

# NurseTRUST

2025 Summit Poster Presentations

Moderated by:

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Wellstar West Georgia Medical Center



# Recruitment and Retention of Student and New Graduate Nurses

Natalie Fortson, MSN, RN MEDSURG  
Nurse Manager  
UAB Hospital



## Intro/Key Leadership Challenge

The key leadership challenge is to not only recruit student nurses, but to retain them. The goal is to bring student nurses into our organization and then find ways to meet their needs so that they will remain at our hospital and transition to an RN role when they graduate. Many factors come into play when recruiting and retaining student nurses, including generational characteristics, effective communication, a positive preceptorship experience, and creating a healthy work environment/ culture where the students and new graduate nurses feel comfortable asking questions, reaching out for help, and admitting mistakes. Identifying what students are seeking in a nursing job - what appeals to them and what makes them choose one hospital over another - is key. It is important to determine what will hold their interest in working for our organization once we've hired them, what will provide job satisfaction, and how we can deliver those things to the current generation within reasonable parameters. The aim is to create a formula or process for recruiting and a framework for retention.. Stakeholders include unit managers, nursing leadership, and the students/ new grads themselves. Some significant challenges include the feasibility of implementing a new process in such a large organization, obtaining any financial funding that might be required, and buy-in from the unit managers.

## Objectives

**To create an effective formula or process for recruiting student and new graduate nurses, as well as a framework for retaining them.**

## Methods/Discussion

### Recruitment

- **Examined current practice for how we welcome students (both clinical students on the units and those attending recruitment events)**
- **Analyzed feedback from unit managers, HR, and Nurse Recruiters, and other stakeholders**
- **Created a survey to be distributed to local schools of nursing to identify successes and areas for improvement with current process**

### Retention

- **Surveyed new graduate RN Interns to assess satisfaction with onboarding in the RN Intern Program and reported results to nursing leadership**
- **Piloted a program for new graduate nurses who are struggling**
  - **Assess strengths and weaknesses**
  - **Gather feedback from previous unit**
  - **Allow them to work with a preceptor on up two three units that are more suited to their needs/ skill level**
  - **Provide support and guidance**
  - **Successfully transfer to more suitable environment**

## Current State/Growth

### Recruitment

- Developing a tool kit for unit leaders to more effectively recruit based on survey results
  - QR codes with links to applications
  - Branded Swag
  - Providing shadowing opportunities
  - Partnering with HR and nurse recruiters
- Continuing to gather feedback from clinical students and senior precepting students to improve experience
- Increasing visits/ exposure to affiliated schools of nursing and focusing on specific benefits to new graduate nurses (such as emotional support/ well-being opportunities, virtual nurses to assist at the bedside, and the RN Residency Transition to Practice Program)

### Retention

- 88% of interns hired since spring 2023 were still employed at our organization at the time of data collection
- 100 % of RN Interns who responded to the survey reported that they would recommend the program to others
- 100 % of RN Interns who responded to the survey reported that they felt welcome on the units
- Successfully transferred six out of eight new graduate nurses to more suitable units and retained their employment

## Background/Setting

### UAB Hospital

- Academic Medical Center
- 8<sup>th</sup> largest hospital in the United states
- Only Level 1 trauma center in the state of Alabama
- Alabama's largest employer
- Level IV Regional neonatal ICU
- Alabama's first Comprehensive Stroke Center
- Nationally Ranked Comprehensive Transplant Center
- 1200 beds
- 1.85 million patients seen per year

## Next Steps

- Continue to monitor and analyze feedback from student nurse, new graduate nurse, and unit manager surveys and continue to improve the process
- Implement recruitment toolkit for unit leaders to more effectively recruit
- Formalize and launch program for finding the right fit for struggling new graduate nurses









# Teamwork through Healthcare in Criminal Justice

Colette Jones, RN, MN



## Background/Setting

### Medicaid Reentry Initiative in Washington State

**What is it?**

- Supports health care for Medicaid-eligible clients exiting criminal justice settings in the upcoming 90 days who are reentering the community

**Task Assigned:**

- Design benefit package, includes a limited set of services across the following areas:
  - Substance Use Disorder Treatment
  - Mental Health Treatment
  - Physical Health services
  - Pharmacy
  - Coordination

**Goal:**

- Reduce morbidity and mortality post-release

**Focus areas:**

- Engagement in recovery for substance use
- Support health care for chronic conditions (mental health, etc.) and infectious disease (Hepatitis C, HIV, etc.)

**Why?**

- Two separate federal and state directives were approved to support health care stability and access to services
  - Reentry for Juveniles: New federal legislation called Consolidated Appropriations Act (2023)
  - Medicaid Demonstration Initiative: New waiver approval to allow a 5-year demonstration project

**Timeline:**

- Implement for July 2025 program implementation
  - Assigned March 2024
  - System programming due January 2025
  - Provider Education starting February 2025

**Data Plan:**

- Evaluate client outcomes of demonstration project in the three-year period from July 2025-June 2028
- Interim quality outcomes client data annually, including criminal justice health metrics

## Objectives

**Design a reentry benefit package that:**

- **Supports client access** to medically necessary services with focus on stability and health care engagement,
- **Aligns with existing clinical evidence** and program design
- **Adheres to federal and state mandates**
- **Reduces provider burden** and/or abrasion, and
- **Collaborates with carceral facilities** and existing criminal justice health care.

## Key Leadership Challenge

### Leading Out

The task required coordination with

- 60+ subject matter experts and
- Project contractor team.

Challenges included:

- **Coalition Building:** Teamwork, collaboration across areas
- **Timing of Engagement** with peer teams
  - Consider workload balance across teams and prioritization of work
  - SME expertise required for success
- **Delegation** to peer team members
  - Empowering peer team members to speak up, identify concerns, guide direction, etc.
- **Leadership Alignment:**
  - Alignment of priorities
  - Barriers identification
  - Clarity of staff direction

## Current State

**Benefit Designed:**

- *Design Timeline Met:* Benefit programmed for payment
- *Education Provided with Questions Tracked:* Providers, carceral facilities, and health plans informed. Scope of questions changed from broad (general understanding) to targeted (clarifying, specific aspects)

**Engagement from SMEs** as measured by:

- 9.6/10 average for meeting effectiveness survey
- 100% review of all documents (by team, before release)

