INTEGRATING ASPECTS OF THE ‘EMOTIONAL INTELLIGENCE’ THEORY TO TACTICAL FUNDRAISING STRATEGIES FOR NON-PROFIT ORGANIZATIONS (NPO’S) IN RECESSION ECONOMIC TIMES

“VISION OF HOPE: FUNDRAISING IN RECESSION ECONOMIC TIMES”

A Master’s project

Presented to the faculty in Communication and Leadership Studies

School of Professional Studies

Gonzaga University

Under the supervision of Dr. Alexa Dare

Under the mentorship of Dr. Pete Tormey

In partial fulfillment

Of the Requirements for the degree

Master of Arts in Communication and Leadership Studies

By Marc Knutson

May 2012
We the undersigned, certify that we read this thesis and approve it as adequate in scope and quality for the degree Master of Arts.

Thesis or Project Director

Faculty Mentor

Faculty Reader

Gonzaga University
MA Program in Communication and Leadership Studies
ABSTRACT
The global economic picture over the past decade has created tough financial times for nations, individuals, and industry in general. With respect to organizations, there is no one single area more affected by devastating economic stress than non-profits. In economically prosperous times, philanthropists and other donors to non-profit organizations are open to, and regularly schedule, donations. However, as financial situations require belt-tightening and acute frugality, donations to non-profits are reconsidered. In light of the slumping economic times, I suggest that non-profit organizations, specifically those supporting laboratory research of debilitating diseases, review their fundraising strategies defining a differentiation strategy that sets them apart. That strategy will be spelled out in a new curriculum which is the primary goal of this project. This project incorporates the phenomenological communication theory and components of the Emotional Intelligence Model theory into a curriculum that empowers staff and volunteers of non-profits to continue to seek operating capital for research labs, which will help bring cures and the resultant hope that cures bring.
# TABLE OF CONTENTS

Abstract .................................................................................................................. 3

CHAPTER 1: PROJECT PROPOSAL ........................................................................ 6

   Introduction ........................................................................................................ 6
   Statement of the Problem .................................................................................. 6
   The Goal ........................................................................................................... 8
   Importance of the Curriculum .......................................................................... 10
   Anticipated Results .......................................................................................... 11
   Potential Solutions and Suggestions ................................................................ 12
   Definitions of Terms ........................................................................................ 13
   Organization of Remaining Chapters .............................................................. 14

CHAPTER 2: REVIEW OF THE LITERATURE ..................................................... 16

   Theoretical Basis .............................................................................................. 16
   The Literature .................................................................................................. 17
   Active Training ................................................................................................. 19
   Research Objectives ......................................................................................... 24

CHAPTER 3: SCOPE AND METHODOLOGY ...................................................... 29

   The Scope of the Project .................................................................................. 29
   Methodology of the Project ............................................................................. 31

CHAPTER 4: THE PROJECT ................................................................................. 33

   Introduction ...................................................................................................... 33
   Project Description .......................................................................................... 33
CHAPTER 5: SUMMARIES AND CONCLUSIONS ...........................................35

Limitations ...........................................................................................................35

Cognitive Dissonance Concerns or Overcoming Resistance to Change ..........35

Trainer Feedback .................................................................................................36

Further Study Recommendations ......................................................................37

Conclusions ..........................................................................................................37

REFERENCES: ......................................................................................................40

APPENDIX ‘A’ ........................................................................................................44

APPENDIX ‘B’ ........................................................................................................54

APPENDIX ‘C’ ........................................................................................................60
CHAPTER 1: PROJECT PROPOSAL

“Incorporating aspects of the ‘Emotional Intelligence’ theory to tactical fundraising strategies for non-profit organizations (NPO’s) in recessive economic climates”

Introduction

Years ago, while serving as the senior pastor of my church, I visited the daughter of a church member who was undergoing cancer treatments at the Doernbecher Children’s Hospital (DCH) in Portland, Or. Doernbecher is a non-profit children’s hospital located on the campus of the Oregon Health and Sciences University, a world recognized and renowned cancer treatment and research facility.

The child was only 3 years old and had been diagnosed with a congenital brain tumor. As I toured the 10th floor of the Doernbecher hospital, my heart was moved as I observed so many children, innocent patients, waiting for cures.

The 3-year-old did not make it to her fourth birthday, and today I wonder: could the ultimate cure, as a result of advanced research, have saved her little life? What does it take to move people, benefactors, donors and other philanthropists to give to research causes?

Statement of the problem

Non-profit organizations begin each day at the foot of the mountain of financial sustainability. As the organization looks to the peak, the pinnacle of self-sufficiency, they also look to, and depend upon, staff and volunteers. These are people who climb that mountain of donors and philanthropists in search of the donations that feed the organizational machinery and, in this case, fuel the myriad research projects both present and future.

The United States is home to over 1.5 million non-profit corporations. Non-profits
require generous contributions to maintain a steady cash flow, which in turn, maintains organizational life and valuable research laboratory life.

According to guidelines, as established in the tax code of the United States Internal Revenue Service (IRS), a ‘non-profit’, organization may not earn income that can be profited by any individual or private shareholder as reflected below.

To be tax-exempt under section 501(c)(3) of the Internal Revenue Code, an organization must be organized and operated exclusively for exempt purposes set forth in section 501(c)(3), and none of its earnings may inure to any private shareholder or individual. In addition, it may not be an action organization, i.e., it may not attempt to influence legislation as a substantial part of its activities and it may not participate in any campaign activity for or against political candidates (IRS, 2012).

However, what is profoundly impacted in a slumping economy is that ‘steady’ flow of philanthropic contributions, the very lifeblood of non-profit organizations (NPO’s).

“As the United States and Canada emerged from the great recession, charitable pledges to nonprofit health care organizations slowed in fiscal year 2010, jeopardizing the ability of health care systems in both countries to generate philanthropic funding necessary to meet their long-term, construction, equipment and patient needs” (Association for Healthcare Philanthropy, March, 2012)

In a recent Bank of America Nonprofit Impact Series webinar, led by Dr. Susan Raymond, Executive Vice President of “Changing Our World, Inc.,” addressing the subject, “The Public Finance Crisis: Can Philanthropy Shoulder the Burden?” she made a statement that totally supports the purpose of the curriculum I propose. She stated that we must “Make your
case about success. Show positive results” (Dr. Raymond, webinar). Another point she made, that also would be a result of the proposed modifications was “Don’t beg” (Dr. Raymond, Webinar), “Donors are growing weary of ‘pleas of crisis.’ Show them progress positively.” Raymond also indicated there are at least two more years of economic “choppy waters” (Dr. Raymond, Webinar).

The onslaught of debilitating diseases on humanity is irrespective of economic trends and will not relent to accommodate the dip in philanthropic investments in the search for cures.

**The Goal**

Inspired by, and drawing upon the biblical proverb “Where there is no vision, the people perish,” (Proverbs 29:15, King James Bible), I want to advance the theory that non-profit organizations may have to make adjustments, matching the current economic times, in order to realize or maintain philanthropic income levels.

This project will build upon the connection between “Empathy” and “Motivation” (Parnell, 2004, p. 155) through the development of a classroom curriculum supported by a service learning component.

Although the data is a few years old, the assertion made in an article entitled “High-Impact Philanthropy in a recession,” appearing in the Urban Institute research of Record (2010) confirms what would be a logical premise in times of a troubled economy, especially in an economy mired in a stubborn recession as the global data indicates. “Yes, foundation endowments recently have been hard hit and individuals who traditionally give to charity have suffered financial reversals,” states Elizabeth Boris, Director, Center on Nonprofits and Philanthropy.
“But many non-profits in their communities are in truly desperate straits. They have endured a triple whammy on the revenue side—donations, grants, and government support are all down—while community needs and demands for services have skyrocketed during the current economic crisis” (Urban Institute, 2010, p.1).

In addition to the economics of the land, it is also a time where unemployment levels vacillate at all time highs, between 9 and 10 percent (U.S. Bureau of Labor Statistics, 2011). These are factors that have an impact on positive cash flow to any non-profit organization. Specifically, the model NPO for this pilot curriculum is the American Cancer Society (ACS). It can be modified for use by other non-profit organizations that depend on philanthropic generosity also.

My goal is to develop a curriculum of modified fundraising strategies by implementing a leadership posture identified as “Emotional Intelligence (EI)” (Parnell, 2004, p. 155). As a result, changes (corporate, strategic, managerial and cultural) to non-profits’ fundraising efforts may be necessary.

As defined by Parnell, “Emotional Intelligence” is a strategy that ties success to a “Leaders collection of psychological attributes, such as motivation, empathy, self-awareness, and social skills” (Parnell, 2004, p. 155). Drawing from contemporary theorizing on EI and non-profit fundraising strategies, I have developed a curriculum that will improve contributions for research in non-profits devoted to curing cancer.

Continuing, Parnell also states, “Executives who possess a passion for their work are socially oriented and understand their own needs as well as those of their subordinates and are more likely to gain the trust, confidence, and support necessary to lead their organizations”
(Parnell, 2004, p. 156). In the curriculum, each one of these attributes will be addressed. A polling questionnaire will be issued prior to implementation of the project, and again afterward monitor the strength and effectiveness of the curriculum.

There are four aspects to the EI theory, which will be explained later. In light of the above referenced background of the problem, the curriculum developed focuses on one specific aspect of EI – the application of ‘empathy’ in NPO fundraising strategies.

Importance of the Curriculum

It has been said that the only thing that is constant in business is change. This curriculum is designed to take advantage of recent discoveries in the field of EI studies and will empower NPO’s across the country to solicit donations in a stronger, more assertive yet hopeful and convincing way. The idea behind this approach, leaning on the emotional intelligence model, will establish that properly funded research has had positive results and that that enthusiasm could be transferred to the staff.

I have entitled the program, designed to be a one-day seminar, with follow-up field trips as, “Vision of Hope: Fundraising in Recessive Economic Times.”

The aspects of the curriculum will include additional changes proposed by the study data, placing a strong emphasis on the “positives” (Dr. Raymond, webinar) of past and current EI research, including the following, albeit briefly stated:

A. Implement the vision of hope for cures to all staff and volunteers through the curriculum. For example, if being used in a cancer research NPO environment, training sessions would teach about the myriad amounts of cancers that exist (a multi-headed monster) and discuss the many that have a demonstrated 100 percent cure rate.
B. The curriculum would include regularly scheduled special in-depth training classes that specify types of cancers, and:

1. Cured cancers,

2. Cancers almost cured, considered treatable with accepted treatments,

3. Cancers not yet curable, further research required, demonstrated progress, etc.

C. These sessions would be taught by leaders in the research field and would ultimately be considered an on-going training, not merely a one-time shot.

D. Part of the ‘Emotional Intelligence’ model, that part that I dub in this paper as the ‘Catching the Vision’ training approach, would include staff and volunteer field trips to:

1. Cancer research laboratories (i.e., OHSU in Portland) and have lunch with some of the researchers who would tell their positive stories to the group.

