VOICE of nursing leadership

IN THIS ISSUE

NOVEMBER 2023 POINT-OF-CARE LEADERS

Voice of the President

Erik Martin, 2023 president, AONL Board of Directors

About this time of year a decade ago, I received a phone call from Pam Thompson, then AONE CEO, inviting me to be one of the inaugural appointed board members representing early careerists. This was a new strategy designed to increase diversity around the table and help our organization become more inclusive and representative of all nurse leaders. The 2013 board of directors, led by President Michelle Janney, became a catalyst for many changes that have evolved since. It is fitting that my final president's column falls when the Voice of Nursing Leadership theme is point-of-care leaders, bringing me full circle.

Over the past 10 years, AONL's progress has included changing our name, rebranding and expanding our programs, committees and awards to represent the depth and breadth of nursing leadership. Among AONL's many strategies to diversify, was the recognition of the contributions and impact young nurse leaders have on our profession. In this edition you will be introduced to AONL's newest Young Professional Voices (YPVs). This cohort of "up-and-comers" will serve as advisors to AONL on the YPV committee in 2024. Please join me in thanking them for their contributions and congratulating them on this esteemed honor.

These examples of AONL's progress highlight the success nurse leaders can achieve through forward thinking. Serving on the board has been a true honor and afforded me incredible opportunities to work alongside some amazing nurse leaders. This platform has been a gift, for which I'm humbled. I am forever grateful to have been a small part of supporting and advancing nursing leadership through some unprecedented times.

> I am remembering the words of Dr. Seuss, "Don't cry because it's over. Smile because it happened."

As 2023 is wrapping up and my term as president is concluding, I want to highlight a few of AONL's accomplishments. We have been focused on confronting the challenges nurse leaders are facing, collaborating to identify solutions and producing resources, tools and knowledge to support nurse leaders across all roles and sites of care.

Advancing nursing leadership and improving health through advocacy are two of our key initiatives. Last year, we launched our first AONL Advocacy Academy. This year AONL hosted our largest Advocacy Day to date. Nearly 155 nurse leaders conducted more than 180 meetings with congressional offices. We met with policy makers from more than 30 states to advocate for

Continued on page 18

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AONL education calendar

November 2023	
Strategic Engagement with Media – Virtual	Nov. 16–17
Emerging Nurse Leader Institute – Virtual	Nov. 29–30
February 2024	
Administrative Supervisors: Equip Yourself to Lead From Dusk to Dawn – Virtual	Feb. 21
April 2024	
AONL 2024 Annual Conference – New Orleans	April 8–11

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Past Magazine Issues Available

Looking for previous issues of Voice of Nursing Leadership? Members can log into the AONL website to access issues going back to 2011 at **aonl.org/news/voice-archive**.

AONL Foundation Donations Information

Consider making nursing leadership research and education a priority in your end-of-year giving as a way to help nurse leaders in 2024 and beyond. Donations to the AONL Foundation can be made at **aonl.org/donate**. To learn more about the foundation's research priorities and the assistance it provides to developing leaders, visit **aonl.org/foundation**.

CNLs Influence Outcomes at the Bedside and Beyond

Kristen M. Gracz, MSN, RN, CNL
Katherine Earnest, MSN, RN, CNML

Health care coordination is incredibly complex. It is becoming increasingly challenging to integrate new practices and technologies, while addressing the need to improve patient care outcomes. It's been more than two decades since The Institute of Medicine's (IOM) 1999 landmark report, *To Err Is Human: Building a Safer Health System*, revealed that medical errors accounted for more deaths than motor vehicle accidents, breast cancer or acquired immunodeficiency syndrome. Further, nearly half the expenses caused by these medical events are preventable (Kershaw, 2011). While there has been consistent progress, the U.S. health care system continues to prove insufficient compared to other nations' outcome measure performance (Gonzalo & Singh, 2019). The clinical nurse leader (CNL) role was thoughtfully developed to address this gap. In fact, a 2011 IOM report identified the CNL as "one of the most transformational roles" in nursing (Hulett & Shatto, 2021).

