



## Aberdeen Veterinary Referrals – Highly Commended

### Work Demands & Work Conditions

#### Q. Is training in working with clients provided for team members?

To manage the stresses and conditions of our workplace lives we employ a range of methods in helping to improve self-confidences, through the upskilling of staff to feel confident in managing the various challenges that can be faced when working within a veterinary clinical setting. So that they can remain calm, understanding, empathic and supportive to the clients as well as their own fellow colleagues/referring colleagues whilst remaining fully professional throughout.

- All staff undergo an induction training programme relevant to their role, all will be required to undertake training that involves direct contact with clients on a face-to-face basis as well as over the phone
- 4 members of staff have completed the VDS Communications Training Seminar in Managing Difficult Clients
- 2 members of staff have completed bereavement counselling. We identify sensitive times when performing euthanasia by placing a bereavement sign in the waiting room along with a candle and explanation asking for the respect of our other clients (and team) when dealing with such situations.

#### Q. How are colleagues supported in the event of client complaints?

Each team member has a line manager for support who would inevitably take control of any support required pursuant of any complaint. Needless to say trying to avoid any complaints especially at the time of high emotions, this we endeavour to prevent in the first place with good client relationships, providing transparency (for both expectations and finances) for their patients treatment and offer the chance of any questions at any time. Any complaint would be taken seriously and approached

#### Q. How are colleagues supported in the event of clients being abusive or threatening?

We have a Zero Tolerance Policy which is displayed in our reception area advising clients that any forms of physical or verbal threats towards a staff member will not accepted. Should any form of abuse occur - the police will be called, and they will be removed from the hospital. It also notes that whilst we appreciate that their own pet is unwell and that this can be a stressful time for them in the first place - that they also need to consider and remember that our staff are also having to deal with a multitude of emotive situations that equally requires their support. We do get an inkling behind a client's state of emotions and should this become a worry we would always make sure a second member of the team is available when speaking or dealing with the client, which also then provides a second person testament should this be required if difficulties are encountered.

**Q. How are colleagues who may spend time working alone supported?**

From 10pm to 6am there is just one person on site attending to the in-patients with an on-call intern and lead surgeon should they be required. The late intern will not leave until it is at a time where all in-patients are stable and manageable by one person. Should additional support be required then the on-call intern will stay overnight if needs be. We have external on call during the hours of 10pm to 6am to allow the persons on overnight to concentrate purely on the in-patients within the hospital and not any new emergency cases that may emerge. When alone - the night clinical staff person will have an emergency bleeper (which also detects if they have had a fall as well as having an emergency alarm) on them at all times and an additional key to the premises, just in case they got locked out when walking a patient. Good lighting is placed in the car park area, an additional torch is available for use and the back gates will be shut and locked for additional security. We have an alarm system which is linked directly to the clinical director, practice manager and deputy practice manager just in case

**Q. Give one additional example of how work demands are managed to support wellbeing in your practice.**

We pride ourselves to work with people and their lives. We ask for common hobbies/responsibilities to be made known so that we can accommodate as much as we can to ensure people can pursue their outside work interests as much as possible.

We do a lot of in-house exercises/competitions like ab-work-outs, planking, bums/tums exercises as we do have a high number of fit/athletic members of staff that have helped get some of the other staff members get a little more exercise-savvy, to the point that we have also completed the Tough Mudder and the Banchory Beast as a team, with our more regular fitties doing other local events such 5k, 10k races, Colour me Rad Run, rock climbing , dog walking, hill walking, camping - too many to names but a lot are encouraged and attended by all members of the team. In practice we do other team tasks such as space hopper racing, apple dunking and doughnut eating at Halloween. The Christmas Party is always a good event but details of that I am afraid to say stays with the practice! Put together, as a team, we work hard together, and we play hard together. We support each other in, as well as out of the practice. Should extra assistance be needed outside of normal hours, multiple members of the team will always be offering their help where they can. We hope nobody feels alone here as we really do have each other's backs.

## Workload and work scheduling

### Q. Are individuals' workloads monitored and, if necessary, revised?

There are two members of staff who are specifically assigned to oversee the hours that people (including students) are doing. As an emergency and referral hospital - our workloads are often unpredictable and one that can change in the blink of an eye, so juggling of people's hours are a must. If somebody works late we will put it into place that this time is either claimed as overtime or taken off from a future shift, the choice is theirs however it would also be monitored that someone was not trying to burn the candle at both ends and are taking suitable amounts of time off if needed. Shifts are altered to help fit in with family needs, personal appointments and life in general. Generally, we can fit around others and will do wherever we possibly can.

