



VCU

Nursing Home ECHO COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

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**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



Agency for Healthcare
Research and Quality





VCU

Module 3: Emotional and Organizational Support for Staff

Session 3:

The Language of Feelings and Needs and the
Correlation with Wellbeing

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



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The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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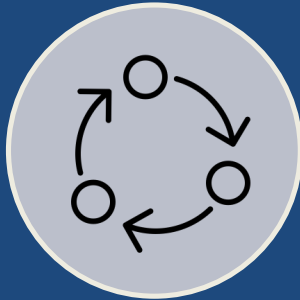
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ECHO is All Teach, All Learn



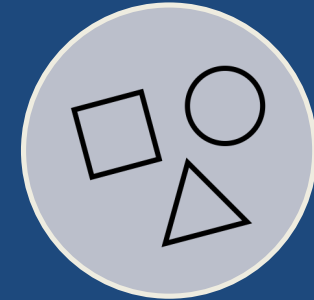
Interactive



Co-Management
of Challenges



Peer-to-Peer
Learning



Collaborative
Problem
Solving



Agenda

1. Weekly COVID-19 Updates
 - Virginia COVID-19 Stats
 - Guidance/Regulatory Updates
 - From the Literature
2. Follow Up
 - Concerns from last week
3. Weekly Topic
4. Open Discussion
 - COVID-19 Active Issues
 - QI Content with More In-Depth Conversation
 - Questions for Group Discussion

Checking In



*Unmute or
chat*

As a reminder, please introduce yourself in the chat

1. Your Name
2. Your Nursing Home
3. Share a word for how you are feeling and a personal or professional **win** for the week.

- How are you feeling today?
- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?



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Weekly COVID-19 Updates

- Virginia COVID-19 Stats
- Guidance/Regulatory Updates
- From the Literature

Virginia updated 8/2/21

COVID-19 Vaccinations in Virginia

Total Doses Administered - 9,457,075

People Vaccinated
with at Least One
Dose*

5,164,064

% of the Population
Vaccinated with at
Least One Dose

60.5%

People Fully
Vaccinated^

4,618,913

% of the Population
Fully Vaccinated

54.1%

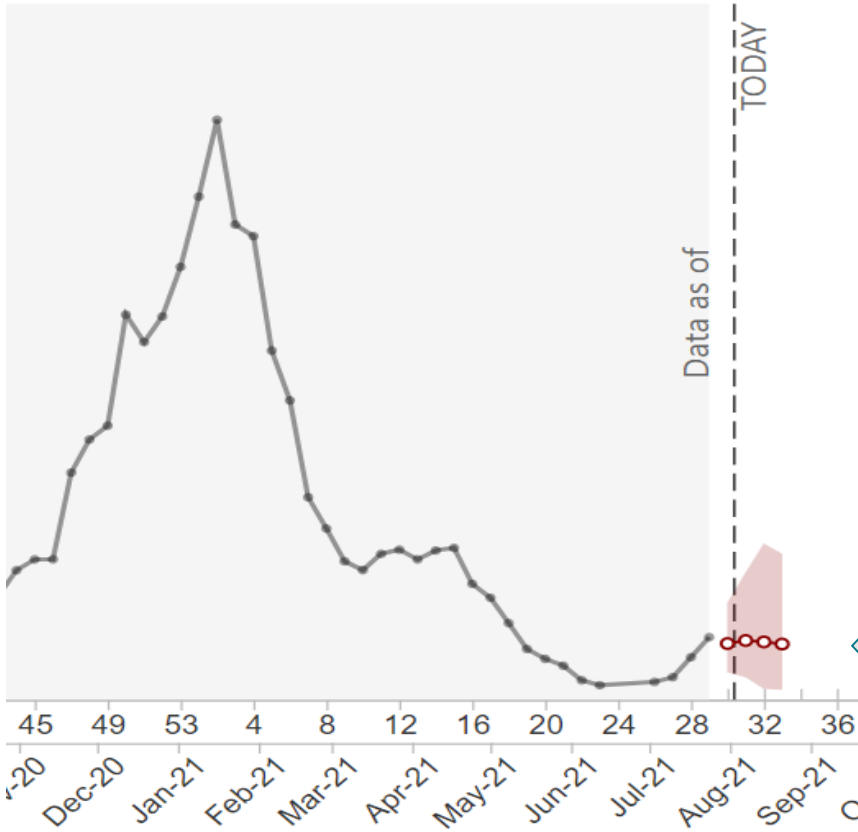
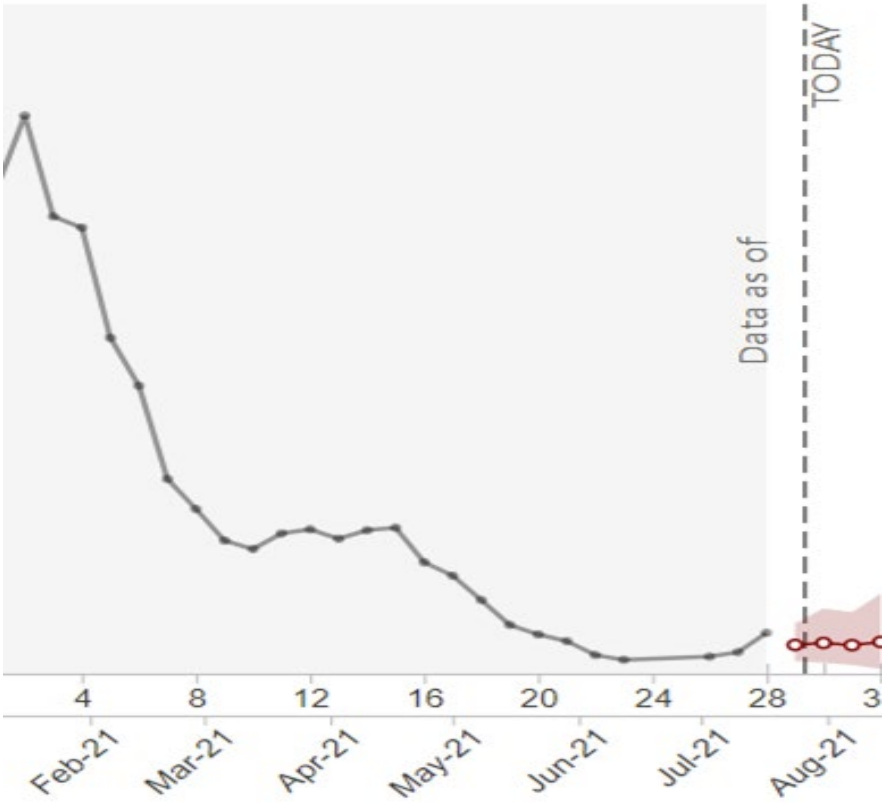
% of the Adult (18+) Population
Vaccinated with at Least One
Dose
72.4%

