



**Intercultural Education for Nurses and other healthcare
workers in Europe (IENE4)**

**Strengthening the Nurses and Health Care
Professionals Capacity to Deliver Culturally Competent
and Compassionate Care**

Learning Unit 2: Courage and Culturally Competent and
Compassionate Leadership
in Healthcare

The Middlesex University Tool

By

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United Kingdom

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Theoretical Component

This document should be read before the classroom event

Aim

This learning unit is aimed at qualified front line leaders whose roles include supervising and coaching students as well as providing and monitoring the care given to patients.

The aim of this tool is to promote role modelling in front line leaders in demonstrating compassionate and culturally competent care. This tool specifically aims to promote courage in participants to report cases of inhumane practice to patients or bullying of staff.

Learning outcomes

Following completion of the self-directed learning, classroom activities, role modelling and reflection in practice, it is expected that the participants will be able to:

- Demonstrate self-awareness as an important component of culturally competent compassionate leadership **(1.1)***
- Understand the importance of self-compassion in culturally competent compassionate leadership **(1.2)***
- Explore the importance of a non-judgemental attitude towards other peoples needs **(2.2)***
- Demonstrate knowledge of similarities and differences within and between cultures and expression of compassion **(2.4)***
- **Understand the concept of courage in culturally competent and compassionate practice (focus of this unit).**
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelings needs, vulnerabilities and concerns **(3.1)***
- Develop skills in role modelling in developing culturally sensitive and compassionate relationships **(3.3)***
- Be courageous in reporting cases of inhumane practice to patients or bullying of staff **(4.4)***

***See appendix I**

Principles and Values

The unit focus will be on role modelling and should encourage participants to lead through example. The knowledge and skills of individuals should be built on, and participants should be encouraged to be more reflexive and collaborative in their learning.

The educational philosophy highlights the need for the curriculum to be based on respect, equity, compassion, cultural competence, courage, social skills, flexibility and tolerance.

Principles that underpin this tool include:

- Building on what is already known
- A commitment to lifelong learning
- Shared Learning
- Valuing Experience
- Exploring similarities and differences
- Fostering curiosity

Values that inform this tool:

- Caring
- Compassion
- Trustworthiness
- Integrity
- Fairness
- Justice
- Respect
- Responsibility
- Tolerance
- Equity
- Cultural competence
- Social skills
- Flexibility

Relevant definitions and terms

Culturally competent and compassionate health care leadership: According to the results of the IENE4 Output No4 (O4) **culturally competent and compassionate health care leadership** is defined as “the process that a leader goes through in demonstrating culturally aware, knowledgeable, sensitive, competent and compassionate standards of leadership and care. S/he adopts and applies leading principles and values, leadership moral virtues, inspires others with his/her example and vision; provides quality, appropriate and equal health care, becomes a role model and acts within a culturally competent and compassionate working environment that s/he helps to develop and nurture”.

Culturally competent compassion: “The human quality of understanding the suffering of others and wanting to do something about it using culturally appropriate and acceptable nursing/healthcare interventions which take into consideration both the patients and the carers cultural backgrounds as well as the context in which care is given” (Papadopoulos, 2011)

Courage in Healthcare: ‘Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working’ (NHS Commissioning Board, 2012, P13)

What the research/literature says

Courage

Adapted from: *The Middlesex University ‘Courage Tool’ by Papadopoulos and Taylor (2014, The IENE3 Project, to be found here: <http://ieneproject.eu/tools-toolkit-2.php>*

Compassion in Practice (Cummings and Bennett, 2012) was published in the UK in order to make clear a vision and areas of action to deliver excellent care. This was in response to the standard of care being provided to patients being poor sometimes, for example in the Mid Staffordshire and Winterbourne View cases. This strategy identified 6 ‘C’s that were to underpin care. Courage is one of these values and behaviours, and was defined as:

“Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working” (Cummings and Bennett, 2012 P13)

A theoretical analysis of 'courage' was undertaken by Lindh et al (2010) and asked 2 primary questions:

1. How is courage understood from a **philosophical perspective**?

Four philosophical views were identified in the available literature:

Courage as an ontological concept: In this, it was seen that courage is needed to make day to day decisions and as such is an inherent characteristic of being human.