Developing the CNL role

The CNL role was first defined and developed by the American Association of Colleges of Nursing in 2003, with the first CNLs receiving certification in 2007. The CNL is a master's-prepared clinical leader with advanced education, training and professional competencies. The expertise of the CNL can be applied to any health care setting and the role is highly adaptable to individual site or specialty needs (Ott et al., 2019). CNLs are intended to work alongside other front-line clinicians to facilitate the lateral integration of care. Educated in continuous process improvement, CNLs take action to implement evidenced-based practice, analyze patient outcomes and perform risk assessments, while working directly at the bedside to establish patient and family rapport. The Veteran's Health Administration became early adopters and advocates for the CNL role and were the first to publish robust outcome metrics validating the cost savings, waste reduction and quality care improvements that the CNLs could bring (Ott et al., 2019). Since that time, the number of CNLs and CNL positions in health care systems has increased, but it remains an underutilized role.

At Shirley Ryan AbilityLab, we began integrating the CNL role into the structure of our nursing team in 2014. We initially conceived of the CNL as a bedside leader with equal time and focus on direct patient care and unit-level outcomes. Protected administrative time dedicated to quality improvement activities would make up approximately half of the CNL's worked hours. This time is intended to be spent on the unit in close proximity to patients and clinical staff. The remainder of their time would be spent working at the bedside in a traditional staff nurse capacity. As our patient census increased over the years, we identified an increased need for CNL support. In response, protected administrative time now accounts for between 50% and 100% of the CNL's time. This varies based on individual unit census and needs. The key feature of the role is bedside engagement; the CNL meets patients and nursing staff where they are.

Value of CNL investment

CNLs are trained to manage outcomes including falls, pressure injuries, hospital-acquired infections, readmissions, patient satisfaction, resource management and staff satisfaction and retention (Hulett & Shatto, 2021). CNLs can assess trends and patterns in ways front-line nurses often cannot. Bedside nurses are running at a mile a minute. Many are novices in their practice, with some learning nursing skills in simulation at the height of a pandemic. At the same time, these novices are encountering some of the most critical staffing challenges health care has seen in our practicing generation.

CNLs can help these nurses develop critical thinking skills, perform risk assessments and adopt a model of proactive prevention instead of reactive damage control. It is not always reasonable to expect seasoned bedside nurses to consider big picture outcomes at the unit or facility level when they are trying to keep their heads above water and perform bedside duties. Providing high-quality care to the patient in front of them is the priority. While unit-level managers or department directors are responsible for monitoring and responding to quality outcomes data, these leaders may not be optimally positioned to understand the full context necessary to achieve sustainable improvements. CNLs view the care team's approach holistically, holding the perspective of a direct caregiver and a systems leader simultaneously. They successfully bridge the gap between patient care and clinical leadership. They function as unit practice experts and outcome managers (Hulett & Shatto, 2021), advising and partnering with hospital leadership on evidenced-based directives

while incorporating individual unit needs. Their unique role maintains a close relationship with the interdisciplinary front-line clinicians, patients, families and administrators, which affords a well-rounded perspective of both bottom-up and top-down expectations surrounding performance.

CNLs are powerful change agents, models of behavior and advocates when it comes to adopting new policies or practice changes. CNL-led efforts at other facilities have resulted in improved adherence to medication administration standards (Santana, 2021), decreased fall rates and associated costs (Votruba et al., 2016), decreased rates of ventilator-associated pneumonia and decreased surgical complications (Ott et al., 2019) just to name a few examples.