## Discussion

### Multiple strategies needed

**Lead Self + Leading Up/Down/Out**

- *Status Quo (already using strategy routinely):* **Self-reflection** routinely & when concerns received, monitor own bias/emotions
- *Implemented (new strategy added):* **Dedicated Time** for programming planning, barriers reduction, personnel support
- *Implemented:* **Adjust** frequently

**Dedicate Project Management**

- *Implemented:* **Assigned Support** for timeline tracking & action items

**Create Meeting Structure**

- *Status Quo:* **Various levels of meetings** (broad team, focused topic, leadership, direct reports), feedback mechanism
- *Implemented:* **Adjust** structure to address feedback, various knowledge levels, due date tracking

**Focus on Meeting Effectiveness**

- *Status Quo:* **Resources** available before and after, visuals during
- *Implemented:* **Meeting Tools** using Agendas, Minutes, & Action Items, Plus/Delta, scoring on effectiveness requested with comments

**Build a Coalition and Team Feedback** through various mechanisms

- *Status Quo:* **Trust Building & Personal Connection** to Key SMEs and Leaders, continue to encourage questions/concerns for each team, encouragement for more 1:1s as needed
- *Status Quo:* **Outreach** via Text/Teams/Email when concerns received
- *Status Quo:* **Frequent encouragement** for feedback
- *Implemented:* **1:1 Introduction** with peer leaders for each team impacted, discussion of priorities/needs/specific barriers
- *Delta (Takeaway identified for Next Project):* **Clarify governance** with document approval by each team

## Next Steps

**Monitoring and timely  
response/adjustments during and after  
implementation**

**Engagement is an ongoing process...  
trust building continues (for next project!)**







# Implementing Innovative Strategies in Senior Surgical Care Across the Continuum

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Regional Director of Clinical Practice & Strategic Projects  
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**NurseTRUST**  
E<sup>3</sup> Fellowship Program *2024 Cohort*



A business plan was written the end of 2023 to launch the Senior Surgical Care Program (SSCP) to three pilot sites with expansion across the market [16 sites] by the end of 2025.

The SSCP is an accredited verification program through the American College of Surgeons utilizing 30 evidence-based practice standards for surgical patients over the age of 75. The standards span clinic, hospital, and post-discharge; thus, demanding the execution of a fully integrated healthcare system.

SSCP Objectives:

- 1. Understand the key components of the Senior Surgical Care Program and how they contribute to improved patient outcomes across the continuum of care.
- 2. Explore innovative strategies and interventions that enhance the quality and continuity of surgical care for seniors.
- 3. Discuss the role of interdisciplinary collaboration in optimizing surgical care for senior patients.

SSCP Implementation Challenges:

- Program was being “driven” by one team yet financed through another.
- The list of stakeholders seemed too extensive to meet the necessary political appeasements.
- Another market within the organization launched this program which set forth an unrealistic precedence due to unknown structural setup.
- Structural operational differences within the market made the launch of the program seem significant due to perceived delayed execution.

Background

Key Leadership Challenge

Reflection

Develop the infrastructure framework as a quality program, workflow considerations across disciplines and developing measurements focusing on key components within the leadership growth plan:

- Assessing Direction, Alignment, & Commitment
- Active Self Assessment in Leadership Development
- Intentional communication focus
- Strengthen and exercise SBI and influencing skills
- Ensure Leadership growth plan was focused on developing political savviness

Leading the implementation of SSCP has provided the opportunity to developing and executing a framework that can change the way healthcare is provided for a vulnerable population. It demands innovation and embracing the needs of our aging society. This program will serve as an exemplar on how large integrated health systems can provide holistic care.

This key leadership challenge has provided the space for confidence building, refining my ability to articulate a strategy, and capacity to pull differing opinions across leadership levels.







## Intro/Key Leadership Challenge

### Leadership support for operations, nightshift, and shared governance on the Advanced Cardiopulmonary Unit.

- Nightshift supervisor turnover, engagement, and mentorship.
  - High “churn-over” rates, varying levels of engagement, and limited ability to be mentored by leadership
- Nightshift supervisor is a challenging position used as a “stepping stone”
  - Primarily work hours 1900-0700; difficult to work long term. Leverage to other leadership positions.
- Leadership Collaboration
  - Management hours are during opposite hours; making it hard to collaborate, mentor, and provide engagement
- Presence on nightshift
  - Subjective need for increased presence
- Staff satisfaction
  - GLINT surveys

## Background/Setting

Advanced Cardiopulmonary Unit, Corewell Health West

- 22 private beds
- Acuity adaptable (average 4-5 ICU patients). Primarily progressive
- Specialize in pre- and post-LVAD implant, heart and lung transplant, and advanced heart failure services
- Leadership structure: 1 dayshift manager, 1 nightshift supervisor
- Around 70 team members
  - Ranging in experience from 1-36 years
  - Of note, nightshift staff average a much younger demographic and years of experience

## Objectives

Through utilization of the Entity Council Chair and a Leadership Restructure:

- Increased engagement in shared governance. Measured in SLC meeting attendance
- Increased leadership presence on nightshift. Measured in leadership nightshift hours.
- Improved staff satisfaction scores. Measured in GLINT survey.
- Improved leadership collaboration. Measured via leadership survey.
- Improve nightshift leadership engagement. Measured via initiatives, committees, and workgroups.

## Methods/Discussion

### Engagement in Shared Governance

Baseline May, 2024: 5 attendees

Intra-data: Varies, 10-15 attendees

### Leadership Presence on Nightshift

Baseline May, 2024: 299 hours

Intra-data: Stable around 300 hours

\*\*Presence is subjective – utilize rounding, increased touchbases, and recognition.

### Staff Satisfaction

Response rate (engagement) continues to improve (70%). Notable improvement in wellbeing, leadership and action-taking.

### Leadership Collaboration

Improved connection from 1x/month to 1-2x/week, mentored through job applications/promotion, LINKs, etc.

### Nightshift Leadership Engagement

Marked increased productivity outside of direct clinical work for both the nightshift supervisor and Entity Council Chair.

