VOICE of nursing leadership

JULY 2022 ACADEMIC-PRACTICE ISSUES

Voice of the President

Erik Martin,
2022 president, AONL
Board of Directors

It's hard to believe that summer is upon us and we are already halfway through 2022! During this busy and exciting time of year, we welcome a significant number of new graduates into our profession. Many of us are trying to identify ways to harness their enthusiasm and energy, which is palpable during these first few months. Today, more than ever, leaders are focusing on implementing strategies to assist and support the new graduate nurses' transition into practice and incorporate them in their team's culture. We hope these actions will help them have a successful careers as professional nurses.

Over the past couple of years, many nursing students' academic programs were disrupted because of the pandemic. Keeping safety as the North Star, hospitals and academic leaders alike were forced to reimagine the student's clinical experiences. With no time to spare, it felt as if we were building the plane while flying it. The impact of these rapid changes has been significant as we've seen lower NCLEX pass rates, longer orientations and higher numbers of new nurses leaving the profession in their first few years.

For more than a decade, AONL has identified the importance of academic and practice leaders working hand in hand. In fact, a longstanding committee has been exploring strategies, showcasing best practices and highlighting the positive outcomes accomplished when strong academic and practice collaborations exist. Many of the obstacles we've faced through COVID-19 were conquered through such partnerships.

As health care change accelerates, the necessity for strong, agile partnerships between academic and practice nursing leaders will only increase.

With our new graduate nurses' recent challenges in mind, along with the American Association of Colleges of Nursing's release of a revised *Essentials* document and a revised position statement on the research-focused doctoral program in nursing, the AONL Publications Committee changed the planned theme of this month's Voice of Nursing Leadership. The result is a set of timely, relevant and informative articles on academic-practice issues.

Here at my organization, Norton Healthcare, Louisville, Ky., there is a focus on readiness for licensed practice through student nurse

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AHA News

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AONL education calendar

July 2022	
Certified in Executive Nurse Practice (CENP) Facilitated Essentials Review Course	July 5, 12, 19, 26 and Aug. 2
August 2022	
Certified Nurse Manager and Leader (CNML) Virtual Essentials Review Course	Aug. 9, 16, 23, 30
September 2022	
Health Care Finance for Nurse Executives – Chicago	Sept. 22–23
Nurse Manager Institute – Virtual	Sept. 27–29
November 2022	
Certified in Executive Nurse Practice (CENP) Facilitated Essentials Review Course	Nov. 1, 8, 15, 22, 29
December 2022	
Emerging Nurse Leader Institute – Location TBD	Dec. 8–9

Visit **aonl.org** for the latest information on AONL virtual, on-demand and in-person programs. Locations and dates are subject to change.

McGaw Prize Applications Deadline July 30

The American Hospital Association (AHA) and its Health Research & Educational Trust affiliate, along with Baxter International Foundation, are accepting applications through July 30 for the 2023 Foster G. McGaw Prize. The prize honors health care organizations demonstrating exceptional commitment to community service. Applicants should showcase strong leadership within their community, a commitment to service and care, a breadth and depth of community service initiatives, and a high level of community involvement. The winner will receive a $100,000 prize, and the top three finalists will receive $10,000 each. For more information, visit **aha.org/foster-g-mcgaw-prize-call-entries**.

Workforce Development in Action: APP Increases Number of Nurse Practitioners

Melissa Nunn, DNP, APRN, CNE
Leanne H. Fowler, DNP, APRN, CNE

An academic-practice partnership (APP) in nursing is described as a formal and reciprocal relationship established between a school of nursing and academic health center (American Association of Colleges of Nursing, 2016). Nursing schools can develop relationships with non-academic health care organizations as well, such as community health centers and public health departments. The American Association of Colleges of Nursing (AACN) and AONL have partnered over the last 12 years to advance the nursing profession and nursing workforce through leading national initiatives to increase and expand APPs (AACN, 2016; Beal & Zimmerman, 2019). APPs can serve both partners through shared vision, mission, goals and resources. Additionally, APPs can help to increase the clinical nursing workforce, improve the nursing research efforts for both organizations, enhance systems leadership and policy, enhance the nursing education of licensed nurses and expand academic nursing programs with expert faculty and relevant programming (AACN, 2016). Nurse practitioner (NP) programs can be served well by APPs in the development of faculty practice opportunities, clinical preceptor relationships and academic NP programs.

The NP workforce has served to mitigate the shortage of physician medical providers for over 50 years (Poghosyan, Lucero, Rauch, & Berkowitz, 2012). Similar to the need for improved access to primary care providers, the same need exists with pediatric medical providers (Aruda, Griffin, Schartz, & Geist, 2016). At Children's Hospital New Orleans (CHNO), such needs were addressed when pediatric nurse practitioner (PNP) programs were developed through an APP.

Developing PNP programs

CHNO is a freestanding pediatric hospital including ambulatory primary care, specialty and behavioral health clinics within a regional health system. Its mission is focused on serving the health care needs of pediatric populations in New Orleans and surrounding areas of Louisiana. CHNO identified a great need for medical providers with the depth of education, competence and skill to perform specialized evaluation and management of acute and primary care for pediatric patients.

In 2016, the Louisiana State University Health New Orleans School of Nursing had population-focused academic NP programs for adult, family, neonatal and psychiatric mental health populations. In response to the outstanding need for pediatric medical providers, CHNO and the nursing school established a formal APP using the guiding principles designed by the AACN-AONL Taskforce on APPs (2012).

The partnership enabled the development of the first PNP programs in Louisiana. Acute and primary care PNP Doctor of Nursing Practice (DNP) degree programs were developed through the collaborative efforts of PNP clinical experts and nursing educators with expertise in curriculum design. Selected PNP clinical experts were hired as nursing school faculty and integrated into a team of NP faculty, DNP program faculty and other core advanced practice registered nursing (APRN) course faculty. The faculty members, in collaboration with expert nursing educators, developed population-focused programs respective to their own board certifications as acute or primary care PNPs. Plans of study and curricula were developed for each population-focused NP concentration within the DNP degree program, aligned to NP competencies and DNP educational standards.

The PNP programs were approved for admission in 2017. After gaining the required academic regulatory and accrediting approvals, PNP students were recruited through the joint efforts of CHNO medical and nursing leaders and nursing school leaders. Selected students approved for admission obtained tuition support from CHNO in exchange for a three-year employment commitment after graduation. The first cohort of two PNP students were admitted in May 2018 and graduated in May 2022. Subsequent cohorts of PNP students have expected graduation dates in May for the following two years. Sustaining these programs hinge upon the reciprocal efforts of both partners.

In order to meet the demands of a projected pediatric and neonatal NP workforce shortage, the APP established between CHNO and the School of Nursing included a plan to sustain the tuition support of CHNO staff nurses seeking a PNP or neonatal NP (NNP) program. The primary drivers for CHNO included the need for 24-hour NNP coverage for its system's three neonatal intensive care units (NICUs); the need to increase the pediatric ICU (PICU) acute care PNP coverage; and the need to increase the congenital heart defect program with supplemental coverage by full-time cardiac ICU (CICU) acute care PNPs.