2. Cancer (Oncology) treatment wards to view patient treatment centers in hospital environments (again, at the OHSU facilities).

3. Special visits to, and by, Cancer survivors to the NPO offices on a highly regular basis, stressing and building up the fact that Hope remains in the battle for the future cures based on the facts of the current cures.

This project should guide NPO staff and volunteers to an advantageous position as they compete for philanthropic funds in the global marketplace.

Anticipated Results

The theory that is being proffered is that the staff and volunteers who have seen firsthand, heard firsthand and have personally met and dined with researchers and survivors alike, will approach and redefine the ACS culture of philanthropic fund raising from a new and a more
“Emotional Intelligent” position. Being more capable of communicating, through the utilization of the “Emotionally Intelligence” model, the positives of current cancer research and the hope that surrounds future cancer breakthroughs and cures.

Can hope be quantified? Can hope be calculable? This results of this project, as compared to the national control group, and measured by the baseline numbers of the 10-year funds raised average should reveal that an empathetic and emotionally intelligent approach is the positive way to continue the cash-flow stream required to maintain current research, and support future research, determined to lop off more heads of the cancer monster.

*Potential Solutions and Suggestions*

Non-profits have been with us since the early days of our country, “In the early days of the nation, despite a great spirit of self-reliance, the colonists formed voluntary associations to provide services that the government couldn’t” (Caywood, 2007, p. 483).

Nevertheless, with changing times, and indeed through cavalcading centuries, nonprofit organizations still exist to come to the aid of those in need. “There is, however, one unchanging fact of life confronting virtually all nonprofit organizations: there is never enough money” (Caywood, 2007, p. 483). “The link between money and message is a blunt one” (Caywood, 2007, p. 485).

Fundraising is more than simply asking for financial support. It is also the life and culture of the organization. Using the above-mentioned references, quotes and ideas, I plan to introduce suggested fundraising procedural and cultural changes designed to maintain or increase cash flow and the resultant research funds for the subject NPO.

Among them will include the notion, supported by Harrison, of making “Strategic
changes” (Harrison, 1994, p. 110), by allowing the volunteers and the staff to make major, necessary adjustments to fundraising techniques. Harrison suggests one of many adjustments would include “Adjusting work procedures or flows to take account of changes in the availability of resources or the demand for services (or funding sources)” (Harrison, 1994, p. 110).

The popular Herzberg theory related to “Maslow’s theories” (Hersey, Blanchard & Johnson, 2001, p. 70) on human behavior, will assist in the premise of the curriculum development. Additionally, utilizing, the text entitled “Management of organizational behavior” (Hersey, Blanchard & Johnson, 2001) gives me a strong, scholarly text that delves into behaviors and motivations behind organizational successes – and failures.

In conclusion, it is my contention that in the current, and/or future economic recessive climates, a differentiation strategy that would prove to be effective would be that as presented by the “Emotional Intelligence” model, founded in the phenomenological roots of communication theory. Ultimately, staff and volunteers would utilize empathy along with scientific research data, to implore philanthropists to donate, without the bane of “donor weariness” (Dr. Raymond, webinar) and without being waved off as another “plea of crisis” (Dr. Raymond, webinar). Moreover, they will be approaching their tasks from a position of strength and knowledge of the disease itself and the past positive affects research has had in the cure and cures for debilitating diseases.

**Definition of terms**

Emotional Intelligence: “One’s psychological attributes, such as (1) motivation, (2) empathy, (3) self-awareness and (4) social skills” (Parnell, 2004, p.155).

Phenomenological Tradition of Communication Theory: “Places great emphasis on people’s
perception and interpretation of their own subjective experience” (Griffin, 2006, p.32).

Active Training: “Involves a three-pronged approach: fostering attitudes, developing and practicing skills, and promoting understanding of the concepts and models behind the subject” (Silberman & Auerbach, 2006, p.15)

Empathy: The ability to identify with and understand somebody else's feelings or difficulties (Dissanayaka, Chathurani & Janadari, 2010)

Emphatic Understanding: “Is the caring skill of temporarily laying aside our views and values and entering into another’s world without prejudice” (Griffin, 2006, p.32).

Phenomenology: “It basically refers to the intentional analysis of everyday life from the standpoint of the person who is living it” (Griffin, 2006, p.32).

Philanthropy: a desire to improve the material, social, and spiritual welfare of humanity, especially through charitable activities (IRS, 2012).

Non-Profit Organization (NPO): An incorporated organization that may not earn income and cannot be profited by any individual or private shareholder (IRS, 2012).

Organization of Remaining Chapters

The project is divided into five chapters: 1) the introduction to the importance of the study; 2) a review of the literature and philosophical assumptions; 3) the scope and methodology of the field of study; 4) the introduction and presentation of the curriculum, or presentation; and 5) a summary of the findings.

In Chapter 1, there is a link between two current trends, fascinating and innovative communication theories, emotional intelligence and the phenomenological tradition of communication theory, were listed due to their importance for scholars to expand their studies on
human empathy toward effective communication.

Chapter 2 delves into the development of the two theories through a review of relevant literature. The chapter also explains the correlation between experiential communication and the study of emotional intelligence.

Chapter 3 will define the scope of the project, along with certain limitations, and the methodology used to form the framework for the developed presentation.

Chapter 4 will introduce and present the presentation that is designed to be generic, yet can be made specific as it relates to specific non-profit organizations.

Chapter 5 will expound on limitation and potential benefits of the project. In addition, it will summarize and offer recommendations for further study and exploration of the project.
CHAPTER 2: LITERATURE REVIEW

Theoretical Basis

Non-profits have been with us since the founding days of our country, “In the early days of the nation, despite a great spirit of self-reliance, the colonists formed voluntary associations to provide services that the government couldn’t” (Caywood, 2007, p.483).

Nevertheless, with changing times, and indeed through cavalcading centuries, nonprofit organizations still exist to come to the aid of those in need. “There is, however, one unchanging fact of life confronting virtually all nonprofit organizations: there is never enough money” (Caywood, 2007, p. 483). “The link between money and message is a blunt one” (Caywood, 2007, p.485). This means that NPO’s are in a perpetual fundraising mode, and in times of a universal financial downturn, fundraising organizations may have to incorporate different strategies.

The life-blood of non-profit organizations, also known to the IRS as a “Social Welfare Organizations” (2012, IRS code) is dependent upon the endless search for legally donated “charitable contributions” (2012, IRS code) for survival. For instance, if a researcher hopes to discover a cure for some medical issue facing society, or if another Social Welfare Organization, that may be caring for homeless children, is seeking support, they must first pass over the threshold test as an IRS sanctioned NPO. The means to the end is through philanthropists, ‘for-profit’ corporations and individual donors.

As mentioned in Chapter 1, the data suggest that, as the economic belts of donors tighten, different approaches, or ‘means’ to the end must be addressed. As Dr. Raymond states, fundraising has at least two more years of “Choppy waters.” As a result, donors are going to
become more discriminating with their discretionary funds

As Plato wrote in *The Republic*, “Necessity, who is the mother of invention,” this project is focused, primarily, on the development of new strategies, fueled by necessity. These newer strategies result in a program designed to aid the staff and volunteers of non-profits as they set about the narrowing field of donors.

In recent studies, a new theory in the psychology world has emerged that is beginning to show promise in professional interpersonal communications. It has been labeled “Emotional Intelligence” (Parnell, 2004). I am suggesting that a specific strategy modification should incorporate aspects of the “Emotional Intelligence” (EI) model of human interpersonal communication. More details of EI will be delineated before the chapter concludes.

Additionally, as mentioned in chapter one, the hand in glove fit to this project is the phenomenological tradition theory of communication as it “Places great emphasis on people’s perception and interpretation of their own subjective experience” (Griffin, 2006, p.32).

This project will review the theories behind the growing movement of emotional intelligence, and will focus on one of the major components of the model: “Emotional Empathy” (Griffin, 2006, p.32). My hypothesis is that in this age of economic stress, something deeper than the current means of fundraising must be explored and put into place to counter the flagging flow of philanthropic funds.

*The Literature*

Concepts of intelligence have been the subject of psychological exploration and testing for hundreds of years. The accepted measure of intelligence, known as the ‘Intelligence Quotient Test (IQ)’ has been paired with a newer theory called ‘Emotional Intelligence (EI)’. 
The original notions of EI were first proffered in 1920 by Thorndike’s concept of social intelligence, and furthered by works in 1940 and another study in 1983. However, the term “Emotional Intelligence” owes its birthright to Salovey and Mayer (1990). They defined EI as “the ability of an individual to monitors one’s own and others emotions, to discriminate among the positive and negative effects of emotion, and to use emotional information to guide one’s thinking and actions” (Dissanayaka, Chathurani, & Janadari, 2010). “Unlike abstract intelligence, which refers to the ability to understand and manipulate symbols, or concrete intelligence, social intelligence refers to the ability to understand and relate to people” (Dissanayaka, Chathurani, & Janadari, 2010, p.1).

It is to that point this proposed curriculum is going to center around. Additionally, and very important are these follow up comments in the University of Kelaniya study,

“(EI) can also define an individual’s ability to accurately perceive reality so as to understand and regulate their own emotional responses as well as adapt and respond to others. This emerges as four interrelated social skills, grouped around knowledge, perception, regulation and general intelligence” (Dissanayaka, Chathurani, & Janadari, 2010, p.4).

Mayer, Salovey, and Caruso, (2004) have identified “Four branches” of EI, which they describe as “EI and the four-branch ability model” (Mayer, Salovey & Caruso, 2004, p.199).

Branch 1: Involves “The capacity to recognize emotion in others’ facial and postural expressions” (Mayer, Salovey & Caruso, 2004, p.199). Branch 2: “Involves the capacity of emotions to assist thinking” (Mayer, Salovey & Caruso, 2004, p.199). Branch 3: “Reflects the capacity to analyze emotions, appreciate their probable trends over time and understand their
outcomes” (Mayer, Salovey & Caruso, 2004, p.199).

For the sake of this project, it is branch 4 that I will be focusing on in the development of a curriculum utilizing certain aspects of the EI model. Branch 4: “Reflects the management of emotion, which necessarily involves the rest of personality. That is, emotions are managed in the context of the individual’s goals, self-knowledge, and social awareness.” (Mayer, Salovey & Caruso, 2004, p.199).

Branch 4 lends itself to the purpose of the curriculum as it pertains to the staff and volunteers of NPO’s and how they pursue continued funding for their non-profit organizations. Particularly important is how the staff and volunteers relate to the individual goal, their self-knowledge, motivation and their social awareness. “Part of interpersonal relationships involves motivation of others” (Mayer, Salovey & Caruso, 2004, p.209). Which is germane to our curriculum as “Higher EI individuals appear to write higher quality vision statements than others” (Mayer, Salovey & Caruso, 2004, p.209). “EI is an intelligence that operates on, and with, emotional information” (Mayer, Salovey & Caruso, 2004, p.209).