% of the Adult (18+)
Population Fully Vaccinated
65.2%

Current 7-Day Positivity Rate PCR Only**

6.0%

Case Prediction



Predicted cases have increased

https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

CDC/CMS Updates

Recommendations for Isolation, Quarantine and Testing

The following recommendations apply to non-healthcare settings. Guidance for residents and staff of healthcare settings can be found in the Updated Healthcare [Infection Prevention Control Recommendations in Response to COVID-19 Vaccination](#).

Fully vaccinated people with COVID-19 symptoms

Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences [symptoms consistent with COVID-19](#) should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

Fully vaccinated people with no COVID-like symptoms following an exposure to someone with suspected or confirmed COVID-19

Fully vaccinated people should be tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test positive. Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result. Most fully vaccinated people with no COVID-like symptoms do not need to [quarantine](#) or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, if they follow the testing and masking recommendation above.

Fully vaccinated people should monitor for [symptoms of COVID-19](#) for 14 days following an exposure.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html#anchor_1617376555813

From the Literature



Morbidity and Mortality Weekly Report

Early Release / Vol. 70

July 30, 2021

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>

Background & Findings

Background: Community outbreak, Provincetown MA

“Have fun” events July 3-17, 2021, Indoor and outdoor

69% vaccination rate

Low community spread

Findings:

469 cases (346 [74%] in fully vaccinated); 90% delta variant

Of 346 breakthrough cases

67 (19%): asymptomatic

279 (81%): mild symptoms

4 (1.1%): hospitalized (2 with underlying medical conditions)

No deaths

Conclusions & Questions

Breakthrough infection did occur even with high vaccine uptake & low community prevalence

Underpinning for July 27 CDC interim guidance

Vaccine highly protective against severe disease

19% asymptomatic rate likely an underestimate

Outbreak in younger, largely healthier population

Could breakthrough infections be more severe in more vulnerable populations?

“Ideal” spreading conditions

Less likely in clinical settings with PPE use?

“As the Virus Turns” Week 18

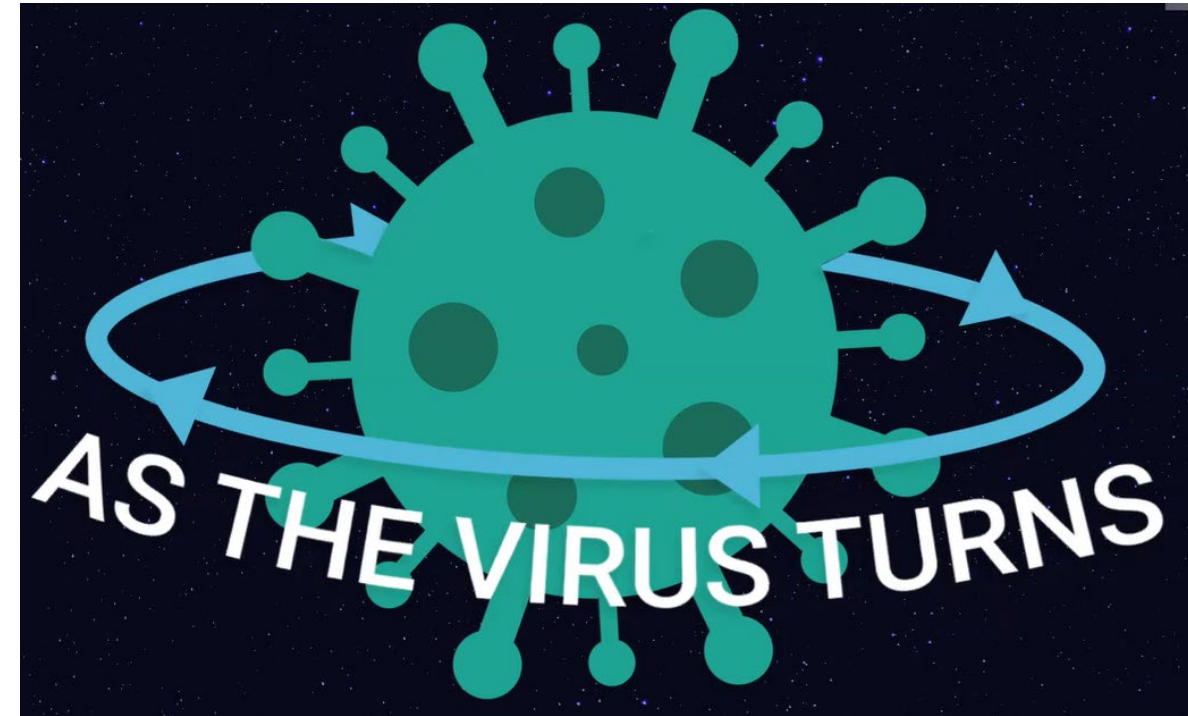
5-minute weekly video updates -
sponsored by the Alzheimer’s
Association

