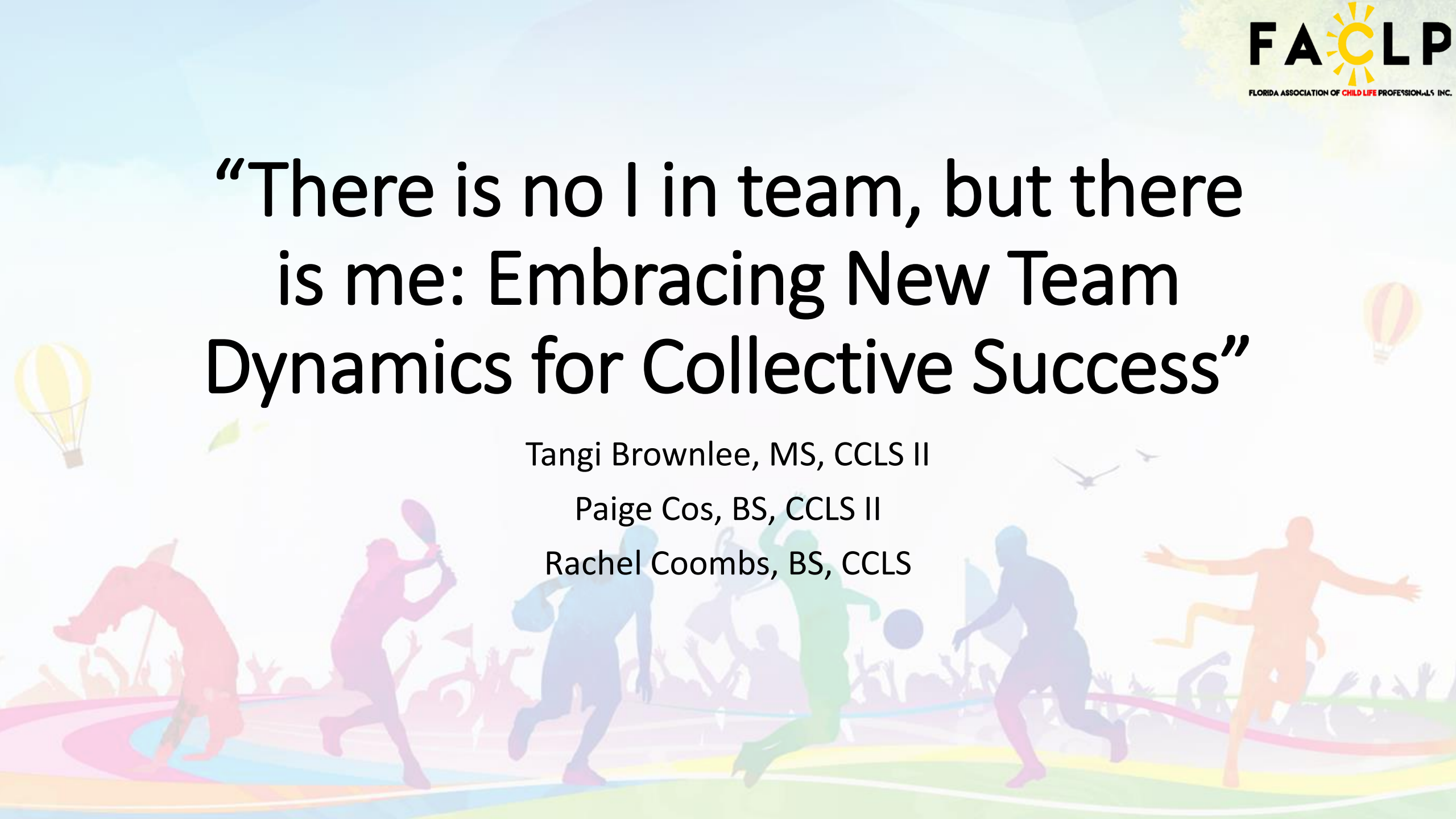


“There is no I in team, but there is me: Embracing New Team Dynamics for Collective Success”

Tangi Brownlee, MS, CCLS II

Paige Cos, BS, CCLS II

Rachel Coombs, BS, CCLS



Meet Tangi



- Undergrad at Georgia State Univ & Georgia Southern Univ
- Grad school-Nova Southeastern Univ
- Internship at JDCH
- 19 years at JDCH
- 6.5 years in ED, 7 years in PICU
- Currently in Surgical / OR

Meet Paige



Practicum in 2016



Graduated 2017



**Joe DiMaggio
Children's Hospital**

Internship 2017
Hired 2018

Meet Rachel



Practicum in 2019



Internship 2020



2021-2022



**Joe DiMaggio
Children's Hospital**

2022- current

Our hospital

- 226 bed hospital
 - 8 floors total
 - Floors 1-7 are medical
 - 8th floor is the child life zone
- **14** Certified Child Life Specialists
 - 1 Child Life Zone Coordinator
 - 1 Child Life Manager
 - Each specialist assigned a unit
- 3 Child life assistants
- 2 Music therapists
- 1 Art therapist
- 1 Yoga therapist
- 1 Broward County School District teacher
- 1 Resident Clown