Manager  
1.0 FTE Administrative

Supervisor  
0.5 FTE Charge/0.5 FTE  
Administrative

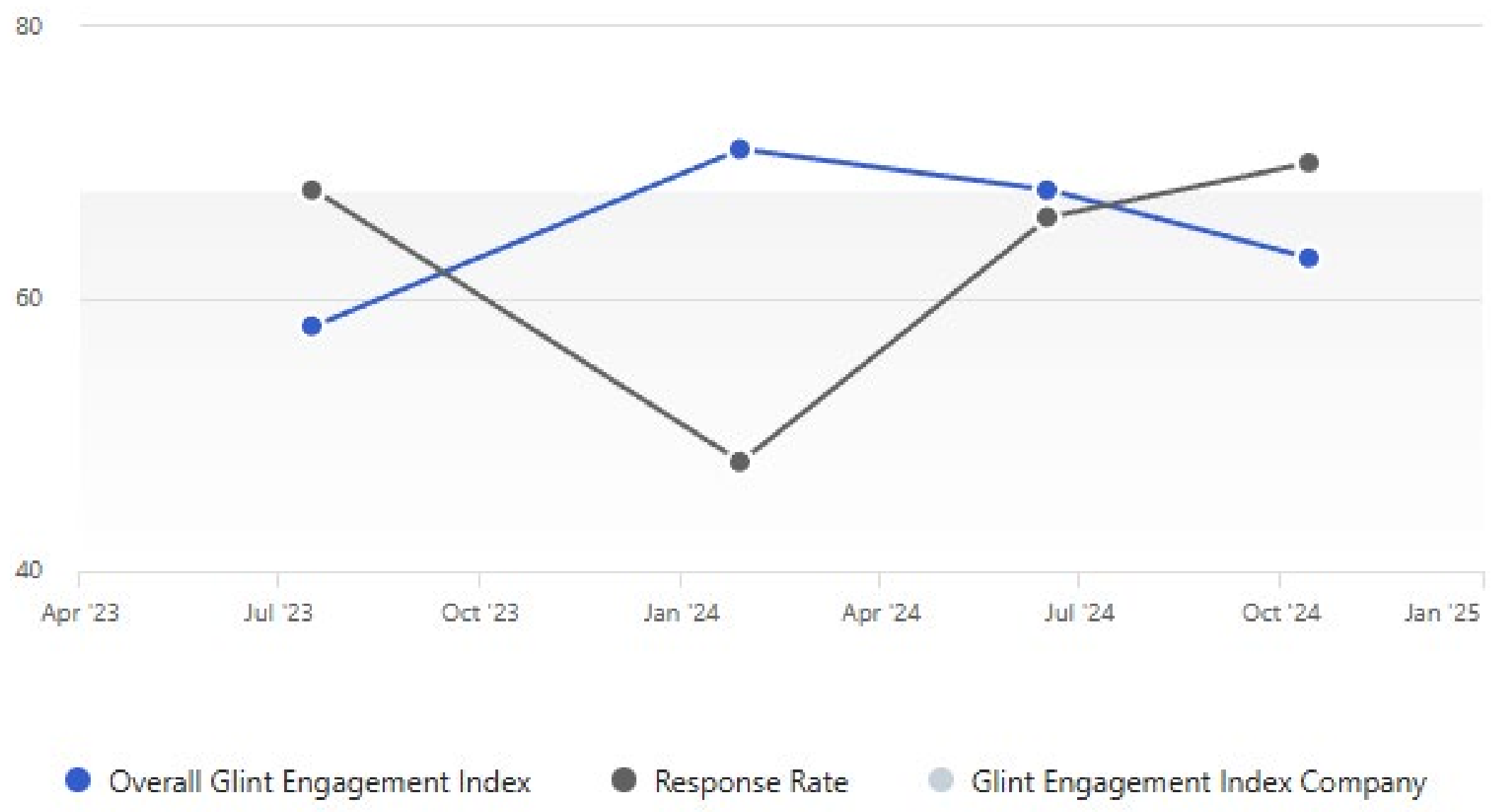
Entity Council Chair  
0.3 FTE Charge/0.15  
FTE Administrative/0.45  
FTE Clinical

## Current State/Growth

Shared governance structure is robust and growing!

- Leadership continues to be more present on nightshift, with the added bonus of a tertiary leader
- Staff satisfaction

Glint Engagement Index and Response Rate



- Leadership Collaboration has improved and is more efficient
- Nightshift Leadership Engagement improved.

### Growth

Unit-level: Shared Leadership meetings are held monthly and used as a time to information shared from the system-level, information share at the unit level, and bring forward ideas/projects, then delegate those to members of committees. We have a working iHub structure to prioritize projects

System-level: Approved role on all inpatient units!

Financially approved by the organization through a separate cost center. Equipment approval (laptop, mouse, headset, etc.)

## Next Steps

### Build on momentum!

Projects for 2025 in shared leadership council involve:

- Mentorship program
- Nurse Technician Empowerment/Reinvigoration
- Timeless Techniques
- DEI Initiatives

Most importantly, continue to **adapt** and **overcome** to meet the needs of this team.





# NURSING DATA SCIENTISTS: CLINICAL QUERY USING EHR DATA

## Discover: Current Landscape



**Data Science:** Process of asking questions of data, wrangling, analyzing, visualizing, and deriving knowledge using statistical methods



### **Examples: Nurses use Data Science- EHR data**

- Evaluate outcomes of nursing interventions
- Predictive models to identify risks

## Inspire: Explore Opportunities

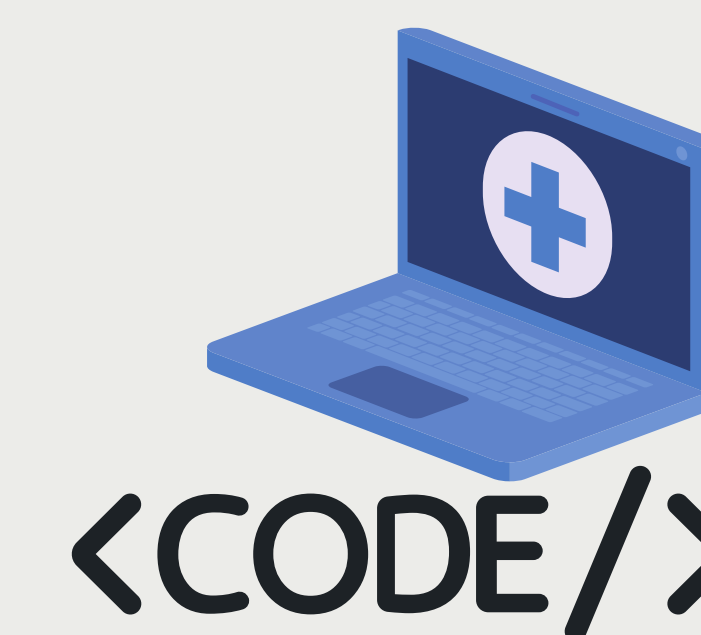
**Data Science Certificate** as a starting point provides exposure to principles of data science.