All Episodes

<https://community.ihl.org/echo/ourlibrary?DefaultView=folder>

Episode 18:

<https://community.ihl.org/echo/viewdocument/as-the-virus-turns-episode-18?CommunityKey=d51505e6-3be9-46d2-ab99-0c119c8f8c2d&tab=librarydocuments&LibraryFolderKey=369f060f-bf95-4abe-9de0-81d24cd249e3&DefaultView=folder?>



Déjà Vue

Guidance for Implementing COVID-19 Prevention Strategies in the Community Varying Community Transmission Levels and Vaccination Coverage



Five Critical Factors To Inform Local Decision Making

1. Level of SARS-CoV-2 community transmission
2. Health system capacity
3. COVID-19 vaccination coverage
4. Capacity for early detection of increases in COVID-19 case
5. Populations at increased risk for severe outcomes from COVID -19

Actions

1. Vaccination
2. Use masks consistently and correctly
3. Maximizing Ventilation through both dilution and filtration
4. Maintaining physical distance
5. Hand Hygiene and Cleaning



CENTERS FOR DISEASE
CONTROL AND PREVENTION

Toward Mandating Vaccines

Justice Department lawyers have determined that federal law doesn't prohibit public agencies and private businesses from requiring Covid-19 vaccines even if the vaccines have only emergency use authorization

The opinion from the department's Office of Legal Counsel paves the way for more federal agencies and businesses to require vaccinations.

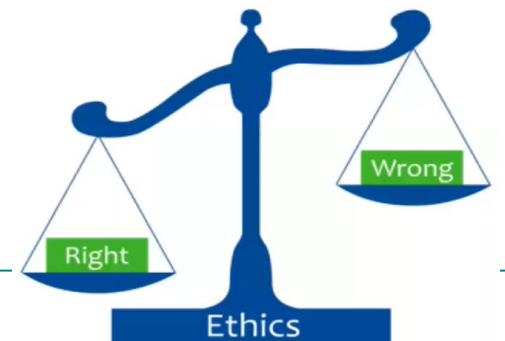
The Department of Veterans Affairs announced on Monday that it will require many of its front-line health care workers to be vaccinated against Covid. The VA is the first in the federal government to require shots among its workers.



The American Medical Association (A.M.A.), the American Nursing Association, and 54 other medical and allied healthcare associations released [a joint statement](#) today calling on "all health care and long-term care employers" to require their workers to receive the COVID-19 vaccine.

This injunction covers everyone in healthcare, Emanuel Ezekiel, MD, PhD, chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania

Greater Good



Emotional and Organization Support for Staff

Week 3 - The Language of Feelings and Needs and the Correlation with Wellbeing

Emotional and Organization Support Module

5 Critical Change Opportunities

- Introduce participants to two of the principles of trauma informed care, safety and trust.
- Expand emotional intelligence by recognizing one's stress response.
- Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.
- Integrate a mourning practice into facility culture via team-based processes, such as rounds and debriefs.
- Support psycho-emotional growth by building attuned active listening, debriefs, and learning into daily activities.

Objectives for this Session:

- Explain nonviolent communication with emphasis on two components: feelings and needs.
- Describe attuned listening and how it relates to the basic need of being heard.
- Provide two tools to assist staff with increasing awareness around their emotional state.
- Learn how direct observations and process maps can be used to convey emotions.
- See an example of how huddles can be used by all staff to convey feelings and needs.

New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?

Chat Waterfall:

What is a feeling that you've experienced lately related to the pandemic?



What is Nonviolent Communication (NVC)?

Growing up in an inner-city Detroit neighborhood Dr. Marshall Rosenberg was confronted daily with various forms of violence. Wanting to explore the causes of violence and what could be done to reduce violence, he chose to study clinical psychology and received his Ph.D. in Clinical Psychology from the University of Wisconsin in 1961. In 1966 he was awarded diplomat status in clinical psychology from the American Board of Examiners in Professional Psychology.

Nonviolent Communication training evolved from Dr. Rosenberg's quest to find a way of rapidly disseminating much needed peacemaking skills. *The Center for Nonviolent Communication* emerged out of work he was doing with civil rights activists in the early 1960's. During this period he also mediated between rioting students and college administrators and worked to peacefully desegregate public schools in long-segregated regions.

- NVC is a simple 4 step method for clear empathic communication which is helpful for connecting with others and resolving conflict.
- It is a skill that allows us to bring presence into **all** of our interactions and guides us in reframing how we express ourselves and hear others



The Four Components of NVC

- **Observation:** “When I see/hear/notice...”
- **Feeling:** “I feel...”
- **Need:** “...because I need/value...”
- **Request:** “Would you be willing to...”

‘I see you don’t have your mask on and it is making me scared... I need to feel safe at work... Please get a mask so we can be together.’

Be curious of your **feelings** and increase awareness of your feelings

How am I feeling at this moment and where do I notice it?

- I'm scared. (Where do you notice it?)
- I'm confident. (Do you notice it in your body?)
- I'm irritable.
- I'm relieved.
- I'm exhausted.
- I'm delighted.
- I'm disappointed.

step 2 ID
feelings

Why are feelings so important?

- Inform you something within yourself isn't okay or is unbalanced
- Inform you when things are going well
- Point you in the direction of what you need
- Something requires attention
- Feelings keep you informed!



What might this person identify as a feeling?
Chat in!

Bielak-Smith P. *Dementia Together*.
Encinitas, CA: Puddle Dancer Press; 2020.