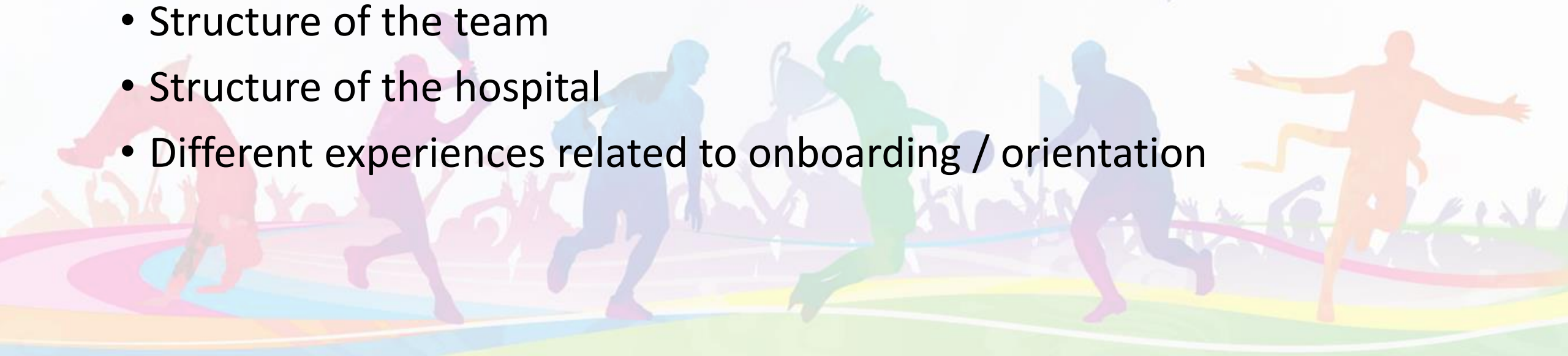
 Shannon Bajwa 65-7138 Child Life Manager	 Tangi Brownlee 65-0551 Surgical Department 6:00am-4:30pm	 Carmen Cowart 65-7162 Pet Therapy 8:00am-4:30pm	 Christine Grant 65-6450 3 Inpatient- Med Surge 7:30am-6:00pm
 Lauren Hill 65-0846 CL Zone Coordinator 8:00am-4:30pm	 Paige Cos 65-0469 Radiology & Inpatient EMU 7:00am-5:30pm	 Sarah Buwalda 65-0351 6 Inpatient- Cardiac 6:30am-5:00pm	 Emily Kiefer 65-7162 Emergency Department 12:30pm-11:00pm
 Rachel Coombs 65-0498 4IP & Opt Hem/Onc 6:30am-5:00pm	 Kelly Davis Child Life Staff Relief 8:00am-4:00pm	 Jessica Schoenfeld 65-0648 Peds Behavioral Health 1:00pm-9:30pm MWF	 Caroline Webb 65-0346 IMCU & Rehab 9:30am-8:00pm
 Brooke Boddiford 65-0700 PICU 9:30am-6:00pm	 Daniella Gonzalez 65-7088 Ambulatory 8:00am-4:30pm	<p><i>Child life Specialists</i></p> <p>Please call for procedures, education, bereavements, and coping support</p>	

Learning objectives

- Participants will be able to identify ways to establish a warm and welcoming environment for new teammates.
- Participants will be able to recognize the onboarding process of new employees
- Participants will be able to understand the importance of establishing a mentorship program for new employees
- Participants will be able to explore various ways to support an inclusive environment that embraces creativity and innovation
- Participants will seek different techniques to establish trust and effective communication between new members of the team and existing teammates.

Why we wanted to present on this:

- Varying perspectives on growth, improvements, and changes
- Years of experience between us
 - Tangi – 19 years
 - Paige- 5 years
 - Rachel- 2 years
- Structure of the team
- Structure of the hospital
- Different experiences related to onboarding / orientation



Little back story

- In 2019 our team consisted of ½ new members and ½ established specialists. We attended a team building event offsite with our organizational development organization. *A conflict resolution workshop* if you will.



Column 1 -- BOLD

The BOLD type uses a style of communications that is most often direct. The BOLD type likes the bottom line and works at making things practical. Consequently, the BOLD type's conversation is short, to the point, and sometimes can be blunt. In addition, the BOLD type sometimes likes to be combative because s/he likes challenges. In other words, the BOLD is stimulated by the adventure of a "heated" discussion. This discussion can end up with the BOLD intimidating others into silence.

The BOLD type is a divergent thinker and because of this, is sometimes accused of not listening. That is, the BOLD is thinking of a rebuttal while you are talking. However, this same quality makes the BOLD type a good problem-solver.

The BOLD type's communication style reflects a need to be independent, free, practical, and domineering. While the BOLD is good at visualizing the big picture, details of how to make it happen are sometimes a problem.

Carly

Column 3 -- SYMPATHETIC

The SYMPATHETIC type is a quiet and calm communicator. In fact, they like to listen more than talk. They make good counselors because of the ability to be a good listener. They present a very sincere image when they communicate and are like the EXPRESSIVE type, people oriented.

However, their low key approach displays less enthusiasm in conversation. The SYMPATHETIC type is a team player and loyal. Consequently, their conversation reflects a need to be a part of the group. They like for relationships to be friendly and cordial and are actually turned off by aggressive communicators. Because SYMPATHETIC types like routine, their conversations often give support to little or no change in the organization. They need to feel appreciated and given time to adjust before being asked to make changes in their work habits.

Christine, Sarah, Tangi

Column 2 -- EXPRESSIVE

The EXPRESSIVE type personality uses a style of communications that reflects a need to be involved with people. In other words, the EXPRESSIVE type likes to talk and is good at it. To the EXPRESSIVE type, persuading others is stimulating. Consequently, the EXPRESSIVE type is a good presenter by nature because of her/his ability to relate to people. In fact, research indicates that EXPRESSIVE types have a natural ability to understand the emotional state of others and researchers think this ability is actually a kind of human intelligence. Another characteristic of the EXPRESSIVE type is that they often talk with word pictures and in emotional terms. They like to communicate a positive and optimistic message.

The EXPRESSIVE type is driven by a need to influence others, be popular, and to gain public recognition. Their communication abilities make them good salespeople, teachers, presenter, politicians, and actors. The EXPRESSIVE type, of all the personality types, is the natural communicator.

Lauren, Shannon

Column 4 -- TECHNICAL

The TECHNICAL type of personality has a style of communicating which is characterized by order, detail, and logic. They function best in organizations that follow procedures and will communicate their displeasure if things are not orderly. The TECHNICAL type focuses on the details of a task because they are convergent thinkers. They must see the big picture is small parts or steps before moving on. TECHNICAL types work well with numbers, systematic procedures, and precise tasks.

TECHNICAL types are sometimes accused of being perfectionists and may overlook the human aspect of accomplishing a task. They like to follow procedures because it takes risk out of the environment for them. Their communication style is structured and has definite points. Note takers by nature, the TECHNICAL type strive to work and live in an orderly environment.

