

# De Novo

Colorado Association of Legal Support Staff

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*Here in the De Novo, we hope to provide you with articles that interest you, inform you, motivate you and inspire you – maybe even two, three or all of those. In this issue, we have two articles from Janet Ellen Raasch, the first on life-saving measures, and the second on career-saving measures. Of course, our favorite Grammar Queen, Darlene Johnson, has a short but helpful article for us.*

*This first issue of De Novo has been a challenge, as I was attempting to learn the newsletter format of Word and prepare the newsletter in a week in which I had more meetings than evenings without. I hope that by the next issue, I will have my act together a little more. We all keep learning, in our jobs and in our daily lives. One thing we are all learning right now is to deal with the economic situation in this country. The economy may have affected your workload, the people in your office, or your own job prospects or retirement plans. I hope you are all facing those many challenges with grace, a sense of optimism, and a sense of humor.*

*Ann Salek, De Novo Editor*

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**Hearts and brains:  
First aid in the workplace  
Can preserve this valuable law firm resource**

By Janet Ellen Raasch

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A lawyer is working at his desk when he complains about chest discomfort. A manager is in a meeting when she experiences sudden weakness on one side. A secretary is in the lunchroom when she chokes on her food. You hope that you will never face one of these situations, but if so – what should you do?

The most common cause of death or disability in the case of heart attack, stroke or choking is a loss of oxygen to the heart, the brain and other vital organs. Body cells need oxygen to work properly and deteriorate very quickly without it.

“Action in the first minutes of an emergency can be critical,” said Gabe Romero, a paramedic with Denver Health Paramedic Division ([www.denverems.org](http://www.denverems.org)). “The purpose of basic first aid is to maintain the circulation of oxygen until trained help can arrive and take over. Time preserves muscle for the heart and grey matter for the brain.”

“Unless you are a trained healthcare professional on the job, you are not obliged to conduct basic first aid,” said Jody Drajem, also a paramedic and EMS educator. “The choice is always yours. However, any person who does so – to the best of his or her training – is protected from liability by Colorado’s Good Samaritan law.”

Romero and Drajem discussed basic lifesaving techniques at a core-competency session of the Mile High Chapter of the Association of Legal Administrators ([www.milehighala.org](http://www.milehighala.org)), held Aug. 29 at the Adams Mark Hotel. By completing the program, participants were eligible to receive CPR cards.

*Determine the problem*

The first thing to do in an emergency situation is to make sure that the scene is safe. Never put yourself in danger to conduct basic first aid. “We don’t want to find two victims instead of one,” said Romero. Then, try to determine the cause of the problem.

Check to see if the victim is responsive. Repeatedly tap the person and shout, “Are you OK?” A victim who is responsive will react to your touch or voice. If the victim is responsive and awake, the victim is obviously breathing and oxygen is circulating. “Gasping is *not* the same as breathing,” said Drajem. “Tell the victim you are there to help, ask permission to help, and ask what the problem is.”

If the victim is responsive (moves or makes sounds) but cannot talk, ask someone to call 911 and get the first aid kit. If you are alone, do this yourself. If the person is not responsive, follow the same procedure but also get an AED (automatic external defibrillator) – if one is available. If you are alone, complete one set of CPR before calling 911 and getting the equipment. Resume CPR as soon as possible.

If the victim cannot speak (only moves or makes sounds) or is completely non-responsive, you have to determine if the victim is breathing. To do this, you have to open the airway. Sometimes, the airway becomes blocked when the tongue falls back into the throat. To open the airway:

- Tilt the head by pushing back on the forehead;
- Lift the chin by putting your fingers on the bony part of the chin (do not press the soft tissues of the neck or under the chin); and
- Lift the chin to move the jaw forward.

“To check whether the victim is breathing, place your ear next to the victim’s mouth and nose,” said Romero. “*Look* to see whether the chest is moving, *listen* for breaths and *feel* for breaths on your cheek. Take at least five seconds – but no more than ten seconds – to do this.”

If the person is breathing normally but is not responding, roll the victim to his or her side and wait for trained help. If the person does not have a pulse, start CPR or use the AED.

### *CPR*

The basic steps in giving CPR consist of giving chest compressions and breaths – and repeating this sequence until trained help arrives. When you give compressions, you are doing the job that the victim’s heart would normally do – pumping oxygenated blood.