Feelings when my needs are fulfilled

Physical feelings
relaxed
comfortable
energetic
centered
balanced
big
soft
strong
lively
in flow
full
free

Well-rested
refreshed
restored
recharged
awake
alert

Peaceful
calm
quiet
bright
zen
at ease
relieved
serene
carefree
unconcerned

Satisfied
fulfilled
satisfied
content

Cheerful
happy
amused
joyous
cheerful
delighted
ecstatic

Enthusiastic
excited
adventurous
playful
lively
eager
passionate
thrilled
radiant

Loving
tender
warm
openhearted
compassionate
friendly
sympathetic
touched

Thankful
grateful
moved
touched

Amazed
surprised
flabbergasted

Hopeful
heartened
encouraged
desirous
optimistic

Curious
fascinated
interested
engaged
involved
inspired

Confident
resolute
confident
powerful
open
proud
safe

Feelings when my needs are not fulfilled



Physical feelings
pain
limp
empty
small
smothered
short of breath
tense
wretched
sick

Sad
disappointed
dispirited
melancholic
depressed
down
gloomy
desirous
nostalgic

Regret
guilty
repentance

Worried
tense
nervous
anxious

Pain
hurt
lonely
wretched
mourning

Vulnerable
fragile
uncertain
sensitive

Tired
defeated
burnt-out
exhausted
sleepy
weary

Withdrawn
bored
detached
isolated
alienated
apathetic
cold
numb
impatient

Ashamed
guilty
embarrassed
shy

Desperate
helpless
hopeless
powerless
uncertain

Skeptical
torn
lost
bewildered
perplexed
confused

Scared
afraid
suspicious
panic
paralyzed
startled
anxious

Uncomfortable
troubled
nervous
restless
uncertain
insecure

Envious
jealous

Shocked
startled
upset
surprised
disturbed
alert
panic
overwhelmed

Frustrated
irritated
annoyed
impatient
embittered
irritable

Rage
angry
mad
upset
furious
resentful

Hate
hostile
aversion
bitter
loathing
contempt

A sensitive emotion that may not quite fit the situation



Do you ever say, “*I feel guilty that...*”?

...I am not doing more
...I can't fix this
...She got sick

Many have a habit of using this word, but it really means responsible for the wrongdoing, blameworthy, at fault.

Reframe 'guilt' as an expression of sadness or helplessness

- I feel sad that I can't do more to take away the pain.
- I feel so sad that I can't decrease staff assignments
- I felt helpless when she got so sick

And step away from the heaviness of guilt



Once you've identified the feeling, *identify the need*

- I'm feeling **irritable**. I need **time alone** and a **snack**.
- I'm **scared**. I need more **information**.
- I'm **relaxed** and appreciate that my supervisor **listened** (the need) to my idea!
- I'm feeling **overwhelmed**. It's important to me that I know I **can ask for help** when I need it (the need in this example is **trust**).
- I'm **encouraged** (feeling) by the sense of renewed **purpose** (the need) with my team.

step 3 ID need

Needs

Physical well-being

air
food
water
shelter
protection (emotional)
safety
movement
rest
sleep
touch
sexual expression
health
comfort
warmth

Harmony

peace
tranquility
relaxation
beauty
order
ease
predictability
familiarity
stability
balance
completion
wholeness

Autonomy

choice
freedom
time
space
independence

Power

self-esteem
confidence
dignity
inner power
empowerment
competence
effectiveness

Pleasure

to celebrate
to mourn
flow
humor
laughter
vitality
challenge
stimulation

Connection

collaboration
reciprocity
communication
company
to belong
durability
continuity
to give
to receive
to see / to be seen
to hear / to be heard
to understand
to be understood

Liveliness

to discover
adventure
passion
spontaneity
play

Authenticity

honesty
integrity
transparency
openness
self-expression

Meaning

to learn
growth
to contribute
to enrich life
hope
creativity
inspiration
purpose
clarity
awareness
liberation
transformation
to matter
participate
to be present
simplicity

Love and attention

love
compassion
care
attention
acceptance
appreciation
reassurance
affection
trust
involvement
respect
care
support
nearness
intimacy
tenderness
softness
sensitivity
friendliness



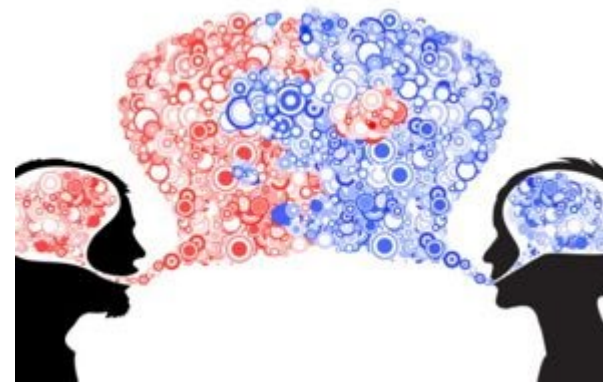
Word of caution

- Everyone wants to be heard and understood for what they said
 - We all do, or we wouldn't speak
- But they may not be willing to bring their deepest needs and feelings to the surface
 - Respect the 'No' if someone doesn't want to engage

Basic Pitfalls of Using NVC by Miki Kashtan
<https://thefearlessheart.org/basic-pitfalls-of-using-nvc/>

Being heard is a CORE human need

- We listen better after we have been fully heard
- It does not mean the other person agrees with us or our decisions
- It just means we feel heard without *judgment, blame or criticism*



Attuned Listening (also called empathetic listening)

- Sending the message verbally and non-verbally to the speaker that you want to hear them
 - I'm here, I care, I have the spaciousness and I'm available
- Ensure you've fully heard the other person
- No agenda, no need to fix or solve anything
- Summarize what they said and ask, ***“Did I get it?”***
 - If no, ask them to share again
 - If yes, ask “Is there more?”
- “Simply” to listen

Kathy Simon, <https://www.kathysimonphd.com/>

Example of Attuned Listening

Head of dietary comes in and says--
Hey administrator I really need to talk
to you about staffing for next week.
I'm freaking out!