Nurse managers and executive nursing leaders at Shirley Ryan AbilityLab have come to view CNLs as invaluable. Our CNLs collaborate with staff to troubleshoot obstacles and identify realistic goals surrounding process and outcomes improvements. They maintain a pulse on the unit and adjust their approach to problems in real time. This is accomplished by participating in interdisciplinary and nursing-specific team huddles and safety rounds. CNLs also have discussions with unit stakeholders, observing day-to-day practice and reviewing unit-level quality and safety data. Through the collaborative efforts of CNLs, Shirley Ryan AbiltyLab implemented fall prevention strategies resulting in a 31% decrease in hospital-wide fall rates from 2020 through 2023. Fall prevention presents unique challenges in the acute inpatient rehabilitation setting, as we prioritize early mobility in a population of patients at high risk of falling due to physical and/or cognitive disabilities. Many hospitals struggled with fall rates during the pandemic due to staff shortages, lack of family presence, burnout and infection control precautions that limited staff time at the bedside. Attaining such a drastic decrease in fall rate during a pandemic is just one example of the innovative problem-solving that a group of determined CNLs can offer.

Recruitment and professional development

External recruitment of CNLs can be challenging. While most states have at least one school of nursing offering CNL preparation, the availability of CNL programs varies considerably from one region to another. At Shirley Ryan AbilityLab, we found success combining external recruitment of CNLs with internal development programs. In Illinois, several schools of nursing offer direct entry to practice MSN programs that include preparation for CNL certification within their curriculums. For external recruitment, we have partnered with these programs to offer clinical immersion experiences for their students. This exposes more future CNLs to our facility and to the specialty practice of rehabilitation nursing, and allows us to recruit new graduate nurses who have shown promising performance. Shirley Ryan AbilityLab has recruited multiple CNLs in this fashion. This strategy requires a long-term investment, as new graduate CNLs are not fully prepared to function as unit-based leaders until they have achieved a proficient level of practice in the role of bedside nurse. We found that internal development strategies also were necessary for optimal succession planning for the CNL role. To address this need, we developed a professional growth plan with tracks for both BSN- and MSN-prepared staff nurses interested in pursuing CNL certification. Staff members pursuing this plan remain in their current roles while they are provided dedicated time without a patient assignment to begin performing select aspects of the CNL role in an interim capacity. At the same time, they receive mentoring from a seasoned CNL or other appropriate nurse leader. The employee is reimbursed for the cost of the certification upon passing their examination and is then able to apply for formal promotion into any open CNL role. The flexibility of this approach has greatly improved succession planning for CNL roles, allowing us to achieve a 0% vacancy rate. When a role does become available, we are able to identify quality candidates and fill the role quickly. Since we first piloted the defined CNL role in 2014, CNLs have been successfully integrated across all adult inpatient units. The one- and two-year retention rates for the role are 100% and 73%, respectively. Over half of all nurses hired into the role over the past 10 years remain employed with the organization.

With advanced education and training and a keen eye for identifying improvement needs, it is no surprise CNLs are remarkably productive clinicians who tend to seek out professional challenges early in their careers. Providing CNLs with a pathway to continued professional growth will amplify their skills and allow them to practice to their full potential. At Shirley Ryan AbilityLab, CNLs regularly spearhead quality improvement initiatives, manage small- and large-scale projects and are deeply engaged in our shared governance structure. These individuals make excellent candidates for other leadership positions. The unit-level CNL role has turned out to be a key succession planning pipeline for full-time clinical quality coordinator roles at our facility. Four of our unit CNLs have been promoted into this role in recent years, taking their expertise from the microsystem to the macrosystem level. Other roles filled by CNLs at our facility include charge nurse, clinical instructor and principal investigator for nurse-led research projects.

A path forward

The CNL role is still not widely adopted at many health care facilities. As CNL numbers increase, they are filling a variety of roles outside of formally designated CNL positions (Clavo et al., 2018). At Shirley Ryan AbilityLab, CNL-prepared nurses have thrived both within and outside of the dedicated CNL role. A systematic review of CNL literature showed CNLs function in roles including research, academic faculty, case management, clinical director and staff nurse (Clavo-Hall et al., 2018). However, if organizations do not define CNL responsibilities and provide adequate protected time to address these priorities, it is not possible to realize the CNL's full potential. Consider the gaps in care your facility. Where are outcomes not matching up to expectations? Where can cost savings be realized? What kinds of errors are reported most frequently? A CNL might be just what you need to address these problems in a way that makes sense to both executive leadership and front-line staff. ◆