FIGURE 1: Organizational Chart for Louisiana State University Health New Orleans School of Nursing (LSUHSC SON) and CHNO Academic Practice Partnership
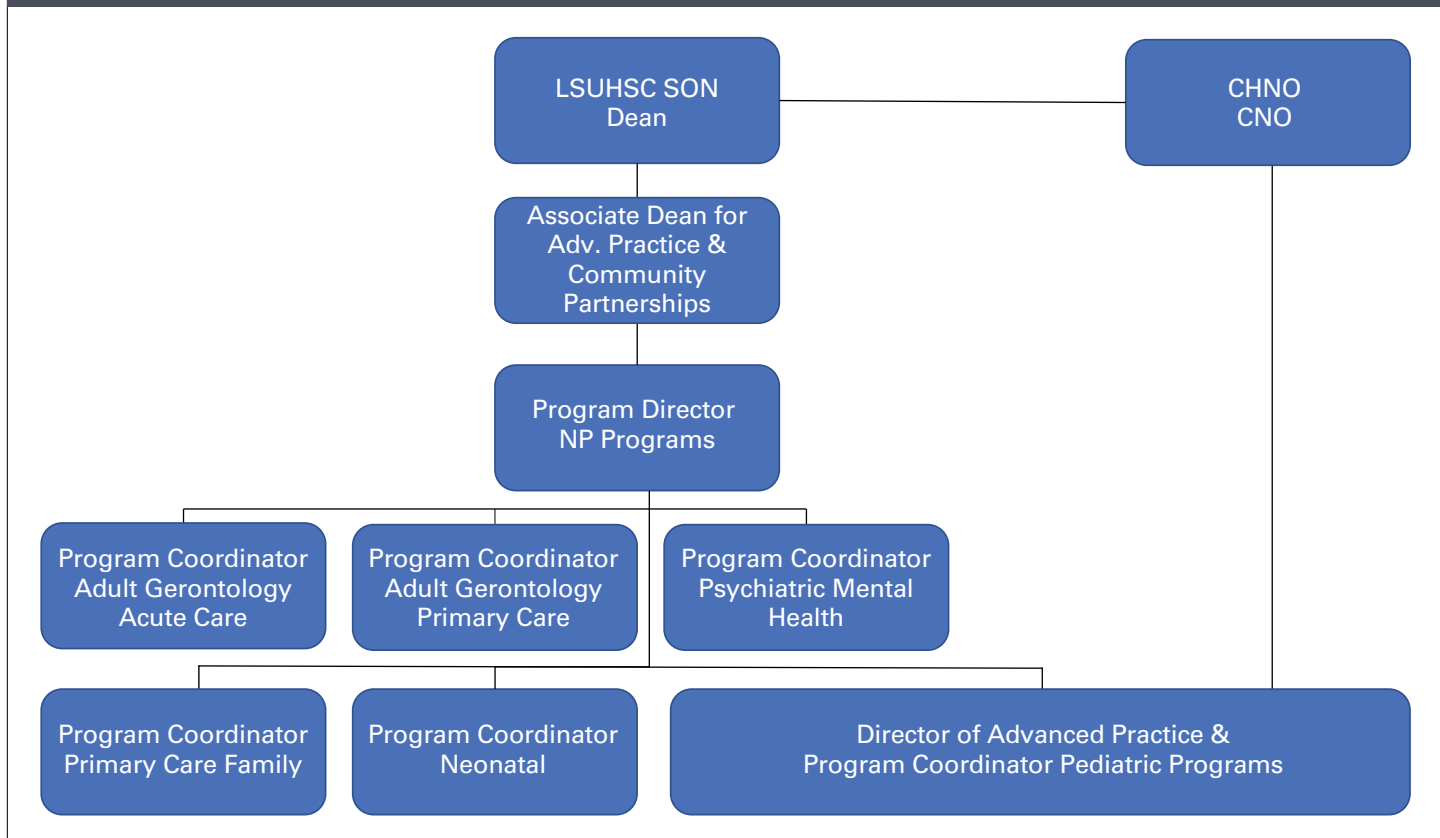
Organizational structure

The nursing school dean and CHNO chief nursing officer (CNO) share authority over the APP and delegate supervision of the PNP faculty and students to the NP program director. Academic and practice leaders collaborated to develop a job description for the director of advanced practice, who serves as the program coordinator for pediatric NP programs. The position is one full-time equivalent sharing academic and practice administrative authorities in collaboration with the NP program director, nursing school dean and hospital CNO (Figure 1). The NP program director and director for advanced practice/PNP program coordinator (DAP/PNPPC) work together to oversee the admission, progression and graduation of acute and primary care PNP students. They also maintain program compliance with regulatory and accreditation standards. In addition, the DAP/PNPPC works collaboratively with the CHNO CNO to hire, retain, professionally develop and evaluate the PNP workforce.

Through this partnership, CHNO promoted one of the PNP faculty for the dual role of director of advanced practice nursing and coordinator of pediatric programs. This role enabled the organization's first director for advanced practice, who maintains oversight of the hospital's NP and physician assistant practice in conjunction with the medical and nursing leadership. The new role is also responsible for being the organization's primary resource regarding APP recruitment and retention, scope of practice, appropriate utilization and collaborative practice models and professional development. Instituting someone as both an NP program coordinator and the hospital's NP leader has ensured a structured and supported transition to practice for new NPs. Additionally, the program coordinator's relationships with the facility's NPs and physicians allowed for high-quality, meaningful clinical learning experiences.

Partnership outcomes

The partnership was expected to support the academic needs of new PNP programs and increase the PNP and NNP workforces (Figure 2). To date, CHNO has funded three PNP and 10 NNP students. The first tuition-supported NNP cohort (n=5) graduated May 2021 and these individuals have formally oriented to their new roles within the health system's NICUs. In the summer of 2022, the new NNP graduates will be fully integrated into staffing and will allow for 24-hour staffing of the NICUs with the option of double staffing all units when dictated by high census numbers. Because the NNP graduates are DNP-prepared, their skills also will be used for unit and hospital-wide quality improvement initiatives.

The first tuition-supported PNP acute care (n=2) cohorts graduated in May 2022. After obtaining certification and licensure as PNPs, the new graduates will join the staff at CHNO's CICU. Additionally, as DNP-prepared NPs, their highly successful

academic DNP projects are planned to be sustained in the PICUs under their continued leadership. Total academic enrollment for this cohort included three pediatric acute care NP and two pediatric primary care NP students.

FIGURE 2: Academic-Practice Partnership Timeline of Activities
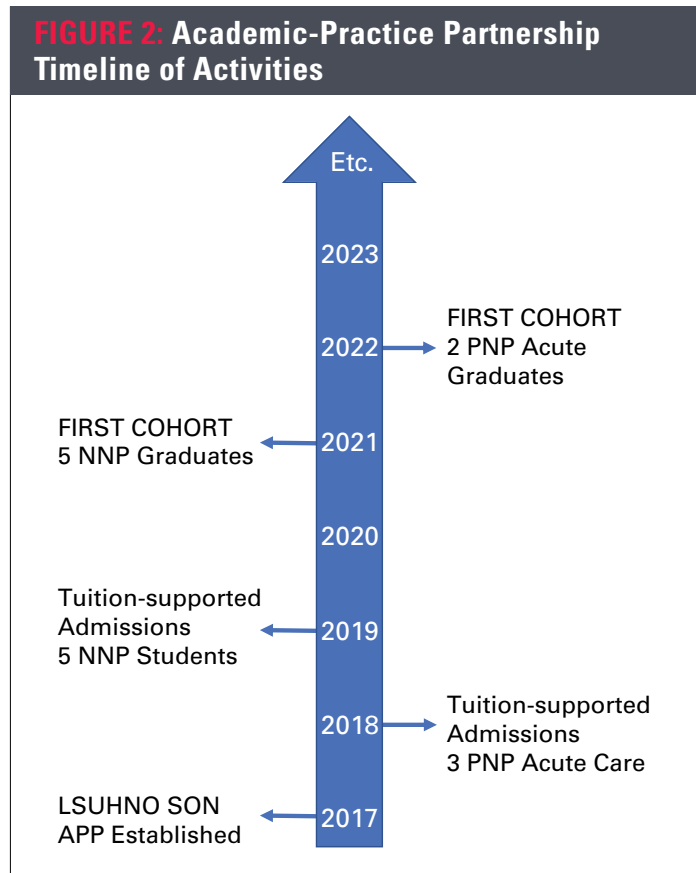
Positive and negative unexpected outcomes were realized. One positive unexpected outcome included the professional development of CHNO PNP faculty as academic nurse educators. The PNP faculty involvement in curriculum design and development significantly expanded their skill sets. PNP faculty earning their DNP degrees contributed to the quality improvement of CHNO clinical services. Further, their DNP education has led to multiple scholarly presentations and writing opportunities at the regional, state and national levels. Similarly, CHNO NPs have had numerous opportunities to expand their skill sets through guest lecturing, precepting and mentoring future and new PNPs and NNPs. Consequently, more CHNO NPs are directly engaged in hospital quality improvement projects and research initiatives.

The negative unexpected outcomes were a result of the unanticipated delay in progression of PNP students. The transition from an experienced pediatric RN to a PNP was challenging for some students. The difficulty of applying the advanced sciences to diagnostic reasoning skills was not fully

appreciated by some students. The academic rigor resulted in students having a one-year delay in their graduation and entry into the CHNO workforce. One PNP student was not able to complete the program. The unexpected delay also prompted an increase in the nursing school academic support periodically rendered to students by NP faculty and the academic success coordinator. This support included advising the students on interrogative reading skills, study strategies, time management and self-awareness skills. Despite the delay in academic progression, these students successfully defended their DNP projects and graduated in May 2022.