Carmen & Paige

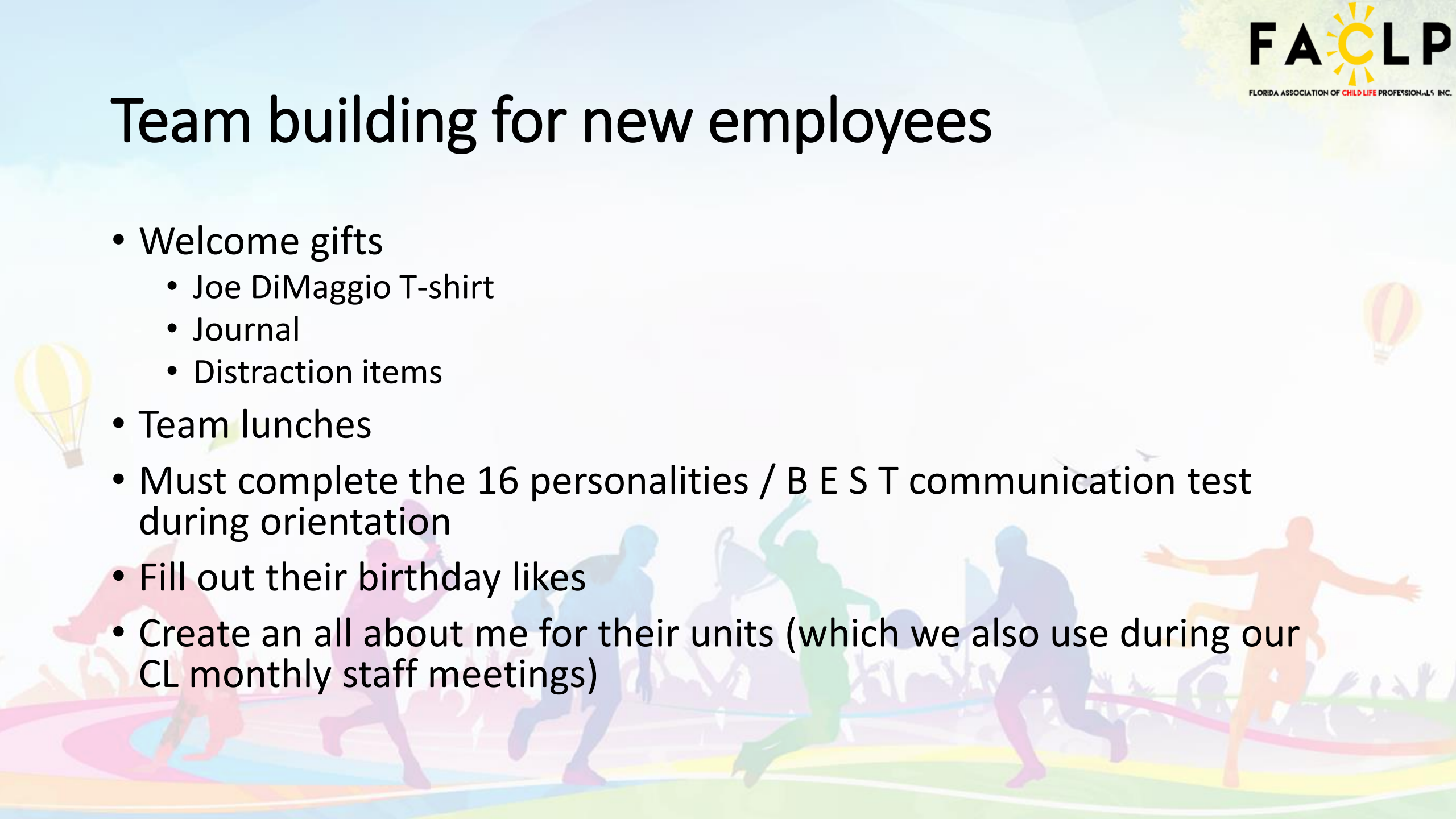


The journey of integrating a new child life specialist begins with fostering a welcoming environment. This sets the tone for a supportive atmosphere and encourages open communication and collaboration

We integrate new specialists in a couple ways:

- 1) Team Building
- 2) Orientation
- 3) Mentorship

Team building for new employees

- 
- Welcome gifts
 - Joe DiMaggio T-shirt
 - Journal
 - Distraction items
 - Team lunches
 - Must complete the 16 personalities / B E S T communication test during orientation
 - Fill out their birthday likes
 - Create an all about me for their units (which we also use during our CL monthly staff meetings)

Current Orientation Process

- Orient with each employee to understand the flow of their unit (cross coverage)
 - **New employees:** 3-4 week orientation spending the whole day with each member of our team
 - **Hired students:** 2-3 week orientation spending ½ day with each member of the team
- Introduce the new employee to key staff members on their assigned unit
- Rotate with integrative therapy team
- Shadow nurses on their assigned team
- Attend multidisciplinary meetings with new employee
 - Example: New PICU specialist attending bereavement psychosocial rounds with integrative team

Daniella Orientation Schedule July 20-August 4, 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				JULY 20 New Employee Orientation 7:45am-3:00pm at Signature Grand	JULY 21 Start at JDCH Meet with Shannon 9:30am-12:30pm Meet with Paige 1:00-5:30pm	JULY 22
JULY 23	JULY 24 Core Computer / EPIC Training at MTC Training Center Room #8 8:00am-12:00pm Day with Paige CCLS in RAD / EMUs 1:00pm-4:30pm	JULY 25 Ambulatory 8:00am-10:30am Day with Kelly CL Staff Relief 10:30am-4:30pm	JULY 26 Ambulatory 8:00am-10:30am Day with Lotsy Resident Clown 10:30am-4:30pm	JULY 27 Ambulatory 8:00am-10:30am Day with Tangi CCLS in Surgical 10:30am-4:30pm	JULY 28 Ambulatory	JULY 29
JULY 30	JULY 31 ½ Day with Alison Music Therapist 8:30am-12:30pm ½ Day with Emily CCLS in Peds ED 1:00pm-5:00pm	AUGUST 1 ½ Day with Juliette Music Therapist 8:30am-12:30pm ½ Day with Carmen CCLS for Pet Therapy 1:00pm-5:00pm	AUGUST 2 ½ Day with Sarah CCLS in Cardiac 8:30am-12:30pm ½ Day with Brooke Yoga Therapist 1:00pm-5:00pm	AUGUST 3 ½ Day with Lauren CCLS in CL Zone 8:30am-12:30pm ½ Day with Lulu Art Therapist 1:00pm-5:00pm		
AUGUST 6	AUGUST 7 Start independently in Ambulatory 8:00am-4:30pm	AUGUST 8	AUGUST 9	AUGUST 10		

Brooke Orientation Schedule June 16- July 7, 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				JUNE 15 Memorial New Employee Orientation at Signature Grand 7:30am-1:00pm	JUNE 16 Start at JDCH Meet with Shannon 9:30am-12:30pm Meet with Paige 1:00-5:30pm	JUNE 17
JUNE 18	JUNE 19 Day with Lotsy Resident Clown 8:30am-5:00pm	JUNE 20 Day with Paige CCLS in Radiology and EMUs 8:30am-5:00pm	JUNE 21 Day with Sarah CCLS in Cardiology 8:30am-5:00pm	JUNE 22 Day with Kelly Child Life Staff Relief 8:00am-4:30pm	JUNE 23 ½ Day in office and playroom ½ Day with Carmen CCLS in ED 1:00pm-5:00pm	JUNE 24
JUNE 25	JUNE 26 ½ Day with Juliette Music Therapist 8:30am-12:30pm ½ Day with Alison Music Therapist 1:00pm-5:00pm	JUNE 27 Day with Tangi CCLS in Surgical 7:30am-4:00pm	JUNE 28 ½ Day with Brooke Yoga Therapist 8:30am-12:30pm ½ Day with PICU Nurse 1:00pm-5:00pm	JUNE 29 ½ Day with Rachel CCLS in Hem/Onc 8:00am-12:00pm Crew Resource Management class @ MTC Training Center- 1:00pm-5:00pm	JUNE 30 ½ Day in office and playroom ½ Day with Emily CCLS in ED 1:00pm-5:00pm	JULY 1
JULY 2	JULY 3 Day with Christine CCLS in 3 Inpatient 8:30am-5:00pm	JULY 4 OFF for Holiday	JULY 5 ½ Day with Lauren CL Zone Coordinator 8:30am-12:30pm ½ Day with Matt Gaming Tech Specialist 1:00pm-5:00pm	JULY 6 ½ Day with PICU nurse 8:30am-12:30pm ½ Day with Lulu 1:00pm-5:00pm	JULY 7 JDCH New Employee Orientation 8:00am-3:00pm @ JDCH 4 th floor conference room	JULY 8