**Data Wrangling** is needed to improve the quality of your data



**Learn new coding skills:** Helps with each data science step & are essential to managing big data.



## Impact: Health for All

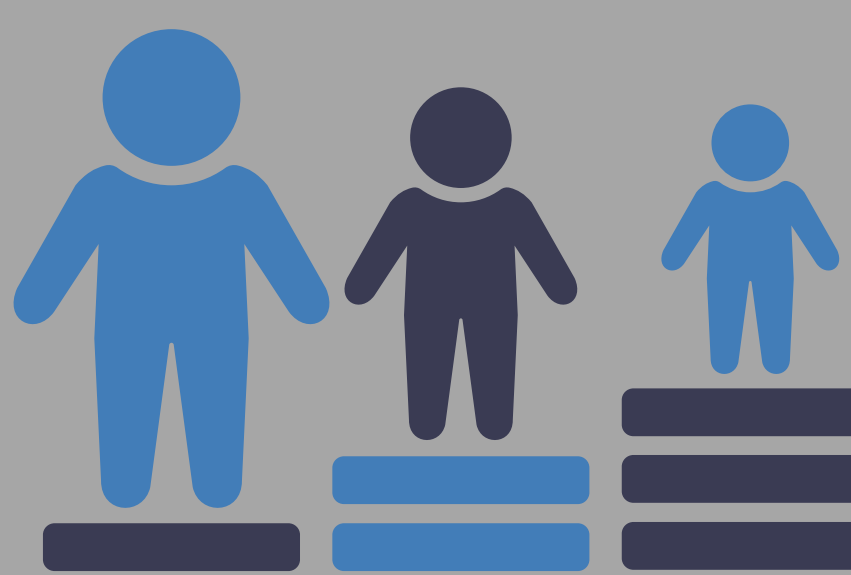
**Nursing Practice**



**Health Outcomes**



**Health Equity**



**Summary:** Nurses researchers, in particular, are uniquely positioned to lead data science-based clinical queries, bringing content expertise as well as statistical and data wrangling skills to improve nursing practice and health outcomes for all.

Reference: Douthit, B. J., Walden, R. L., Cato, K., Coviak, C. P., Cruz, C., D'Agostino, F., Forbes, T., Gao, G., Kapetanovic, T. A., Lee, M. A., Pruinelli, L., Schultz, M. A., Wieben, A., & Jeffery, A. D. (2022). Data Science Trends Relevant to Nursing Practice: A Rapid Review of the 2020 Literature. *Applied clinical informatics*, 13(1), 161–179.

<https://doi.org/10.1055/s-0041-1742218>





### Intro/Key Leadership Challenge

Team-based care not accepted across the network and clinics. This was specific to a key clinic site leader.

### Background/Setting

Leadership identified fragmented care across the network of 9 clinics in various geographical locations around the city of Tucson, AZ.

### Objectives

Goal to increase communication among staff and standardize workflows while building collegiality. With patient goals of increased patient satisfaction and increasing quality outcomes.

### Methods/Discussion

Using political savvy, active listening and in person communication with key stake holders' team-based care was implemented across the 9 PCP clinics. Engaging these organizational leaders allowed culture change to occur. Team-based care workflows are now implemented across the network

A smaller team-based care initiative was started on a High-Risk patient group focusing on decreasing hospital readmissions and ED visits.

### Current State/Growth

Based on preliminary data, ED and hospital readmissions of the high-risk patient group have decreased. Clinic sites implementing team-based workflows.

### Next Steps

Phase 2 late 2025, with goals including implementing huddles and transitional care workflows.





# Elevating Leadership: Strategies for Adaptable Growth and Impact

Yolaine Nozile, RN, MSN, PhD©

Leadership Challenge

Haitian Alliance Nurses Association International (HANA-I)

## Intro/Key Leadership Challenge

- ❖ Organizational politics
- ❖ Driving change
- ❖ Alignment with Mission and Vision
- ❖ Valued Contributions
- ❖ Insight-Driving Leadership

## Objectives

- Enhance Leadership Competencies
- Foster Strategic Influence
- Advance Professional Development
- Promote Organizational Alignment

## Professional/Personal Growth

- ❖ Professional Growth
- ❖ Personal Development
- ❖ Network Expansion
- ❖ Commitment to Ongoing Learning
- ❖ Long term Goal

## Discussion/Findings

- ❖ **Deeper Understanding of Organizational politics**
- ❖ **Effective Navigation skills**
- ❖ **Career Advancement**
- ❖ **Recognition of Contributions**
- ❖ **Alignment with organizational Goals**

## Background/Setting

- ❖ Extensive Clinical Experience
- ❖ Advance Education
- ❖ Doctoral Pursuits
- ❖ Barriers to Leadership
- ❖ Undervalued Contributions
- ❖ Professional Commitment

## Next Steps

- ❖ Enhance Strategic Influence
- ❖ Develop Adaptability
- ❖ Invest in Professional Development
- ❖ Drive Meaningful Change







***Pediatric Nurse Practitioner (PNP) Program Initiative: Bridging the Gap in Pediatric Primary Care and Mental Health Competency***

Jennifer M. Walsh, DNP, CPNP-PC, CNE  
Assistant Professor

George Washington University

**Intro/Key Leadership Challenge**

As the demand for pediatric healthcare services increases and the number of primary care pediatric providers declines, it's imperative to address this gap while also recognizing the growing need for mental health services in pediatric primary care. The challenge is to develop a comprehensive plan for the feasibility of implementing a Pediatric Nurse Practitioner (PNP) program at George Washington University (GW), focused on equipping future students not only with primary care skills but also with the competency to address mental health issues in pediatric patients.

**Background/Setting**

A recent white paper highlighted the prediction of a critical shortage of Pediatric Nurse Practitioners (Gigli et al, 2019). Coupled with the decrease in Pediatric Medical Residency matches, the future of the pediatric-focused workforce is in jeopardy- putting the pediatric population at risk of negative health outcomes. Furthermore, with the recent threats to Medicaid and CHIP, which provide health care to approximately 50% of U.S. children, Pediatric Nurse Practitioners are a indispensable key to providing high quality care, increasing equity, and reducing poor outcomes in the pediatric population. Collaborating with practice partners, could a School of Nursing address this critical shortage and meet the needs of the pediatric community?

**Objectives**

To investigate the feasibility of creating a sustainable and impactful PNP program at GW University that not only addresses the shortage of primary care pediatric providers but also enhances students' competency in providing mental health care to pediatric patients in primary care settings.