Success story to consider

By leveraging the beneficial resources of an APP between a pediatric hospital and a nursing school, a novel solution was born. Such a partnership can provide a secure flow of highly trained, competent NPs to a rapidly expanding health care organization, thereby expanding the access to care and scope of specialized care. Future nursing research should explore the effect of APPs on the NP workforce. Executive nurse leaders should consider the potential for APPs to help resolve workforce, research and professional nursing development issues. NPs whose organizations do not participate in an APP also should consider if such a partnership can help to fulfill their organization's needs. ◆

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AONL Foundation Receives $1 Million Donation

In April, the AONL Foundation for Nursing Leadership and Research and Education received substantial donations from AvaSure, Belmont, Mich. The donations, totaling $1 million over the next decade, continue the firm's commitment to patient safety and nursing leadership. AvaSure is donating $500,000 over the next 10 years while AvaSure chairman and former CEO Brad Playford, and his wife Kathleen, through their foundation Reset Ventures, will match the gift. "AvaSure has led the way in helping the AONL Foundation in our goal of becoming self-sustaining," said Robyn Begley, AONL CEO and president of the AONL Foundation Board, "This level of support will go a long way for our nurse leaders and our aspiring nursing leaders." For more information on the AONL Foundation, visit **aonl.org/foundation.**

The New AACN Essentials: Charting the Future in Academic-Practice Collaboration

Jean Foret Giddens, PhD, RN, FAAN
Jerry Alden Mansfield, PhD, RN, NEA-BC

Over the past decade, we have experienced some of the most dramatic changes in the history of health care. Exponential changes have been driven by advances in health research, informatics and medical technologies, new models of care delivery and shifts in health care organizations with mergers and acquisitions. Other important societal factors reshaping nursing practice include shifting population demographics, health care economics, health inequity and the recognition of systemic racism. Most importantly, the COVID-19 pandemic has tested the resilience of nurses worldwide. As a result, these past few years have truly taken a toll on nurses in clinical practice, leaving thousands exhausted and burned out. Many have left or are considering leaving the profession (American Nurses Foundation, 2022).

These changes have cast a bright spotlight on the preparation of RNs. Clearly, there is a great need for the nursing workforce to be well prepared for the continual and evolving inevitable changes in health care. The future nursing workforce will require RNs prepared with a wide range of skills and competencies. Further, greater clarity and consistency is needed regarding the knowledge and skills possessed by those prepared in undergraduate and graduate nursing programs. Specific steps must be taken to address a growing academic-practice gap, characterized by inconsistency in the capability and skills of new graduates at all levels, and the extensive time needed for onboarding and orientation. The COVID-19 pandemic has helped to illuminate these gaps, which must be addressed if we are to transform both nursing education and the delivery of health care in the United States.

Call to action

Faculty in schools of nursing across the country are aware of the rapid changes occurring in health care and recognize the need for action. Academic nursing is committed to transforming nursing education so that it aligns with the current and future needs of nursing practice. Since 1986, education standards for nursing programs affiliated with the American Association of Colleges of Nursing (AACN) have been published in a series of documents known as *The Essentials*. In 2018, an AACN taskforce was formed to re-envision future academic standards for professional nursing education. The 35-member taskforce (representing nursing leaders from academia and practice) exemplified a robust academic-practice collaboration. The voices and insights from the members representing nursing practice proved to be extremely beneficial to this work. Through spirited conversations regarding the state of health care delivery and higher education, task force members gained a shared understanding of and appreciation for the realities experienced by leaders in both practice and academic settings. Building a common foundation was critical to the work and reinforced the need for more intentional collaboration among academic and practice leaders. The outcome of the taskforce work was the adoption of new education standards, *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

The revised *Essentials* represents significant change for academic nursing and has created a buzz among nurse leaders in all settings. To successfully implement the *Essentials* – and fully optimize the potential for a new era of nursing workforce development – close collaboration between schools of nursing and practice leaders is required. For this reason, nursing leaders across the profession should become engaged in this transformation.

Overview of the revised Essentials

Competency-based education

One of the most significant changes to the revised *Essentials* is the adoption of a competency-based approach, which has been recommended as the desired approach for all health professions education (Lucey, 2018). The *Essentials* competency framework features 10 domains and eight core concepts (Table 1). A fundamental component of a competency-based approach is a robust assessment process whereby learners demonstrate competence in multiple situations and settings. Clinical immersion experiences with concentrated practice time will provide students the opportunity for clinical synthesis, which is needed to demonstrate evidence of competency achievement.

Integrating the new competency expectations into nursing programs underscores the need for significant faculty development

TABLE 1: *Essentials* Domains and Concepts	
Domains	**Concepts**
Domain 1: Knowledge for Nursing Practice **Domain 2:** Person-Centered Care **Domain 3:** Population Health **Domain 4:** Scholarship for Nursing Practice **Domain 5:** Quality and Safety **Domain 6:** Interprofessional Partnerships **Domain 7:** Systems-Based Practice **Domain 8:** Informatics and Healthcare Technologies **Domain 9:** Professionalism **Domain 10:** Personal, Professional, and Leadership Development	• Clinical Judgment • Communication • Compassionate Care • Diversity, Equity, and Inclusion • Ethics • Evidence-based Practice • Health Policy • Social Determinants of Health

Source: American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education.*

around competency-based assessment – not only the practice of assessment, but the development of valid and reliable assessment tools on which to base clinical performance. Because nursing schools rely heavily on preceptors for clinical education, intentional preceptor training around competency assessment also will be needed.

Model for nursing education

A second significant change in the revised *Essentials* is a new model for nursing education. To meet the new standards, programs preparing nurses for clinical practice will fall into one of two categories: entry level and advanced level. Two levels of sub-competencies are developmentally based to reflect the different expectations for entry- and advanced-level learners.

Entry-level programs will focus on preparing students for their first professional role as a practice generalist across the lifespan with diverse populations. The first level sub-competencies set the foundation for nurses entering professional practice and are used within curricula for pre-licensure preparation leading to baccalaureate or master's entry nursing degrees. Entry-level sub-competencies also are used within curricula for RN-to-baccalaureate degree programs.

Advanced-level programs will focus on the preparation of nurses for advanced nursing roles (nurse practitioner, nurse midwife, clinical nurse specialist or nurse anesthetist) or an advanced nursing specialty (nursing administration/practice leadership, informatics, public health, population health or health policy). Advanced-level sub-competencies represent the foundation for advanced nursing practice, regardless of the role or specialty emphasis. Nurses seeking a research career will continue to be prepared in nursing PhD programs.

Clinical education

A new approach to clinical education also is featured in the revised *Essentials.* All entry-level nursing education programs will offer clinical experiences within four distinct practice areas, including: wellness and disease prevention; regenerative and restorative care; chronic disease management; and hospice and palliative care. This change acknowledges emerging health care delivery models and the need for a nursing workforce prepared to work in each of these areas. All advanced nursing education programs require a minimum of 500 direct and indirect practicum hours for attainment of advanced-level competencies. Additional hours may be required by other certification agencies. Leveraging the benefits of simulation as a reliable, valid component of clinical education may be considered to augment direct clinical care within health care settings for both entry and advanced levels. The use of simulation as a component of clinical education is determined further by regulatory and certification requirements.

Revision significance

The revised *Essentials* represents disruptive innovation for nursing education and will require faculty to re-examine current teaching and assessment practices. The transition to a competency-based approach is welcome news for practice leaders; it provides opportunities to gain a deep understanding of the work that is unfolding and become part of the action. Nurse leaders across all care delivery sites and systems are encouraged to initiate and re-engage with academic partners in this transformation. A review of the new *Essentials* reveals the roots of nursing practice at both the entry level and advanced level of competency.

One clear benefit to a competency-based approach is the shared understanding among faculty, students, employers and the public about what a nurse graduate can do with what they know. Historically, the degree earned by nurses was emphasized. However, the numerous paths and variations regarding nursing degrees and role preparation has led to some confusion within nursing and the public. Although the current variability in the degrees earned still exists in the new model (bachelor's and master's for entry level; master's and Doctor of Nursing Practice

for advanced level), the new model aligns programs around competency achievement regardless of the degree offered. In the future, nurse employers will be able to focus on competency achievement in addition to the degree earned. In fact, it is expected that electronic portfolios will increasingly become a preferred mechanism for potential employees to communicate their preparation to employers. Such a portfolio would include competencies achieved in addition to the license, academic degree, certifications and/or other credentials. The benefit to employers is greater clarity and confirmation regarding the skills of an applicant. This will help nurse leaders understand graduate nurse capabilities and streamline the introduction of new recruits to nursing practice.