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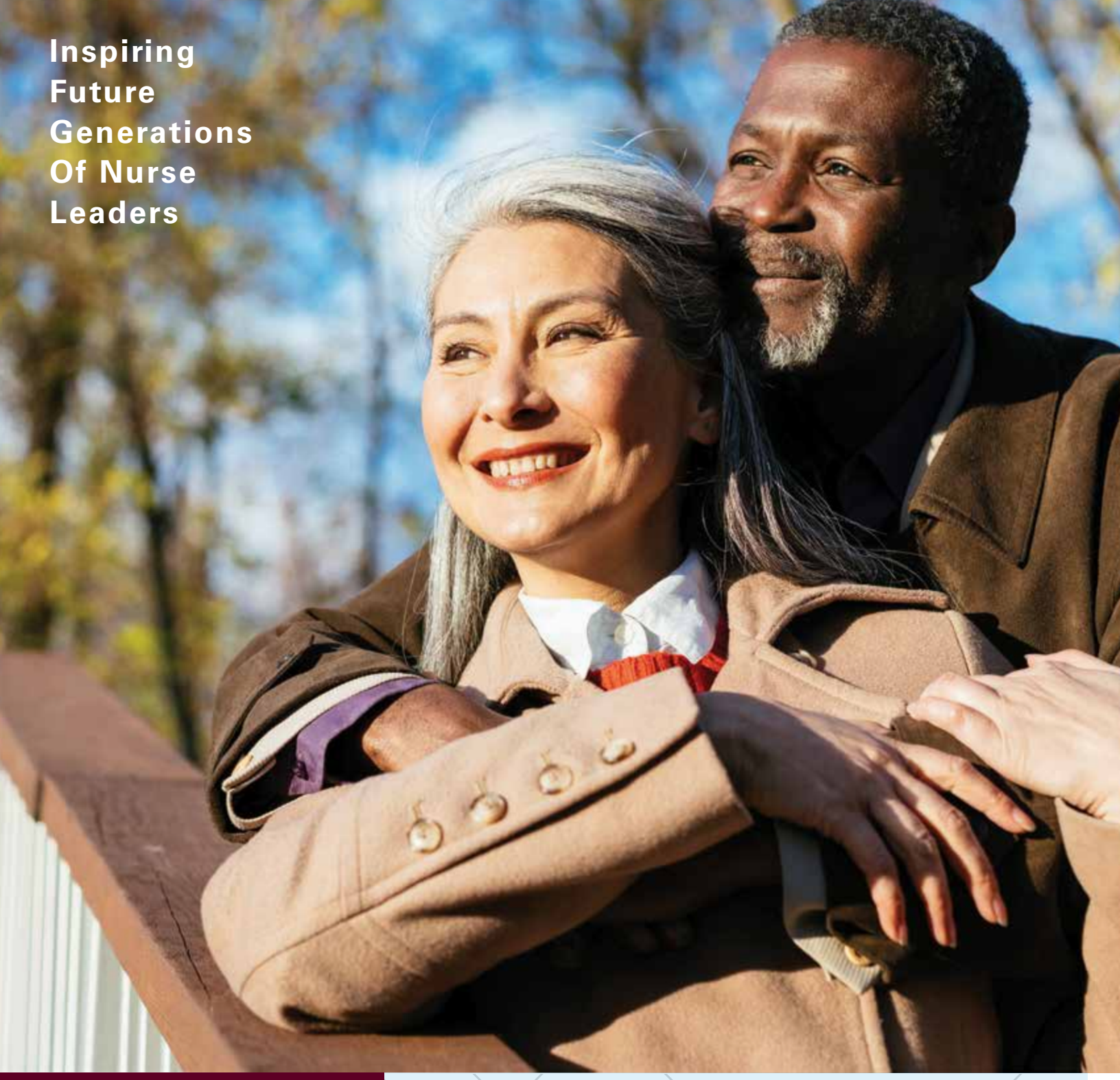

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Changing Charge Nurse Training: Fellowship Creates Effective Leaders