### Q. Do work schedules allow adequate rest between one working day and the next?

As a rule of thumb, staff will not be rota'd back into work within an 11-hour window. Holidays are encouraged and mapped out across the year. Those working at the weekend will be given the Monday's off as a routine. We also have 4 day working weeks for our surgeons, nurses and lay staff which further allows a weekday break as we were finding that when working 5 days weeks - we were just working longer each of these days and getting a little burnt out at times, so by changing it to longer 4 day shifts we are finding that we are leaving on time as planned, overtime is reduced and that we get a guaranteed week day off per week.

Having a day off in the week is useful to allow staff to do those things that are only open on a weekday. This change has been warmly welcomed - but will continue to be something that we review and evaluate on a regular basis.

### Q. How is colleagues' work-life balance supported?

By catering to the individual rather than as a norm.

### Q. Give one additional example of how workload and work scheduling are managed to support wellbeing in your practice.

To know how to manage wellbeing - first we need to know what it actually means. To help this, there are a number of informative posters in the practice highlighting the meaning behind wellbeing and the key components we can be looking in to help this. For example, to take notice, keep learning, give, be active and connect. To take notice, once thing that we have been putting into place is the provision of games in the staff room, to encourage interaction between staff members in a fun way. The new Connect 4 championships is now kicking off which is really proving to be a good game-player. It gets people working together, supporting each other and talking (taking them away from their phones and seclusion), we only have a few games at the moment but with the interest seen we will be building on this. Keep Learning:

we thoroughly encourage CPD, we run CPD evening seminars to not just our own practice but to our neighbouring practices too, we circulate learning and when one person has been on a course - they will help disseminate their own learning to the rest of the team. To give: group activities is a huge thing for us, and not a week goes by without one person meeting up with another - from regular catch ups to the bigger catch ups that we do such as the Banchory Beast as previously mentioned. We also had 8 members of the staff do a sky-dive for our local SSPCA raising thousands of pounds in the process. We hold regular local events for schools and local galas.

Be active: exercise sessions at work are perhaps the best, just a 7-minute workout which we try and encourage all to do, this is usually met with great laughter and fun. Connect: we try and hold face to face meetings a lot, though we have a weekly email going around - for anything that needs addressing directly or more sensitively, we will always do this face to face. Tend to find that there is more feedback in a face to face meeting and this increases interaction between the team. We have a regular car-share system in place as a number of staff/students use the bus, however those with cars are regularly helping scoot others about as needed.

Chat times are kept to the staff area as much as possible and we make sure people get their breaks/times for such chats. Many lives have been supported in those staff rooms - it really is the hub of the hospital

## Relationships at work

**Q. Does the practice provide opportunities for colleagues to spend time together outside work, if they wish? Do these involve activities to suit different interests and preferences (e.g. people who might prefer to avoid alcohol)?**

A lot of fitness activities involve a good number of the team. We also have a lot of visiting students to the hospital - who also get roped into our shenanigans and encouraged to partake in any of the events going on at the time. Visiting international Erasmus students can sometimes be here from 8 weeks to 6 months - so to support them especially when so far away from home is really important too.

Nobody is left out. Other than the Christmas party, generally our activities are mostly non-alcohol related (well let's say apart of the congresses too!). CPD events such as BVNA congress, LVS, BSAVA congress - we try to get a couple/few folk going together - again which helps to bond team members together in a more one-to-one scenario. Care is taken to allow opportunities are available for all as well, so that there is a fair system that everybody gets an opportunity to work with others on a one-to-one basis.