Administrator doesn't look up and says:

"I'm slammed- come back at 2"

Administrator looks HOD in the eye and
says: "Oh wow, I'm sorry about that,
sounds like staffing will be tight, I really
want to talk with you about that, does it
work to meet at 2 so I can hear all about
it? Thanks for coming to me."

When our speaking skills decline...

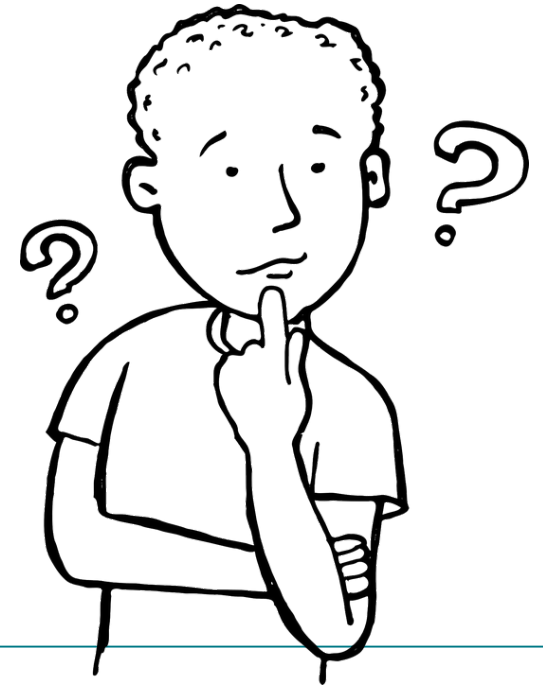
- We tend to start:
 - Advice giving
 - Blanket reassurance
 - Telling a similar story that happened to us
 - Encouraging the speaker to have a broader perspective or to look on the bright side
 - Interrogating the individual
 - Changing the subject
 - Explaining how the individual brought these circumstances on themselves
 - Disagree or agree
 - “I hear you but...”

Kathy Simon, <https://www.kathysimonphd.com/>

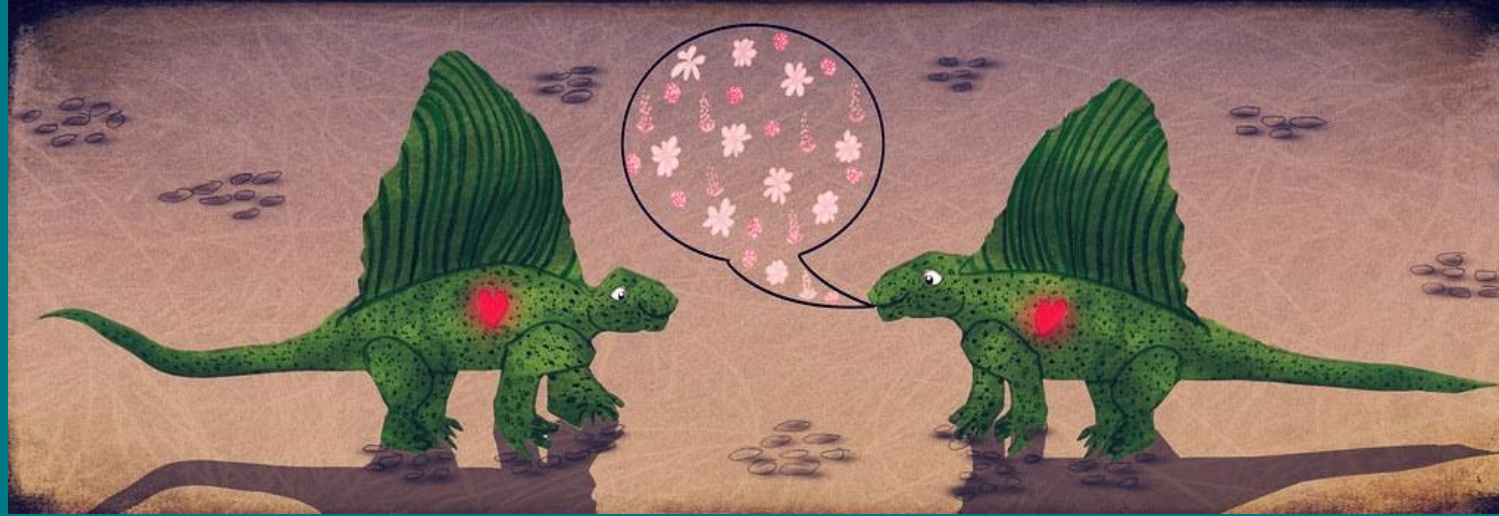
Think of a recent experience in which you were sharing your thoughts or feelings.

- Did the other person do or say things that impacted your perception of being heard or not heard?
- How did you feel when you finished speaking? Did you finish speaking or was there a disconnection?
- Did you feel completely heard? Why or why not?

*Unmute or
chat*



Segue-saurus



Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

Session 3 – How to Use Feelings and Needs to Communicate and to Create a Emotionally Safe Environment *Together With Staff*

What are strategies to respond to stress by **identifying feelings and needs** through nonviolent communication?

Nonviolent Communication is a way for us to communicate about our feelings and needs:

- **Feeling:** “I feel...”
- **Need:** “...because I need/value...”

Ask, Listen, Do: Build Confidence, Trust, and Support Through Conversations that Identify Needs

- What are processes to **identify** what **staff need** (emotionally and physically)?
 - Rounds
 - Huddles
 - Town Halls
 - Annual Employee Survey



ASK “What Matters and What are your Needs?...Now?”



LISTEN to “What Matters and What is Needed...Now.”



DO “What Matters and What is Needed...Now.”

Tools and Questions to Invite Sharing of Feelings and Needs

- Utilize processes and discussion to reinforce shared purpose and identify needs. Use nonviolent communication to support wellbeing.
- Notice themes in responses
 - What triggers a stress response?**
 - How do they express how they feel?**
 - What needs do they identify?**
- Be present and ask thoughtful; ask open-ended questions



Take a moment to think about today.....