Lee Ann Sessions, MSN, RN, CMSRN
Theresa Heberling, MSN, RN, CEN

University of Florida (UF) Health Jacksonville is a Magnet-recognized, large academic health organization licensed for 695 beds, located in Northeast Florida. UF Health Jacksonville offered charge nurse development programs only to its experienced charge nurses prior to 2015. Charge nurse training for new charge nurses consisted of charge nurse orientation with an assigned preceptor. Nurse leaders determined the need for more formalized training. Working with bedside charge nurses, nurse leaders developed charge nurse competencies and the Charge Nurse Fellowship was created. Since 2015, UF Health Jacksonville has graduated more than 200 charge nurses from inpatient and outpatient units, including those in intensive care, cardiac care, labor and delivery care, medical/surgical care and the emergency department (ED), among others.

Program format

The Charge Nurse Fellowship, initially structured to last two weeks, was offered approximately three times annually and each session was capped at 12 charge nurses. Participants had to be endorsed by their manager to attend so that each unit could implement an appropriate coverage plan. During the program, charge nurses are in the classroom for two weekdays. The classroom portion consists of general charge nurse topics, including effective communication, team building, delegation, coaching, identifying resources, survey readiness, throughput, patient experience including a Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) overview, nursing sensitive indicators, time management, role modeling and an overview of charge nurse-specific policies.

On the remaining days, charge nurses shadow various staff members throughout the organization. Charge nurse participants receive a clinical rotation schedule in which they shadow charge nurses on units they would frequently interact with (i.e., medical/surgical shadowing ED charge nurses because they get admits from that unit). In addition to other charge nurses, they spend time with ancillary services such as laboratory, dietary, security, environmental services, patient placement, case management and patient relations. They also shadow their own nurse manager to review the charge nurse competency and manager expectations. Clinical rotations are individualized and determined by each charge nurse's home unit needs. This opportunity is intended to help foster relationships between departments and give charge nurses a global perspective of how the organization operates and what patients experience throughout their stay.

Charge Nurse Fellowship participation is by invitation only due to high demand and staffing availability. Participants are recommended by their unit managers and they must commit to the entire training. Since charge nurses should also be proficient at precepting new nurses, participants are also required to attend preceptor classes to enhance their preceptor skills. At the end of the Charge Nurse Fellowship, graduates are encouraged to attend the monthly Charge Nurse Council. This allows the charge nurses to stay connected to their peers they met in the program while keeping informed of any charge nurse topics.

COVID-19 impact

The impact of COVID-19 was felt throughout the health care world. During the pandemic's peak, the fellowship was put on hold to minimize virus spread and maximize staffing. As the pandemic waned and it was safe to resume in-person training, there was a push to restart the fellowship. Staffing challenges throughout the pandemic meant many inexperienced nurses were thrust into the charge role and needed the skills offered by the fellowship. However, continued staffing shortages meant managers were unable to accommodate their charge nurses being off the unit for two weeks at a time.

A careful examination of the program was undertaken and a compromise was found by compressing the program into one week. Extra time was found by combining related topics into shortened presentations. Some of the clinical placements were broken into shorter time blocks based on feedback from previous fellowship graduates that several of the rotations could be shortened from four hours. Time was also allotted on the last class day so the fellows could discuss their clinical rotation experiences with their peers. The discussion promoted engagement and alleviated the need to get all the fellows through the same clinical rotations. Condensing the fellowship to one week was surprisingly successful and the one-week format is still in use, even as staffing needs begin to recover. Decreasing the length of the program also reduced costs. The program is approximately $18,000 per session which includes program expenses, catering and non-productive work hours. The Professional Practice department budgets for the costs of supplies and catering, while each unit cost center covers employee compensation.