To do compressions, make sure that the victim is lying on his or her back on a firm, flat surface. Kneel at the victim’s side. If clothing will get in the way of doing compressions and using an AED, remove them from the chest area.

“Place the heel of one hand on the center of the victim’s chest between the nipples,” said Romero. “Put the heel of your other hand on top of the first hand. With locked elbows

and shoulders above hands, push straight down on the chest with each compression – between one-third to one-half of the victim’s body-cavity depth.”

Push hard and fast – at a rate of 100 compressions a minutes. After each compression, keep your hands in place but release pressure to let the chest come back to its normal position.

“When you do this correctly, you will break ribs,” said Drajem, “especially if the victim is elderly. If you do not break ribs, you are not compressing deeply enough. To save someone’s life, it’s worth it.”

When you breathe for the victim, you are sending oxygenated air into the victim’s lungs. “Over the next few years, the American Heart Association may get away from the ventilating portion of CPR,” said Drajem. “Recent research shows that the blood holds oxygen longer than we first thought – and time may be better spent on compressions.”

When breathing for a victim, hold his or her airway open with a head tilt-chin lift, pinch the nose closed, take a normal breath and cover the victim’s mouth with your mouth (creating an airtight seal). Give a one-second breath, watching for the victim’s chest to rise. Give a second breath.

“Unless the victim is a family member, you should always use a mask or other barrier device, which should be in the firm’s first aid kit,” said Romero. “Despite what you see on TV, never put your mouth on the mouth of a stranger.”

The CPR sequence consists of two breaths and 30 compressions – repeated until the AED arrives, the victim starts to move or trained help takes over. “Count out loud,” said Drajem. “At one time, we gave 15 compressions between breaths, but current research shows that it takes 30 compressions to maintain profusion pressures in the chest.”

### *AED*

The American Heart Association supports placing AEDs throughout the community. They have been placed in many public places where large numbers of people gather – such as sports stadiums, airports, airplanes and an increasing number of worksites.

Giving CPR right away and using an AED within a few minutes will increase the chances of saving the life of someone with sudden cardiac arrest. “The odds are still not great,” said Romero, “but saving three percent of victims is better than saving none.”

An AED is a computerized machine in a box that can recognize when an arrhythmic heart requires an electric shock to restore its normal rhythm. When a shock is needed, an AED can administer it using special pads that are attached to the victim's chest.

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“The procedure is simple and uses visual and audible prompts,” said Drajem. “Turn on the AED, attach pads to the victim's chest (a diagram shows where), and allow the AED to check the heart rhythm. No one should touch the victim while the AED is analyzing.”

The AED will then say that no shock is needed, or it will tell the user to administer a shock. Before administering a shock, make sure no one is touching the victim. If the victim does not respond, resume CPR immediately. The AED will prompt the rescuer to shock again in two minutes.

“Never use these procedures to perform CPR or use an AED on a child under the age of eight or an infant,” said Romero. “Check with the AHA for these modified procedures.”

### *Heart attack*

Signs of a heart attack may include discomfort in the chest or in other areas of the upper body – arms, back, neck, jaw or stomach. With or without chest discomfort, shortness of breath may occur. Other signs may include cold sweat, nausea or lightheadedness.

“Signs of a heart attack are often less clear in women (even though they suffer from them at the same rate as men), the elderly and people with diabetes,” said Drajem. “These people may describe the uncomfortable feeling as an ache, heartburn or indigestion.”

The first few minutes of a heart attack – when the victim is most likely to get worse and possibly die – are the most important. Have the victim sit quietly, call 911, ask someone to get the first aid kit and AED, and be ready to start the steps of CPR and use the AED should the victim stop responding.

### *Stroke*

“A stroke occurs when blood stops flowing to a part of the brain,” said Romero. “This can happen if there is bleeding in the brain or if a blood vessel in the brain becomes blocked. The signs of a stroke are usually very sudden.”

The warning signs of a stroke are sudden numbness or weakness of the face, arm or leg – especially on one side of the body; sudden confusion, trouble speaking or understanding; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, loss of balance or coordination; and sudden, severe headache with no known cause.

Have the victim sit quietly, call 911, ask someone to get the first aid kit and AED, and be ready to start the steps of CPR and use the AED if the victim stops responding.