Courage as a moral virtue: According to Lindh et al (2010) Aristotle (284-322 BC) viewed courage as a moral virtue, a virtue being defined being concerned with moral excellence, uprightness and goodness.

Courage as a property of an ethical act: 'Moral courage is grounded in compassion, sensitivity and recognising other peoples suffering' (Lindh et al, 2010 P561).

Courage as a creative capacity: In having the courage to challenge the status quo, something new can be brought into being and so courage can bring about change. <http://robwhitemedia.com/2013/06/way-4-to-be-courageous-stretch-your-creative-capacity/>

2. How is courage expressed in nurses' actions and in **nursing practice**?

In terms of the expression of courage in nursing practice, Lindh et al (2010) found courage to be essential for '*nurses' way of being*' (p562), and important for facing the challenges of day to day practice. Some studies found that nurses can feel vulnerable – some nurses feared losing their jobs if they spoke up, some student nurses were worried about the implications for their assessments if they spoke up. Some studies described nurses as being sensitive to patients' needs and fair treatment. Some nurses felt responsible for acting on unjust treatment and some had the courage to intervene to stop poor care. Several studies linked courage to opportunities for improving the quality of care.

Thorup et al (2012) engaged in interviews with 23 experienced nurses from Sweden, Finland and Denmark in order to explore how courage contributes to the ability to engage in professional care. Their particular concern was with ethical formation, which they believed to be influenced by personal and professional life experiences and is developed over time. In terms of their personal experiences, nurses felt that their own vulnerability and suffering could either help them to understand their patients' situations

(act as an *'eye-opener'*), or inhibit their ability to engage in meaningful care (create a *'blind spot'*). Concerning professional experiences, nurses recognised the vulnerability and suffering of patients within the healthcare system, accompanied by a loss of autonomy and independence. Nurses felt that courage is needed to:

- Help patients face their own vulnerability and suffering;
- 'Bear witness' to patients' vulnerability and suffering, that is engaging in a meaningful nurse patient relationship;
- Provide professional care.

Nurses felt that courage allows the provision of meaningful care, but nurses must be prepared for repercussions, for example, the risk of abandonment by the professional community. Nurses need courage to challenge their own professional group on ethical issues. Therefore, courage is required to develop the skills needed for ethical formation: both are influenced by personal and professional life experiences and develop over time. However, Thorup et al argue that having the courage to raise ethical issues and initiate ethical discussion gave nurses a sense of credibility. Courage also helps nurses to venture into areas of uncertainty:

'...willingness to walk alongside the patients on their journey to overcome their suffering, no matter where the road leads' (Thorup et al, 2012, p433).

Against the background of the requirement for compassion in day-to-day nursing practice, Curtis (2014) explored student nurse socialisation in compassionate practice. Curtis used grounded theory for this investigation and conducted in-depth interviews with 19 student nurses. Students were aware of the requirement to become compassionate practitioners in order to fulfil professional and educational expectations, but they raised concerns about their ability to engage in and maintain compassionate practice. The students' insightful responses demonstrated awareness of the need to maintain professional boundaries, of the need to avoid inappropriate levels of emotion in nurse-patient relationships and the need to get the balance right, and of the need to cope with, and manage, the demands of emotional labour.

Curtis (2014, p223) concluded that: *'For student nurses to cope with the complexity of compassionate practice and its inherent emotional demands, they need to develop professional wisdom and courage.'*

This can be developed through small group discussion and reflection in and on practice and role modelling.

Role modelling in practice

According to Price (2004), role modelling facilitates the translation of theory into practice and allows the sharing of skills.

Perry et al, (2004) in their research considered the importance of role models in practice for student nurses and novice nurses. They found that the behaviours demonstrated by what they called 'exemplary nurses' included paying attention to the little things, making connections, affirming others, and importantly, role modelling. They also noted the importance of using these skills in the development of nurses and student nurses.

Cruess and Steinert (2008), identified that the characteristics of role models can be divided as follows:

- *Clinical competence*: This is integral to practice and needs to be role modelled. It includes clinical reasoning and decision making, knowledge and skills and communication.
- *Teaching skills*: these are tools that are essential to role modelling in order to acquire clinical competence, including effective communication and opportunities for reflection.
- *Personal qualities*: There are a number of attributes that contribute towards role modelling. These include a commitment to best practice as well as being motivated and enthusiastic about teaching and practiced, as well as interpersonal relationship skills.