Of course, a focus on competencies is not new to nurses in the practice environment. Competencies already serve as the core foundation for onboarding and ongoing professional development in most health systems. The competencies outlined in the *Essentials* also can serve as a framework for ongoing professional development and recognition within career ladder/pathway programs in health systems nationwide. Programs focused on the transition of new nurses – such as orientation, onboarding, nurse residency programs, externships and fellowships – should be re-imagined and improved. Transferability of nurse competencies across care sites can be enhanced by a greater focus on the full essence of nursing practice in improving the health and well-being of all citizens regardless of practice setting.

There has never been a more compelling time to change how health care is delivered in the United States. As the COVID-19 pandemic continues to inform us, the care delivery models of the past will be insufficient for the future. Further, RN supply and demand challenges today are drastically different than those from our recent past. Additionally, the changing demographic population of our country demands we address longstanding issues in health equity, diversity and inclusion with aggressive attention to the social influencers of health. The RN of today, in any practice setting, should have the opportunity to change the practice environment and create the systems of patient care we would want for anyone receiving nursing care. The time to transform will be enhanced by true partnerships between academia and practice to imagine a new tomorrow. Deans, associate deans, chief nurse executives and chief nursing officers are encouraged to reach across the gap and co-create a new future for nursing practice. The health of the United States rests in those hands. ◆

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Virtual Nurse Manager Institute

Sept. 27–29

This interactive, live-streamed program combines lecture, discussion, reflective practice, experiential learning and self-assessment. Taught by expert faculty, participants develop critical management skills to be an effective leader, including skills in building a culture of engagement, problem-solving and conflict management. The three-day program with provides participants with an intimate class size, allowing for interactive discussions with faculty and peers. For more information, visit **aonl.org/education/nmi/virtual**.

AONL Virtual Advocacy Day

Become an Advocate

Advocacy Day gives you the opportunity to educate your legislators about the issues facing your patients, community and nursing teams. It is important your legislators hear from you, their constituent.

September 13-14 | Virtual Event

- Learn how to advocate effectively
- Influence health care policy

- Network with colleagues
- Connect with legislators in online meetings

Who should participate:

Virtual Advocacy Day is open to nurse leaders. Legislators value hearing from teams of nurses at all levels of leadership and across care settings. Legislative meetings will have limited capactity; share your story.

Visit **AONL.ORG/ADVOCACY** for details and to register.

AHA Events

UKHC Nurse Residency Program: Supporting Newly Graduated Nurses During the Pandemic

Janine Lindgreen, MSN, RN
Dawn Profit, PhD, RN
Jessica Wilson, PhD, APRN

The nurse residency program (NRP) at University of Kentucky Healthcare (UKHC), accredited by the Commission on Collegiate Nursing Education, supports newly graduated RNs during their transition to practice year. Like all of health care, the program was met with the demand to make substantial changes with little notice at the onset of the pandemic. Strong collaborative relationships with UKHC's academic partner, the University of Kentucky College of Nursing (CON), as well as nursing and university experts, was crucial in the ability to provide uninterrupted support for new graduate nurses transitioning to professional practice.

The established collaboration between the NRP and the CON has provided bi-directional support during the pandemic. In discussions between the CON faculty, the UKHC senior career consultant and the program coordinators, strengths and weaknesses of graduating senior-year nurses whose training had been interrupted by the pandemic were identified. These included gaps in clinical skill development opportunities; need for emphasis on professionalism (such as professional online behavior); and development of interpersonal skills to allow for better communication with patients and families. These needs also were shared with service-line specific staff development specialists and clinical nurse specialists who onboard, educate and support new staff. The information allowed the specialists to prepare for the need of potentially longer clinical orientation times and more bedside follow-up and unit rounding. Another benefit of the CON collaboration was the exchange of ideas between NRP coordinators and the CON instructional design team. The design team assisted our NRP coordinators in optimizing the learning management system (LMS) to serve as a resource repository for content delivery for nurse residents who missed a live online seminar.

Quarterly NRP Stakeholder and Advisory Board meetings provided additional opportunities for communicating needs of new nurses. The pre-existing NRP stakeholder group provides a forum for program data dissemination and active real-time feedback from all institutional stakeholders including nursing leadership, content experts, nursing service-line specific facilitators and current/former nurse residents. Retention and satisfaction data and changes to the program in response to COVID were shared to identify opportunities to improve our program.

Pandemic program changes

As the pandemic has changed the health care environment, our program has constantly evolved. As our community began experiencing rising case numbers, in March 2020 all NRP content delivery was moved from in-person to an online format with one-week notice. From March to June 2020 all NRP general topic content was placed in our LMS to be completed by nurses during the month, assigned in an on-demand format. This content includes general support and development topics applicable across service lines, presented at developmentally appropriate times during the first year of practice. In addition to the content repository, our LMS allowed for live teleconferences of our service-line specific content, discussion, clinical reflection and evidence-based practice work supported by service-line experts, clinical nurse specialists and staff development specialists. Based on evaluations, residents reported this delivery method was not engaging, did not create an environment for learning and was not satisfactory. Therefore, in July 2020, we transitioned to an all-live online content delivery format using an online teleconference software for both portions (general topic and service-line specific) of the NRP seminars. This format more closely resembled the historic live in-person meetings. Residents reported this system to be more engaging and beneficial. The LMS continues to be in use as a content repository and for the make-up of missed sessions.

Using the online teleconferencing software, seminars designed to be simulations, *Patient Safety* and *Changing Patient Condition*, were conducted with the experts live at our education center allowing their use of physical equipment and resources. The residents attended these live sessions virtually. Nurse residents were grouped by service line, then cycled through the scenarios with the live experts providing customized service-line scenarios.

To cycle the groups between scenarios, the breakout room function of the teleconferencing software was utilized.

Opportunities were identified to hone professionalism and improve online presence and behavior during this new virtual environment to support leadership development. Attendance expectations, reflecting the need to validate actual attendance and participation during virtual meetings, were created. The expectations for NRP are clearly communicated during the first seminar, *Orientation to Nurse Residency*, and also with the NRP participation agreement document that each nurse is required to sign. However, assuring actual participation during virtual seminars was difficult as participants logged onto a teleconference, but were not participating or engaged. In response to this, we added an attestation statement to the beginning of each online seminar, ensuring participants are fully aware of expectations and their professional commitment. This commitment includes the need for validation of participant responsiveness and camera use during service-line small-group time.

An unexpected benefit of the virtual format was personalized sharing. We have incorporated show-and-tell moments with items such as pets and Christmas trees. While we could not share the same physical space, getting to know one another personally has been a challenge. This informal interaction helped to build relationships and provide a sense of community within our groups.

We have made several additions and adjustments to the curriculum in response to pandemic-required changes and nurse resident feedback. Workplace safety was a seminar topic added in direct response to qualitative feedback on program evaluation. A nurse resident expressed concern about the lack of knowledge on correct reporting processes and the resources available after a work-related assault. This topic was added to the curriculum as we recognized that this is a time of increased stress and moral distress, which can lead to workplace safety and civility issues.

As many of our new nurses serve as preceptors – often their first clinical nursing leadership role – our preceptor training material is provided to all nurse residents 10 months into practice. Discussion about precepting and supporting even newer nurses who may have had limited clinical experiences has been added. With the marked increase in travel nurses practicing in our facility, many of our new graduates orient these more experienced nurses to the unit and systems, which is a skill we also are now covering with the preceptor training content.

Group projects

Throughout the pandemic, our residents have continued to produce and present evidence-based practice (EBP) group projects. Residents are supported by service-line facilitators and experts as they complete a project that serves as an engagement and empowerment tool, allowing them to develop autonomous practice. EBP projects are now presented via the teleconference software at the culmination of the NRP. We have always prepared residents to provide EBP project presentations, but doing so online requires even more training and support. During the month prior to the presentations, residents practice using technology and online presentation skills. It was not surprising that a number of nurse resident groups chose projects with topics pertaining to the COVID-19 nursing experience. Examples of these projects include:

- Effects of COVID on the mental health and well-being of new graduate nurses - Neuroscience
- Isolation kits for easing the burden on COVID nurses – Medicine COVID Unit
- Optimizing family visitation for cardiac surgery patients during SARS-COVID-19 – Medical ICU
- Education resources for RNs who discuss the COVID vaccine with patients who are vaccine hesitant – Med/Surg and Behavioral Health
- Optimizing care of COVID-positive patients on admission with a standardized set-up – Medical ICU

As a result of the UKHC staff pandemic experience, the NRP has placed more emphasis on self-care, stress management and mental health resources. We regularly communicate available support to nurses during live seminars and through e-mail reminders. Recognizing that the six-month point for a new graduate nurse is a time of statistically low nurse confidence and high perceived stress, we dedicate a seminar to stress management and self-care. The University of Kentucky Work-Life Well-Being employee wellness program provides five free therapy sessions as an employee benefit. In addition to having one of the team therapists presenting to nurse residents, protected appointment time has been created specifically for night-shift health care providers, based on the feedback received during these presentations.