**Q. What mechanisms are used to identify and address any difficulties or conflict between colleagues?**

Hopefully by having the support mechanisms in place - staff feel comfortable to speak to one of their peers or seniors when a difficulty may be faced. Any difficulties that we have had over the past few years have generally been met head on - and quickly, as leaving things is perhaps the worse way forward rather than trying to really just get a realistic handle on things and people back on track and on the same page with each other. Having cliques in a hospital environment just doesn't work - and everybody needs to be able to support, help and assist the person standing next to them. Time is set aside to follow up any concerns raised and sometimes this can be organised away from the hospital as sometimes it is easier to talk things through when outside the work environment. We have a seal beach very close to us - so quite often we will take a walk down there instead of having a coffee break as it really does help to clear minds when walking in the fresh air and being able to talk about things freely with only the seals to keep you company - and luckily the seals don't judge, so we can generally chat away until wrongs are righted or plans just made to strategically tackle specific difficulties. Due to the workload that we have, it doesn't bode well having any conflicts between staff - so sometimes the best thing to do is to actually get them working together more but in a managed situation, our work relies on others, so you soon have to start working as one and from some situations where we have been faced with conflicts between people - these have actually gone on to become life-long friends.

**Q. Does the practice have a clear policy relating to harassment and bullying at work, including processes for managing allegations of harassment or bullying?**

Yes. We have been so lucky with our team - everyone that has worked at the hospital has had the same ambition: working to excellence, gold standard practice, team work, friendship, loyalty, trust, fun, giggles, bad dad jokes and to work as one highly focused and functional professional team.

We do have a policy which identifies the steps to take if faced with such a situation and hopefully that first step in speaking to their nearest peer or senior will be the only one, they really need to take. Any allegations are dealt with the management team who are all trained and prepared to manage such situations, as not everybody would be the right person to oversee such things - as this is something that would need careful and professional management if so required. It should also never be taken lightly, and one person's concern is one that must be listened to, supported and acted upon.

**Q. Give one additional example of how positive relationships at work are supported in your practice.**

CPD success! By helping others we have supported the following CPD achievements in the past year: 3 x CertECC RVN's, 1 x Merit Award in Veterinary Nursing, 2 x Advanced Practitioner in Small Animal Surgery, 2 x VCA Awards and helping see 8 student nurses through their training to achieving their RVN status and 2 students from their 1st year into their 2nd year of studies. We currently have 8 nursing students from different courses (Level 3 Diploma, HND Veterinary Nursing and BSc (Hons) in Veterinary Nursing), as well as students on the Erasmus programme (3 veterinary surgeons and 6 Dutch veterinary nursing students). Numerous EMS students from UK Veterinary Schools and 1 of our surgeons is currently completing their Certificate in Emergency and Critical Care. One of the Erasmus veterinary surgeons is now employed with us as part of a year's internship, another intern who is due to finish in January 2019 has just heard that they have successfully secured an internship at Glasgow Vet School which is an amazing opportunity. So, the success of our team does lie in the positive attitudes that are held in our team in striving for nothing but the very best. That continued learning is something we all need to continue doing and to always know that there are better ways of doing things, its finding them, putting them into place and standardising throughout our team. This active interest to the roles that we hold is paramount in the success that we achieve in the patients we nurse and treat. Due to this we are all very supportive of each other to continued learning and will all chip in to discuss, debate and propose new suggestions, thoughts or ideas as to how we can improve our service to our patients, our clients, ourselves and each other. Apologies for those that I may have missed out or the other CPD that is going on not listed here. One thing we do encourage is to use your CPD - don't let it go to waste and invest that allowance into yourself.

## Career development

### Q. Is supervision provided for less-experienced colleagues?

All new members of staff will have a direct supervisor and we organise for shadow shifts to be given in the first couple of weeks depending on their experience or individual needs. Night staff are encouraged to come into the practice during the daytime to help see how the running of the hospital happens during the daylight hours. Plus, as they have less contact with folk this allows better opportunities to help standardise with paperwork, protocols, policies and to help to get to know other members of the team. We have a buddy-system for students - so that they have a more experienced student or member of staff working alongside them as part of their shift. Each student nurse is assigned an RVN to work with in every shift. We have a senior vet who helps oversee the needs and training of the interns. We have a team clinical Facebook page as well as a social Facebook page and we make a point of including all persons with new communication within the hospital.

### Q. Does the practice support (e.g. fund and/or give time for) relevant training (e.g. clinical and/or professional/non-clinical skills) for colleagues in the following groups?

**Vets:** The induction process will highlight any areas of additional support that will be needed which will be provided with the assistance of others within the team. A key supervisor will oversee that these are being met, that they are reviewed, evaluated and reduced in due course. CPD events are highlighted to those that may have a particular need to address and funding is available to all members of staff through their individual CPD allowance.

