeah. Find out what they want and then go from there. And then, well, here's how we get there.

- Yeah.

- Good. Thank you.

- Yeah. Like that. That's to remember. Yeah. Are you going to round it... going all the way around first?

- Wait now? Yeah. Yeah. Here we go.

- [Female 5] All right. The mission of the ABN is public protection. The ABNs average days to licensure with the completed application is 1.3 days. The licensure requirements are consistently met to ensure patient safety. The measures completed since 2020 include student nurse apprentices, medication assistant certifieds, and student graduate aids. The implementation of the NLC with the uniform licensure requirements will further ensure patient safety in this great state.

Please visit us on the ABNs Facebook site where you will find a list of contacts for your local legislators by county. We ask that you support the passage of the Senate Bill 145 ABN NLC.

- Okay.

- All right. Very good. Got a clear action statement.

- So a lot of great explanation and action. So we had some internalization. Find out what you want so then you can address what they want and how the explanation that we just heard addresses that, and some action about where to go to do something about to make your voice heard. Let's hear one more. We got time for one more. We can wait.

I'm a teacher. I can wait all day.

- We do have time, but, yeah, we can do more than one. We have time for one more.

- Okay.

- Well, I think we need some collaboration because...

- Sounds like it.

- ...we all had different things in mind when we were talking about this.

- I'm hearing that's too, and you can put it all together.

- So we looked at how to bring the people into our statement. So your granny fell at 3:00 a.m in the morning in the hospital with a new nurse as her nurse from an unaccredited program.

They don't know how to do CPR. Granny's a full code. Who do you want to take care of you? Someone who has prepared, someone who cares, someone who knows the law, the rules. And we want Nurse Licensure Compact to be a part of this because nurses are trained by stringent standards for our boards that regulate each and every one of these nurses.

And when you take away the standard, what happens? Your granny is now gone. The patient safety protection is eliminated. You charged us to make a difference, to protect the public, yet when we implement law and standards of practice, you choose to remove.

This cannot be. We must help each other in order to make sure that our granny is safe.

- All right. That's powerful. I need a minute to get... That was good. Really good.

- But what we're hearing is that, again, I believe in connection. We believe in collaboration even among this group of people who are in a like-minded field of practice, right? You can benefit from working together with each other on where your strengths are in terms of crafting messages that address each of these dimensions of the IDEA model.

Yes? Is that kind of showing up here?

- Yeah, Yes.

- And how important it is for that internalization piece to put it back to the people that are addressing you to say, what is it that you would like? If your granny was in the hospital, what characteristics and traits do you want to see in that nurse? And then, let people say, and Nick said that I would too. I feel the same way that you do. Here's what we do to try to ensure that the nurses that take care of granny are doing the things. Yeah.

Da da da da, right? Here's what you can do to help us help granny and help the people in the hospital.

- Wonderful. And the temptation is to just explain.

- Oh, yeah.

- Just explain. Well, you don't understand. You just don't understand and explain and explain. But all three have shown clear internalization efforts. Don't those get you attuned? Very helpful. And then to move on I think the first one had some, what we call generalization.

Once we get internalized, sometimes it leaves us with a question where we don't even want to ask the action because you've convicted us. And that's fine too. I mean, and that's fine too. But I want to hear one more.

- Okay, fine.

- I'll hear about that on the drive back to Orlando.

- Yes, he will. Yes, he will. Because I have something really important to say.

- Let's hear it. But I do want to hear one more. But anyway.

- When you internalize, when you work with internalization, remember that you don't want to put somebody on the defensive. You want to say, "What are your concerns?" And telling the story about, have you ever been in the hospital? Has you ever had anybody in the hospital get it so that they're thinking of a story in their actual life, a relevant thing, rather than, "What would you want," which is what you're really asking them?

But you're asking like, "Yeah, it's really a concern. Have you ever been in the hospital? Have you ever been in the hospital? Oh yeah. Let me hear about that." "Oh, yeah. My mom had a heart attack and she had to have these stents put in and da da da." And you can say, "Well, what were you expecting? How did your nursing care go for you? What were you expecting?" Then it puts it into a story right out here that you're talking about, right, as opposed to an accusation.

Then you can say, "I agree with you. That's what I want as well. You know what, our board is here to make sure that that's the kind of care that we get and your loved ones get in the hospital." Do you see the slight difference there? And then you can go into the explanation because you've now created that common ground and then you can go on to action.

Okay. That was important.

- It was. It was very good. That's good. We do have time for one more.

- They got the yellow light on me. It's making me nervous.

- It's five minutes. Okay. They have to be... but they're... so who's just thinking...?

- One more. One more. Somebody think they might have it where you can be...?

- Yeah. Come on.

- Yeah. The good-looking table's coming up.

- Hi, Ann Coughlan again from Pennsylvania. Even we had some discussion with the three Cs at our table, but briefly, this is what we came up with. We, the board are here for public protection. We need standards for education and licensure to provide the best nurse to care for you and your family.

- Yeah. Okay.

- That's nice. That's good compassion. Yeah. That's the thing when you're doing internalization, the compassion needs to be there. Once we feel like you, the building the trust, which is, let's wrap up. If you got to start by building trust, you have to listen empathically, listen to people, and value their norms and values and constraints, and experiences. That's creating that common ground where they believe that you really do have their best interests in mind, right?

That's so critical.

- I love the way too that we're working together. There was almost a, from all the internalization invitation to work together.

- Yeah. But I can't stress that enough because we fall short there. We think they already have internalization. We did these studies too, and people thought that the internalization was already there and it wasn't. And then what people would do is they would do the action until the head was turned and

then they would stop doing it because they didn't have any invested commitment, conviction to doing it. Yeah.

Starting with internalization, building a common value. Then distribution. We didn't talk about distribution in this particular scenario, but again, we talked about it in our talk part portion that, today, you have to get multiple channels and multiple sources on the same page together with you or you can't manage those competing narratives, mis-, dis-, and mal-information.

So if you can get collectively working with multiple groups, if you've got a media agency or a media outlet or an agency that's saying you need to reduce your standards, the best thing you could do is put them at the table with you and help construct the messages that are going out so that they go, "Oh, yeah, I don't want my granny to have that happen to her," yeah, so that they're on the same page with you, right?

And that's why I've talked about media influencers. If they're at the table with you, they're going to say, "Oh, yeah, this is part of... I'm part of this. I feel a part of this message and this thing. I'm going to go get it out to my target populations that this is why the regulators do this, why this is important, right?"

Help share your message by that way. Explanation. Be transparent and again, co-construct meaning. They do need to know what you do and what you don't do and why you do it and why you don't do it. But that can't be all you say. Then you're creating a we and they, and what you want to do is have we, if we think back to Professor Jordan that we're all in this together.

Let's figure it out. Come to the table with us. This is our role. And then action being specific and receiver-oriented. And we didn't talk a lot about this, but it has to be efficacious. In other words, you can't have actions that people can't do, right? You can't say, "Well, what you need to do is this."

What can we do and what can't we do? Yes. Yeah?

- So we began with a story about how just almost a flippant remark by Thomas Frieden from the CDC created a lot of consternation about Ebola and probably created pressure for boards of nursing as well when nurses felt threatened and were the secure procedures in place. And we know you realize that communication has to be thoughtful, creative, and accurate.

But also we think we've given you a template that you can use because you won't fall into the temptation as Deanna talked about, to divide, to just give more explanation, but rather to share that internalization, be transparent, have the actions that you can probably even co-create and move forward.

So thanks. We've enjoyed this so much. We learned a lot from you. And have a great conference.

- Yes.

- Thank you.

- Thank you.