Stress First Aid support is now offered as a collaboration between nurse ethics and chaplaincy services. This support includes team members rounding on COVID units in a structured format to provide support to staff. Support concepts are presented during the NRP with the ethics and moral distress content by a nurse ethicist. UKHC's Supporting One Another to Rise program, a peer-to-peer support program, is also introduced to residents. This program offers the opportunity to debrief difficult clinical experiences with another health care provider trained in active listening.

Moving forward

Even with additional support provided through the pandemic, we have experienced the highest first-year turnover rate in the history of our program. Through networking we have found this trend to be a national phenomenon. Separation data (voluntary or involuntary) had always been collected, but we identified the need to further investigate reasons in order to possibly provide opportunities of further support or unit relocation in lieu of separation. Using NRP data, the UKHC chief nurse executive created a collaboration between the NRP and human resources to conduct exit interviews. Anonymous interview data are

reported to the NRP; we monitor these data to report the trends to NRP stakeholders.

As the most recent COVID surge declined in April 2022, we adopted an NRP hybrid model. The pandemic-forced changes helped to identify material conducive to a virtual format. Seminars best experienced in person will return and material well received virtually will remain in that format. Following the first few live sessions, the feedback of returning to in-person has been overwhelmingly positive from our residents as well as the service-line facilitators.

In spite of the challenges, we are proud the NRP has supported more than 768 new graduate nurses since the start of the pandemic. We will continue to assess and implement best practices, along with responding to feedback from the nurse residents, to grow and develop our program. We owe our newly practicing nurses our full support and we will continue to provide all we can to the next generation of professional nurses. ◆

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Enriching the Journey: Updating AACN's Pathways to Excellence Document on PhDs

Marion E. Broome, PhD, RN, FAAN

The Doctor of Philosophy (PhD) degree represents the highest level of formal education to prepare individuals to advance the scholarship of discovery for a given discipline (AACN, 2010). The PhD is a research-focused degree that prepares individuals to create, translate and communicate new knowledge as leaders within institutions of higher education and outside of academia. PhD education in nursing is over 60 years old. There are currently 147 PhD programs in the United States (AACN, 2021), with more than 4,000 students currently enrolled. These programs are, in most universities, reviewed by experts in PhD education on a regular basis, often every few years; however, they are not accredited by any nursing accreditation organization. PhD programs in nursing have always been a focus of the American Association of Colleges of Nursing (AACN) with board-appointed task forces producing documents to guide PhD education over the last 30 years. The last AACN document addressing how to sustain a quality PhD program was produced in 2010. The past decade has brought many changes in knowledge development (such as genomics), research methods (such as health services and artificial intelligence) and skill sets for PhD-prepared nurses (such as cultural humility) that required a revision and expansion of the 2010 Pathways to Excellence document. The new AACN position statement, endorsed in April 2022, sets forth the expectations and recommendations to meet the growing demand for nurse scientists who can develop the science, steward the profession and educate new nurse researchers.

Process

In July 2020, the AACN Board of Directors appointed a nine-member task force consisting of deans from a variety of institutions (academic health centers, liberal arts universities), a PhD program coordinator and a representative from AONL. The board charged the task force to revise AACN's 2010 position statement, *The Research-Focused Doctoral Program in Nursing: Pathways to Excellence*, with the goal of developing a vision for research-focused doctoral programs and graduates. The task force considered trends in higher education, nursing education, nursing and other health disciplines research and career trajectories for research scientists, faculty and leadership roles. The group met monthly and spent the fall of 2020 constructing two surveys to obtain real-time data about the PhD education experience from deans of the 147 programs and students attending those programs. They also asked representatives from agencies who funded PhD students such as National Institutes of Health, Robert Wood Johnson Foundation and the Jonas Philanthropies to describe their past and current practices, as well as the outcomes of their funding. In addition, the literature from 2010 to 2020 was collected (197 publications) and assembled into a database that task force work groups could access as they developed their respective sections of the document. The task force members broke into three work groups to focus their efforts on faculty, students, and curriculum, resources and post-doctoral education.

Community feedback

After the initial document was drafted and submitted for AACN board review, the association offered multiple opportunities for feedback during the fall of 2021. The task force presented a summary of its work at the fall AACN Academic Nursing Leadership Conference. The document was posted online for public comments and the task force hosted two two-hour workshops for PhD coordinators and faculty in November 2021. Suggestions and comments were considered and incorporated into the final document sent to the AACN board in January 2022. The final document was voted on and endorsed by the AACN membership on April 12, 2022, and can be found on the AACN website (2022). The task force ultimately made 70 recommendations across the three work groups. A summary for each of the three major areas and selected recommendations are provided below.

Students

A major focus in this section was strategies not only to increase the pipeline of students into PhD programs. but also to diversify the PhD student applicant and enrollment pools.

PhD enrollments and graduations have been relatively flat for decades. So, the task force members encouraged programs to recruit potential students from their schools' own baccalaureate (BSN), master's (MSN) and Doctor of Nursing Practice (DNP) programs. It is recommended that programs train admissions committees in holistic admissions review processes and schools put in place programmatic supports for students to help minimize attrition. Collaborations with historically Black colleges and universities and Hispanic-serving institutions, as well as tribal colleges, are highly encouraged. For

students who know they want to pursue non-academic positions in practice or industry, it is suggested that students be provided with opportunities to engage in internships or other related experiential opportunities in those settings. Many programs now offer courses for both DNP and PhD students, which are strongly recommended, as well as collaborations between students and faculty in both programs. PhD graduates who plan to work in positions within academe, practice or industry, in which externally funded research and high levels of research productivity are expected, are encouraged to attend post-doctoral education programs. Student should seek a close match between their dissertation focus and the faculty in the post-doctoral program so the post-doctoral fellow can further deepen and expand their research skills and help when securing some initial funding. The average time to graduation in the PhD program is five years. Because the overwhelming majority of PhD students also work full time, programs are encouraged to help secure additional support so the student can work fewer hours and finish the program more quickly.

Selected recommendations
1. Facilitate entry into a PhD program early in the student's career.
2. PhD in nursing programs that admit individuals who do not have a nursing degree should consider how to ensure that students obtain the knowledge that support a career commitment to the discipline and the profession of nursing. One option could be to complete an accelerated BSN or graduate-entry MSN degree.
3. Have intentional strategies in place for PhD programs to reduce time to degree completion, particularly for students with a graduate degree.
4. Increase federal support and university fellowships significantly to enable students to pursue full-time PhD study. Meet with graduate school administrators to explore whether PhD students receive equitable access to university funding.
5. Formalize mentoring relationships with international students, preferably with either students or faculty from the student's home country.
6. Provide additional mentorship and support for students to combat the isolation experienced by many underrepresented PhD students.

Faculty

To continue to build the science for nursing practice, an adequate number of PhD faculty must be in place. The document addresses the need for a diverse faculty to provide *all* students with the mentoring needed in a PhD program. This diversity includes race, gender, age and ability, as well as background discipline, method expertise and years of experience with PhD education. To recruit and retain a diverse body of students, particularly those from underrepresented minority groups, requires a diverse faculty who can serve as role models and mentors. All PhD faculty should be scholars and actively engaged in the development and translation of research to improve health. Schools with PhD programs must provide the infrastructure to support the research and scholarship of the faculty

who are also expected to engage students in their programs of research. Demographic shifts in nursing mean that many existing PhD program faculty will be retiring in the next five years, so there is an increased emphasis on mentoring younger faculty to teach courses and supervise students during the dissertation.

Selected recommendations
1. PhD program faculty need to conduct and disseminate their own scholarship and prepare doctoral students for stewarding the discipline through (a) generation of new knowledge and defending knowledge claims against challenges and criticisms, (b) conservation of the most important ideas and findings that are a legacy of past and current work and (c) transformation of knowledge that has been generated and conserved.
2. Educate faculty in PhD programs to implement strategies for recruitment and retention of students based on the adoption of holistic admissions principles and practices.
3. Schools of nursing and PhD programs should display clear commitments to diversity, equity and inclusion in their vision, mission and value statements that dovetail with holistic admissions policies and practices.
4. Mobilize the expertise of junior and/or non-tenure track faculty as members of committees, co-mentors and in other capacities.
5. Develop and utilize recruitment strategies to increase the diversity in the faculty from a variety of demographic backgrounds and other disciplines.
6. Develop and monitor retention effort in the PhD nursing program to support all faculty in professional development and promotion.