The curriculum will be developed with these statements in mind and will focus on creating a differentiation strategy that en folds staff and volunteers of NPO’s into an emotional, approach by means of their own experiences that have formed their own emotional links substantiating a closer connection to their cause.

Active Training

Drawing heavily upon the work of Silberman and Auerbach this training curriculum is based on “Active Training” (2006) – which, in-turn, results in “Active Learning” (2006). “Over twenty-four hundred years ago, Confucius declared:
What I hear, I forget
What I see, I remember
What I do, I understand” (Silberman & Auerbach, 2006, p.2)

Modified by Silberman, he sees the Confucius saying as an “Active Learning” (2006) credo:

When I only hear, I forget.
When I hear and see, I remember a little
When I hear, see and ask questions and discuss with someone else, I begin to understand
When I teach someone, I master what I have learned. (2006)

Finally, Silberman states: “The average retention rate from various instructional modes” (are):

Lecture =5%
Reading =10%
Audiovisuals =20%
Demonstration =30%
Discussion =50%
Practice by doing =75%
Teaching Others =90%

“Aristotle declared many years ago: ‘Teaching is the highest art of understanding’” (Silberman & Auerbach, 2006, p.5). Active training leads to “Active Learning” (Silberman & Auerbach, 2006, p. 12).

In the course of this curriculum, students are going to:

Hear - Not only this lecture, but what researchers, lab technicians and Doctors say.

Read – Materials from this class
See – Materials from class and labs, etc.

Demonstrate – To others in this class what you saw and heard

Discuss – With each other

Practice – Repeating what you saw and heard today

AND … Teach others – When they return to their respective offices.

“Such round numbers are hardly evidence of solid research! However, they do suggest a progression worthy of discussion” (Silberman & Auerbach, 2006, p. 2).

As the result of the above mentioned studies, the proposed curriculum will include the notion, supported by Harrison, of “Intervening in the environment” (Harrison, 1994, p. 110), and making “Strategic changes” (Harrison, 1994, p. 110) by allowing the volunteers and the staff to make major, necessary adjustments to fundraising techniques. Harrison suggests one of many adjustments would include “Adjusting work procedures or flows to take account of changes in the availability of resources or the demand for services (or funding sources)” (Harrison, 1994, p. 110). Based on findings referenced by Harrison (1994), “Organizations can respond to external pressures by making internal adjustments.” Specifically, Harrison states, through “incremental” (1994) and “Strategic actions” (1994). Internal changes that “intervene” (1994) in the overall organization’s environment.

Among the changes in the curriculum will be modified terminology so that staff and volunteers can better grasp the concepts and are terms, as defined by Parnell, “One’s psychological attributes, such as (1) motivation, (2) empathy, (3) self-awareness and (4) social skills” (Parnell, 2004, p. 155).

Would applying EI to an NPO’s fundraising efforts contribute to increased research and
operational funds? According to the data, there is a strong suggestion that it would be beneficial. Data compiled by Dr. John Barbuto, Jr., Associate Professor of Leadership at the University of Nebraska-Lincoln, and Assistant Professor of Management, Joana Story, of the University of New Lisbon, in a published study entitled ‘Antecedents of Emotional Intelligence: An Empirical Study,’ summarize their results by stating, “The results of these studies indicate that emotional intelligence offers great promise as an antecedent to many positive organizational outcomes” (Barbuto, Story & S, 2010).

Additionally, it is well worth noting at this juncture, that in the empirical study performed at the University of Kelaniya, in Sri Lanka, on behalf of the Department of Human Resource Management, they found that there was a positive link in the role of EI in organizational learning. However, while Organizational Learning (OL), as a term, is defined as “A system of actions, actors, symbols and processes that enables an organization to transform information into valued knowledge which in turn increases its long-run adaptive capacity” (Schwandt, D.R. 1993, p.8), it is not a component of this project. “Further study results depicted EI as being positively and significantly related with Organizational Learning. The findings have implications for management of people towards creating and maintaining organizational learning” (Dissanayaka, Chathurani, Janadari & 2010).

It needs to be noted that OL has been mentioned as a coincidental side result, and eventual recipient to implemented EI programs as indicated in EI studies. Therefore, this project will have a side effect on the organization implementing the programs, which are grounds for another project.

Adding to the aforementioned empirical research, will be data and statistics found in “An
experiential approach to organizational development” (Harvey & Brown, 2001). Specifically, the material that stands out is the chapter devoted to “A model for organizational change” (Harvey & Brown, p. 15, 2001). Additionally, the emphasis of Professors Harvey and Brown on “motivating high performance” (Harvey & Brown, 2001, p. 277) fits into the scheme of the project and is supportive of the Schein material.

Following close behind is another strong resource, but certainly not the last of substantive research resources to support the curriculum, “Essentials of Organizational Behavior” (Robbins, 2003). In which much will be drawn from the pages on “Motivation: from concepts to applications” (Robbins, 2003, p. 55). Robbins discusses the impact that motivation has on an organizations work force. It is important to note that this material plays an important role in the fundraising efforts of NPO’s as it serves as a driving force – motivation. Which ties in, ideally with a tradition of communication theory, as presented by EM Griffin, identified as the “Phenomenological Tradition: Communication as the experience of self and others through dialogue” (Griffin, 2006, p.32).

The Phenomenological tradition in communication theory sounds “imposing” (Griffin, 2006, p.32), but, as he explains it is “Basically referring to the intentional analysis of everyday life from the standpoint of the person who is living it” (Griffin, 2006, p.32). The phenomenological tradition of communication theory fits this curriculum project in that, as Griffin expounds, “For the phenomenologist, an individual’s story is more important –and more authoritative- than any research hypothesis or communication axiom” (Griffin, 2006, p.32).

Additionally, there is an interesting added tie between the phenomenological tradition in communication theory, and the emotional intelligence theory, in that the phenomenological
tradition also holds that a component of that theory is considered “Empathic understanding” (Griffin, 2006). Part ‘A’ of the definition of Empathic understanding is “The caring skill of temporarily laying aside our views and values and entering into another’s world without prejudice” (Griffin). However, I believe this theoretical tradition meets more closely to the EI model in part ‘B’ of Griffin’s definition, “It is an active process of seeking to hear the other’s thoughts, feelings, tones and meanings as if they were our own”(2006).

The target audience for the curriculum will be staff and volunteers, since the majority of NPO’s utilize them to reach out to prospective donors. Staff and volunteers are on the frontlines of fundraising. The presentation will demonstrate to attendees that they are key to the research and hope for a cure future. They will see that, how they interact with potential donors, will be the means to a successful outcome.

The attendees of the class will gain a comprehensive understanding of the theory of the “Empathy” and the “Empathic” components of EI and the phenomenological theories, which may increase NPO staff and volunteer efficacy.

Research Objectives

Inspired by, and drawing on, the biblical proverb “Where there is no vision, the people perish” (The Holy Bible, KJV, 1991) I want to advance the notion that Non-profit organizations may have to make adjustments to the current economic times in order to realize or maintain philanthropic income levels.

The overarching objective is to accept the notion that in trying times the effervescing constant in business is change. So, it will be true in the life and culture of NPO’s. Therefore this curriculum will directly appeal to that and make changes accordingly. The curriculum will be
developed as the result of reading and studying the papers and results of those who have delved into the theories of Emotional Intelligence, and published their findings. Since EI draws on the individual’s own emotions and depth of being, the attendees of the classes will therefore be shown a newer way to approach philanthropists and other donors utilizing their personal experiences and knowledge. Repeating Griffin statement, “The Phenomenological tradition places great emphasis on people’s perception and interpretation of their own subjective experience” (2006), confirms the theory that an empathetic approach to fundraising should have impacting results.

Although the data is a few years old, the assertion made in an article entitled “High-Impact Philanthropy in a recession,” appearing in the Urban Institute research of Record (2010) confirms what would be a logical premise in times of a troubled economy, an economy mired in a stubborn recession. “Yes, foundation endowments recently have been hard hit and individuals who traditionally give to charity have suffered financial reversals,” states Elizabeth Boris, Director, Center on Nonprofits and Philanthropy,

“But many nonprofits in their communities are in truly desperate straits. They have endured a triple whammy on the revenue side—donations, grants, and government support are all down—while community needs and demands for services have skyrocketed during the current economic crisis” (Urban Institute, 2010).

In addition to the economics of the land, it is also a time where unemployment is at all time highs, nearly ten-percent (Bureau of Labor Statistics, 2011). These are factors that have an impact on positive cash flow to non-profit organizations that depend on philanthropic generosity.

According to an article in ‘The Non Profit Times,’ a self-described “Leading business
“The more articulate and repetitive you can be about where the money will be used, the better,” said Brink. “It really helps if you can point to something that carries the value of their contribution. We reported to them how well our investments did, even if they were less than expected. It’s a little like dealing with your mom and dad, just be straight up and stress the importance of what you do” (Fanburg, 2011).

Data suggest that there may need to be some procedural and/or corporate strategic, managerial and cultural changes to the current fundraising efforts by non-profits, and EI offers potential insights to accomplish that strategy. I am going to propose adjustments, based on one of the Parnell described EI principles, “Empathy” (Parnell, 2004), that would keep the contributions flowing, the research labs working and more cures on the horizon.

With that referenced background of the problem, I have begun to research supporting scholarly material that would facilitate our theories and identify ways, means and effects of such changes, if they were to be employed. Using the data from Schein, and myriad of other written resources, I plan to arrive at an outcome that confirms my theory of income shortfalls and proposed strategic ratifications designed to profoundly affect the current procedural and cultural outreach processes.

Along the road, one issue I will have to address in the curriculum is ‘Cognitive Dissonance’. Simply defined, cognitive dissonance is maintaining the mentality of policy and procedures that states, “This is the way we’ve always done it . . .” Which, by the very nature of the comment, indicates that potential changes may be met with expected resistance.

Dr. Edgar Schein states that “Failure to sense changes in the environment or actually
miss-perceiving what is happening is one of the most common causes of organizational failure” (Schein, 1994, p.235). The issues that Dr. Schein’s writings have addressed in organizations, especially his empirical findings in his work on the “Complexity of human nature” (Schein, 1994, p. 93), will be helpful to support the implementation of an EI curriculum.

Parnell states that, “A leader’s likelihood of success has also been tied to emotional intelligence” (Parnell, 2004, p. 155). ‘Emotional Intelligence’ is defined by Parnell as, “One’s psychological attributes, such as motivation, empathy, self-awareness and social skills” (Parnell, 2004, p. 155).