Participant feedback

Initially only new or novice charge nurses were invited to attend the Charge Nurse Fellowship. After only one year of starting the program, it was expanded to experienced charge nurses as the feedback from participants and their managers revealed participation would benefit all charge nurses, regardless of experience. Evaluations have been overwhelmingly positive. Numerous comments were made stating all charge nurses should attend this program. Feedback also includes statements from participants that the program has been impactful and very meaningful. Charge nurse participants are able to witness how their actions affect other departments and the patients in their care. Examples of the responses include:

> "I learned so much during this fellowship. Thank you so much for this opportunity."
>
> "I am so thankful for working for an organization that supports its charge nurses. This program has been excellent."
>
> "This is the best class I've ever attended. It truly has motivated me to be the best charge nurse I can be."
>
> "I recommend all charge nurses attend this class. I've learned so much information related to the charge nurse role. It has been an amazing experience."

Looking ahead

The future of the Charge Nurse Fellowship is bright. The program is entering an exciting new phase in which a majority of the presenters are graduates of the program. Utilizing graduates helps them connect with the fellows and highlights the leadership skills and opportunities the charge nurse role offers. The program is so popular there is now a wait list and the facilitators balance attendance requests to ensure fair representation from the entire organization. Not only does the program build the confidence and leadership skills of the charge nurses, but it has also served as a tool in the organization's succession planning. More than 20 graduates, have been promoted into leadership positions within the organization. Retention among participants is strong. The two-year retention rate is 85% among charge nurse fellowship graduates compared to 75% of general nursing staff. UF Health Jacksonville remains committed to investing in the development of its nurses and its future health care leaders. ◆

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AONL Nursing Leadership Workforce Compendium Available

AONL has released a compendium focused on best practices to manage the complexities of the nursing workforce. The compendium, produced by the AONL Workforce Committee, seeks to support and empower nurse leaders to thrive, engage in ongoing professional development and sustain environments where nurses want to work and feel they belong. The compendium goes beyond published literature, focusing on successful strategies used to improve the work setting and support nurse leaders. To download the document, visit **aonl.org/resources/compendium**.

AONL DEIB Toolkit Available

The AONL Diversity, Equity, Inclusion and Belonging (DEIB) Toolkit assists nurse leaders in implementing the four main principles outlined in the AONL DEIB Guiding Principles: role of leader, practice environments, partnerships and research and technology with practical action steps. The tactics can be adapted for the nurse leader role or practice setting, based on where the system, hospital, unit or department is on its DEIB journey. AONL will provide additional resources within the toolkit as they become available. The toolkit is a part of AONL's efforts to strengthen DEIB within the organization and nursing leadership field. It can be downloaded at **aonl.org/resources/DEIB-Toolkit**.

Advancing Nursing Practice Through CNS Mentorship: A Case Study

Kayla Daugherty, MSN, APRN, AGCNS-BC
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Highly engaged nurses initiate effective strategies to achieve quality patient outcomes and an exemplary work environment (Brooks et al., 2019). Their commitment to quality and strong connection to the organization makes them more likely to remain, while continuing to advance at the front-line of practice. Nursing practice is directly influenced by clinical nurse specialists (CNSs), advanced practice nurses with expertise in diagnosis and intervention who support optimal outcomes for a defined specialty population (NACNS, 2019). CNSs translate their clinical expertise into nursing care directly and influence nurses through evidence-based practice.

Sustaining exemplary nursing care over the long term requires that CNSs mentor nurses suited for this advanced role and precept CNS students in clinical practice. Accordingly, to successfully precept students, CNSs need experience in the organization, as well as dedicated time and the ability to provide effective feedback (Bloomingdale & Darmody, 2019.) This article describes a collaboration between an experienced CNS and a nurse team leader at the University of Tennessee Medical Center (UTMC), Knoxville, whom she successfully precepted while in a CNS program.

Support for advancing nursing practice

The importance of growing the CNS workforce and succession planning cannot be understated in today's complex care delivery system and severe nursing shortage. At UTMC, CNSs and their directors join to advance nursing practice through shared governance and creation of an environment supporting clinical outcomes and an exemplary workforce. The goals of the shared governance CNS Council are two-fold: first, to improve the quality and safety of patient care through use of evidence-based practice; and second, to provide a venue for the continued development of CNS practice, networking and education. This structure supports the CNSs at UTMC.