Acknowledge one thing that was difficult during your working day

Let it go

Check on your colleagues before you leave

Are they OK?

Are you OK? Your senior team are here to support you

Consider three things that **went well**.....

Now switch your attention to

REST RELAX REFRI



Permission to share Staff Wellbeing Huddle granted by Organisational Development, NHS Lothian.



Working in the NHS can be a rewarding and challenging experience. It is important that we find ways of checking-in with staff on a daily basis, to surface frustrations/concerns and take actions improve the work environment/conditions. The huddle framework below can be used to run a 10 minute staff well-being huddle at the end of a shift or days work. This can be done face-to-face or virtually.

What went well?

How was teamwork and communication?
How did you look after each other today?
What are you proud of as a team today?

What could have been better ?

Any patient or service delivery issues causing a concern?
Has anyone had a conversation that caused you upset or distress?
Has anyone been unable to find equipment or advice that they need today?
Has anyone been asked to do anything they are not comfortable doing today?

Lessons learned & improvement ideas:

Staff Wellbeing Huddle Questions

- **What feelings did you experience today? Were you able to connect them to a need? Was that need met today?**
- How did you support your team or a colleague today? How did someone support you?
- What went well with teamwork and communication? What could have gone better?
- What learning occurred? What recommendations would you share with staff and leaders?



Working in the NHS can be a rewarding and challenging experience. It is important that we find ways of checking-in with staff on a daily basis, to surface frustrations/concerns and take actions improve the work environment/conditions. The huddle framework below can be used to run a 10 minute staff well-being huddle at the end of a shift or days work. This can be done face-to-face or virtually.

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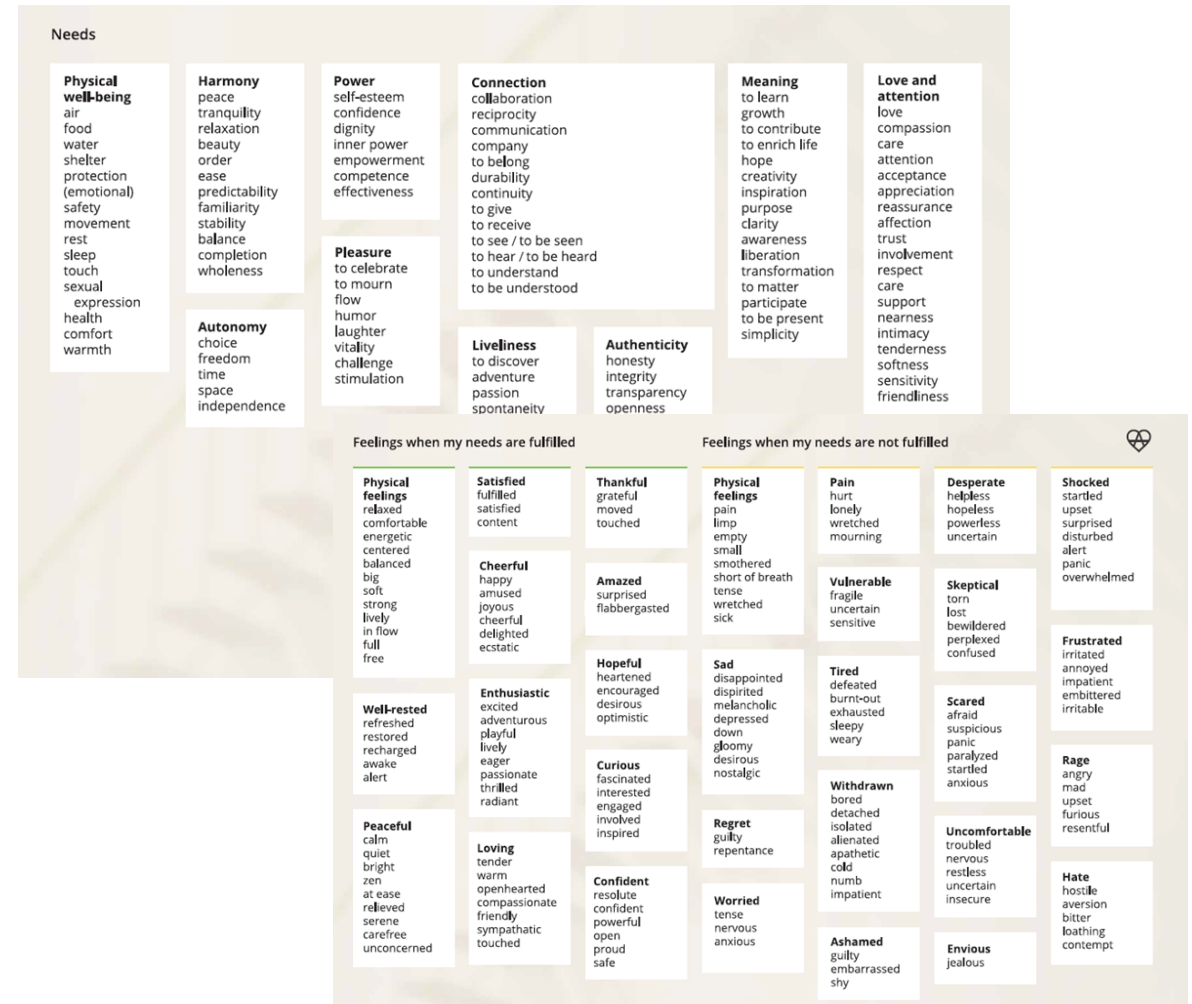
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Lessons learned & improvement ideas:

Permission to share Staff Wellbeing Huddle granted by Organisational Development, NHS Lothian.