Curriculum, resources and evaluation

Science and knowledge are always evolving as we learn more about ourselves, our health and the world around us. This evolution has increased in speed over the past decade. Faculty are always evolving their own research programs, their courses and how they mentor students throughout their programs. New areas of science include artificial intelligence, genomics, health equity and secondary dataset analytics. The two surveys conducted by the task force revealed, as did the literature, that most programs bring both PhD and DNP students together in classes and enrichment experiences. These collaborations facilitate the translation of research and better promote understanding and collaboration of all doctorate-prepared nurses, enabling them to maximize strengths to translate knowledge for practice. The AACN position statement encourages programs to examine curricula, maximize collaborations between students and professionals in other fields and decrease time to graduations. These measures are intended to increase the number of PhD-prepared nurses. Students also are younger now than in previous decades and so are pursuing their PhDs while starting/raising families and caring for older members of their family. Therefore, the report encourages deans to seek more financial support for PhD students so they can work a smaller number of hours, devote more time to research and graduate sooner.

Program evaluation should be systematic, ongoing, comprehensive and focused on the specific mission, goals and outcomes of the university and program, and should be assessed on a regular basis. A typical evaluation team would include experienced PhD program faculty both in and outside of nursing. This team would focus on the qualifications; expertise and productivity of faculty; how students are admitted, retained, and completed in a reasonable timeframe; the quality of dissertation topics; the amount and type of support provided to students; and what kind of resources are available to support the program.

Selected recommendations

1. PhD programs are encouraged to infuse greater flexibility in curricular offerings to increase access, decrease financial challenges and enhance opportunities that support both full- and part-time study, with a focus on timely degree completion.
2. Faculty are encouraged to consider the use of e-portfolios to (a) record competency achievement transparently between the academic setting and practice partnerships and (b) provide enhanced documentation of personal leadership development plans, earned badges, certifications, tenure-track evaluations and self-reflection appraisals to outline accomplishments.
3. Co-learning opportunities for PhD and DNP students (such as combined courses and team assignments), combined orientations and other opportunities for collaboration are highly encouraged.
4. Diversity, equity and inclusiveness (DEI) perspectives need to be integrated into the PhD curriculum; students can take a focused course or learn through courses that involve DEI concepts. Students also should have opportunities to take interdisciplinary courses and courses offered in other disciplines.
5. Competency in teaching and learning, including contemporary pedagogical theory and evidence-based teaching strategies related to curricular design, teaching philosophy, preparation

of the syllabus and evaluation methods should be provided for students whose career plans include an academic role.
6. The integration of data science into the curriculum is recommended. Available models and exemplars can be used to guide the integration of data science into the current curriculum or helping with the development of new courses.
7. Evaluation of PhD programs is as important as it is for any degree programs in education. Evaluation data must include faculty, student and program outcome data, which will be provided to appropriate audiences and used to promote ongoing program improvement. ◆

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Access to care and quality of care are priorities in health care delivery. One of the factors that fosters access to and the quality of care delivered is a health care workforce reflecting the populations they serve. Diversity in race, ethnicity, socioeconomic status, sexual orientation and gender is critical in improving both accessibility and quality for minority groups (American Association of Colleges of Nursing, 2019; DeWitty & Byrd, 2021). It is projected that by 2040 more than 50% of the general population will be from diverse backgrounds. However, the health care workforce continues to be far less diverse. More specifically, the nursing workforce is currently 90% female and 75% Caucasian. To improve health care outcomes, especially for minority populations, the nursing workforce must diversify (Matthews et al., 2022).

One strategy found to be successful in diversifying the workforce is increasing the pipeline of underrepresented students. For many reasons, such as cost of higher education, admission policies and lack of support services, diversity in baccalaureate nursing graduates has seen a much slower growth than the general population, presenting an increase from 26.8% in 2009 to only 32.2% in 2018 (DeWitty & Byrd, 2021). Factors that influence the recruitment, retention and graduation of diverse students in nursing include quality of primary education preparation, economic support, availability of diverse advisors or mentors in higher education and opportunities for professional socialization (Matthews et al., 2022). To further diversify the future workforce and reduce these issues, the Cleveland Clinic partnered with the Howley Foundation and Ursuline College, Pepper Pike, Ohio, to create a program to facilitate the recruitment, retention and success of diverse students in a baccalaureate nursing program.

Program overview

The ASPIRE Nurse Scholars Program is a donor-funded high school pipeline enrichment initiative for underrepresented and economically challenged high school students considering a career in nursing. The program, designed to provide a supportive, direct pathway to a nursing career, has a goal of increasing the number of diverse BSN-prepared nurses.

Each year approximately 25 high-performing, diverse high school juniors from the Cleveland area are accepted into the program. Junior year focuses on the exploration of the nursing profession and the comprehensive curriculum for 12 consecutive Saturdays. The programming is learner centric and fun with experiential learning, gaming apps, reflection, journaling and technology-driven simulation.

A select group of juniors is invited to return as senior high school students, serving as mentors to incoming students and attending ongoing enrichment opportunities to build upon the foundation set in junior year. Senior year focuses on professional nursing socialization, life skills and college readiness. Upon completion of the senior high school portion of the ASPIRE program and graduation from high school, students work as nursing assistants at the Cleveland Clinic during the summer after high school graduation and throughout their college career.

Employment as a nursing assistant provides meaningful income while allowing for socialization to the profession and ability to learn and grow competency in nursing skills. Employment is maintained throughout the program on a per diem basis. This supports continued development in the soft and technical skills needed for students' transition to practice upon graduation. Students also receive ongoing mentoring from Cleveland Clinic RNs. Once participants graduate and achieve their BSN, they are invited to transition to employment as a RN at the Cleveland Clinic.

The transition to college focuses on resources to support educational success. Through generous support from the Howley Foundation, ASPIRE participants receive a scholarship to support the completion of a BSN. Resources provided through the Ursuline College include a dedicated nursing advisor and a variety of wrap-around services to support the unique needs of diverse students. The college's academic advisor maintains a strong collaborative relationship with the Cleveland Clinic

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ASPIRE RN team. This team – with whom students develop trusting relationships during high school – continue to have monthly touchpoints with the students during college. The academic advisor meets weekly with the students to identify successes as well as challenges. The advisor closely collaborates with teaching faculty and key services including tutoring, supplemental instruction, mental health and financial aid. In addition, the advisor plans semiannual intensive sessions designed to prepare students for academic success and promote networking with peers and faculty. Students also meet with diverse professional mentors who share stories of success and strategies to overcome the barriers faced by diverse students and professionals, facilitating socialization to the profession.

The journey

During the 2020-2021 academic year, 15 ASPIRE Scholars embarked upon their journey into the BSN program. During the 2021-2022 academic year, 19 additional ASPIRE scholars embarked upon their journey into the BSN program. As the students transitioned to college, they experienced a variety of challenges that included the rigorous expectations of college, a new residence, separation from family, dealing with traumatic life events, mental health concerns and navigating the effects of a pandemic. To assist the students in overcoming these challenges, they received tutoring, supplemental academic instruction, literacy specialist services, mental health services and a dedicated advisor. Additionally, intensive orientation programs to promote self-efficacy, reinforce academic skills and encourage community were provided twice each academic year. Between fall of 2020 and spring of 2022, 35%-90% of the students were engaged in tutoring services, most often in science and math courses. Supplemental instruction was offered for chemistry and pathophysiology. Students also were connected with licensed professional counselors to assist with management of traumatic life experiences and mental health needs.

The program will have its first BSN graduate in May 2023, and 26 more are on track to graduate by May 2025. Factors that led to student attrition included the realization that nursing was not the profession for them, a desire to attend a historical black college or university, significant family commitments and the inability to meet academic requirements despite available support.

Next chapter

As the ASPIRE scholars continue their journey toward graduation, they will continue to be supported by both the dedicated nursing advisor and the ASPIRE mentors at Cleveland Clinic. The sustained collaboration and communication between the college and health care system has been a hallmark of the program. As additional ASPIRE scholars begin, these inaugural scholars will serve as peer mentors, not only as they finish their education but also as professional RNs. Program changes have been identified to further its success. These changes include additional supplemental instruction in the sciences, especially in chemistry, microbiology and pathophysiology. Students also will have augmented touchpoints to strengthen relationship building, improve communication and create experiences that teach students general life management skills and professional socialization.