What legal/normative frameworks or conventions says on the topic

Please access and read the following important documents:

- Nurses in UK: The Code (NMC, 2015)
<http://www.nmc.org.uk/standards/code/read-the-code-online/>
- The NMC Standards of Practice (2015):
<http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/read-raising-concerns-online/>
- The ICN Code of Ethics (2012):
<http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>

Practical Component

Self-Directed Activities

Participants will need to engage in 3-5 hours of self-learning prior to attending the training day. In addition to the content in the previous seven pages, which included information about culturally competent compassion, the importance of self-compassion and the virtue of courage, you are encouraged to go through as many of the activities as you can, which are included below.

Activity 1: Culturally Competent Compassion

- 1.1 The following short video gives an overview of the components of culturally competent compassion: <https://www.youtube.com/watch?v=zjKzO94TevA>
- 1.2 This podcast with PowerPoint gives a further insight into the Papadopoulos, Tilki and Taylor model of cultural competence:
<https://www.youtube.com/watch?v=zjKzO94TevA>

Further videos that you may want to view include:

- 1.3 Daniel Goldman- Leadership and Compassion- Empathy and Compassion in society 2013: <https://www.youtube.com/watch?v=TnTuDDbrkCQ>
- 1.4 Simon Sinek: Why Good Leaders Make you Feel Safe:
https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en

Following completion of the above activities, draw a concept map of what culturally competent and compassionate practice means to you, and **bring this to class with you. (See Appendix x)**

Activity 2: Self-Compassion

Self-compassion is an important component of culturally competent compassion.

- 2.1 This Ted Talk by Kristin Neff gives a good overview of Self-Compassion.
<https://www.youtube.com/watch?v=lvTZBUSplr4>
- 2.2 You may also find it useful to look at the resources on Kristin Neff's website to further your understanding of self-compassion: <http://self-compassion.org/>
- 2.3 Read the following editorial on self-compassion and self-care in nursing:
Mills, J., Wand, T., and Fraser J.A. (2015) On self compassion and self-care in nursing: Selfish or essential for compassionate care? International Journal of Nursing Studies Vol 52, Issue 4 Pp 791-793
DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2014.10.009>

Classroom activities

Participants will need to attend 1 day of training. The classroom activities are guided by the following timetable:

Timetable	
09.30-10.15	<p>Introductions - Start creating the network-Sign the registrations form with email address role etc.</p> <p>Aims and outline of the day/ground rules.</p> <p>Icebreaker: When were you courageous?</p> <p>Completion of Measuring Tool.</p>
10.15-11.15	<p>Self-courage/being compassionate and courageous. (link to prior reading)</p> <p>Discussion on what has been read and consolidation of main points</p> <p>Discuss the concept maps participants have brought with them regarding the meaning of compassionate and courageous practice</p>
11.15 - 11.30 Break	
11.30-12.30	<p>Principles of culturally competent, compassionate and courageous leadership (pp presentation)</p> <p>Using role modelling in practice (handout and discussion).</p>
12.30 -13.15 Lunch	
13.15-14.00	<p>Apply role modelling scenario</p> <ul style="list-style-type: none"> - participants read the scenario in silence (3 minutes) - participants decide who will be Megans, who will be Annes and who will be observers. Everyone sits in a circle with two chairs in the middle (3 minutes) - role play through the fishbowl method (part a)10 minutes, part b)10 mins) - observers provide feedback (part a) 5mins, part b) 5 mins) - debriefing (5 minutes) - discuss and summarise about the learning in terms of the messages and the method (5minutes)
14.00-	Reflection of lessons from today.
14.30-15.00	<u>Action Planning.</u> Work on their own to draft a plan to be executed when they return to work: Insert on the template: Your name, title, who you will role model culturally competent, compassionate and courageous leadership, for, how long etc, reflection.
15.00-15.30	<p>Questions, Evaluation, Networking</p> <p>Complete Compassion Measuring Tool if they did not do at the beginning of the day.</p>

Assessment¹

Please, note that a tool does not require us to have both theoretical and practical assessment. Use the appropriate mode of assessment according to previously described activities.