The Language of Feelings and Needs During Visitation

- How might staff feel? What is their need?
 - Feeling: “I feel...” [frightened, nervous, excited]
 - Need: “...because I need/value...” [Clarity about visitation, predictability, hope]



Process Map Showing Nursing Home Visitation



Brenda Marinan, Administrator at Chestelm Health & Rehabilitation Center

Process Map+Observations Showing Nursing Home Visitation

1

Screening



Walk to Resident Room



Visit



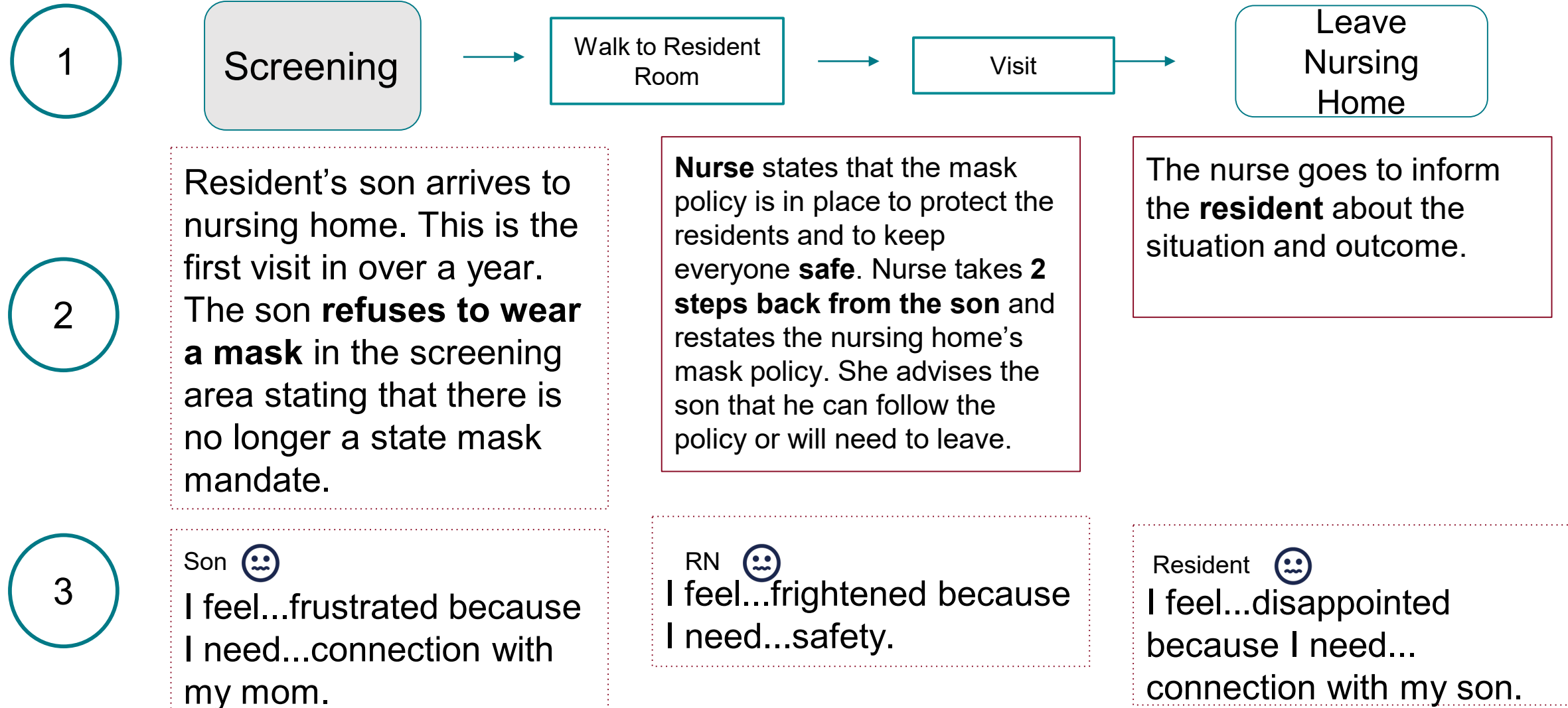
Leave
Nursing
Home

Screening Segment Observations using (5Ws: Who, What, Where, When, Why, How):

2

- Resident's son arrives to nursing home. This is the first visit in over a year.
- The son refuses to wear a mask in the screening area.
- The nurse at the screening area informs the son of the nursing home's mask policy.
- Son refuses to wear a mask stating that there is no longer a state mask mandate.
- Nurse states that the nursing home's mask policy is in place to protect the residents and staff. Nurse takes 2 steps back from the son and restates the nursing home's mask policy. She advises the son that he can follow the policy or will need to leave.
- Son leaves. As he goes out the door, he is yelling obscenities at the staff and hits his fist against the door.
- The nurse goes to inform the resident about the situation and outcome.

Process Map+Observations+Emotion Map Showing Nursing Home Visitation Using Nonviolent Communication



Role Play: Using Nonviolent Communication (NVC) in Visitation

- Imagine that you are the **resident** in the previous example in slides 30-32.
- Situation (as told from the resident's point of view): The RN came into my room and greeted me. I was expecting for my son to be behind her. Instead, the nurse stated that my son chose to not follow the policy and wear a mask. He chose to leave, instead. I felt many emotions including anger, sadness, and disappointment.
- Imagine that you are observing the interaction above. What do you notice? What feelings and emotions are expressed through words and body language? How are needs communicated?
 - See slides 10 and 15 for charts of feelings and needs.

What Can We Do This Week?

- Ask 5 staff in different roles to share their feelings around visitation.
 - When you think about families visiting residents, what feelings bubble up for you?
- What did you learn? What surprised you?