“It is important to recognize the signs of a stroke and get fast medical care because new treatments are now available – treatments like TPA that can decrease injury from a stroke and improve recovery,” said Drajem. “However, they must be given within a few hours.”

### *Choking*

When a victim is choking and cannot breathe, talk or make any sounds, give abdominal thrusts – sometimes called the Heimlich maneuver. Abdominal thrusts push air from the lungs and can help remove an object blocking the airway – like a cough.

“Ask the person, ‘Are you choking?’ If he or she nods, say that you are going to help,” said Romero. “If the victim can speak to answer, he or she is not choking.”

Kneel or stand (well-braced) behind the victim. Wrap your arms around so that your hands are in front. Make a fist with one hand; put the thumb side of the fist slightly above the victim’s navel, and grasp the fist with your other hand. Give quick upward thrusts into the abdomen.

“If a victim is pregnant or very large, use chest thrusts rather than abdominal thrusts,” said Drajem.

Continue until the object is forced out and the person can breathe, cough or talk – or until the person stops responding. If the victim stops responding, start CPR. Every time you open the airway to give breaths, look for the object. If you see it and it is easy to reach, remove it with your fingers. Do not “sweep” for the object or use this technique on an infant.

Prompt action in the first few minutes of an emergency is critical. “In order to keep current with basic first aid, an individual should be re-certified every two years,” said Romero. “In addition, we recommend that AHA educational materials be reviewed every three months.”

Note: This article does not constitute medical training in any of the above procedures. Individuals who are interested in becoming certified should take a CPR class.

**HAPPY THANKSGIVING!**

## **Use feedback and coaching To help law firm employees thrive**

By Janet Ellen Raasch

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A legal secretary would like to earn a raise, but his performance leaves something to be desired. A lawyer would like to make partner, but she doesn't know how to network and develop business. A mail room employee is a good worker, but his colleagues are complaining about his interpersonal skills.

Each of these individuals could benefit from coaching.

According to research conducted by the Corporate Leadership Council, 70 percent of employees believe that they could improve their performance and results in the workplace – if only they had effective feedback and coaching. Unfortunately, only 30 percent of them believe that their employers provide this service.

“The coaching conversation is a structured process by which an employer helps an employee set better goals and take specific steps to reach his or her full potential in the workplace,” said executive coach Morag Barrett. “Most employees want to succeed.”

Barrett discussed coaching as a concept and specific coaching tactics at the Aug. 16 program of the Mile High Chapter of the Association of Legal Administrators ([www.milehighala.org](http://www.milehighala.org)), held at the Adams Mark Hotel in Denver. Barrett is an experienced executive coach with Broomfield-based Skye Associates ([www.skyeassociates.net](http://www.skyeassociates.net)).

“Good coaching makes employees feel valued and respected,” said Barrett. “As a result, they stick around – rewarding the employer over time with commitment, effort and results. Valued and respected employees are willing to exceed expectations because you have taken the time to help them become more successful.”

In her own practice, Barrett uses a five-step coaching model first developed by The Corporate Coach University ([www.coachinc.com](http://www.coachinc.com)). “This may not seem intuitive at

first,” said Barrett, “but practice, practice and practice some more and you will see improvements in your skills and also in the performance and results of your employees.

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“In a coaching relationship, focus on creating a climate of trust, accountability for results, and motivation to learn and improve,” said Barrett. “Listen rather than talk, ask rather than tell, and be aware of your own emotional state as well as the emotional needs of the person you are coaching.”

*Focus the coaching conversation*

In the first step of the process, a coach should help an employee focus on just one thing – what they need most in order to succeed. Without a tight focus, it is too easy for a session to meander – wasting time for both the coach and the employee. “Coaching should be more than a very nice conversation,” said Barrett.

If the coaching session is open-ended, the parties can choose to focus on just about anything. “If the coaching session is the result of a specific problem in the workplace, as is often the case, the session will most likely focus on coming up with a plan to fix the problem,” said Barrett.

If an employee has more than one problem area, or if additional issues arise in the course of the conversation, it is important to pick and focus on the top priority. “Save other issues for other sessions,” said Barrett.

*Discover alternative possibilities*

In the second step of the process, a coach should help an employee explore the full range of possible options and solutions. “The purpose at this point is to stimulate creativity – not to decide what to do, but to identify all of the potential avenues and courses of action that are available,” said Barrett, “along with the pluses and minuses of each.”