*Partners will ask the learners to give us permission to publish their reflections anonymously. For this purpose, a **consent** form will be developed and distributed soon.*

Assessment strategies:

- A) For the 3-5 hours of Self Directed Learning: draw a concept map to be used in class to represent their understanding of a topic. Use the handout or a blank piece of paper for this.
- B) For the 5 hours classroom learning: Discussions and reflection on the learning each gained and the potential for learning for others. Prepare an action plan for role modelling in practice.
- C) For the 3-5 hours of role modelling practice: A self reflective account of the experiences of role modelling culturally competent, compassionate and courageous leadership. Use the handout or a blank piece of paper to do this. This should be approximately 500 words. **Please email your reflexive essay to your learning unit facilitator.**

Evaluation

A standard brief questionnaire to collect data from participants will be used. See Appendix...

References and useful resources

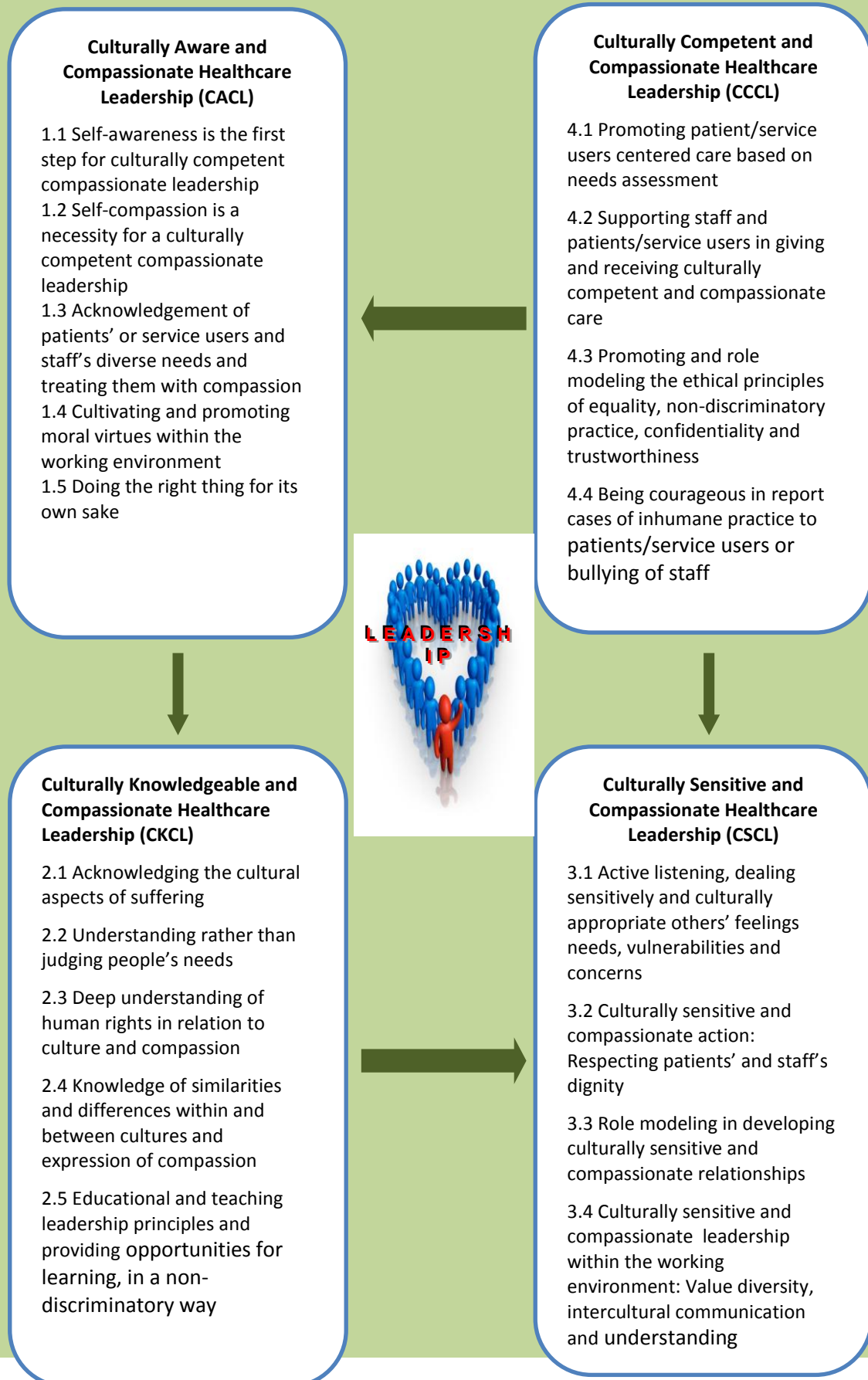
These are embedded in the text.