Differences in Onboarding Process

- Tangi
 - Hired for a position that I covered during my internship
 - 5 person team
 - Abbreviated orientation
 - No mentorship program
- Paige
 - Previous intern
 - Separation of buildings
 - No Mentorship program
- Rachel
 - Former Hospital vs. Joe DiMaggio Children's Hospital
 - Length of onboarding
 - Assigned unit onboarding / units observed
 - Mentor program

Mentorship programs assist new child life specialists as they navigate the dynamics of an established team.

Benefits of mentorship:

- 1) Guidance
- 2) Shadowing Opportunities
- 3) Constructive Feedback

Mentor/ mentee

- Paige – back work of the mentorship program
- Tangi- mentor
- Rachel- mentee
- Each new member of the team is assigned a mentor. Mentors are picked based on the following criteria
 - Years of service
 - Units covered – pair mentees with a mentor that has the most experience in the unit they will be assigned to
 - Communication styles
 - Overall best fit

Mentorship program

- 1:1 meetings with mentor (every other week)
 - Shadowing opportunities
- 1:1 meetings with child life manager (every other week)
- Established set of questions to review (58 page document)
 - Policy outlining mentorship expectations
 - Same questions for manager / mentor just backwards so that they are not the same questions each week
- **Areas of improvement:**
 - Open door policy – not having to wait until assigned meeting date
 - Consistency in meeting time/date- ex: every Wednesday at 2pm

Mentorship program

Mentor / New Employee Meeting #2

Date: _____

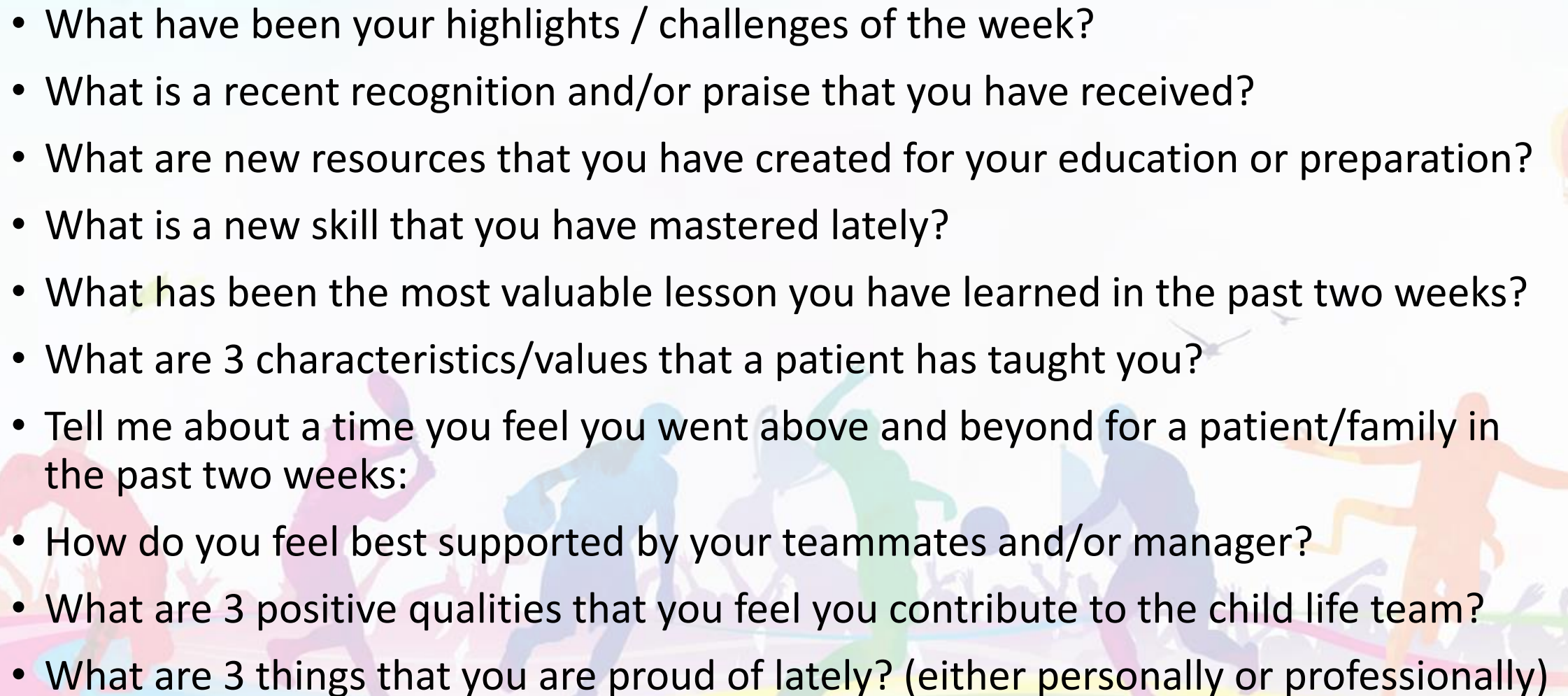
1. What are you looking forward to most about being here at Joe D / in you unit?
2. What are you anticipating being your biggest challenge as you settle into your position?
3. Are you feeling supported by your teammates and/or supervisor?
4. Do you have any questions regarding any of the policies/procedures/expectations thus far?
5. *Review last week's goals* What are three professional and/or personal goals for the upcoming week?
 - a.
 - b.
 - c.
6. How can we best support you to achieve these goals?

Child Life Manager / New Employee Meeting #2

Date: _____

1. What have been your highlights of the week?
2. What have been your challenges of the week?
3. What growth do you feel you've made?
4. How comfortable are you in voicing your questions or concerns to me as your supervisor and/or other members of the team? Are you feeling supported and welcomed by teammates?
5. Are there any policies and/or procedures you would like to discuss further or review?
6. Any interactions you'd like to discuss?