Once again, referring to Edgar Schein and his comments regarding Organizational Psychology (Schein, 1994) pertaining to organizational changes, he states that “If you want to study an organization (system, group) then try to change it” (Schein, 1994, p. 241). He goes on to explain that thought by writing, “In effect . . . organizations are dynamic systems that we cannot really understand unless we intervene somehow in those dynamics” (Schein, 1994, p. 241). Finally, he states “But, intervention cannot and should not be a random process because that would be neither efficient nor ethical” (Schein, 1994, p. 241).

In other words, a review of the current procedures could result in potential changes, either major or minor - and potentially both - to the current organizational process, looking much like an intervention. However, if done correctly, as Schein warns, then it could be most effective without creating any ethical situations.

Additionally, I suggest that within the personal budget and austerity plans of the general donating public, an amount of trust/distrust of organizations maintains the level of reticence to public donations. Therefore, “intervening Publics” (Wilson, Ogden & 2008, p. 87) would play
an important role. “An intervening public is one that carries our message to the publics we ultimately need to reach and influence” (Wilson, Ogden &., 2008, p. 87). To better understand that point, the authors clarify, “Media and opinion leaders or influentials are intervening publics that are often used in communication and persuasion” (Wilson, Ogden &., 2008, p. 87).
CHAPTER 3: SCOPE AND METHODOLOGY

The Scope of the Project

The project entails a number of divisions, or Chapters.

In Chapter 1, We reviewed the issues concerning ‘Non-profits’, including the daily request for funding, trending in current economic times, and even suggesting why newer strategies are needed to sop up funds, while they can, as the parched wells of resources dry up.

In Chapter 2, we looked at the various books, journal articles and a variety of other media resources, from established scholarly materials, empirical studies and other credible sources. A tie between the researched materials, and the proposed project objectives, was developed, which resulted in the project curriculum.

Chapter 3 defines the scope, methodology and limitation for this project. Additionally, it contains further support of the philosophical need or ‘necessity’ and the theoretical application or ‘working model’ that serves as the foundation for the project.

Chapter 4 begins the body of work in the form of the designed curriculum. The curriculum handout will include an initial section designed for the trainer of the class. The emphasis for the trainer, at this introduction level, is to discuss why the class was developed.

The trainer will emphasize that studies have indicated that EI, by its very nature, is introspective and a personally and moving attribute. In some people EI appears to be innate, but some studies indicate that in others it can be a taught discipline. While this curriculum will not attempt to teach people EI as a theory, it will attempt to instruct how to employ EI as discipline. The results, or goals, are to transform the staff and volunteers of NPO’s from rote, script reading fund-raisers, into transformational agents sharing with potential donors from their emotional
centers, their hearts, rather than mere recitation.

Chapter 5 identifies limitations along with the benefits of the project. Additionally, it will summarize and offer potential recommendations for further study and exploration. The depth of the subject of EI suggests that this project will warrants additional study and time, and that this could be a pilot program approach to a deeper, more thorough curriculum.

This project application will focus on a corporate training setting, i.e., designed around a conference room venue, not necessarily a scholastic or academic environment. However, I leave room to modify the overall plan to adapt to an academic setting at a future date. The classroom portions are designed to be taught in one day sessions. However, if not feasible it can be split over two days. Since there are ‘off-campus’ modules to the curriculum, i.e., research facility visitations and the sort, it will require parts of additional days.

The Trainers section will include the following sections:

Section 1: Goals, objectives and expectations from the course and the students.
Section 2: A brief discussion on the background, theories, philosophies and principles behind the “EI” model as utilized in the curriculum. (PowerPoint)
Section 3: The coursework set of instructions on implementing the materials.
Section 4: Suggested Metrics to establish the levels of achievement and student understanding of the materials.
Section 5: A non-exhaustive list of ideas, activities and suggested field trips, etc.
Section 6: Feedback form to return to the editors of the program to adjust and fine-tune after field testing.

The Participant section will be a digest of materials to include:
1. Required and suggested reading materials.
2. Groups activities.
3. Written assignments (not large or cumbersome so as to discourage completion)
4. Discussion formats for classroom participation
5. Brain Storm strategies/Role play participation
6. Final written essay, along the lines of 500 words, on what was learned and how the EI concept could change their approach to fundraising.

Methodology of the Project

This project is designed to be transformational by the very nature of the fact that it is an intensive, hands-on approach. The means of measurement by which the students will have demonstrated what they learned will be a draw between qualitative and quantitative results. By that I mean the first fruits of understanding will emerge from the students themselves.

The model behind the theory of Emotional Intelligence is broken down into four components, or factors, as described by Parnell (2004). This project draws heavily from Parnell’s fourth component: empathy – as it pertains to non-profit fundraising efforts.

In order to establish what types of training materials currently exist in non-profit corporations, non-profits in Portland, Or. were surveyed using phone and email. The survey sought: (1) What type of training do staff and volunteer undertake before speaking to potential donors? (2) What level of personal, (i.e., one-on-one with researchers, doctors, etc.), do staff and volunteers participate in? (3) What level of hands-on interface do staff and volunteer have with potential end-users of the funds? And, finally, (4) What type of product knowledge training is conducted for staff and volunteers with respect to the cause they are raising funds for?
From the data collected, the formation of a practical instructional program can be formulated.

Finally, additional books and journal articles that center on or around the studies, theories and models of EI, along with scholarly sources and best practices for formulating training curriculum, were reviewed to learn strategies that will enhance the overall study of EI in NPO’s.
CHAPTER 4: THE PROJECT

Introduction

Fundraising for Non-profit organizations is a twenty-four hour a day uphill climb. Our parents used to muse about their school days as they spoke of trudging through ten feet of snow, uphill, both ways, to and from school. While those were humorous and facetious attempts at dispelling our school-day woes, it is not a stretch to say that raising funds for NPO’s is tantamount to the parental uphill trudge to school. There are (typically) no factories or manufacturing plants associated with NPO’s, Goodwill Industries and St. Vincent DePaul being exceptions, rather than the rule. Therefore, it is incumbent on each and every NPO to maintain a strong focus on reaching out to benefactors who believe in their cause and be willing to financially support it. As a result of the current economic malaise, some NPO’s are in “desperate straits” (Urban Institute, 2010).

However, as mentioned earlier, there has been a strain imposed on philanthropists and other donees. With nearly two million Non-profits registered with the IRS, there is a real, and disturbing backlash that equates to “Donor weariness” of “Plea crises” (Raymond, BofA Webinar).

Here’s where the theories and supporting models of EI – Emotional Intelligence – can step up and enter the NPO picture.

Project Description

This project, a curriculum entitled “Vision of Hope: Fund Raising in Recessive Economic Times”, will serve as a transformational class that will modify the way current fundraising techniques are employed.
Overall, EI is complicated and quite in-depth, however, the concepts, referred to as “sub-components” (Mandell & Pherwani, 2003) that surround it, are not. They are basic to every human being. Parnell has the easiest to comprehend definition, which is the definition that the curriculum will utilize to explain to the attendees the goal and scope of the class: “motivation, empathy, self-awareness and social skills” (Parnell, 2004). While all four sub-components will be broached, the emphasis of the curriculum will focus on the relationship that the “Empathy” component has on the other three elements.

Based on the phone and email interviews, the existing training is as standard classroom and textbook style. However, one fact did emerge, and that was that the classes lacked a “Blend of visual, auditory, and kinesthetic activity” (Silberman & Auerbach, 2006, p.7), which is what Silberman and Auerbach suggests can lead to an unsuccessful learning experience, “Learning needs to be multi-sensory and filled with variety” (2006). One study cited by Silberman and Auerbach emphasizes why I have developed the curriculum around the three afore mentioned categories, visual, auditory and kinesthetic activity. In citing a study by Schroeder and colleagues (1993) they found that “Approximately sixty percent of entering students have a practical rather than a theoretical orientation to learning, and the percentage grows year to year” (Silberman & Auerbach, 2006, p.7). Therefore, I have based my curriculum on this basis.

With that in mind, my approach to the curriculum includes all three bases of current training theory, including the blend of visual, auditory and kinesthetic activities. From the interviews, I have concluded that my approach will be different from current practices, and adheres to the models of Emotional Intelligence and the phenomenological traditions by addressing, and focusing, on the empathetic side of human nature and psychology.
CHAPTER 5: SUMMARIES AND CONCLUSIONS

Limitations

Having reviewed a number of scholarly articles on the subject of “Emotional Intelligence,” and “The Phenomenological Communication Theory,” the fundamental groundwork for this project, I have discovered that a thorough class on the subject would exceed the limitations and restrictions imposed as a one-day class. Therefore, I will have to limit this seminar curriculum to an homogenized amalgam of the four fundamental and essential aspects of the “Emotional Intelligence” model or theory, as concisely defined by Parnell, “Emotional Intelligence: one’s collection of psychological attributes, such as motivation, empathy, self-awareness and social skills” (2004, p.155).

Cognitive Dissonance Concerns or Overcoming Resistance to Change

Simply defined, Cognitive Dissonance is maintaining the mentality of policy and procedures that states, “This is the way we’ve always done it . . .” Which, by the very nature of the comment, indicates that potential changes may be met with expected resistance.

I have chosen the following publication ‘Organizational Psychology’ written by Dr. Edgar H. Schein, to undergird the formation of the curriculum. Specifically, Dr. Schein points out that there can be “Certain problems and pitfalls are characteristically associated” (Schein, 1994, p.235) with changes on organizations. He states that businesses “Can adjust to new conditions provided the organization can sense the time is ripe to develop new products, services or procedures” (Schein, 1994, p.235). While the focus is on EI, Dr. Scheins’ work will be used to add framework to the class sessions and curriculum format. The issues that Dr. Scheins’ writings have addressed in organizations, especially his empirical findings in his work on the
“Complexity of human nature” (Schein, 1994, p. 93), will help support the direction and maintain a “focus” (Neuman, 2006, p. 28) on the project.

Parnell states that, “A leader’s likelihood of success has also been tied to emotional intelligence” (Parnell, 2004, p. 155). ‘Emotional Intelligence’ is defined by Parnell as, “One’s psychological attributes, such as motivation, empathy, self-awareness and social skills” (Parnell, 2004, p. 155).

Once again, referring to Edgar Schein and his comments regarding Organizational Psychology (Schein, 1994) as it pertains to organizational changes. He states that “If you want to study an organization (system, group) then try to change it” (Schein, 1994, p. 241). He goes on to explain, “In effect . . . organizations are dynamic systems that we cannot really understand unless we intervene somehow in those dynamics” (Schein, 1994, p. 241). As I see the current practices of the local non-profits polled, Schein’s position of organizational change may meet with some resistance. Finally, he states “But, intervention cannot and should not be a random process because that would be neither efficient nor ethical” (Schein, 1994, p. 241).

In other words, a review of the current procedures could result in potential changes, either major or minor - and potentially both - to the current organizational process, looking much like an intervention. However, if done correctly, as Schein warns, then it could be most effective without creating any ethical situations.