**Nurses:** The induction process will highlight any areas of additional support that will be needed which will be provided with the assistance of others within the team. A key supervisor will oversee that these are being met, that they are reviewed, evaluated and reduced in due course. CPD events are highlighted to those that may have a particular need to address and funding is available to all members of staff through their individual CPD allowance.

**Reception staff:** The induction process will highlight any areas of additional support that will be needed which will be provided with the assistance of others within the team. A key supervisor will oversee that these are being met, that they are reviewed, evaluated and reduced in due course. CPD events are highlighted to those that may have a particular need to address and funding is available to all members of staff through their individual CPD allowance.

**Support staff:** The induction process will highlight any areas of additional support that will be needed which will be provided with the assistance of others within the team. A key supervisor will oversee that these are being met, that they are reviewed, evaluated and reduced in due course. CPD events are highlighted to those that may have a particular need to address and funding is available to all members of staff through their individual CPD allowance.

### Q. How are good performance and colleagues' achievements recognised by the practice?

We have a weekly email which helps to highlight any recent achievements both in and outside of the hospital. One member of our student nurses recently represented Scotland in the Pony Club Championships which is an honour in itself - so to have a mention in our weekly email helps to share their passion with others and for us to help support them in their interests and pursuits. We have two members of our surgical team who are regular competitors in Scottish Grappling and Jiu-jitsu. The other academic achievements mentioned previously were further followed up with celebratory cakes/presents from within the hospital - honestly any excuse for a celebration and we will have it. Due to the nature of our internships and student placements - we also have a lot of leavers parties - which are carried out either in the hospital, or as an organised event i.e. Air Bounce was the last one which is basically a big bouncy castle kingdom (was good fun though) or to have a meal or drinks.

### Q. Give one additional example of how colleagues' professional and career development is supported in your practice.

Those new skills learnt are inputted back into the practice wherever we can. The recognition is in itself the ability to instil new ways of thinking and new ways of action. We encourage development from people's own learning into that within the hospital for example the nurses who have completed the ECC VN, with their help we have revamped our critical care sheets, our crash cart, our toxic SOP's, our resuscitation protocols and now run CPR drills to help improve CPR skills and communication skills in a CPR event. The last CPR drill we had, we actually had a real CPR crisis situation the following day and the number of people who commented on how having done that initial in-house training - better prepared them for being able to manage such a critical situation.

## Communication at work

### Q. Do colleagues meet regularly – i.e. daily or weekly – to discuss day-to-day work matters?

We have morning rounds every morning with all members of staff, an update sheet is completed for all of the inpatients which is then passed on and discussed with the reception staff. A further huddle is held with all clinical staff identifying the day's procedures ahead, the order they are to run in and the persons who will be needed or required. It is at this point we also clarify the anaesthetic protocols required, imaging/bloods, and any special equipment that may be needed. This must all be done in advance because once the day starts rolling - we don't have such luxuries as time to sort things like this out at a later time. Of course - we always have to factor for any emergencies that may arise which are written on to our emergency notice board to help keep all members of the team informed for any potential or known emergencies on their way in. Nurse meetings are held at least monthly and if possible weekly - this can fluctuate depending on workloads/holidays etc. Reception hold their meetings regularly too which is liaised through the senior management. Individual intern meetings are on the increase and Des Scott one of our senior surgeons is looking to start a new journal club. We have Facebook pages for the clinical staff and one for students where CPD related content is more readily shared. We have a weekly email which helps to disseminate key points of information knowing that trying to get every staff member in the one room at the one time is practically near impossible - so this does help enormously. This also helps inform people of matters that are coming ahead i.e. X-ray being serviced Monday, drains being cleared Tuesday, visit from a college quality assurer on the Wednesday, new student starting on the Thursday (with brief Bio/introduction for them) - all these little things help keep everyone informed and up to date of the goings on with the whole hospital.

**Q. Apart from meetings, what other communication channels for colleagues are used in the practice?**

Facebook, Weekly Email, Staff noticeboard, CPD noticeboard, hospital noticeboard, student notice board, emergency board, Daily Planner Wipe board, Weekly Planner Whiteboard, Daily Planner (for patient meds and nursing interventions), Reception In-Patient Sheet, Night Duty Checklist, Weekend Duty Checklist, WhatsApp Clinical Chat/RVN Chat/Student Chat and for ones that only require a select few i.e. those undertaking the Ethylene Oxide training - then an individual group chat just for those.