Mentorship program question examples

- 
- What have been your highlights / challenges of the week?
 - What is a recent recognition and/or praise that you have received?
 - What are new resources that you have created for your education or preparation?
 - What is a new skill that you have mastered lately?
 - What has been the most valuable lesson you have learned in the past two weeks?
 - What are 3 characteristics/values that a patient has taught you?
 - Tell me about a time you feel you went above and beyond for a patient/family in the past two weeks:
 - How do you feel best supported by your teammates and/or manager?
 - What are 3 positive qualities that you feel you contribute to the child life team?
 - What are 3 things that you are proud of lately? (either personally or professionally)

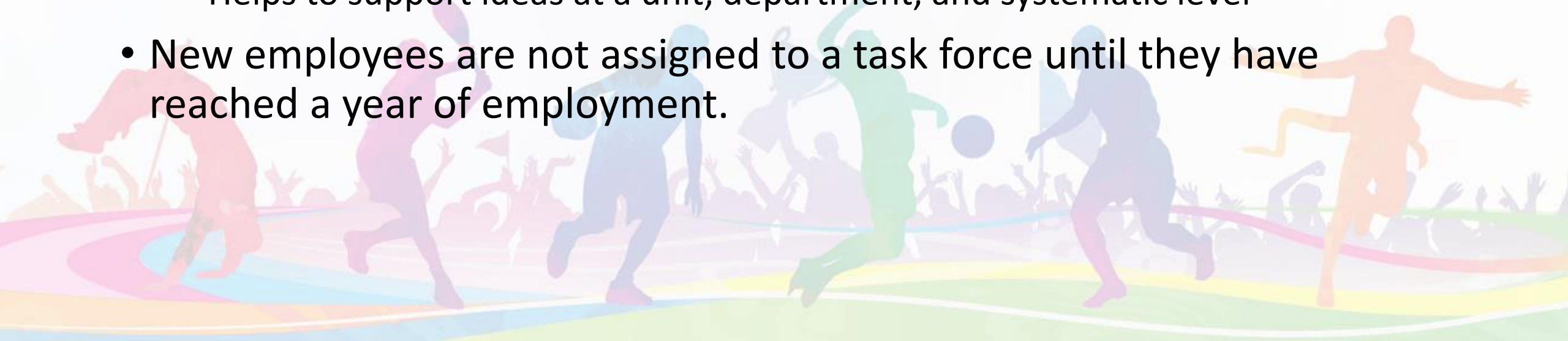
With a growing team it is important to promote an inclusive environment that values and respects the contributions of all team members.

We foster creativity and innovation in 3 ways:

- 1) Task forces
- 2) Skills days
- 3) Special projects

Task Forces

- **Goal:** support an inclusive environment that embraces creativity and innovation
- Everyone on our team is assigned to specific task forces (students, team building, staffing).
 - Assigned to task forces based off strengths, passions, skills, project initiatives
 - Helps to support ideas at a unit, department, and systematic level
- New employees are not assigned to a task force until they have reached a year of employment.



Task Forces accomplishments

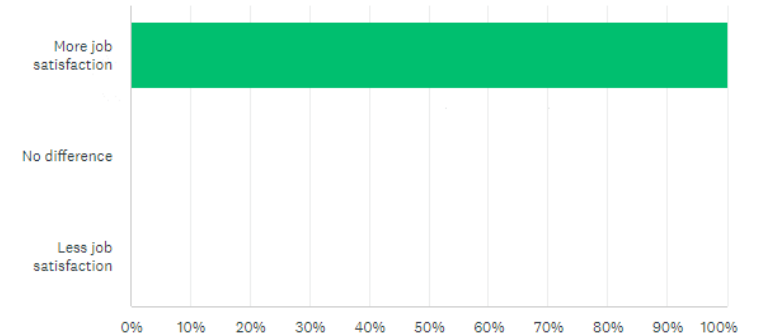
- **Staffing**

- Research for new grants and positions
 - Since 2018, our team has grown from 7 CCLS and no assistants to 13 CCLS and 3 child life assistants (in addition to 2 music therapists, 1 art therapist, 1 yoga therapist, and a gaming tech specialist)
 - Full-time pet therapy handler to enhance pet therapy program
- Proposed working 4- 10 hour shifts to improve staff satisfaction, reduce burn out, and increase quality of patient interactions
 - 6-week trial, but is now our current schedule. Staff has reported experiencing a higher level of satisfaction since switching

Have you experienced more job satisfaction since converting to four 10 hour shifts?

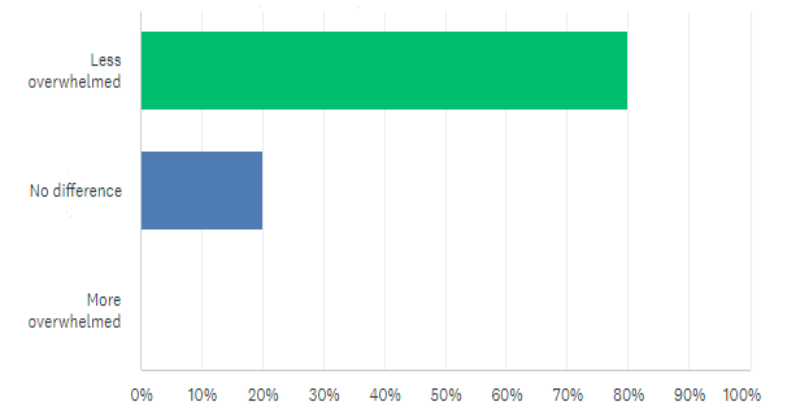
Add a comment

Answered: 5 Skipped: 0



Are you feeling less overwhelmed with your workload since converting to four 10 hour shifts?