To increase the number of front-line CNSs, experienced UTMC nurses with demonstrated clinical and leadership skills working in needed specialty areas are encouraged to enroll in accredited CNS programs. Tuition is reimbursed in exchange for a designated work commitment following CNS certification. Nurses who want to complete their clinical practice hours internally and who receive academic approval are supervised by an experienced CNS. For their final project, they use research and empirical evidence to identify, design, implement and evaluate a practice change aligned with their nursing division, center of excellence and/or UTMC goals.

Advancing nursing practice through mentorship

CNSs have held key clinical leadership positions at UTMC for more than 40 years. As is the case at other hospitals, many CNSs at UTMC are nearing retirement. Subsequently, succession planning has been and still is a top priority of the CNS Council.

In early 2019, members of the CNS Council were asked to identify staff nurses in their coverage areas who displayed both a desire for professional development and the appropriate skill set to become a CNS. Such nurses can be mentored and developed into an effective CNS. The CNS council member found such a staff nurse while working in the medical nephrology inpatient unit. She noticed that the unit's nursing team leader consistently displayed skills aligning with the three CNS spheres of impact: the patient sphere, the nurse/nursing practice sphere and the organization/system sphere (NACNS, 2019). For example, the team leader applied expert assessment skills to critically think through patient scenarios. She was an excellent preceptor and successfully served as chair of the shared governance Nursing Quality and Safety Council.

This nurse team leader was a strong clinical leader and wanted to remain closely connected to bedside nursing. The CNS council member became her mentor, engaging the team leader by modeling the CNS role and involving her in conversations about CNS academic programs and practice. She also informed her about the nursing division's support for CNS education. After many discussions, the team leader applied and was accepted to a CNS program; the CNS mentor agreed to precept her in clinical practice.

Advancing nursing practice through preceptorship

The preceptor role, along with role of counselor, supporter, teacher and protector are required of the CNS to adequately socialize, facilitate and evaluate the CNS student's performance (Bloomingdale & Darmody, 2019). The CNS mentor completed the preceptor development class offered thorough the Nursing Professional Development and Education department and maintained competency through yearly online education. Consequently, the

CNS mentor was well prepared to assume the preceptor role and foster the growth of team leader, who was now a CNS student.

Precepting the student entailed assessing learning needs, setting goals, developing learning plans, evaluating competence, teaching time management and prioritization in patient care. It also required reviewing documentation, navigating the resources within the organization, guiding a clinical project, and providing feedback and coaching. While precepting a student can present its own set of challenges, such as decreased efficiency, increased workload, and the need to closely supervise the student to ensure patient safety (Bloomingdale & Darmody, 2019), the benefits far outweigh the additional workload. The CNS mentor benefitted from continued learning, staying up to date on role and scope recommendations of the CNS governing bodies, immersion in academic teaching and successfully developing a future coworker. Precepting also brought joy and a renewed sense of impact on the profession (Hahn et al., 2021). Lastly, participating in the identification, recruitment and precepting of the student was a full circle, fulfilling process for the CNS mentor.

Advancing nursing practice through QI

The CNS role spans across multiple spheres of impact, and an effective preceptor will seek out opportunities for their student to enrich the learning experience and provide opportunities for the student to demonstrate appropriate competencies. The CNS mentor worked diligently to help align the student's quality improvement (QI) project with the nursing division's and unit's center of excellence strategic goals.

The CNS mentor recommended that the student apply to QUEST, a UTMC professional development program for bedside clinical nurses that connects the participant with expert resources for a QI project, celebrates the efforts and outcomes, and rewards the participant at completion. Typically, the participant's main project mentor is the nurse manager, but in this situation, the CNS mentor served in that role.

Choosing a topic

The student had two areas of interest: workplace violence prevention and safe insulin administration. Though there were quality gaps for both areas, the CNS mentor guided the student to choose the topic that could be easily measured and have the most impact within the established period. Understanding this was the first project for the student, the CNS mentor recognized that a straightforward project with accessible and reliable data would be most beneficial for the student's learning. The student chose to study safe insulin administration related to blood glucose monitoring. The CNS mentor helped the student formulate a PICOT (patient, intervention, comparison, outcome and time) question to define the study and identify a patient care unit with a similar workflow and patient acuity to use for comparison.