Appendices

- Appendix I **Culturally competent and compassionate healthcare leadership model**
- Appendix II **Handout: Concept map**
- Appendix III **Scenario: Megan, Anne and Mrs Ahmed**
- Appendix IV **Scenario: Megan, Anne and Mr Ahmed**
- Appendix V **Role Modelling in practice handout**
- Appendix VI **Action plan**
- Appendix VII **Evaluation**
- Appendix VIII **Reflexive log**
- Appendix IX **Consent form**

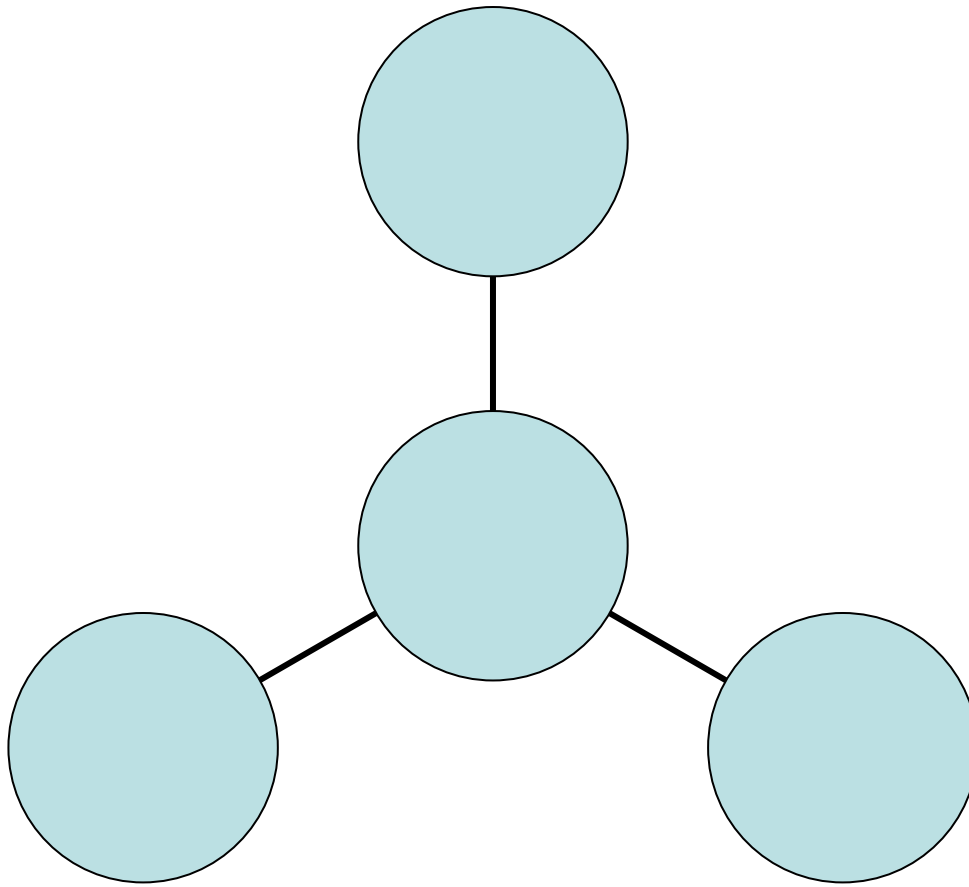
¹ In this guide the term 'assessment' refers to those activities used by teachers and students to confirm what students have learnt to demonstrate whether they have achieved the learning outcomes of the tool.