Discuss which of these alternative behaviors have already been tried – what worked and what did not work for the employee, and why. Ask employees if they have observed others facing a similar situation – and what worked or did not work for the other person.

“Don’t assume that a possible answer is obvious or even known to your employee,” said Barrett. “After asking permission, a coach may provide suggestions.”

Do not proceed to the step three until you are confident that you have discovered all of the possible solutions. Take the time that is needed. “Otherwise, you may end up with a sub-optimal solution,” said Barrett.

*Make a plan of action*

In the third step of the process, a coach helps an employee choose one of the alternatives generated in step two – and create a roadmap for reaching that destination. The roadmap  
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must be specific and must cover what will happen, when it will happen, how it will happen – and include any milestones along the way.

As part of this process, the employer should indicate any tools and support it is willing to offer. The coach and employee should determine if anyone else at the law firm needs to be aware of and included in the plan in order for it to work.

“Once you have this discussion and plan specific steps,” said Barrett, “the employee can look to the future and imagine success. In and of itself, this can be highly motivational.”

*Remove any barriers to success*

In the fourth step of the process, a coach helps an employee identify any barriers to implementation and completion of the action plan. “These could include training needs, conflicting work priorities or lack of commitment,” said Barrett.

If the barriers are insurmountable, then the plan and expectations must be restructured. If they are not insurmountable, then specific actions to overcome the barriers must be incorporated into the plan. What resources can the employer provide? What steps must the employee take?

“Some of the most difficult barriers to success can be motivational,” said Barrett. “Ask questions to discover what motivates the employee. Is it career growth opportunity, compensation, job risk, peer pressure or new challenges? You cannot expect success unless you understand what your employee is willing and able to try.”

*Review session and chart next steps*

The fifth step of the process has two important parts. At the end of each session, the employee should review what has been learned.

Then, the employee must state the specific steps he or she will take in the next few weeks in order to get closer to the stated goal.

To maximize motivation and “ownership” of the plan, the employee – not the coach – is responsible for vocalizing both parts of this summary. As part of the plan, a follow-up session between the coach and the employee is scheduled.

“If a coaching relationship does not seem to be working, do not automatically write off the employee as ‘un-coachable,’” said Barrett. “Try pairing the person with a different coach. Personality and connection are important in any effective coaching relationship.”

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In conclusion, Barrett asked: “If you are coaching your employees – who is coaching you? It is almost impossible to coach yourself. How could professional coaching help you to be more effective at your job and move up within your profession?”

## **The Grammar Queen**

By Darlene Johnson

At my real job, we are about to publish an interesting book about the history of the Colorado Court of Appeals. It is a little different from our normal substantive books — a sort of “insider’s look” at the judges, staff members, and events that have made the court what it is today. It’s a fun read. (Of course, I would never brazenly plug one of our books in this column, but if you know someone who works or ever worked at the court, it would make a great gift.)

Until I worked on this book, I did not know that the Supreme Court and the Court of Appeals originally heard oral arguments in a courtroom in the State Capitol Building, which is located in Denver because Denver is the state capitol. Hmmm. That doesn’t seem right. How about this: I did not know that the Supreme Court and the Court of Appeals originally heard oral arguments in a courtroom in the State Capitol Building, which is located in Denver because Denver is the state capital. Is that better?

Why, yes it is. In the second attempt, I used “capitol” and “capital” correctly. I won’t begin to explain the etymology of the words in this short column, but the English language uses one spelling for the main legislative building (capitol) and a different spelling for the city (capital) in which the building is located. It can be confusing, especially because the words often appear in close proximity to each other.

As with many of these sometimes-confusing similar words, using them correctly is simply a matter of memorizing which one to use when. The closest I can come to offering a tip for easier memorizing is that capitol buildings usually have columns on the outside as decorations, and the state capital (city) is where all the people tend to gather. It’s not the strongest tip, but I’d love to know whether it helps!

*Darlene Johnson is the Managing Editor at Continuing Legal Education in Colorado, Inc. When she is not busy making sure that all the i’s are dotted and the t’s are crossed, Darlene enjoys baking scones and spending time with her husband and daughter. Please send your grammar questions to Darlene at [djohnson@cohar.org](mailto:djohnson@cohar.org).*

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