The ASPIRE program has created a pathway to facilitate the recruitment, retention and success of diverse students in a BSN program. This experience provides diverse individuals sustainable and rewarding careers in nursing. The strong collaborative relationships between the Cleveland Clinic, the Howley Foundation and Ursuline College will serve as the foundation upon which to grow the ASPIRE program and ultimately contribute to the diversification of the BSN-prepared workforce. ◆

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Improving Nursing's Diversity Through a Holistic Admission Process

Ann M. Popkess, PhD, RN
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Southern Illinois University Edwardsville (SIUE) School of Nursing (SON) offers a traditional nursing program option and a 15-month accelerated second-degree option resulting in a BSN. As a public institution located in Edwardsville, the university has a history of serving the region and in particular the rural students of Illinois. The School of Nursing's undergraduate program is accredited by the Commission on Collegiate Nursing Education and has maintained an NCLEX pass rate over 85% since 2018. In fall 2020, the enrollment of the pre-licensure undergraduate programs was 905 students with 54 full-time and 50 part-time faculty. In 2020, SIUE launched an anti-racism task force charged with making recommendations to the university to dismantle racism on the campus. One task force goal was to address retention and graduation rates for Black students. The SON recognized a need to address similar goals in the program for Black and other underrepresented minorities. After reviewing the school's admission and retention data, it was determined that the admission process was fraught with barriers disproportionately impacting students negatively influenced by social determinants of health. The authors formed a team to review the literature and the admission processes in the SON with the goal of increasing the diversity of the student body. In a 2014 national study conducted by Urban Universities of Health, holistic admission was found to increase diversity in student enrollment in health professional schools. The holistic admission review is a mission–driven process that focuses on an understanding of the whole student, as opposed to ranking students by their academic credentials. SIUE's nursing school is committed to developing a holistic admission process that considers all student experiences, attributes and academic metrics in the evaluation of applicants for the undergraduate pre–licensure programs.

Admission and retention challenges

In the current admission process for the nursing program, an assigned advisor reviews the student's transcripts and application. This review includes the student's prerequisite course grade point average (GPA), cumulative college GPA and a nursing admissions test, the Test of Essential Academic Skills administered through Assessment Technologies Incorporated. However, relying on metrics alone such as GPA and standardized test scores does not provide a comprehensive assessment of potential academic success (American Association of Colleges of Nursing [AACN], 2020). With the metrics approach, other factors influential in becoming a competent nurse – such as lived experiences, compassion and the ability to work with diverse populations – are not considered.

The Health Resources and Service Administration (HRSA) defines an underrepresented minority (URM) as someone from a racial or ethnic group considered inadequately represented in a specific profession relative to that racial or ethnic group in the general population. In health professions, specifically nursing, HRSA considers people from Black or African American, Native Hawaiian or other Pacific Islander, American Indian, Alaska Native, and Hispanic (all races) racial and ethnic backgrounds underrepresented. The number of URM students in the SIUE undergraduate nursing program, as a percentage of the student body, has been unchanged at 20% since 2017. The percentage of Black/African American students, however, has declined from a high of 10.7% in 2014-2015 to 6.5% in 2019-2020. The SON's URM student population is not representative of the current population data for neither the state of Illinois nor Madison and St. Clair counties, which are part the of the school's service area (DataUSA, n.d.). In the past five years, the two–year persistence and retention rates of SON URM students lag behind white students in all but one year, 2014-2015. Students from socially and economically underserved and disadvantaged backgrounds in these same rural counties face significant educational barriers. For instance, students in K-12 grades from these counties are more likely to be chronically absent and low-income compared to all other Illinois students (Illinois State Board of Education, 2018-2019). Beyond the need to increase the number of diverse students in the nursing program is the longer-term goal of reducing health disparities in the region by creating a more diverse nursing workforce (Scott & Zurwick, 2015).

The university has a long tradition of addressing the academic needs of underrepresented and minority students. Evidence of this commitment includes two successful diversity programs: Project Get Ahead in Nursing (GAIN) and the Student Nurse Achievement Program (SNAP). Project GAIN, a multi-faceted educational and social support program for students, was

implemented from 1987 to 2004. During the project period, 760 students from disadvantaged backgrounds participated in the program, with 550 graduating with a nursing degree, while others graduated with degrees in various other disciplines. In 2010, the vision of Project GAIN evolved into Project SNAP. From 2014 to 2017, SNAP served more than 150 individuals including pre-nursing students through senior-level students. The SNAP project was extraordinarily successful; 95% of students supported by the grant ending in 2017 are working as RNs in the community. The SON has continued to fund a director and a graduate assistant to work with SNAP students.

Recently SIUE adopted test-optional admission criteria for freshmen. This approach does not require applicants to submit a standardized test score, such as the ACT or SAT to be admitted to the university. The impact of this decision on the SON applicant pool is not fully realized, but initial data indicate a more diverse, highly qualified group of high school applicants in the direct-entry SON option. The SON direct-entry criteria have been adapted, with ACT/SAT score submission no longer required for admission consideration.

Concurrent with the efforts focused on URM student recruitment and retention, faculty and staff have recognized a need to develop personal awareness of how implicit biases influence our communication and workplace climate. This continued work to recognize and combat racism on our campus and in our program is necessary to build a climate of trust among our faculty colleagues as well as our student body.

Evidence to support change

The American Association of Colleges of Nursing released a white paper in December 2020 focused on the implementation of holistic admission review in academic nursing (2020). Holistic admission review is a mission-aligned process that takes into consideration the "applicants' experiences, attributes and academic metrics as well as the value an applicant would contribute to learning, practice and teaching" (Association of American Medical Colleges [AAMC], 2021). This allows for a more fair, diverse and equitable admission process in which an admissions committee considers each applicant, as opposed to disproportionately focusing on one or two factors such as GPA or entry exam scores.

Holistic admission is an effective strategy for diversifying the nursing workforce (Urban Universities for Health, 2014). As the population in the U.S. continues to become more diverse, it is important the nursing workforce represents that same diversity. A diverse nursing workforce has many benefits including improvement of inequities in underserved communities, increased access to care and enhanced cultural competence and humility among health care providers. It also can increase patient satisfaction with care, and improve educational experiences for students in health care professions (AACN, 2020). Academic literature clearly documents how university nursing programs have successfully developed and sustained a holistic admission process (Jung et al., 2021; Scott & Zerwic, 2015). While many

positive outcomes result from a holistic admission process, the challenges such as pre-programmatic support, education of faculty, advisors and supportive staff and financial resources also need to be acknowledged (AACN, 2020; Jung et al., 2021).

The SON has committed to a goal of recruiting and graduating a more diverse student body to support a diverse nursing workforce in the southwestern Illinois and metropolitan St. Louis region. The development of a holistic admission process will allow for a more equitable approach to admitting SON students. Use of the literature, securing the services of expert consultants and other evidence-based strategies will support the development of a holistic admission process. These steps also will lead to the creation of retention support services that enhance the recruitment, retention and graduation of URM students. The authors have received a program grant from the Illinois Board of Higher Education (IBHE), which will assist in developing the framework and structures to implement the holistic admission process by fall of 2023.

Future expectations and goals

As a result of the IBHE grant and the university and SON diversity initiatives, a process to move to holistic admissions is moving forward. This structure will be ready for the incoming 2023 class. Expected actions include:

- Develop and implement the SON holistic admission infrastructure.
- Revise admission policies to align with the goal of a holistic admission process.
- Expand recruitment activities to include students/schools in the Madison/St. Clair counties and metropolitan east Illinois.
- Increase in the numbers of URM (10% over the prior year) student applicants and admissions, with a subsequent increase in enrollment and retention of these same students with progression to graduation and successful nurse licensure.
- Provide educational workshops to assist faculty and staff to develop an awareness of one's social identities and their influence on implicit biases and the matrix of oppression. Materials such as texts and webinars will be purchased as resources for faculty and staff to fill educational/knowledge gaps.
- Host a summer nursing success program for 10 URM first-year students to promote a bridge to the college environment, introducing students to nursing faculty and identifying resources to help them succeed as first-year pre-nursing and nursing students.
- Hire a professional staff advisor to work with the holistic admissions team. The advisor will engage in intrusive advising with admitted students, a technique that involves frequent personal contact/meetings with students to promote engagement and student responsibility in decision-making and problem-solving.