**Discussion/Findings**

1. Understanding of pediatric healthcare landscape: Conduct a survey of current pediatric healthcare strengths, weakness, opportunities, and threats.
2. Needs Assessment: Conduct a comprehensive analysis of the current landscape of pediatric nurse practitioner programs, particularly those with an emphasis in mental health in primary care, identifying gaps and trends.
3. Curriculum Development: Design an integrated curriculum that covers core pediatric principles, advanced clinical skills, interprofessional collaboration, and mental health assessment and intervention techniques.
4. Faculty Recruitment and Development: Recruit faculty members with expertise in pediatric primary care and mental health to support the program and provide mentorship to students.
5. Clinical Training Partnerships: Forge partnerships with healthcare organizations specializing in pediatric primary care and mental health services to offer diverse clinical experiences that integrate both aspects.
6. Student Support Services: Implement student support services that address the unique challenges of providing pediatric and mental health care in primary care settings, including resources for counseling, self-care, and funding support opportunities.
7. Community Engagement: Collaborate with local communities and mental health organizations to raise awareness about pediatric mental health issues and promote access to care.
8. Program Evaluation: Develop robust evaluation methods to assess the program's effectiveness in preparing students to deliver comprehensive pediatric primary care with a focus on mental health.

**Professional/Personal Growth**

Professional/Personal Growth-

- improved self-reflection
- open to opportunities
- developing partnerships and connections
- return to clinical practice
- increased clinical competencies
- leadership opportunities
- increased advocacy
- improved teaching competencies

**Next Steps**

**Future Directions:**

- Proposal presentation
- Secure funding opportunities to support a new program
- Curriculum Development
- Faculty Recruitment
- Potential for:
  - research
  - scholarship
  - community partnerships
  - policy advocacy
  - faculty practice endeavor







Dean Lepaine Sharp-McHenry, Brianna Baumberger, Justin Uwazurike, and Roxanne Vandermause

## BACKGROUND

- Nursing education is undergoing sweeping change
- Urgent need exists for organizational transformation
- A new Dean of Nursing implemented this quality improvement project in a large urban/rural multi-campus college via participatory change process that included invitations for confidential feedback, responses to proposed changes, and faculty and staff participation in the transformation.

## METHODS

- All faculty & staff received SPOT (Strengths, Problems, Opportunities, Threats) inquiry
- 140 (58%) participants returned 2,052 anonymous responses to open-ended questions
- Identification of areas of concern
- Categorical content analysis by three persons to identify patterns
- Definitive change plans discussed in various feedback groups
- Consulting experts addressed specific areas of identified need
- Changes discussed with faculty and staff via iterative feedback sessions
- Leadership team charged with implementation planning

## RESULTS

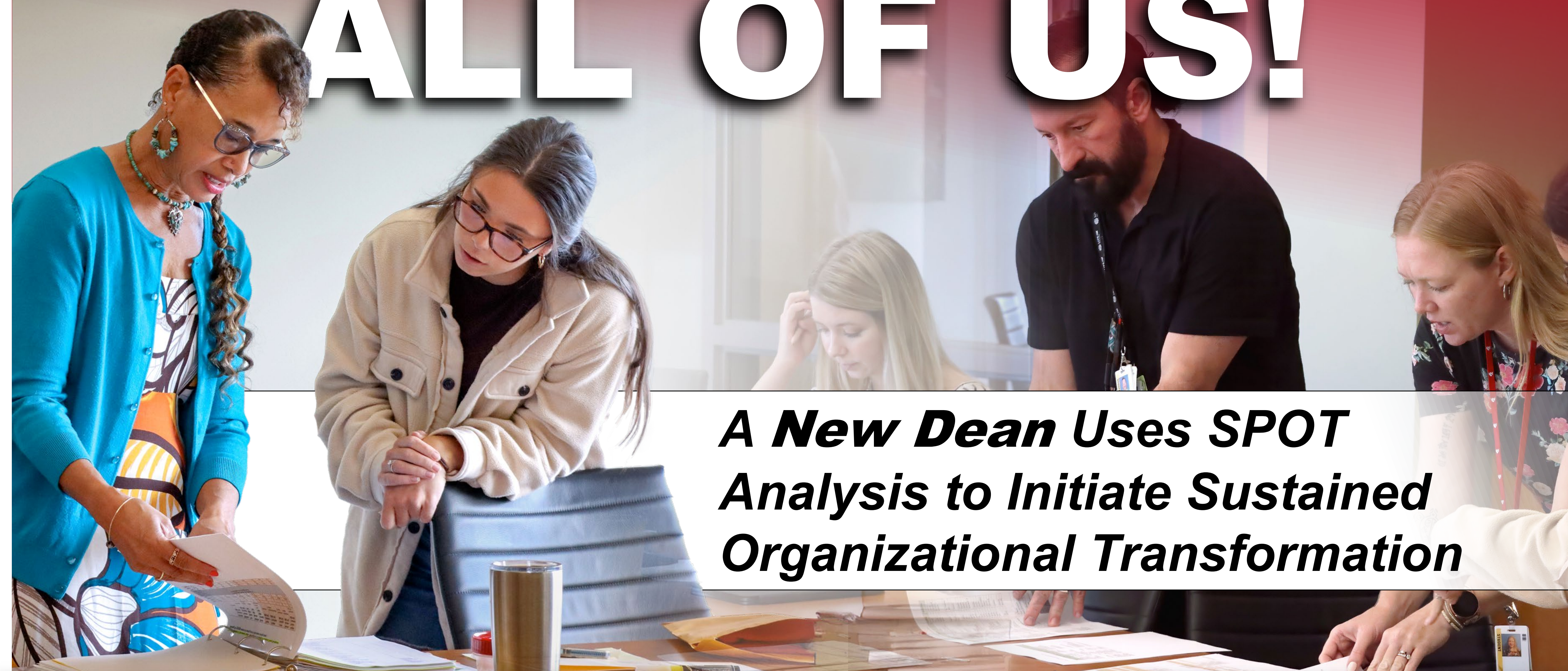
- Six patterns identified as areas of concern: expertise, autonomy, collaboration, outcomes, internal and external structures
- Top threats and opportunities: Internal structure and collaboration
- Key concerns created an opening for consultants to address needed for change
- Challenging and dynamic reciprocal process with faculty and staff
- Outcomes included a new organizational chart, revised strategic plan, upgraded policies, and recruitment goals.