*Trainer Feedback*

The feedback form, for the trainer, would request the trainer to return a short questionnaire, (Appendix B) 10 questions designed after the Likert scale, ranging from “Strongly Disagree” to “Strongly Agree” on the overall effectiveness of the curriculum and the class
response. Plus, there would be room to offer a small essay by the trainer to make comments, suggestions, or concerns, in their own words.

Further Study Recommendations

As we blend the empirical findings of human empathy, a key component to both the Emotional Intelligence theory and the Phenomenological Tradition of communication theory, into a seminar curriculum that includes current best practices in training (i.e., visual, auditory and kinesthetic activities), as it relates to raising funds for non-profit organizations, the attendees will emerge with a well rounded and theory based understanding toward a hopeful future for research and cures of debilitating diseases. However, this is merely the shell of a pilot program and is not an exhaustive treatise of the subject. A more thorough project, supported by further research and study, would be recommended to transform the curriculum from a one day seminar pilot project, to a longer term, on-going, training and organizational enhancing asset.

Conclusions

With the grim reality of the fact that recessive economic times bring new challenges, NPO’s are tasked with the duties of maintaining a positive cash flow. This curriculum project is designed to take advantage of recent discoveries in the field of Emotional Intelligence studies and has blended factors of the phenomenological tradition of communication theory. The overarching aspects of the curriculum, borne on the knowledge, studies and conclusion of scholars (psychologists, communication theorists, etc.), focuses on the emotional and emphatic principles of the two theories of communication. The curriculum will empower NPO’s across the country to solicit donations in a stronger, more assertive yet hopeful and convincing way. The idea behind this approach, leaning on the fourth branch of the emotional intelligence model
(empathy), will establish that properly funded research has had positive results and that that enthusiasm could be transferred to the staff. Additionally, through the amalgamation of the empathy factor, with the third leg of the phenomenological theory (emphatic), the staff and volunteers of NPO’s can successfully plod further in their quest for philanthropic dollars. All the while utilizing a new concept; we have heard of a hands-on experience, now we will rename it as a hearts-on experience, where the empathy and emphatic approach becomes a hearts-eye perspective.

At the conclusion of the training event, the attendees will be inspired by their own hearts-on experience of meeting with frontline research scientists, dining with cancer victims and survivors, interviewing parents of cancer suffering children, and, finally, spending time with the innocent children on the 10th floor of the DCH.

The Vision of Hope: Fundraising in Recessive Economic Times curriculum is designed and developed recognizing the natural, innate, characteristics of the human heart toward those suffering and in need, fulfilling the very definitions of both the Emotional Intelligence model and the Phenomenological Theory of communication.

The curriculum is also influenced, and framed, by the pragmatic “Active Training” (Silberman & Auerbach, 2006) practices and approach as delineated by Silverman and Auerbach. Each classroom session, or field trip, to the various destinations on the OHSU campus, is followed up by a classroom debrief by the attendees which offer opportunity for reflective discussion and the cementing of data/experiences in the hearts and minds of the attendees. The debrief sessions align with the practical lessons learned from Silverman and Auerbach are the combination of sensual input, i.e. using of all the senses, combined to solidify and retain the data
learned, and increase the retention factor to a higher value.

As discussed above, debilitating diseases are unresponsive to and irrespective of the economic times of the world. However, debilitating diseases are responsive to treatments and cures, whether they are pharmacological, radiological, or surgical. As a result of this curriculum, and despite the economy, the attendees will be able to successfully charge forward in their search for funding, and they will be able to do their part as a team-member of the research society.
References


Appendix ‘A’

Curriculum

Vision of Hope:
Fund Raising in Recessive Economic Times
Staff and Volunteer “Pre-Class” Questionnaire

The ‘Staff and Volunteer Questionnaire’ will be issued both pre and post training. The questionnaire will be issued to attendees of the class to establish a pre-training baseline.

Post training: the same questionnaire will be re-issued to the staff and volunteers after the class in order to evaluate the effectiveness of the seminar class approach.

[Please note that these questions may be changed or significantly modified at the time of their issue.]
Pre-Class Questionnaire (Attendees):

Name: ______________________  Date: ______________

1. How knowledgeable do you feel about the types of cancers that affect humankind?
   - Very Knowledgeable  - Knowledgeable  - Slightly Knowledgeable  - Not Knowledgeable  - Don’t know

2. How knowledgeable do you feel about the treatments or treatment types that are available for patients?
   - Very Knowledgeable  - Knowledgeable  - Slightly Knowledgeable  - Not Knowledgeable  - Don’t know

3. How knowledgeable do you feel about representing the success of cancer researchers to potential donors to your cause?
   - Very Knowledgeable  - Knowledgeable  - Slightly Knowledgeable  - Not Knowledgeable  - Don’t know

4. How comfortable are you in presenting treatment types and descriptions to potential donors?
   - Very Comfortable  - Comfortable  - Slightly Comfortable  - Not Comfortable  - Don’t know

5. How comfortable are you in presenting current statistics, to potential donors today?
   - Very Comfortable  - Comfortable  - Slightly Comfortable  - Not Comfortable  - Don’t know

6. Do you know anyone who is a survivor/sufferer of cancer today? (Circle one)
   - YES  NO

7. Are you a cancer survivor? (Circle one)  YES  NO
Post-Class Questionnaire (Attendees):

Name: _______________________
Date: ________________

1. How knowledgeable do you feel about the types of cancers that affect humankind?
   - Very Knowledgeable
   - Knowledgeable
   - Slightly Knowledgeable
   - Not Knowledgeable
   - Don’t know

2. How knowledgeable do you feel about the treatments or treatment types that are available for patients?
   - Very Knowledgeable
   - Knowledgeable
   - Slightly Knowledgeable
   - Not Knowledgeable
   - Don’t know

3. How knowledgeable do you feel about representing the success of cancer researchers to potential donors to your cause?
   - Very Knowledgeable
   - Knowledgeable
   - Slightly Knowledgeable
   - Not Knowledgeable
   - Don’t know

4. How comfortable are you in presenting treatment types and descriptions to potential donors?
   - Very Comfortable
   - Comfortable
   - Slightly Comfortable
   - Not Comfortable
   - Don’t know

5. How comfortable are you in presenting current statistics, to potential donors today?
   - Very Comfortable
   - Comfortable
   - Slightly Comfortable
   - Not Comfortable
   - Don’t know

6. In your own words, what was the most impactful part of this training program? (50 words or less).
7. What do you feel is the most important “Take Away” point that you learned?