Appendix I: Culturally competent and compassionate healthcare leadership model



Appendix II

Concept Map- What does Culturally Competent and Courageous Leadership mean to you?
Insert the key concepts on the diagram



Appendix III - Scenario: Megan, Anne and Mrs Ahmed

Learning outcomes that are applicable to this exercise

- Develop skills in role modelling in developing culturally sensitive and compassionate relationships
- Understand the concept of courage in culturally competent and compassionate practice
- Understand the importance of self-compassion in culturally competent compassionate leadership
- Explore the importance of a non-judgemental attitude towards other people's needs
- Demonstrate the use of active listening, dealing sensitively and culturally appropriate others feelings, needs, vulnerabilities and concerns.

Scenario:

Megan Jones is a 39 year old nurse in charge of a surgical ward. Today she is working with Anne Smith, a second year student nurse. They are looking after Mrs Ahmed, a 70 year old lady originally from Pakistan, who is alert and speaks English well. She was admitted to the ward 3 days ago for investigations regarding several episodes of rectal bleeding, pain and weight loss, and is in a side room on her own. She has had several blood tests and a biopsy, and the results have just arrived. She has bowel cancer. Mrs Ahmed asks Megan to give her the results of her tests. At first Megan tries to distract Mrs Ahmed from this because she knows that the family have asked that they are told the results before Mrs Ahmed. However Mrs Ahmed persists and is adamant she wants to know now.

Imagine you are Anne and you are inside Megan's head as she contemplates as to why she should or should not tell Mrs Ahmed her results, what she should tell her and how she should do it.

Fishbowl Exercise 1

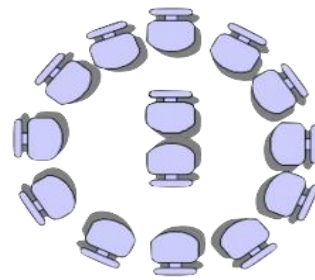
The group of participants divides in three smaller groups of equal number.

Group A will be Megan

Group B will be Anne

Group C will be the observers

The whole group sits in a circle. One participant from the Megan group and one from the Anne group sit in the middle of the circle.



The **observers** will take notes and will provide feedback to the Megans and the Annes.

The exercise starts with the observers listening to Megan speaking her thoughts about her dilemma. Anne is listening carefully as Megan reasons as to why she should or should not tell Mrs Ahmed the results of her tests. Megan is also thinking that as the nurse in charge she should be a positive role model to Anne. The observers can also hear Anne's thoughts, first wondering what she will do, then commenting on the Megan's thoughts.

While the first two participants as Megan and Anne are acting out their roles, if **you** are a 'Megan' and would like to add a different perspective to what you are hearing, please approach the Megan in the middle, "tap" on her shoulder and take her place in the middle and continue as the Megan contemplation. Likewise, if you are one of the **Annes** and wish to take Anne's place in the middle, tap on Anne's shoulder.

As Anne, once you have heard Megans thoughts, you will need to offer some positive feedback, in consideration particularly of culturally competent compassion and courage.

After appx 10 minutes the role playing stops and the observers provide feedback.

Appendix IV- Scenario: Megan, Anne and Mr Ahmed

Megan closes the door, sits by Mrs Ahmed side and breaks the bad news in a culturally competent and compassionate way. Mrs Ahmed begins to cry. Megan and Anne stay with Mrs Ahmed. Megan answers all the questions truthfully and compassionately, and whilst embracing Mrs Ahmed, she feels emotional, sharing her grief.

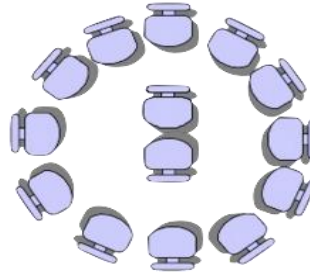
Later that day, Mrs Ahmed's son visits to find his mother upset. She tells him that the nurse in charge has informed her that she has cancer. He storms out of the room into Megan's office, shouting at her because she did not follow his instructions. Anne is also present.

Before participating in the second fish bowl exercise, first consider on your own:

- **How should Megan approach her meeting with Mr Ahmed?**
- **Consider the cultural and ethical issues in this scenario.**
- **How should Megan deal with Mr Ahmed in order to provide a positive role model to Anne?**

Fishbowl Exercise 2

Megan and Mr Ahmed will sit in the middle and the rest of the participants will sit in a circle around them.



Those participants in the 'Megan' group stay as 'Megans'.

Those in the 'Observer' group now become 'Mr Ahmeds'.

Those in the 'Anne' group become 'observers'.