## CONCLUSIONS

The multifaceted mission of a large College of Nursing requires efficient change processes to stay relevant. New leadership can provide an opening for transformation. A stepwise analysis and iterative feedback loop anchored necessary change in all programs. This is important because nursing education is at a crossroads and all employees need to be at the center of change processes.

PHOTOS: Greg Forbes, Communications and Media Specialist, UNMC

# CHANGE BY AND FOR ALL OF US!



***A New Dean Uses SPOT  
Analysis to Initiate Sustained  
Organizational Transformation***

## RESULTING CHANGE PROCESSES

### EXTERNAL CONSULTATIONS

**Recruitment & Marketing**  
*RNL Enrollment Management & Marketing Firm*

**Cultural Sensitivity  
Education**  
*Colorado Center for Nursing  
Excellence*

**Leadership Communication  
Workshops**  
*Gillis Consulting*

**Research Enterprise**  
*Dr. Jeanette Andrews, Dean  
Univ. Of South Carolina Medical  
Collage OR NIH Funded  
Researcher*

**Organizational Culture and  
Strategic Planning**  
*CFAR*

### TRANSITION TEAMS

**Phase 1**  
Strengthening Student  
Services and Research  
Enterprise

**Phase 2**  
Enhancing Simulation and  
Specialized Areas

**Phase 3**  
Refining Organizational  
Structure and Long-term  
Vision

***In ALL phases we  
identified:***

- Need for change
- Transition Team Leader
- Transition Team Members
- Specific directives for implementation

### COMMUNICATION STRATEGY

**Immediate** elicitation of college-  
wide **feedback and  
dissemination** of transition plan

**Phased change plan  
development** in response to  
faculty and staff requests

**Incorporation of key change  
areas** into Strategic Plan

**Over 1.5 years:**

- Scheduled transition team meetings
- Interval faculty and staff meetings

**MORE STUDY  
INFO!**



UNIVERSITY OF  
**Nebraska**  
Medical Center







# Early Detection of at-Risk Traditional Prelicensure Nursing Students and Implementation of Interventions to Promote Academic Success and an Overview of Implications for the Nursing Workforce



Akeeka Sharon Davis, PhD Candidate, RN, MSN, MBA, BSN, BSHCS, AMB-BC



## Introduction and Key Leadership Challenge

Nursing education faces critical challenges, intensifying the nursing shortage. High NCLEX-RN failure rates among repeat test-takers are a key issue. Key statistics: Repeat pass rate hasn't exceeded 56% in 40 years. \*Lowest repeat pass rate: 38%. \*First-time pass rate for ESL candidates: 48%.

## Background

As nursing programs innovate in their pedagogical approaches to prepare students for professional success, the urgent need for early identification of at-risk students has garnered increasing attention. Instances of academic failure not only delay graduation timelines but also impede the timely entry of nursing graduates into the workforce, further exacerbating existing shortages in healthcare settings.



## Objectives

The principal objectives of this critical analysis are to: Summarize the contemporary knowledge surrounding the identification of baccalaureate nursing students who are at risk for academic failure and the implications of academic success or failure on students and the broader nursing profession.

## Methods

This study undertook a systematic literature review spanning from 2004 to 2023, analyzing data from sixteen comprehensive databases to ensure inclusivity and rigor in the review process. A total of eighty-three scholarly articles, grey literature, academic reports, and policy guidelines were meticulously reviewed, providing a robust evidence base for subsequent discussions on academic interventions.



## Discussion

The analysis substantiates the critical importance of the early identification of at-risk nursing students and posits that the implementation of evidence-based remediation strategies can markedly enhance pass rates on the NCLEX-RN. The ramifications of academic failures appear to disproportionately affect marginalized student populations, thus necessitating the development and deployment of targeted interventions designed to bolster the success of these vulnerable groups.

## Current State and Growth

Presently, the statistics indicate that approximately 30% of nursing candidates are unsuccessful in passing the NCLEX-RN on their initial attempt, a disconcerting trend that underscores the urgent necessity for the establishment of standardized remediation policies at both state and federal levels. Addressing this issue will not only support at-risk students but also contribute to the overall augmentation of the nursing workforce.

## Next Steps

This paper advocates for the formulation of psychometrically validated instruments specifically designed to facilitate the early identification of at-risk nursing students within educational settings. Moreover, it emphasizes the essential integration of evidence-based interventions into nursing curricula to provide at-risk students with comprehensive support, ultimately promoting their academic success and professional competency throughout their educational journey.





**DISCUSSION**

- Organization and/or Facility Emergency Management Policies & Procedures
- What if a leader unexpectedly goes out for an extended period of time?
- Could you confidently assume the responsibilities of the unit and its daily function?

**INTRODUCTION**

A structured resource designed to provide leaders with essential information about another leader's team. The toolkit includes key details on team members, unresolved HR issues, scheduling preferences, and routine meetings, as well as specific requests such as shift or region changes.

**METHODS**

Microsoft OneNote template provided to various leaders throughout organization to utilize and modify based on departmental needs and unit functionality.