8. What would you do to make this class different – i.e., more impacting?
## List of Known Cancers

<table>
<thead>
<tr>
<th>Cancers</th>
<th>Bladder Cancer, Childhood</th>
<th>Bronchial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Lymphoblastic</td>
<td>Brain Tumor, Cerebellar</td>
<td>Primary</td>
</tr>
<tr>
<td>Leukemia, Adult</td>
<td>Brain Tumor, Cerebral</td>
<td>Central Nervous System</td>
</tr>
<tr>
<td>Acute Lymphoblastic</td>
<td>Brain Tumor, Cerebral</td>
<td>Lymphoma, Primary</td>
</tr>
<tr>
<td>Leukemia, Childhood</td>
<td>Brain Tumor, Supratentorial</td>
<td>Cerebellar Astrocytoma,</td>
</tr>
<tr>
<td>Acute Myeloid Leukemia, Adult</td>
<td>Brain Tumor, Cerebral</td>
<td>Childhood</td>
</tr>
<tr>
<td>Childhood</td>
<td>Brain Tumor, Cerebral</td>
<td>Cerebral</td>
</tr>
<tr>
<td>Adrenocortical Carcinoma</td>
<td>Medulloblastoma, Childhood</td>
<td>Cervical Cancer</td>
</tr>
<tr>
<td>Adrenocortical Carcinoma, Childhood</td>
<td>Brain Tumor, Supratentorial</td>
<td>Childhood Cancers</td>
</tr>
<tr>
<td>Childhood</td>
<td>Brain Tumor, Cerebral</td>
<td>Chronic Lymphocytic</td>
</tr>
<tr>
<td>AIDS-Related Cancers</td>
<td>Tumors, Childhood</td>
<td>Leukemia</td>
</tr>
<tr>
<td>AIDS-Related Lymphoma</td>
<td>Brain Tumor, Visual Pathway</td>
<td>Chronic Myelogenous</td>
</tr>
<tr>
<td>Anal Cancer</td>
<td>and Hypothalamic Glioma,</td>
<td>Leukemia</td>
</tr>
<tr>
<td>Astrocytoma, Childhood</td>
<td>Brain Tumor, Childhood</td>
<td>Chronic Myeloproliferative Disorders</td>
</tr>
<tr>
<td>Cerebellar</td>
<td>Brain Tumor, Childhood</td>
<td>Clear Cell Sarcoma of Tendon Sheaths</td>
</tr>
<tr>
<td>Astrocytoma, Childhood</td>
<td>(Other)</td>
<td>Colon Cancer</td>
</tr>
<tr>
<td>Cerebral</td>
<td>Breast Cancer</td>
<td>Colorectal Cancer, Childhood</td>
</tr>
<tr>
<td>Bile Duct Cancer,</td>
<td>Breast Cancer and Pregnancy</td>
<td>Cutaneous T-Cell Lymphoma</td>
</tr>
<tr>
<td>Extrahepatic</td>
<td>Breast Cancer, Childhood</td>
<td></td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>Breast Cancer, Male</td>
<td></td>
</tr>
<tr>
<td>Cancer Type</td>
<td>Pathway and Hypothalamic</td>
<td>Lymphocytic</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Endometrial Cancer</td>
<td>Pathway and Hypothalamic</td>
<td>Lymphocytic</td>
</tr>
<tr>
<td>Ependymoma, Childhood</td>
<td>Hairy Cell Leukemia</td>
<td>Leukemia, Chronic</td>
</tr>
<tr>
<td>Epithelial Cancer, Ovarian</td>
<td>Head and Neck Cancer</td>
<td>Myelogenous</td>
</tr>
<tr>
<td>Esophageal Cancer</td>
<td>Hepatocellular (Liver)</td>
<td>Leukemia, Hairy Cell</td>
</tr>
<tr>
<td>Esophageal Cancer, Childhood</td>
<td>Cancer, Adult (Primary)</td>
<td>Lip and Oral Cavity Cancer</td>
</tr>
<tr>
<td>Childhood</td>
<td>Hepatocellular (Liver)</td>
<td>Liver Cancer, Adult (Primary)</td>
</tr>
<tr>
<td>Ewing's Family of Tumors</td>
<td>Cancer, Childhood (Primary)</td>
<td>Liver Cancer, Childhood</td>
</tr>
<tr>
<td>Extracranial Germ Cell Tumor, Childhood</td>
<td>Hodgkin’s Lymphoma, Adult</td>
<td>Lung Cancer, Non-Small Cell</td>
</tr>
<tr>
<td>Tumor, Childhood</td>
<td>Hodgkin’s Lymphoma, Child</td>
<td>Lung Cancer, Small Cell</td>
</tr>
<tr>
<td>Extragonadal Germ Cell Tumor</td>
<td>Childhood</td>
<td>Lymphoblastic Leukemia, Chronic</td>
</tr>
<tr>
<td>Tumor</td>
<td>Hodgkin’s Lymphoma During</td>
<td>Lymphoblastic Leukemia, Chronic</td>
</tr>
<tr>
<td>Extrahepatic Bile Duct Cancer</td>
<td>Pregnancy</td>
<td>Adult Acute</td>
</tr>
<tr>
<td>Eye Cancer, Intraocular Melanoma</td>
<td>Hypopharyngeal Cancer</td>
<td>Lymphoblastic Leukemia, Childhood</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Hypothalamic and Visual</td>
<td>Lymphoblastic Leukemia, Childhood</td>
</tr>
<tr>
<td>Eye Cancer, Retinoblastoma</td>
<td>Pathway Glioma, Childhood</td>
<td>Lymphocytic Leukemia, Chronic</td>
</tr>
<tr>
<td>Gallbladder Cancer</td>
<td>Intraocular Melanoma</td>
<td>Lymphoma, AIDS-Related</td>
</tr>
<tr>
<td>Gastric (Stomach) Cancer</td>
<td>Islet Cell Carcinoma</td>
<td>Lymphoma, Central Nervous System (Primary)</td>
</tr>
<tr>
<td>Gastric (Stomach) Cancer, Childhood</td>
<td>(Endocrine Pancreas)</td>
<td>Lymphoma, Central Nervous System (Primary)</td>
</tr>
<tr>
<td>Childhood</td>
<td>Kaposi’s Sarcoma</td>
<td>Lymphoma, Cutaneous T-Cell</td>
</tr>
<tr>
<td>Gastrointestinal Carcinoid</td>
<td>Kidney Cancer</td>
<td>Lymphoma, Hodgkin’s, Adult</td>
</tr>
<tr>
<td>Tumor</td>
<td>Laryngeal Cancer</td>
<td>Lymphoma, Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Germ Cell Tumor,</td>
<td>Laryngeal Cancer, Childhood</td>
<td>Lymphoma, Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Extracranial, Childhood</td>
<td>Leukemia, Acute</td>
<td>Lymphoma, Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Germ Cell Tumor, Ovarian</td>
<td>Lymphoblastic, Adult</td>
<td>Lymphoma, Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Extragonadal</td>
<td>Leukemia, Acute</td>
<td>Lymphoma, Hodgkin’s, Pregnancy</td>
</tr>
<tr>
<td>Germ Cell Tumor, Ovarian</td>
<td>Lymphoblastic, Childhood</td>
<td>Lymphoma, Non-Hodgkin’s, Adult</td>
</tr>
<tr>
<td>Gestational Trophoblastic</td>
<td>Leukemia, Acute Myeloid,</td>
<td>Lymphoma, Non-Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Tumor</td>
<td>Adult</td>
<td>Lymphoma, Non-Hodgkin’s, Child</td>
</tr>
<tr>
<td>Glia, Childhood Brain</td>
<td>Leukemia, Acute Myeloid,</td>
<td>Lymphoma, Non-Hodgkin’s, Childhood</td>
</tr>
<tr>
<td>Stem</td>
<td>Childhood</td>
<td>Lymphoma, Non-Hodgkin’s, Non-Hodgkin’s During</td>
</tr>
<tr>
<td>Glioma, Childhood Visual</td>
<td>Leukemia, Chronic</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Cancer Type</td>
<td>Cancer Type</td>
<td>Cancer Type</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lymphoma, Primary Central Nervous System</td>
<td>Myeloproliferative Disorders, Chronic</td>
<td>Penile Cancer</td>
</tr>
<tr>
<td>Macroglobulinemia, Waldenström's</td>
<td>Nasal Cavity and Paranasal Sinus Cancer</td>
<td>Pheochromocytoma</td>
</tr>
<tr>
<td>Male Breast Cancer</td>
<td>Sinus Cancer</td>
<td>Pineal and Supratentorial Tumors, Childhood</td>
</tr>
<tr>
<td>Malignant Mesothelioma, Adult</td>
<td>Nasopharyngeal Cancer</td>
<td>Primitive Neuroectodermal Tumors, Childhood</td>
</tr>
<tr>
<td>Malignant Mesothelioma, Childhood</td>
<td>Childhood</td>
<td>Pituitary Tumor</td>
</tr>
<tr>
<td>Medulloblastoma, Childhood</td>
<td>Neuroblastoma</td>
<td>Plasma Cell</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Non-Hodgkin’s Lymphoma</td>
<td>Neoplasm/Multiple Myeloma</td>
</tr>
<tr>
<td>Melanoma, Intraocular</td>
<td>Childhood</td>
<td>Pleuropulmonary Blastoma</td>
</tr>
<tr>
<td>Merkel Cell Carcinoma</td>
<td>Non-Hodgkin’s Lymphoma</td>
<td>Pregnancy and Breast Cancer</td>
</tr>
<tr>
<td>Mesothelioma, Malignant</td>
<td>During Pregnancy</td>
<td>Pregnancy and Non-Hodgkin’s Lymphoma</td>
</tr>
<tr>
<td>Metastatic Squamous Neck</td>
<td>Non-Small Cell Lung Cancer</td>
<td>Primary Central Nervous System Lymphoma</td>
</tr>
<tr>
<td>Cancer with Occult Primary</td>
<td>Oral Cancer, Childhood</td>
<td>System Lymphoma</td>
</tr>
<tr>
<td>Multiple Endocrine Neoplasia</td>
<td>Oral Cavity and Lip Cancer</td>
<td>Primary Liver Cancer, Adult</td>
</tr>
<tr>
<td>Syndrome, Childhood</td>
<td>Oropharyngeal Cancer</td>
<td>Primary Liver Cancer, Childhood</td>
</tr>
<tr>
<td>Multiple Myeloma/Plasma</td>
<td>Osteosarcoma/Malignant</td>
<td>Prostate Cancer</td>
</tr>
<tr>
<td>Cell Neoplasm</td>
<td>Fibrous Histiocytoma of Bone</td>
<td>Rectal Cancer</td>
</tr>
<tr>
<td>Mycosis Fungoides</td>
<td>Ovarian Cancer, Childhood</td>
<td>Renal Cell (Kidney) Cancer</td>
</tr>
<tr>
<td>Myelodysplastic Syndromes</td>
<td>Ovarian Epithelial Cancer</td>
<td>Renal Cell Cancer, Childhood</td>
</tr>
<tr>
<td>Myelodysplastic/Myeloproliferative Diseases</td>
<td>Ovarian Germ Cell Tumor</td>
<td>Renal Pelvis and Ureter, Transitional Cell Cancer</td>
</tr>
<tr>
<td>Myelogenous Leukemia, Chronic</td>
<td>Ovarian Low Malignant</td>
<td>Retinoblastoma</td>
</tr>
<tr>
<td>Myeloid Leukemia, Adult</td>
<td>Potential Tumor</td>
<td>Rhabdomyosarcoma, Childhood</td>
</tr>
<tr>
<td>Acute</td>
<td>Pancreatic Cancer</td>
<td>Salivary Gland Cancer</td>
</tr>
<tr>
<td>Myeloid Leukemia, Childhood Acute</td>
<td>Pancreatic Cancer, Islet Cell</td>
<td>Salivary Gland Cancer</td>
</tr>
<tr>
<td>Myeloma, Multiple</td>
<td>Paranasal Sinus and Nasal Cavity Cancer</td>
<td>Childhood</td>
</tr>
<tr>
<td></td>
<td>Cavity Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parathyroid Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Type</td>
<td>Age Group</td>
<td>Other Cancer Type</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Sarcoma, Ewing's Family of Tumors</td>
<td>Childhood</td>
<td>Unknown Primary Site, Cancer of, Childhood</td>
</tr>
<tr>
<td>Sarcoma, Kaposi's</td>
<td>Squamous Neck Cancer with Occult Primary, Metastatic Unusual Cancers of Childhood</td>
<td></td>
</tr>
<tr>
<td>Sarcoma, (Osteosarcoma)/Malignant Fibrous Histiocytoma of Bone</td>
<td>Childhood</td>
<td>Stomach (Gastric) Cancer, Ureter and Renal Pelvis, Transitional Cell Cancer</td>
</tr>
<tr>
<td>Sarcoma, Rhabdomyosarcoma, Childhood</td>
<td>Supratentorial Primitive Uterine Cancer, Endometrial</td>
<td></td>
</tr>
<tr>
<td>Sarcoma, Soft Tissue, Adult</td>
<td>T-Cell Lymphoma, Cutaneous Uterine Sarcoma</td>
<td></td>
</tr>
<tr>
<td>Sarcoma, Soft Tissue, Childhood</td>
<td>Testicular Cancer Visual Pathway and Vulvar Cancer</td>
<td></td>
</tr>
<tr>
<td>Sezary Syndrome</td>
<td>Thymoma, Childhood Hypothalamic Glioma, Childhood</td>
<td></td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>Thymoma and Thymic Childhood</td>
<td></td>
</tr>
<tr>
<td>Skin Cancer, Childhood</td>
<td>Carcinoma Thyroid Cancer Waldenstrom's</td>
<td></td>
</tr>
<tr>
<td>Skin Cancer (Melanoma)</td>
<td>Thyroid Cancer, Childhood Macroglobulinemia</td>
<td></td>
</tr>
<tr>
<td>Skin Carcinoma, Merkel Cell</td>
<td>Transitional Cell Cancer of Wilms’ Tumor</td>
<td></td>
</tr>
<tr>
<td>Small Cell Lung Cancer</td>
<td>the Renal Pelvis and Ureter</td>
<td></td>
</tr>
<tr>
<td>Small Intestine Cancer</td>
<td>Trophoblastic Tumor, Gestational Source: <a href="http://www.cancer.gov">http://www.cancer.gov</a></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Sarcoma, Adult</td>
<td>Unknown Primary Site, Carcinoma of, Adult</td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Sarcoma,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ten Question Handout: Attendees

Name: _________________________  Date: ________________

1. How many types of cancer are there? (+/-)

2. How many cancers have known cures?

3. How many beds are there in DCH?

4. What is the common aspect of Emotional Intelligence and The Phenomenological Tradition of communication?

5. How many children can the 10th Floor serve?

6. How many children are currently on the 10th floor?

7. What is the capacity of the Ronald McDonald House for visiting families?

8. Was there “Commonness” to the cancer survivor stories?

9. How many boxes of copier paper did you see in the lab?

10. How much of the OHSU/DCH/KCI is funded through donations and/or philanthropic support?
Appendix ‘B’

Trainer/Class Leader Questionnaire:

Name: _______________________
Date: _______________

1. How knowledgeable did you feel about the types of cancers that affect humankind before you lead this class?
   Very Knowledgeable - Knowledgeable - Slightly Knowledgeable - Not Knowledgeable – Don’t know

2. How knowledgeable did you feel about the treatments or treatment types that are available for patients before you lead this class?
   Very Knowledgeable - Knowledgeable - Slightly Knowledgeable - Not Knowledgeable – Don’t know

3. How knowledgeable did you feel about representing the success of cancer researchers to potential donors to your cause before you lead this class?
   Very Knowledgeable - Knowledgeable - Slightly Knowledgeable - Not Knowledgeable – Don’t know

4. How comfortable were you in presenting treatment types and descriptions to potential donors before you lead this class?
   Very Comfortable - Comfortable - Slightly Comfortable - Not Comfortable – Don’t know

5. How comfortable were you in presenting current statistics, to potential donors today before you lead this class?
   Very Comfortable - Comfortable - Slightly Comfortable - Not Comfortable – Don’t know
6. Do you know anyone who is a survivor/sufferer of cancer today? (Circle one)

   YES  NO

7. Are you a cancer survivor? (Circle one)

   YES  NO

8. In your own words, what was the most impactful part of this training program? (50 words or less).

9. What do you feel is the most important “Take Away” point that you learned?

10. What would you do to make this class different – i.e., more impacting?
Notes for Field Trip To

Knight Cancer Research Institute

Name: ___________________________  Date: ___________________________
Notes for Field Trip To

Ronald McDonald House

Name:                      Date:
Notes for Field Trip To

*Doernbecher Children’s Hospital 10th Floor*

Name: ___________________________ Date: ___________________________
Notes for Luncheon with

Cancer Survivors

Name: Date:
Appendix ‘C’

The following curriculum is designed to be conducted in a conference room setting with PowerPoint projector ready, class handouts, which feature the PowerPoint presentation in a black and white PowerPoint handout. On the conference table in front of each attendee will be a blank ‘Pre-Class Questionnaire’, the ‘Ten Questions’ handout, some pens, a personal packet of unopened tissues. Additionally, there will be a large bowl of candy for all to share.

For the following (sample) presentation, I have chosen a conference room in the Doernbecher Children’s Hospital located on the campus of the Oregon Health and Sciences University (OHSU), in Portland, Oregon. OHSU is a highly renowned cancer research center, home of both the Doernbecher Children’s Hospital and the Knight Cancer Institute and is responsible for developing many cancer cures, from pharmacological drugs, to chemical and surgical procedures, which have lead to cures, treatments and hope.

Suggested timeline for program:

- Sessions 1 & 2 = 1.5 hrs.
- Lab Visit & Debrief Session = 1.5 hrs.
- Ronald McDonald House Visit and debrief = 1.5 hrs.
- Lunch with survivors = 1.5 hrs.
- DCH 10th Floor Visit & debrief = 1.5 hrs.
- Final review of 10 Questions sheet = .75 hrs.
The following are the trainer’s script for each slide.

SESSION 1

Slide 1: Intentionally left blank

* Assure that everyone has a hand-out [copies of the PowerPoint printed from the ‘handout’ pull down menu], writing implements, the tissue packet, name tags and a drink or refreshment of some sort.

INTRODUCTION: Trainer will at this point introduce themself, and have the class attendees introduce themselves, i.e., Name, where they live, any connection to Cancer?

Proceed to Slide #2.
The year: 1953 . . .
The event: Application of the Porsolt Test on rats ...
The Test: Place rats into a beaker of water to observe how long they can survive treading. The Experiment is performed twice, the first time a small group is ‘rescued’ before they succumb to drowning.
The results: Two groups are re-introduced to the tank, a new group combined with the rescued group. The rescued rats swim longer than the others, leading researchers to believe that: Hope can fuel desire if it is believed to be achievable!

Slide 2: Trainer reading from slide: “The year was 1953 when Dr. Curt P. Richter performed what is now considered a horrific test on lab rats. He placed rats in a beaker of water and allowed them to tread the water until they were about to succumb to drowning. Then he rescued them. Twenty-four hours later he re-submitted some of the same rats, with a new group that hadn’t been subjected to the test before and discovered that the rats that didn’t drown were treading with ‘Hope’. He later went on to propose that animals, in this case rats, not only survived because of ‘hope’ of rescue, but also showed signs of ‘empathy’. Today it’s called the ‘Porsolt’ test.
Slide 3: “Welcome to the ‘Vision of Hope: Fund Raising In Recessive Economic Times’ class. I realize that we started out with a rather harsh scenario; I did that on purpose, 1. To Get your attention; and 2. To demonstrate that Hope and empathy play an important part in fundraising in today’s woeful economic times. That is what we are going to discuss in this condensed yet important training session.

Trainer: On the table in front of you are: the handouts for this class which include – the ‘pre-class’ questionnaire, and the ‘post-class’ questionnaire, the ‘Master Notes’ from the PowerPoint presentation and a list of “Ten Questions” for you to fill in as the class unfolds and sheets for notes. The ten questions will all be answered during the course of the day, each one of our lecturers and guests have been prompted so that you will hear all the answers – it’ll be up to you to write them down! Then, in the final hour of the day, we’ll review them!
Goals, Objectives and Expectations for the course:

- We are going to learn about the importance of 'Empathy' and how that plays a role in our daily lives and 'Fundraising' strategies.

- We are going to learn a bit about a term entitled: “Emotional Intelligence” (it is complicated so we will only briefly touch on it) and we are going to briefly address a communication theory know as the Phenomenological Tradition.

- We are going to apply aspects of BOTH to our future fundraising efforts. You’ll see how that all fits!

- **EXERCISE:** Hand out the Pre-Class Questionnaire – give some time to complete. Collect completed forms for later review and discussion.

Slide 4 - 12: (Review Goals, Objectives and expectations as displayed on the screen)
Goals Continued:

After this one day class, we are going to recognize that empathy plays a huge role in developing motivation and communicating to others what our fundraising needs are.

Goals Continued:

• Today, when we are done, we are going to be able to utilize the components imbued by the Emotional Intelligence model, and the Phenomenological tradition of communication because you will have:
  • Met with Cancer survivors
  • Met with patients stricken with cancer
  • Met with researchers in their labs
  • Met with the statistics surrounding cancer; present and future cures . . .
  • AND – you will be able to speak to potential benefactors from a position of POSITIVE, HOPEFUL results.
Goals Continued:

- “Make your case about success. Show positive results” (Dr. Raymond, webinar).
- “Don’t beg” (Dr. Raymond, Webinar), “Donors are growing weary of ‘pleas of crisis’. Show them progress positively.”
- One final thought on the Dr. Raymond webinar presentation, she indicated that there are at least two more years of economic “Choppy waters” (Dr. Raymond, Webinar).

Over twenty-four hundred years ago, Confucius declared:

What I hear, I forget
What I see, I remember
What I do, I understand (Silberman & Auerbach, 2006, p.2)

Which is why we started with the Rat story ... it is impacting enough to remember
This training curriculum is based in “Active Training” – which, in turn results in “Active Learning” (Silberman & Auerbach, 2006, p.3).

Modified by Silberman, he sees the Confucius saying as an “Active Learning” credo:

- When I only hear, I forget.
- When I hear and see, I remember a little
- When I hear, see and ask questions and discuss with someone else, I begin to understand
- When I teach someone, I master what I have learned. (2006)

Finally, Silberman states: “The ‘average retention rate’ from various instructional modes (are):

<table>
<thead>
<tr>
<th>Instructional Mode</th>
<th>Retention Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>5%</td>
</tr>
<tr>
<td>Reading</td>
<td>10%</td>
</tr>
<tr>
<td>Audiovisuals</td>
<td>20%</td>
</tr>
<tr>
<td>Demonstration</td>
<td>30%</td>
</tr>
<tr>
<td>Discussion</td>
<td>50%</td>
</tr>
<tr>
<td>Practice by doing</td>
<td>75%</td>
</tr>
<tr>
<td>Teaching Others</td>
<td>90%</td>
</tr>
</tbody>
</table>
In the course of this day you are going to:

**Hear** – Not only this lecture, but what researchers, lab technicians and Doctors say.

**Read** – Materials from this class

**See** – Materials from class and labs, etc.

**Demonstrate** – To others in this class what you saw and heard

**Discuss** – With each other

**Practice** – ‘Repeating’ what you saw and heard today

AND ... **Teach others** – When you return to the offices

And ...

**Guess what we expect for a retention rate?? . . . .**
Session two:

Theory behind Emotional Intelligence (EI):

“All learning has an emotional base.”

— Plato

- Modern psychologists have posed a theory around the area of human development that fits into the realm of human emotions. Technically EI is defined as:

“Emotional Intelligence” is a strategy that ties success to a “Leaders collection of psychological attributes, such as motivation, empathy, self-awareness, and social skills” (Parnell, 2004, p. 155).

- For our purposes here, we are going to focus primarily on the component of ‘Empathy.’

- With all things being equal with other non-profit organizations and their needs for fund-raising, (i.e., causes being equally valuable, etc.) There must be a ‘differentiation’ strategy that sets your cause apart from theirs. . . AndEmpathy is that strategy.
Slide 14: A. (Read from slide).

B. “However, we are not going to lock ourselves into an in-depth study of EI and its associated theories, because we want to take from it what we know about it, and apply it TO our fundraising efforts.

We want to define a differentiation strategy that sets our non-profit apart from others that are asking for financial assistance, and we are going to do that today by employing EI, more than we are going to studying it.

As defined, Empathy is: the ability to identify with and understand somebody else's feelings or difficulties. (Encarta Dictionary, 2002).

A few years back I toured the tenth floor of the Doernbecher Children’s Hospital, I saw children suffering from diseases, mainly cancer, but others also, and I was moved with compassion – I had Empathy for those kids.

Slide 15: (Read from slide.)

B. Trainer to class: “The ability to identify with and understand somebody else’s feelings or difficulties – how would you model, or demonstrate something like that? (Ask the class for a volunteer to answer).
I had ‘Empathy’ because:
1. I knew a 3yr old girl who had been through the ordeal of the 10th floor.
2. My mother died of breast cancer
3. My Father had had cancer
4. My little sister is a breast cancer survivor. You could say that I had: The ability to identify with and understand somebody else’s feelings or difficulties.

Slide 16: (Read from slide)
‘FIRST’ GROUP EXERCISE:

Before we move on let’s see a small example of Empathy at work.

* Pair off into groups of two
* One person tell a story that’s personal, something that happened to you (not too personal 😏) ...
* Something ‘special’...
* When the first person is done it’s the other persons turn to do the same...
Slide 17: (Read from slide, instruct the class not to take more than 8 – 10 minutes on this exercise. And make sure you repeat that it is not to be an overly personal event.)