The **observers** will take notes and provide feedback to Megan and Mr Ahmed.

The exercise will start with Megan discussing what happened with Mr Ahmed and role modelling to Anne. While the first two participants as Megan and Mr Ahmed are discussing the issues, if you disagree or would like to add a different perspective to what is being discussed, if you are in the '**Megan**' group please "tap" on Megan's shoulder to take her place in the middle and continue as Megan. Likewise, if you are in '**Mr Ahmed's**' group please tap on Mr Ahmed's shoulder to take his place in the middle and continue as Mr Ahmed..

After appx 10 minutes the role playing stops and the observers provide feedback.

Appendix V Role Modelling in practice handout

Role modelling

Qualities which promote role modelling

- Passion and ability to inspire
- Clear set of values
- Commitment to work colleagues
- Selflessness and acceptance of others

Behaviours which promote role modelling

- Communicate expectations
- Allow others to see how you work through the problem
- Allow other to see you correcting your mistake with willingness and humility
- Have a plan and follow it through
- Show respect and concerns for others
- Demonstrate how you deal with challenges and how you challenge bad practice and discrimination
- Show how you can operate outside your comfort zone
- Be knowledgeable and well rounded
- Walk the talk and practise what you preach
- Show how you self-reflect on your actions



Picture under Creative Commons Attribution 3.0

Appendix VI Action plan

Following the classroom sesión you are required to spend between 3-5 hrs of application of the learning in your everyday practice. Please prepare complete this template to indicate how you intend on going about this.

Your name:

Your title:

List opportunities does your role provide to role model to your team your culturally competent and compassionate leadership?

Who are the people you plan to include in your role modelling?

How do you plan demonstrating your cultural competence, compassion and courage to your team?

How many times do you aim to consciously plan these role modelling opportunities?

How do you plan to obtain feedback from those involved in your role modelling activities?

Once you have completed enough role modelling, please complete the 'Reflexive Log' and email it to Professor Rena Papadopoulos at r.papadopoulos@gmail.com

Thank you.

Appendix VII Evaluation

**STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY TO
DELIVER CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE
LEADERSHIP**

Information about the tool:

Title (*trainers have to indicate the name of the tool*): _____

Unit (*trainers have to indicate if the tool belongs to Unit 1 or 2*):

Unit 1

Unit 2

Information about you:

Age: _____

Gender:

Male

Female

Professional profile:

a) What is your role?

Nurse

Social worker

Occupational therapist

Doctor

Psychiatric nurse

Community psychiatric nurse

Counsellor

Psychologist

Unqualified mental health worker

Other (please specify).....

b) How many years have you worked in your profession? _____

Indicators:

The purpose of the following table is to evaluate the quality of the learning tool. Please, rate each indicator by inserting a tick in the relevant column. Moreover, there is space so you can propose your own criteria if you consider appropriate

Indicator	Fully agree	Partly agree	Not agree
The tool is structured appropriately to achieve the learning goals			
The theoretical content is relevant and appropriate			
The practical content is relevant and appropriate			
The activities proposed are useful to increase the following dimensions regarding the topic of the tool: <ul style="list-style-type: none"> - Culturally Aware and Compassionate Leadership - Culturally Knowledgeable and Compassionate leadership - Culturally Sensitive and Compassionate Leadership - Culturally Competent and compassionate leadership 			
The content is interesting and useful to improve the daily leadership practice at my workplace			
The delivery method is appropriate			
The activities promote learners' meaning-making			
In general, I am satisfied with the tool			
Add your own criteria below			

Please, state any additional comment you want to share with us. Your opinion is very important and will help to improve our work and to better address real professionals' needs.

Thank you so much for your participation and your time! IENE4 team

REFLEXIVE LOG

Modelling culturally competent, compassionate and courageous leadership

Your name:

Your title:

Date:

Description of the role modelling incidence (1):

Who was involved?

What did you learn from this experience?

What follow up actions would you take?

Description of the role modelling incidence (2):

Who was involved?

What did you learn from this experience?

What follow up actions would you take?



CONSENT FORM

Title of Project: Strengthening The Nurses' and HealthCare Professionals' Capacity to Deliver Culturally Competent and Compassionate Care (Intercultural Education for Nurses (IENE4))

I hereby give my consent to the researchers involved in the above project to use extracts from my reflexive essay **anonymously** in any published or teaching materials which they may produce.