**Leader Transition Toolkit**  
**Wellstar Health System**

Elizabeth Lester  
MSN, RNC-OB, C-EFM  
Nurse Manager

Ashley Hege  
MSN, RN, CEN, CFRN  
Nurse Manager

Allison Petroski  
BSN, RN  
Nurse Educator

**RESULTS**

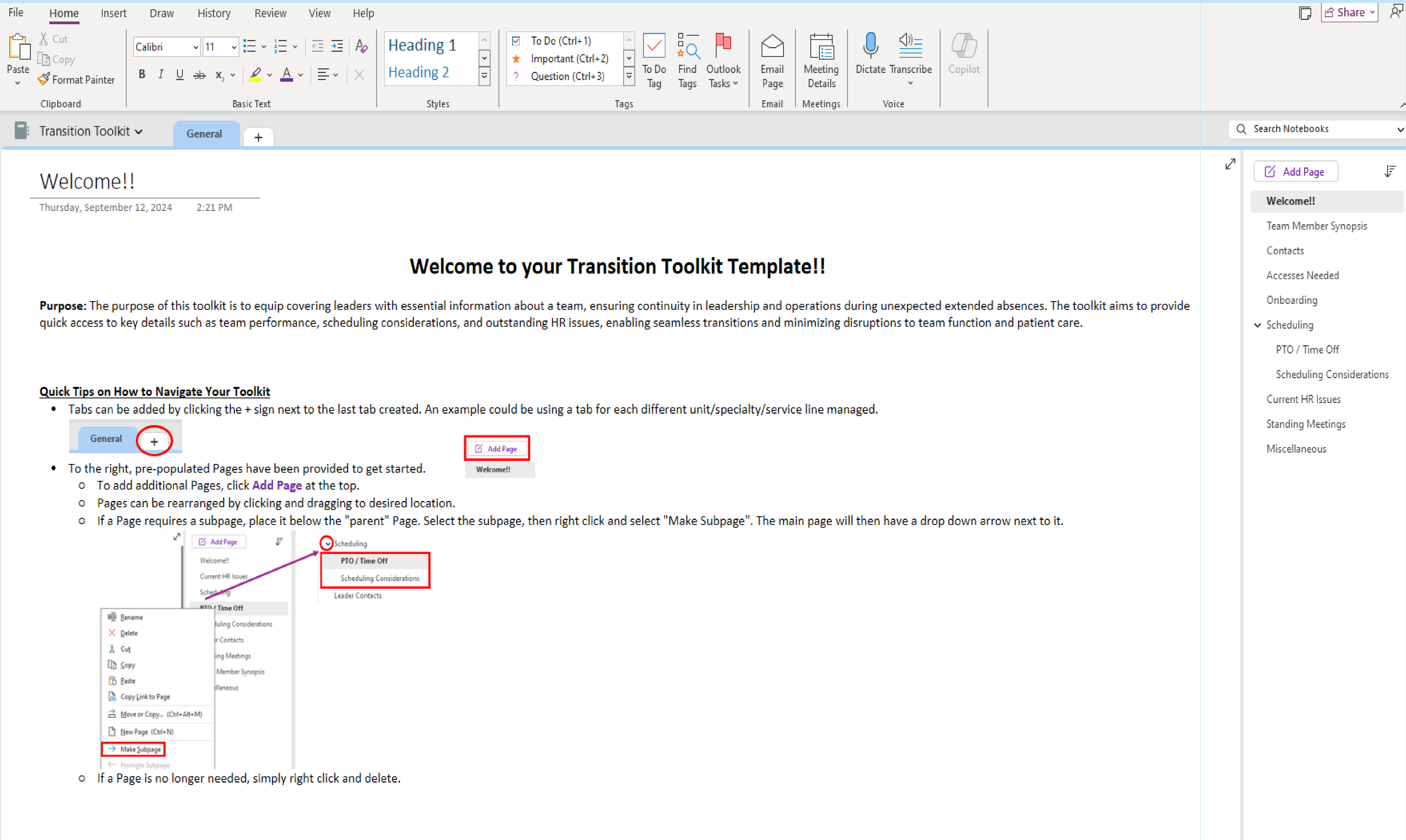
This template has been used for transition of leadership (previous manager to new manager) and Out of Office leader coverage.

**BENEFITS**

- ✓Streamlines leadership transition.
- ✓Reduces stress during leadership transitions.
- ✓Saves leaders an average of 5.3 work hours per week.
- ✓Adaptable beyond leadership roles (i.e. Nurse Educators, Clinical Coordinators).

**CHALLENGES**

- 🕒Initial toolkit development is time consuming.
- 🕒Requires manual updates – recommended on a cadence of leader’s choice.



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## The Simulation Center at Shamir Nurse Academy: A Model for Advanced Cardiovascular Life Support (ACLS) Training

Noa Tachover, Ayala Grinshpun  
Shamir Nurse Academy, Israel

### **Background:**

The Simulation Center at Shamir Nurse Academy plays a crucial role in nursing education, offering programs from undergraduate to post-graduate levels, with a focus on professional training. A key program is the Advanced Cardiovascular Life Support (ACLS) course, which equips medical teams with advanced resuscitation skills.