Tell the class: “At the end of this exercise, we are going to re-tell the story that we heard from your teammate, and you’ll see the point of it after we are done.”

- CONCLUSION OF EXERCISE ONE –

After the teams have concluded telling each other their personal stories, go around the class and ask them to re-tell the stories they heard.

Then: Ask individuals if they thought their story had been repeated as it was told?

“We discover, in each case, that the “Repeater” doesn’t have the same emotion or motivation toward the story. There is a demonstrated lack of personal emotional involvement. You didn’t cry with them, you didn’t feel their pain, you simply heard a personal story and repeated it – had you lived it, it would have had an entirely different outcome.”

Trainer to Class: “The balance of the day, we are going to be in and out of this conference room. We are going to go over to the Knight Cancer Institute facility and speak to people (researchers) actually in their environment; we’ll see they’re test beakers, we’ll see their Bunsen burners, their volumes of research materials and all the equipment in their lab environment – and we will get a taste of their hope and excitement toward 1.) The Cures they have developed, 2.) The cures on the immediate horizon (i.e., in drug trials, etc.) . . . and 3.) Those that are a yet in the future, establishing hope!”
Remember Raymond’s words “Make your case about success. Show positive results” and “Don’t beg”, “Donors are growing weary of ‘pleas of crises’. Show them progress positively.”

That is exactly what we are going to do! -

Later on, we will have lunch with cancer survivors here in the hospital cafeteria – again so that you can allow ALL your senses to absorb the setting.

Then, we will all go to the tenth floor of the DCH – which is why I have placed in front individual packets of tissue – you’ll need it for the tenth floor – where we are going to go into patient rooms that house the little innocents who are trying to understand why they are there, why they are getting poked and prodded, etc.

After our four field trips, we will return here to debrief on what we: Saw, Heard, Discussed, Learned, etc. Then we’ll teach each other, discuss a sample conversation with a potential donor, and then wrap up the day.

Any questions so far?”

BREAK TIME:

- - - Offer time for coffee/restroom break --- return to conference room to prepare for trip to Knight Cancer Research Institute.
SESSION 3:

Session Three ... Preparing for the Field trips

- Inspired by, and drawing upon the biblical proverb:

   “Where there is no vision, the people perish”

- We want to advance the theory that non-profit organizations may have to make adjustments, matching the current economic times, in order to realize or maintain philanthropic income levels.

Trainer: (In this case; myself, inserting a personal anecdote at this point to stress/impress to the attendees the value of emotional attachment to their fundraising goals)

   “Years ago, after leaving the service, and as a result of my electronics training, I was employed by a medical company manufacturing heart pacemakers. After I was promoted to Lead, then ultimately Test Department Supervisor, I noticed that the thirty electronic techs, testing the circuitry, and the assembly personnel, were merely doing their jobs.

   I believed that something was missing; these were components that we going to be inserted into people – to keep them alive! To me that was more than just a job, it carried with it
a life-or-death; based on your performance kind of weight.

So, I developed a training program that went beyond the functions of testing discrete component circuit boards, and involved a study of the physiology of the heart and the electro-chemical reactions to signals from the brain. Afterall, that is what a heart pacemaker senses and reacts to. After the two to three hour training session with my techs, the management asked me to teach the whole production crew because people saw, heard and understood much better what they were doing – and what the long term results were; positive or negative, depending upon their performance.

Active Training, along with Active Learning, helps us to enfold the common trait of Emotional Intelligence (EI) and the Phenomenological tradition of communication theory (PTCT):

EMPATHY.

Trip #1: Visiting the Lab – A day-in-the-Life of a Cancer research Scientist.

- We will meet in the lobby of the Knight Cancer Institute . . . If we get separated, please ask for directions to the lobby... and plenty of annoyed classmates will await your arrival.
- We will wear lab coats, for two reasons:
  - 1. To get the look and feel of being with the research analyst’s . . .
  - 2. To keep our hands shoved in the pockets – so we don’t accidentally set cancer research back 10 yrs by mistake!
- We will begin in a side conference room and a researcher will address us, then will give us a tour of the labs
Emotional Intelligence Application Curriculum 76

Trainer: On our visit in the Lab, keep your hands to yourself, --very important -- do not touch anything, but observe everything in the lab. Because everything that you see in that lab, including the researchers, came from funds raised. You have a “Notes” sheet that we will fill out when we return. We will fill in things we saw, things we heard, things we learned – applying out “Active Learning and Listening”.

- So, grab your nametag lanyard, and let’s head over to the lab.

- - - - RETURN FROM LAB VISIT - - - - (allow restroom break before reconvening in the conference room)

Trainer: It’s time to take out your notes page and start filling in things that you now know about the Knight Cancer Institute, and let’s share these things out loud.

- (Give time for group interaction, time to discuss and time to write notes)

Trainer: Now: One volunteer – Teach us about something that you just learned, an aha! moment that you want to impress upon the rest of us . . . part of Active Training – is Active Listening, and Active Discussion!
Trip #2: Luncheon with Cancer Survivors

- Here’s our opportunity to share with people who have survived cancer.
- They will ALL have stories to tell about their specific experiences, etc.
- Take notes, be all ears and speak little. Ask questions, but let them have ample time to reply:
  - **THIS IS ABOUT THEM!**

Trainer: In a moment, we are going to receive guests who are cancer survivors, and when they arrive, they will introduce themselves, the cancer they’re survivors of, some background about themselves, just a short time with them. Then, we will all head out to the cafeteria to enjoy lunch with them. The reason we are going to the cafeteria is because I want you to see and feel the environment of a busy hospital – the environment that the researches we met have lunch and coffee breaks, etc. If we stayed here, in this little cocoon of a conference room, we wouldn’t get a real world view of the scientist’s daily life.

[Receive the guests, brief introductions of all]

Trainer: OK, now let’s all work our way to the cafeteria, break up into manageable groups with the guests and meet back here in exactly one hour.
- - - RETURN FROM LUNCH - - - Debrief as with lab trip. Fill out note sheets

(Trainer) At the conclusion of the luncheon debrief, prepare the class for field trip #3.

Trainer: Once again we are about to head out on a field trip. This time we are going to a place called the Ronald McDonald family house. Families, with children under the age of 18 in DCH, can stay there to be close to their children. Our goal is to get the tour and meet with some of the families who are there – I just ask that you be sensitive to why they are there. Sometimes people in stressful situations will misinterpret our intentions and may become offended. Be cautious, be gentle, but learn what you can.

Once again, after an hour, we will return here to debrief.
Begin to prepare class for the final trip to DCH 10th Floor.

Trainer: (anecdote) – By a show of hands, how many of you have been promised tomorrow?
Yeah, that’s what I thought, none of us. But we can have hope for a tomorrow that is bright, cheery and free from debilitating diseases – like cancer.

- My first visit to DCH was to visit little Haley, a three-year-old from a family in the church I was Pastoring. She was playful and fun and had a sweet little, angelic singing voice as she and her sister would often lead the congregation in a special worship song or two. Over time, we began to notice that one of her upper eyelids began to droop. Before long it was diagnosed as a congenital brain tumor.

- I came here to visit her after a surgery on the 10th floor… she was lying in her bed, her little body swollen from all the medication, her hair mostly missing couldn’t hide the shunt tube that was draining fluids from her brain, running under the thin skin of her scalp. I talked with her almost lifelessness; but then she said something. I didn’t understand it, and asked her to repeat it. She did, “I would like a can of soup”. I looked up, puzzled, and told her mom, who was seated a few feet away, “She wants a can of soup?” The mom came over, bent her ear over close to Haley’s lips and had her repeat it again. Slowly, the mom raised her head, pushed out the sweetest of smirks and said, “She said ‘can I kiss you’?”

It only took me nano-seconds to get close enough to have her kiss my cheek. This brave little three year old baby girl.

- My mother has died from breast cancer, my little sister has survived it, my French aunt has endured it and my dad survived colon cancer. But, it was this little three year old that has moved
me the most. Allow these kids to touch your hearts today too ….

**Trip #4: DCH - The 10th Floor**

- Saved this for last . . .
- But it could be your most experiential part of the day!
- We will meet at the nurses station as a group
- Then we will break up into groups of two
- GOAL: to go into these rooms, meet kids, talk with them, then – you can stay there for the full hour; or go to other rooms, etc. – that is all up to how your HEART moves you.
- These little people don’t understand what is going on, or why this is happening to them.

**Trip #4: DCH - The 10th Floor Cont.**

- Don't be afraid to touch their little hands, or place your hand on their little arms ...
- Read them a book ...
- Better yet – let them read You a book ...
- Sing with them/ sing to them ... if you’re worried that we’ll grade your singing then you’re misguided.
- Just plain ‘ol “Love on ‘em”!

- After an hour, we’ll meet back at the nurses station for the long, quiet, somber walk back here . . .
- - -RETURN FROM 10th FLOOR - - - Debrief …. Fill out notes from 10th floor visit.

Final SESSION – ’10 Questions’

**FINAL EVENT: 10 Questions**

1. How many types of Cancer are there? (+/-)
2. How many cancers have known cures?
3. How many beds are there in DCH?
4. What is the common aspect of Emotional Intelligence and The Phenomenological Tradition of communication?
5. How many Children can the 10th Floor serve?
6. How many Children are currently on the 10th floor?
7. What is the capacity of the Ronald McDonald House for visiting families?
8. Was there ”Commonness” to the Cancer Survivor stories?
9. How many boxes of copier paper did you see in the lab?
10. How much of the OHSU/DCH/KCI is funded through donations and/or Philanthropic support?

Quick review:
Remember: Confucius said:
What I hear, I forget
What I see, I remember
What I do, I understand (Silberman & Auerbach, 2006, p.3)

Which is why we started with the Rat story ... it is impacting enough to remember

“Active Learning” (Silberman & Auerbach, 2006, p.3)

Modified by Silberman, he sees the Confucius saying as an “Active Learning” credo:

When I only hear, I forget.
When I hear and see, I remember a little
When I hear, see and ask questions and discuss with someone else, I begin to understand
When I teach someone, I master what I have learned. (2006)
In the course of this day you are going to:

**Hear** – Not only this lecture, but what researchers, lab technicians and Doctors say.

**Read** – Materials from this class

**See** – Materials from class and labs, etc.

**Demonstrate** – To others in this class what you saw and heard

**Discuss** – With each other

**Practice** – ‘Repeating’ what you saw and heard today

AND ... **Teach others** – When you return to the offices

---

**CONGRATULATIONS !!**

*Through the intertwining of the concepts of EI, PTCT and utilizing the principles of Active Training You have successfully completed the VISION OF HOPE: FUND-RAISING IN RECESSIONAL ECONOMIC TIMES class...*

Trainer: Now, if you will please turn to the post-class questionnaire and fill it out, I’ll sign your
certificates of course completion.