Through these efforts, we plan to contribute to the university's goal of diversifying the SON student body, and positively impact nursing workforce diversity in southwestern Illinois and the St. Louis metropolitan region. ◆

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LeaderRead

Bob Dent, DNP, RN, CENP, FAONL, vice president for patient care services and chief nursing officer, Emory Decatur Hospital and Emory Long Term Acute Care Hospital, Decatur, Ga.

Bob Dent read

Human-Centered Leadership in Healthcare: Evolution of a Revolution

By Kay Kennedy, DNP, RN, Lucy Leclerc, PhD, RN, and Susan Campis, MSN, RN
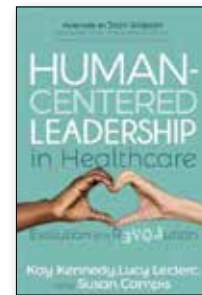
What I liked: This book speaks to the essence of nursing and health care as it outlines a health care-specific approach to leadership it calls, "human-centered." The authors share their research to provide an understanding of this new theory and then provide real-life experiences to illustrate the leader's role as an awakener, a connector and an upholder. Specific tools to facilitate success are described in detail. Each chapter ends with self-reflection and discussion questions, making it an ideal book club or community read for your team or students.

What I learned: Leaders in health care must learn to prioritize care for self. This enables the leader to then emanate their energy outward to cultivate and grow the team; unite the team around mission, vision and values; and recognize the humanity in themselves and others. Living and practicing these identified dimensions of relational leadership provides the basis for a culture of excellence, trust and caring.

Leadership insight: Our post-pandemic health care environment requires prioritizing well-being for leaders and team members alike. Traditional, hierarchical leadership is no longer acceptable. A relational leadership style, based in complexity and caring science, brings out the best in leaders, empowers team members and results in sustainable outcomes for the team, patients and the organization.

If you have recently read a book that would be a fit for LeaderRead, please send your recommendation in this format to Terese Thrall, AONL managing editor, at **tthrall@aha.org**.

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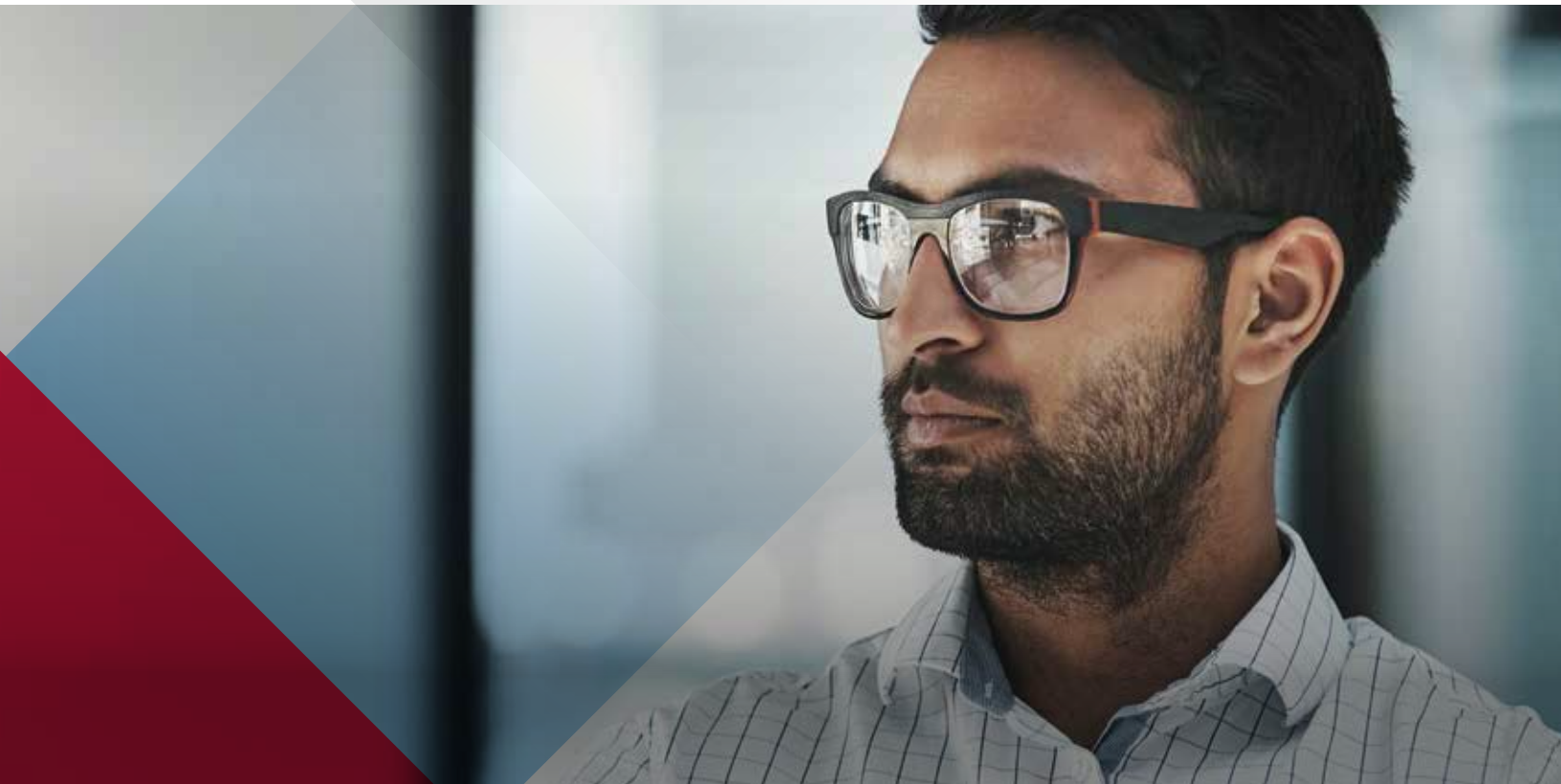
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AHA Career Resources

employment. Since 2017, we've had a very effective Student Nurse Apprenticeship Program (SNAP) in place. SNAP is a 12- to 18-month paid employment opportunity providing educational and clinical experiences to complement a student nurse's academic program. It began as one of our nurse leader's doctoral work and received endorsement by the state of Kentucky. As the program evolved, it became the first registered pre-licensure nursing apprenticeship program in Kentucky.

The program consists of three tiers and intentionally invests in the student through incorporating organizational and professional culture, providing nursing clinical experiences and promoting nursing confidence. SNAP requires an application and an interview by a nurse leader on the SNAP team. Students who are offered and accept a student nurse position understand the goal of the program is to help them grow and learn the profession of nursing in an acute care setting.

Each tier is designed to complement or meet the student where they are at in their academic journey. Tier I begins in January of each year and offers courses, training and experiential learning across all service lines. Tier II occurs during the summer and is an opportunity for further clinical immersion whereby the student functions in a full-time nurse extern capacity side by side with a nurse preceptor. During this time, student nurses focus on nursing skills, patient safety, time management, electronic documentation and management of multiple patients. Tier III offers a hybrid of continued clinical experiences, nursing education and transition-to-practice support. SNAP concludes in the fall, or the following spring, when attention is paid to building and instilling confidence until academic graduation and transition to a licensed nurse position on our team.

In addition to the program structure, SNAP also supports organizational needs. Student nurses are eligible to work additional time as their studies permit. This was ever present during the heart of the pandemic. Through fulfilling various on-site roles, the SNAP participants supported over 16,300 hours of COVID-19 needs. These hours were in excess of the formal program requirements and were a true asset in supporting hospital operations. The role of the student nurse is valuable, as their skill set and knowledge can be leveraged as they progress in their formal studies.

Since SNAP's inception, the program has grown to include 22 nursing schools represented by nearly 700 total student participants. Nine out of 10 SNAP graduates become full-time nurses with Norton Healthcare. One-year nurse retention for SNAP graduates is 94%. Furthermore, 85% remain employed with Norton Healthcare at their two-year anniversary. As a result of SNAP's higher retention rates, we have achieved an estimated $28 million dollars in cost savings over five years. Additionally, SNAP graduates have statistically significant, self-reported higher rates in perceived self-confidence related to patient safety when compared to other new graduate nurses who did not complete SNAP. The program is such an incredible success that we've expanded the concept to other disciplines including surgical technicians, respiratory therapists and medical assistants. For more information on SNAP you can visit NortonHealthcare.com/SNAP or connect with the team directly at SNAP@nortonhealthcare.org.

As health care change accelerates, the necessity for strong, agile partnerships between academic and practice nursing leaders will only increase. Just as we saw the creative ways nursing programs and hospital care delivery persisted during the pandemic, future challenges will foster new ways of cooperating to educate and train nurses in creating the best outcomes for patients. ◆

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