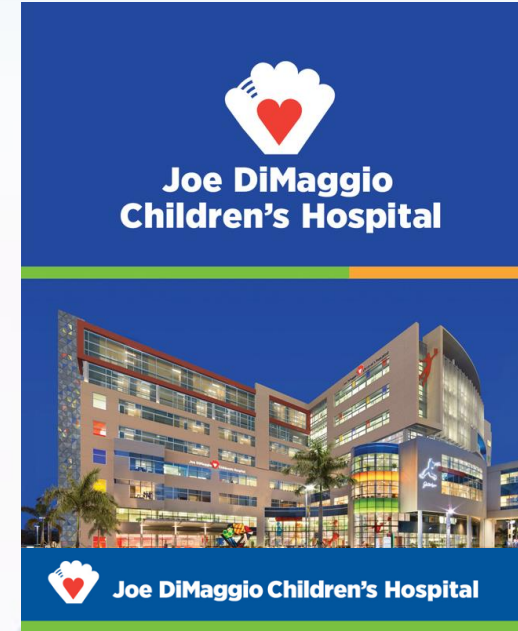
Answered: 5 Skipped: 0



Task Forces accomplishments

• Students

- Practicum
 - Summer
 - Typically take 2 practicum at a time
 - Partnership with Nicklaus Children's Hospital in Miami
- Internship
 - Fall and spring
 - Previously, we were not accredited and any of us could have interns. But now we are officially **accredited** through ACLP and follow their guidelines
 - Last fall we had 54 applicants / interviewed 28
- Hosted a student refresher course each season for the CLS prior to having a student
 - Redefined expectations
 - Discussed goals
 - Assignments



Mentoring Students

What is expected of you and what to expect of them.

Presented By: Student Task Force
Carly & Carmen

Expectations of an Internship Preceptor/Mentor

- SLOW DOWN and TALK IT OUT! Students cannot read your mind. Through explaining your rationale/reasoning behind what you are doing, you are teaching them how to problem solve, be observant, prioritize, and multitask. Without explaining, they become lost.
 - Example: "I know we were going to go into this room, but I just got called for a procedure....."
 - Example: "Did you notice that mom was distracting the child, and the child was responding well.. so I didn't jump in and try to overtake mom's role"
- Process before and after each intervention.
- Remember that students are new to all of this and they are not expected to know everything!
- Orienting them to the field of child life
- Create a variety of opportunities for learning
 - Being creative with downtime!
 - Discuss a new diagnosis or procedure prep they have not yet seen or are comfortable with
 - Role-play
 - Review your resources/books
- Setting an example of professionalism
- Integrating student into working with a multidisciplinary team
- Allowing time to debrief

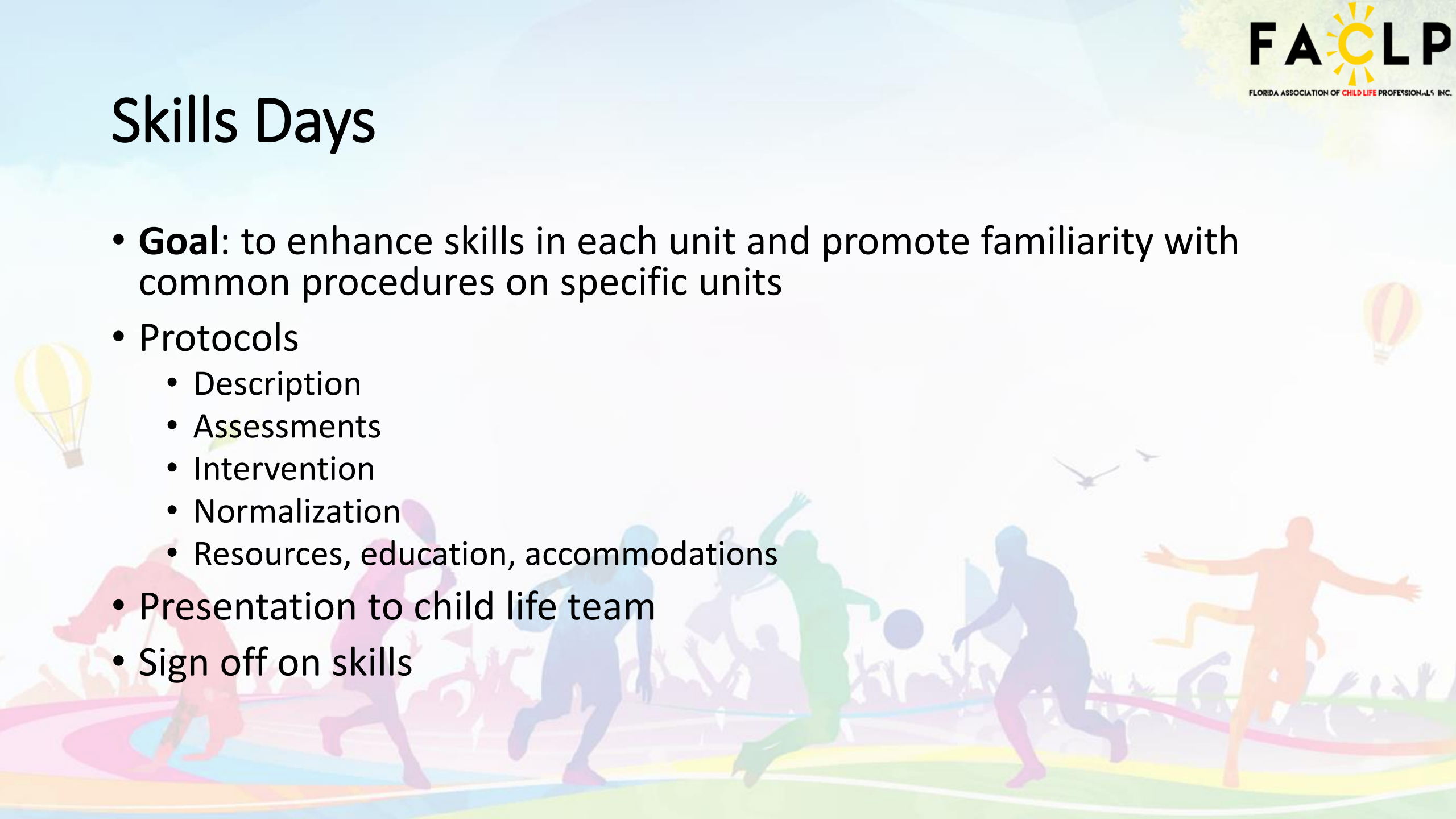
Task Forces accomplishments

- **Team building**
 - Boosting team morale
 - Celebrating milestones
 - Birthday buddies
 - Engagements
 - Baby showers
 - Professional awards
 - COVID celebrations
 - Thankful Thursdays
 - Motivational quotes
 - “You’ve been mugged”
 - Communication styles
 - 16 personalities
 - National Holidays



Skills Days

- **Goal:** to enhance skills in each unit and promote familiarity with common procedures on specific units
- Protocols
 - Description
 - Assessments
 - Intervention
 - Normalization
 - Resources, education, accommodations
- Presentation to child life team
- Sign off on skills



Child Life Protocol

Preparation for: Traumatic Brain Injury

Date Created: November 24, 2020

Unit: Peds Rehab

CDC defines a **traumatic brain injury (TBI)** as a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.

Admission to peds rehab goal: working towards returning patient to their baseline prior to the injury.