There's also a board for 'things to do', orders needed (as not always you can do this at the drop of a hat), tasks required, expected or potential emergencies which may be coming in during the day. This is especially important to be able to pre-empt workloads and to have everyone on board should the emergency need some urgent and immediate treatment. It is also so that everyone also remains included - so that everyone is on the same page, discussions and decisions are then made as a team. We will have a lead nurse and a lead surgeon for every case. This lead role is shared throughout the nursing team, though a senior nurse will assist any other nurse that may just need that help in directing and delegating tasks to others. This is something we try to get into place as early as possible, regardless of your lots or lack of years' experience - it is important to allow others to lead, contribute and have a voice. Those quite quiet at the start - soon find that voice, which is great to see. All meetings held are circulated and key points will be used as part of the weekly email so that all information is being effectively disseminated throughout the entire team. The weekly emails are also sent out to any attending student/s who have commented it is nice to be included and that it makes them feel part of the team very quickly.

**Q. Are all members of the practice team able to have a say in how work is carried out?**

Yes. We can categorically say that there are times available to all to have their input to the patients care, welfare, client needs, nursing needs, treatment needs - and we actively encourage discussion from any person that may be of interest or benefit to an individual patient (or ourselves). Regularly we also have chats / forums on our WhatsApp groups, the meetings help too so that by being a smaller audience - comments can be a bit more honest sometimes or just allows that opportunity for those that are less able to voice their thoughts in front of other peers or members of staff. Our Practice Principal / Clinical Director is most definitely the nicest, fairest, most honest, most thoughtful and skilled surgeon I have ever had the pleasure to work for - if he is alerted to any person having an idea, concern, opinion or just a general question - he will go out of his way to help give that answer, and to have that positive, forward thinking and proactive attitude from your most senior person - resonates through the whole team to follow his lead in his passion to the job we are all doing. We also have appraisals and a lead person for the vets, nurses/technical support and reception teams as a direct person to go to, quite often we will all have our 1:1's not just in a formal manner but also informally. Tea breaks and lunch times are key times to get to speak to folk and to get an idea on the underlying tones of the practice. Playing the games helps to secure relationships, familiarity and openness so that discussions can be held without pressure. We do also have a suggestion box - however the last time something was put in there was over a year ago - and I think that is due to the fact if you had a question or a suggestion that you can just put it out there regardless - without it even needing to be anonymous.

### Q. Give one additional example of how effective communication is supported in your practice.

To be effective with communication we have to have systems, protocols and strategies in place to help produce that as an intended result we accomplish that the whole team is on the same page, that we have the same goals to be aiming for with the same values and morals for the role's that we play as part of that bigger team. Each person's role is essential, vital and with purpose – any one person missing from that team produces a weak link which we work relentlessly at never having happen.

Needless to say, there are always dips and troughs – but then that is when you see the team really working together, being that

ear for each other, providing the hugs when needed (knowing those that don't like hugs!), feeding bellies with treats – and most importantly - being able to laugh.

## Promoting physical and psychological health at work

### Q. Does the practice take a proactive approach to managing health and safety hazards at work?

Luckily, we do have a couple of health and safety gurus within the team who is obsessed with health and safety who have an immense ability to take the topic of health and safety and turn it into an interesting, fascinating and informative subject. Though we do have a good number of SOP's to help identify how we should be standardising a safe approach to the work we do, we also try to put this over in a professional way that is also seen for its benefits and purpose behind it in the first place. We regularly audit our accident book and take a proactive approach in accident prevention. By reviewing this, we can also take steps to try and avoid such accidents happening again because each incident can and will provide an opportunity to put new measures in place, no matter how small. At our last audit needless to say bites/scratches were at the top of the list - so rather than to say, well that's to be expected - we have logged on to the Feliway Cat Handling Programme for all members of staff/students to take part in. This will be followed up by another in-house training exercise as well as trying to instil being able to spot the signs in the first place. Recently I have laminated some pictorial guides in the kennel/cattery areas which help to identify different facial expressions, body postures, and other tools like 'ladder of aggression' to help evaluate our patient's personality, manner and potential level of co-operation. If any warning signs are seen we will then label the patients accommodation with a green, amber and red caution level sign to warn others and to make sure necessary steps are taken to ensure everyone's safety (including the patient's). We also have a patient questionnaire which helps to give us an idea behind the patients general predisposition - we provide a list of descriptive terms for the client to circle 3 of them to help give us an idea behind their pets personality i.e. friendly, calm, loveable (though we have had more creative ones offered such as 'evil, little \*\*\*\*' which I must say after meeting the cat - I 100% concurred with the clients description) - this equally is important to know those who are shy, aggressive, calm normally to be the counter opposite helps us with our patient evaluation - especially towards pain and comfort levels.