Additional Resources

- YouTube video on empathic listening by Marshall Rosenberg, PhD,
<https://www.youtube.com/watch?v=R3yUu7ZgGtk>
- Stress First Aid Toolkit for Long-Term Care Staff,
<https://www.ithaca.edu/gerontology-institute/finger-lakes-geriatric-education-center/stress-first-aid>
- A handout on how to use the NVC process to increase emotional intelligence,
https://www.wellcoach.com/memberships/images/NVC_Language.pdf

Wrap up

- Final comments or questions?
- Any topics you would like the faculty to discuss next week?
- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.
- 1:1 and small group coaching is available from your coach and Training Center Team.

Thank you!

**AHRQ ECHO National Nursing
Home COVID-19 Action Network**





Open Discussion

- COVID-19 Active Issues
- QI Content with More In-Depth Conversation
- Questions for Group Discussion

Announcements

Next Week: Mourning on the Path to Wellbeing

CE Activity Code:

Within 7 days of this meeting, **text attendance code to (804) 625-4041.**

Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

Resources / Website

<https://www.vcuhealth.org/NursingHomeEcho>



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Education

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[VCU Health Nursing Home ECHO](#)

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[Our Team](#)

[Curriculum](#)

[Resources](#)

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Curriculum

Take the opportunity to submit and discuss your de-identified case study for feedback from team of early childhood specialists. To submit a case for presentation during an ECHO clinic, please email jhmathews@vcu.edu.

Upcoming Sessions

16-Week Curriculum Topics

Session 1: Program Introduction: Preventing and Limiting the Spread of COVID-19 in Nursing Home

- [Session 1 Summary](#)
- [Slide Presentation](#)

Session 2: Infection Prevention Management: Guidance and Practical Approaches for Use of Personal Protective Equipment (PPE) during COVID-19

Check-in board – cultivating awareness

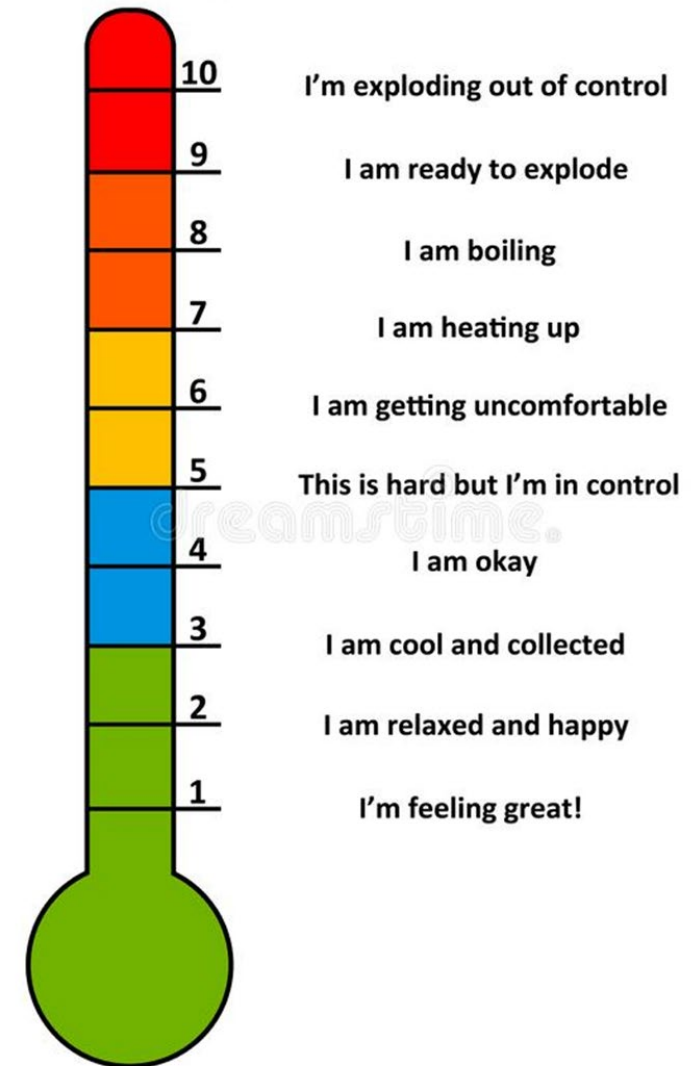


- The goal is connection, to create an environment that accepts people when they are in struggle and helps reconnect and support them.
 - Do people *really have permission* to share their truth?
- Consider how to include staff from all shifts and all departments
- Leaders as role models - "I'm focusing on my emotional wellbeing and I'd like to support yours as well."

Stress First Aid (Watson, Westphal & Gist, 2020)

What's your temperature?

- Incorporate temperature checks throughout the day/shift.
- What is the plan to support staff when their temperature rises?
 - How can we be proactive and reduce the triggers that result in rising temperatures?
- How can we create environments that support staff to experience more time in green and blue zones?



Connection to self-care

- When you are triggered:
 - Invite breath
 - Slow down
 - Identify your feeling
 - Ask yourself what you need in this moment
- This is the practice of intentionality
- Just like increasing our physical strength requires repetition, so does increasing our emotional intelligence

Links

[Kathy Simon, PhD. | Communication Coaching](#) How we talk matters

[The Center for Nonviolent Communication | Center for Nonviolent Communication](#) Center for Nonviolent Communication, Dr. Rosenberg

[Best-selling Trauma Research Author | Bessel van der Kolk, MD.](#)
Body Keeps the Score author

[Marianne van Dijk, Author at Cup of Empathy](#)

<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary>
<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia>
https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

Why Conversations Go Wrong - Hidden Brain - Omny.fm

Description

Do you ever struggle to communicate with your mom? Or feel like you and your spouse sometimes speak different languages? We talk with linguist [Deborah Tannen](#) about how our conversational styles can cause unintended conflicts, and what we can do to communicate more effectively with the people in our lives.

<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary>
<https://healthdata.gov/Community/COVID-19-State-Profile-Report-Virginia>
https://covid.cdc.gov/covid-data-tracker/#forecasting_weeklycases

