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 sQ0.00000912 0 612 792 reW*nBT/F1 12 Tf1 0 0 1 54.025 154.55 Tm0 g0 G[(e)7(-) 1 83.52

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- 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 GoB27(e)7m7(ns)6(?)13(, e) GoOBT/o GoOBT/GoOBT/GoOBTgreW*

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- 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 messa

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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.

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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.

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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

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- 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-

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- 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

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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 dialogu0 g0 G[(hs)6(7bi7l)13(7t7y. H)6(ow)6(d

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- 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." Theres'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 /F1eae*ae*ae*BT/F1 12 W-*

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- We had a recent nurses' strike, unfortunately, despite our valid efforts to pass the Nurse Licensure Compact seven times. So we are

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- 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. teenfifsr54.025 520.67 T

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- 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.

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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?

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- 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."

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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.

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- 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?

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- 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.

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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.

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- 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

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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.

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