Cranial nerve damage may result in:

- Paralysis of facial muscles or losing sensation in the face
- Loss of or altered sense of senses: taste, smell, sight, hearing
- Swallowing problems
- Dizziness
- Ringing in the ear / loss of hearing

Cognitive problems

- Memory loss (short term and long term)
- Organization of thoughts
- Speech / writing
- Reasoning
- Judgment
- Attention or concentration

Executive functioning problems

- Problem-solving
- Multitasking
- Organization
- Planning
- Decision-making
- Beginning or completing tasks
- Impaired hand-eye coordination

Behavioral Changes:

- Difficulty with self-control
- Lack of awareness of abilities
- Risky behavior
- Difficulty in social situations
- Verbal or physical outbursts

Emotional changes

- Depression
- Anxiety
- Mood swings
- Anger / Irritability
- Lack of empathy for others
- Insomnia

Physical changes

- Loss of movement (arms / legs)
- Inability to perform activities of daily living (eating, dressing, grooming)
- Incontinence

<https://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/symptoms-causes/syc-20378557>

Intervention steps:

• **Introduction of services:**

- Most of my TBIs are from outside hospitals and are transferred to our rehab unit when they are medically stable
- I will help to explain how there is a strict daily schedule posted on the front of the patient's door every single day with scheduled therapy sessions, time, and duration.
- I will also explain the importance of being ready on time for therapies in order to keep our therapists on track for their day.

• **Normalization of hospital environment:**

- Every patient is provided with door name sign, decorative pillow case, comfort items, blankets, appropriate toys etc. upon admission

• **Assessments made on first interaction:**

- Patient's knowledge of admission
- Patient's *physical capabilities* to plan for future bedside activities / involvement in child life activities
 - Ability to walk, necessary equipment for transport (wheelchair, walker, stander, etc), head control, hand movement, fine motor skills, etc.
- Patient's *cognitive capabilities*
 - Communication (speech / processing), memory, orientation to date/time/year, etc
- Patient's understanding of *medical equipment* such as walkers, wheelchairs, feeding, trach, etc.
 - Address any misconceptions and/or provide education if needed

• **Daily reminders** for patients *laminated visual representations to display in the room where it is easily seen from bed for patient*

- Staff names / role in rehab
- Orientation (where they are, what day it is, what year it is, why they are here)
- Safety (large laminated signs to remind patient not to get out of bed, or to call nurse)
- Goals for discharge home
- Daily Routine

• **Co-treating** with therapists

- Providing distraction and/or coping mechanisms (get *overwhelmed* very easily)
- Encouragement / redirection (get *distracted* very easily)
- Incorporating child life events into therapy sessions (in appropriate equipment)

Play items that are helpful for TBI patients *the appropriateness level will vary patient to patient based on severity of injury*

- Memory and matching games
- Critical thinking/strategy games: (uno, jenga, scrabble, chess/checkers)
- Mad limbs
- Cause and effect toys / suction cup toys
- Sensory (stress balls, playdough)

Resources given:

Comfort items, name tag for door, daily schedule, safety reminders, sticker chart for compliance (if age appropriate), appropriate toys / stimulation, sensory items

If a G-tube, NG-tube, or trach information is needed for patients or siblings there are resources under shared child life folder > rehab unit > coverage > education and preparation

Additional information:

Accommodations for TBI patients:

- Visual representations of daily reminders
- Strict routine (therapies, eating, lights on / lights off time, downtime activities)
- Frequent breaks (therapies are often broken down into multiple small segments throughout the day)
- Minimal stimulation (often TBI patients have limited visitors allowed, limited screen time, etc)

****Refer to pages 119-122 in WEEFIM Clinical Guide****



Special Projects

- **Goal:** Everyone on the team is encouraged to express their creativity in areas that they are passionate about examples may include:
 - One Voice
 - Special needs
 - Pain management
 - Bibliotherapy
 - Bereavement
 - Siblings
- The child life team is provided an update from each project lead during staff meetings and huddles

With a growing team it is essential to establish trust and effective communication between new members of the team and existing teammates.

We establish effective communication by:

- 1) Identifying Communication Styles
- 2) Utilizing Accountability Partners

Establishing Effective Communication

- Encourage open dialogue, active listening, and empathy for teammates
- “BEST” communication style
 - Bold, expressive, sympathetic, technical
- Myers Briggs 16 Personality Quiz
- Love languages
 - Words of affirmation, acts of service, time spent, physical touch, gifts
- Accountability partners
 - Older members – paired based off the BEST communication
 - New members- paired based off the 16 personalities
- Mentorship program
 - Constructive feedback / praise
 - New specialists feelings vs established specialists feelings

Communication styles

Team	Personality Type	Personality Name	MIND	ENERGY	NATURE	Tactics	Identity
			E vs I	N vs S	T vs F	J vs P	A vs T
Carmen	ESFJ-A	Consul	Extroverted 71%	Observant 62%	Feeling 81%	Judging 51%	Assertive 61%
Paige	ESFJ-T	Consul	Extroverted 53%	Observant 59%	Feeling 83%	Judging 83%	Turbulent 56%
Daniella	ESFJ-A	Consul	Extroverted 75%	Observant 70%	Feeling 67%	Judging 86%	Assertive 57%
Rachel	ESFJ-A	Consul	Extroverted 71%	Observant 54%	Feeling 78%	Judging 57%	Assertive 51%
Caroline	ENFJ-T	Protagonist	Extroverted 75%	Intuitive 73%	Feeling 74%	Judging 86%	Turbulent 74%
Jessica	ENFJ-T	Protagonist	Extroverted 71%	Intuitive 69%	Feeling 78%	Judging 72%	Turbulent 53%
Shannon	INFP-T	Mediator	Introverted 67%	Intuitive 53%	Feeling 85%	Prospecting 63%	Turbulent 54%
Christine	INFP-A	Mediator	Introverted 85%	Intuitive 73%	Feeling 99%	Prospecting 51%	Assertive 56%
Tangi	ISFJ-A	Defender	Introverted 51%	Observant 53%	Feeling 78%	Judging 69%	Assertive 57%
Lauren	ISFJ-T	Defender	Introverted 56%	Observant 59%	Feeling 83%	Judging 54%	Turbulent 63%
Sarah	ISFJ-T	Defender	Introverted 63%	Observant 56%	Feeling 69%	Judging 71%	Turbulent 69%
Emily	INFJ-T	Advocate	Introverted 55%	Intuitive 52%	Feeling 74%	Judging 63%	Turbulent 57%
Brooke	INFJ-T	Advocate	Introverted 55%	Intuitive 55%	Feeling 82%	Judging 68%	Turbulent 53%

PAIGE ESFJ-T the Consul!