### Q. Are healthy eating, exercise and similar health initiatives for colleagues promoted?

We have number of persons within the team who are very focussed on outside fitness activities which also manifests into their healthy eating habits in the practice. Do not get me wrong though as we do have a tuck shop too which stocks chocolate and juice (as there are no shops nearby) as there are those and times when a sugar hit is needed. Hangry is a well-known description in our hospital with a few key members of the team known to tip into this danger zone if mismanaged or just caught up with the busy-ness of the day - so to have that emergency chocolate bar to hand is also equally important. The most important thing is to highlight the need for a good balance. So, it is not considered a terrible thing to want a chocolate bar - because that may be just the thing that is actually needed - but also to help identify good healthy eating too. Making sure breaks and lunches are taken and that everyone is getting their nutritional needs.

### Q. How is awareness of mental health promoted by the practice?

Action is a must when needing to promote good mental health. Hoping people know what to do, or to be able to see potential stressors or factors that can affect a person's mental health is a poor thought to have. You have to be decisive, loud and active about promoting good mental health – highlighting the use of a range or variety of strategies which are all designed at making a positive impact on a person's mental health. To create a positive and healthy environment and the ability to adopt healthy lifestyle within the workplace i.e. impromptu planking is always a heart warmer and positive activity to do, just to have the spontaneity to do random, different but healthy things is a good thing to have.

Believe me there is no one strategy that can manage this topic alone – it has to be a multimodal approach but one that captures and works with those around you. Each person is so different, so planking may not be their definition of fun, but making that snow Nessie in the hospital car park may be. We have to look at, consider and put in a range of things to help touch, contact and influence of all of our members of the team. This wider range will help increase the chances for even more people to experience the benefits of good mental health or in improving their mental health as a whole.

### Q. What stress management initiatives are promoted by the practice?

We actively work in providing a stress-reduced environment for our patients and make it also well known that to even begin to start in providing such an ideal state for our patients staying with us - that it starts with us first. So, in order to have a de-stressed patient requires a de-stressed, calm and reassuring person who is then going to be looking after them. How can we help our patients, clients or colleagues if we aren't helping ourselves in the first place.

Putting yourself first should not be seen as a selfish act - it is an essential need for us all. By promoting those outside interests, taking an effort to ask how somebody is or to provide that act of help or support for those that may be needing it - not just from a professional point of view but from a personal point of view too. We try desperately to meet people's requests when dealing with personal needs i.e. see their daughter in the school play, making time to see someone who isn't well, booking that holiday - we must invest in the person as an individual - not just as a worker. So, by helping with those personal needs and perhaps stressors going on behind the scenes or just letting them know you are there if they do need a shoulder to lean on - can be a huge stress reliever in its own right.

**Q. Are colleagues supported during extended sickness absence and on return to work?**

This is a difficult to put into a generic sentence as for any person who has been sick or away from work for an extended period of time will depend very much on that one individual. So, any 'return to work' as such is managed in a way that is tailored specifically to meet the needs of that individual.

Needless to say there are times that as a manager, I can find myself in unfamiliar territory with having to deal with a particular situation or emotion, so knowing myself I have someone to turn to or even to know where to access additional support when needed to help stylise any personal programme for someone to the best of my abilities that is best suited for their needs.

**Q. Give one additional example of how physical health and psychological wellbeing are supported in your practice.**

Just by being the team that we are. Help yourself and help all others. Be honest, dedicated, open, passionate, caring, committed, dedicated, professional, enthusiastic, positive, excited, happy, loved, team members, encourage individuals to be themselves, enjoy seeing different personalities, include everyone, take notice, take care, be interested, be empathic, be sympathetic, be truthful, be open, voice out loud, share, communicate and be communicable, be understanding - to promote this and so many more considerations for yourself and others, is when you then need to stand as that ambassador, and to demonstrate by example.