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

Piloting and testing the curriculum in the UK

Learning tools for healthcare leaders in culturally competent and compassionate care

UNIT 2: Front line healthcare leaders		
<p>Title of the tool: <i>Courage and Culturally Competent and Compassionate Leadership in Healthcare</i></p>		
Learning sources :	Language	Address
<i>Cruess, SR (2008)- Role modelling—making the most of a powerful teaching strategy</i>	EN	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/
<i>Nursing Times Ethical & Compassionate Nursing supplement: 6-8</i>	EN	www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf
<i>The Middlesex University 'Courage Tool' by Papadopoulos and Taylor (2014, The IENE3</i>	EN	http://ieneproject.eu/tools-toolkit-2.php
<i>A theoretical analysis of 'courage' was undertaken by Lindh et al (2010)</i>	EN	http://robwhitemedia.com/2013/06/way-4-to-be-courageous-stretch-your-creative-capacity/
<i>Nurses in UK: The Code (NMC, 2015)</i>	EN	http://www.nmc.org.uk/standards/code/read-the-code-online/
<i>The NMC Standards of Practice (2015):</i>	EN	http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/read-raising-concerns-online/
<i>The ICN Code of Ethics (2012):</i>	EN	http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/
<i>The Papadopoulos model of Culturally Competent Compassion</i>	EN	https://www.youtube.com/watch?v=zjKzO94TevA
<i>This podcast with PowerPoint gives a further insight into the Papadopoulos, Tilki and Taylor model of cultural competence:</i>	EN	https://www.youtube.com/watch?v=zjKzO94TevA
<i>Daniel Goldman- Leadership and Compassion-Empathy and Compassion in society 2013</i>	EN	https://www.youtube.com/watch?v=TnTuDDbrkCQ
<i>Simon Sinek: Why Good Leaders Make you Feel Safe:</i>	EN	https://www.ted.com/talks/simon_sinek_why_good_leaders_make_you_feel_safe?language=en
<i>This Ted Talk by Kristin Neff gives a good overview of Self-Compassion.</i>	EN	https://www.youtube.com/watch?v=IvtZBUSplr4
<i>You may also find it useful to look at the resources on Kristin Neff's website to further your understanding of self-compassion:</i>	EN	http://self-compassion.org/

Mills, J., Wand, T., and Fraser J.A. (2015) On self-compassion and self-care in nursing: Selfish or essential for compassionate care? <i>International Journal of Nursing Studies</i> Vol 52, Issue 4 Pp 791-793	EN	http://dx.doi.org/10.1016/j.ijnurstu.2014.10.009
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<i>Training/learning/evaluation materials</i>	<i>Download</i>	
<i>Description of the tool</i>	EN,	
<i>Appendix I Culturally competent and compassionate healthcare leadership model</i>	EN,	
<i>Appendix II Handout: Concept map</i>	EN	
<i>Appendix III Scenario: Megan, Anne and Mrs Ahmed</i>	EN,	
<i>Appendix IV Scenario: Megan, Anne and Mr Ahmed</i>	EN,	
<i>Appendix V Role Modelling in practice handout</i>	EN,	
<i>Appendix VI Action plan</i>	EN,	
<i>Appendix VII Evaluation</i>	EN,	
<i>Appendix VIII Reflexive log</i>	EN,	
<i>Appendix IX Consent form</i>	EN	

Learning Unit 2: Courage and Leadership in Healthcare

DATE: _____

As part of this project, we are also creating a culturally competent compassion knowledge sharing network. This is to facilitate the exchange, flow and co-creation of knowledge during the project life and after the project ends. This network environment will be an integrated web based platform that provides nurses trainers and health organisations and others involved in nursing and healthcare professional education and training with information, tools and training resources to support and enhance culturally competent compassion education delivery and dealing with cultural issues, depending upon the needs of the users. Your email address will be also be added to a mailing list and you will be able to participate in online forums. If you would like to be added to this network, please indicate in the box below.

Page 1

Full Name (printed)	Signature	Role	Email Address	Please tick if you would like to be added to the sharing network

Page 2

Full Name (printed)	Signature	Role	Email Address	Please tick if you would like to be added to the sharing network