MIND-
53% EXTROVERTED
ENERGY-
59% OBSERVANT
NATURE-
83% FEELING
TACTICS-
83% JUDGING
IDENTITY-
56% TURBULENT

STRENGTHS-

- Strong practical skills (manager of day to day tasks and routine)
- Strong sense of duty (strive to meet obligations)
- Very loyal
- Sensitive and warm (seek harmony)
- Good at connecting with others (strong need to "belong")

WORK PLACE-

- Teamwork
- Always willing to lend a hand when needed
- Always seem to "know the guy" to get things done in time
- Working alone leaves tired and unfulfilled
- When their suggestions and help are turned down, Consul personalities can take it personally.

???

PEOPLE WHO SHARE THE CONSUL PERSONALITY TYPE ARE, FOR LACK OF A BETTER WORD, POPULAR - WHICH MAKES SENSE, GIVEN THAT IT IS ALSO A VERY COMMON PERSONALITY TYPE, MAKING UP TWELVE PERCENT OF THE POPULATION. IN HIGH SCHOOL, CONSULS ARE THE CHEERLEADERS AND THE QUARTERBACKS, SETTING THE TONE, TAKING THE SPOTLIGHT AND LEADING THEIR TEAMS FORWARD TO VICTORY AND FAME. LATER IN LIFE, CONSULS CONTINUE TO ENJOY SUPPORTING THEIR FRIENDS AND LOVED ONES, ORGANIZING SOCIAL GATHERINGS AND DOING THEIR BEST TO MAKE SURE EVERYONE IS HAPPY.

WEAKNESSES-

- Worried about social status
- Inflexible (place alot of importance on what is socially acceptable)
- Reluctant to innovate or improvise (can be critical of other's "unusual behavior")
- Vulnerable to criticism
- Often too needy (reassurance of how they are valued)
- Too selfless (neglect own needs)

"ENCOURAGE, LIFT AND STRENGTHEN ONE ANOTHER. FOR THE POSITIVE ENERGY SPREAD TO ONE WILL BE FELT BY US ALL."
- DEBORAH DAY

Accountability partners

- Assigned based off **opposite** communication styles (according to the BEST personality test)
 - think differently, process differently, approach things differently.
 - The purpose of the accountability partners is to reduce the amount of discussion with multiple teammates.
 - Accountability partners are to remain trustworthy and loyal to their partner and should not discuss the conversations with anyone else on the team.

<p style="text-align: center;">Column 1 -- BOLD</p> <p>The BOLD type uses a style of communications that is most often direct. The BOLD type likes the bottom line and works at making things practical. Consequently, the BOLD type's conversation is short, to the point, and sometimes can be blunt. In addition, the BOLD type sometimes likes to be combative because s/he likes challenges. In other words, the BOLD is stimulated by the adventure of a "heated" discussion. This discussion can end up with the BOLD intimidating others into silence.</p> <p>The BOLD type is a divergent thinker and because of this, is sometimes accused of not listening. That is, the BOLD is thinking of a rebuttal while you are talking. However, this same quality makes the BOLD type a good problem-solver.</p> <p>The BOLD type's communication style reflects a need to be independent, free, practical, and domineering. While the BOLD is good at visualizing the big picture, details of how to make it happen are sometimes a problem.</p> <p style="text-align: center;">Carly</p>	<p style="text-align: center;">Column 3 -- SYMPATHETIC</p> <p>The SYMPATHETIC type is a quiet and calm communicator. In fact, they like to listen more than talk. They make good counselors because of the ability to be a good listener. They present a very sincere image when they communicate and are like the EXPRESSIVE type, people oriented.</p> <p>However, their low key approach displays less enthusiasm in conversation. The SYMPATHETIC type is a team player and loyal. Consequently, their conversation reflects a need to be a part of the group. They like for relationships to be friendly and cordial and are actually turned off by aggressive communicators. Because SYMPATHETIC types like routine, their conversations often give support to little or no change in the organization. They need to feel appreciated and given time to adjust before being asked to make changes in their work habits.</p> <p style="text-align: center;">Christine, Sarah, Tangi</p>
<p style="text-align: center;">Column 2 -- EXPRESSIVE</p> <p>The EXPRESSIVE type personality uses a style of communications that reflects a need to be involved with people. In other words, the EXPRESSIVE type likes to talk and is good at it. To the EXPRESSIVE type, persuading others is stimulating. Consequently, the EXPRESSIVE type is a good presenter by nature because of her/his ability to relate to people. In fact, research indicates that EXPRESSIVE types have a natural ability to understand the emotional state of others and researchers think this ability is actually a kind of human intelligence. Another characteristic of the EXPRESSIVE type is that they often talk with word pictures and in emotional terms. They like to communicate a positive and optimistic message.</p> <p>The EXPRESSIVE type is driven by a need to influence others, be popular, and to gain public recognition. Their communication abilities make them good salespeople, teachers, presenter, politicians, and actors. The EXPRESSIVE type, of all the personality types, is the natural communicator.</p> <p style="text-align: center;">Lauren, Shannon</p>	<p style="text-align: center;">Column 4 -- TECHNICAL</p> <p>The TECHNICAL type of personality has a style of communicating which is characterized by order, detail, and logic. They function best in organizations that follow procedures and will communicate their displeasure if things are not orderly. The TECHNICAL type focuses on the details of a task because they are convergent thinkers. They must see the big picture in small parts or steps before moving on. TECHNICAL types work well with numbers, systematic procedures, and precise tasks.</p> <p>TECHNICAL types are sometimes accused of being perfectionists and may overlook the human aspect of accomplishing a task. They like to follow procedures because it takes risk out of the environment for them. Their communication style is structured and has definite points. Note takers by nature, the TECHNICAL type strive to work and live in an orderly environment.</p> <p style="text-align: center;">Carmen & Paige</p>

What has worked

- Assigned shadowing based on coverage
- Bi-weekly meetings with mentor
 - Open door policy per the mentor
- Personality Tests
 - Improve communication and understanding between team members
- Task forces



What we are still improving

- Setting up consistent meeting times with mentors/mentees
- Retaining staff
- Internship program
 - On pause
- Accountability partners / Mentorship program
 - Continued learning experience



Take Aways

- Accentuate the positive, Follow the golden rule, the body only functions as a whole with the participation of it's parts.
–Tangi
 - There are numerous ways to embrace team dynamics
 - Team dynamics are forever evolving, as seasons change, teammates change, and circumstances change. It's important to continue to re-evaluate the needs of the team.
 - Working together as a collaborative team takes effort from all parties involved – support from management, teamwork, open minds, patience, and grace are the key components to a collaborative team!

Any Questions?

**Please remember to go on
event and fill out the
session survey!**