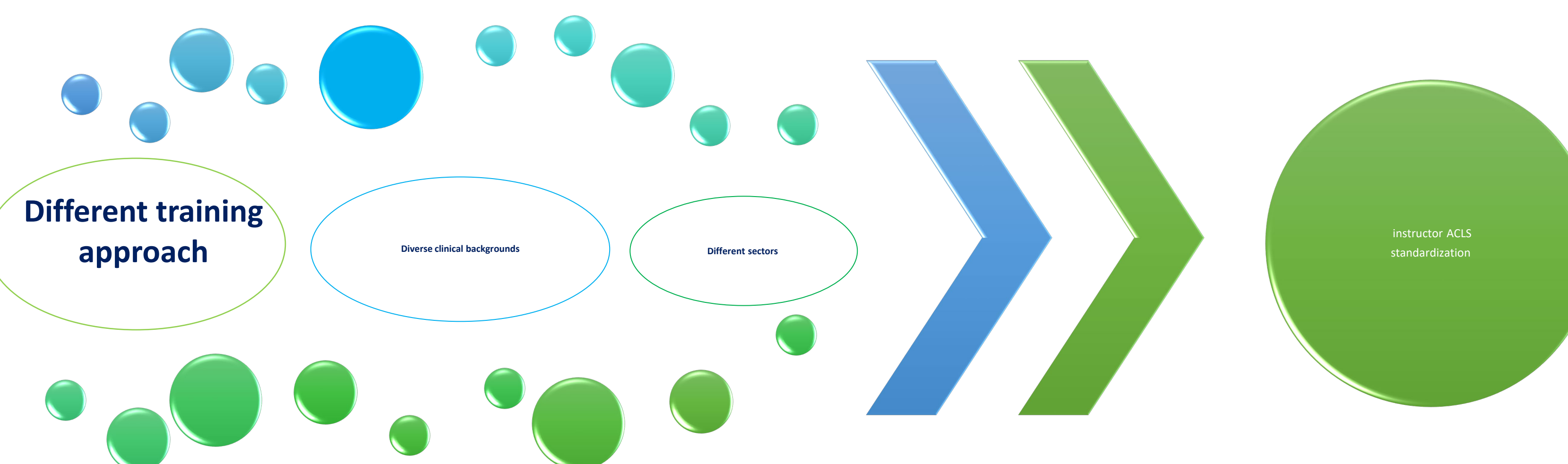
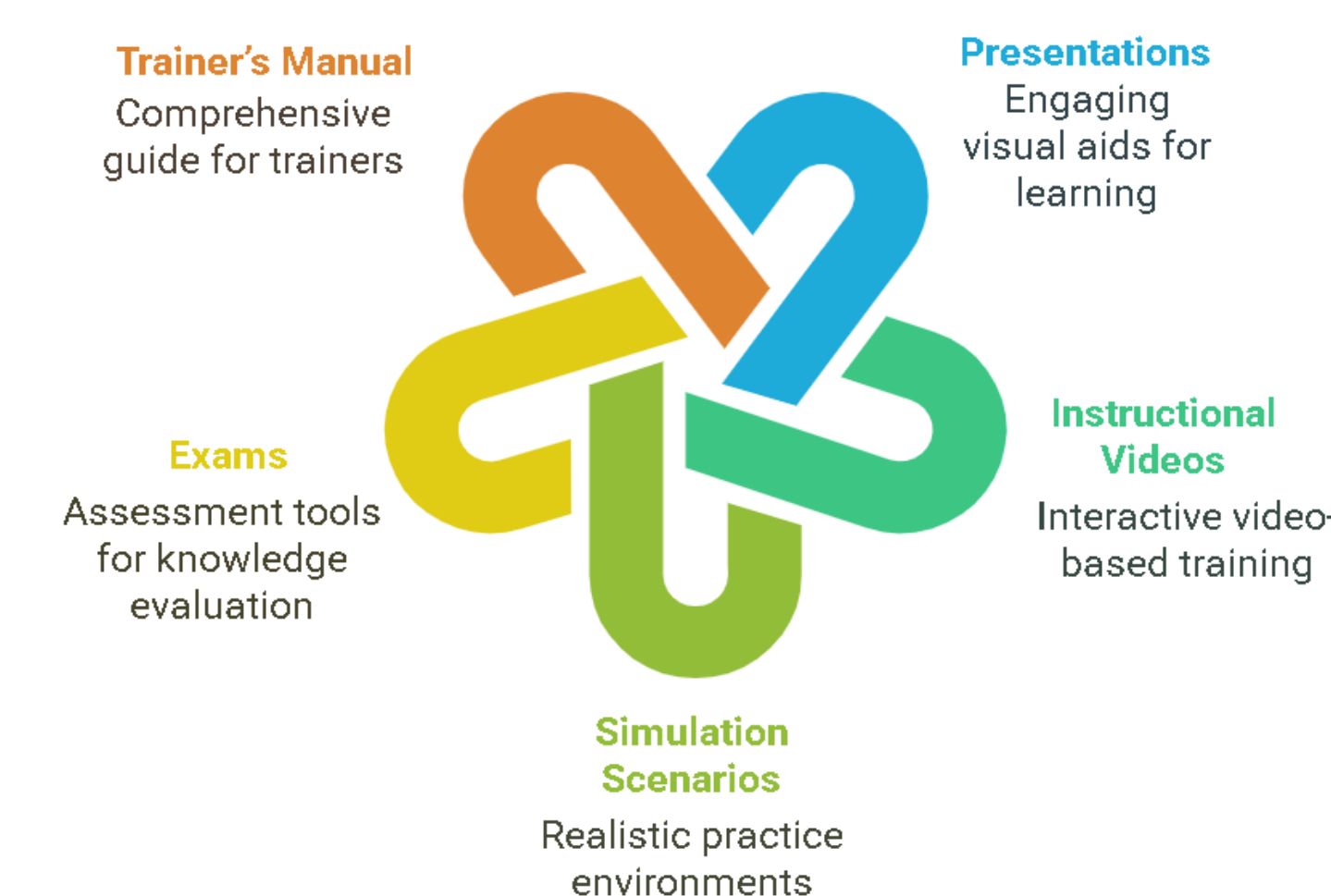
### **Objectives:**

1. Enhance proficiency in ACLS through simulation-based training
2. Update and standardize ACLS training content to meet evolving healthcare needs

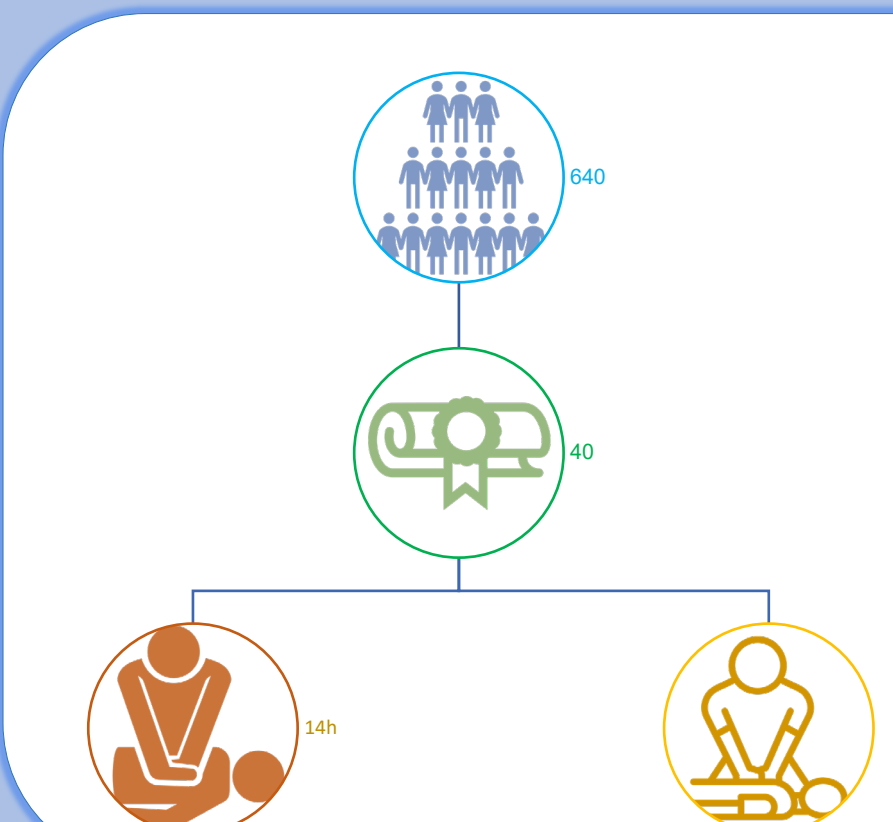
#### Comprehensive Course Structure for Effective Skill Development



#### Enhancing Healthcare Provider Skills



The course contain around 640 participants annually, attending approximately 40 courses. The courses are offered in two formats: a 14-hour full course and an 8-hour refresher/renewal course.



In summary, the Simulation Center manages a complex system, collaborating with internal and external stakeholders to provide up-to-date content, train instructors, and support research to enhance teaching and clinical practice.





Thank You!