Appraising the literature

Evidence-based practice is the foundation for which the CNS improves nursing quality. Accordingly, being able to obtain and interpret literature is essential for CNS practice and developing a successful project. The CNS mentor helped determine key search words and connected the student with the hospital's librarians, who assisted her in finding appropriate articles. While the student appraised the literature, the CNS mentor had meaningful check-ins to discuss article methods and findings. The CNS mentor also linked the student with a CNS from another facility who had completed a similar project. She convened a meeting with her student and colleague to discuss implementation challenges and strategies for success. Networking with regional experts provided essential information that allowed the student to select the best time interval for monitoring blood glucose prior to insulin administration.

Establishing baseline performance

Obtaining baseline data for blood glucose monitoring and insulin administration posed a challenge due to available technologies and the different input systems for those activities. The CNS mentor introduced the student to the nursing informatics team and helped her determine inclusion and exclusion criteria to guide data extraction. Despite being provided an electronic data file from the nurse informaticist, the student had to manually extract intervention times. The CNS mentor helped her by setting up a spreadsheet, which included formulas for calculating time intervals.

Developing the intervention

Deciding what intervention would be most effective on the two units involved conversations between the CNS mentor and student about the ideal state for this process. After the student decided that checking blood glucose levels during morning bedside report was the best approach, the CNS mentor helped her modify the intervention to fit the real-world unit environment. The CNS mentor also supported the student in creating education materials and an education plan, which included communication through team huddles, posters and emails.

Analyzing the data

After the post-implementation data was collected, the CNS mentor, student and nurse scientist met to analyze the findings. The nurse scientist assisted with data analysis and encouraged the student to obtain feedback about the project from participating nurses. Through speaking with the nurses, the student learned that both units had independently deviated from the recommended intervention. Instead of checking blood glucose levels during report, they checked it after report, believing that change improved workflow. The CNS mentor and student concluded that this slight deviation had a positive impact on the time between blood glucose check and insulin administration. The intervention was revised again based on the findings.

Disseminating the project

At the start of the project, the student was strongly encouraged to disseminate the project internally and externally at the academic partners' Research Day and nationally at the National Association of Clinical Nurse Specialists Annual Conference. The nurse scientist and CNS mentor assisted the student in abstract and poster development.

Over the course of several months, the student presented her work at all three venues; the nursing division provided full financial support for the national conference, which was held more than 2,500 miles away. With each presentation, the student gained more confidence. More importantly, through meaningful discussion with colleagues during the presentations, the student acquired greater depth and breadth of her topic and learned ways to improve care.

Advancing practice through unit councils

The successful collaboration between the CNS mentor and student proved to be a way to reengage nurses and reignite quality improvement activities at the bedside after the long siege of COVID-19. Collaboration is a critical factor in engagement and highly valued among the millennial workforce (Armstrong, Spivey & Doran, 2021). In addition, meaningful recognition of their collaboration was a way of promoting a culture of excellence (George & Massey, 2020).

The UTMC Magnet director, together with an experienced doctorate-prepared front-line CNS within the organization worked with the CNS mentor and student, now novice CNS, on developing the QI Academy. The academy, now in its first year, supports unit-based CNSs and unit council chairs in bedside nursing care improvement. Leaders learn advanced QI skills and how to collaborate with bedside nurses in improving care by applying many of the strategies used by the CNS mentor and student.

In conclusion, the CNS sphere of impact is both wide and deep at UTMC. The CNS collaborative nature is key to developing leaders at the bedside and retaining those leaders in the organization. Recognizing a successful CNS and team leader collaboration is critical for staff engagement and promoting nursing excellence. It is equally important to translate their success through a shared governance structure that supports unit-level quality improvement. Such initiatives are key to sustaining an effective professional practice model and advancing nursing care at the front lines of practice. ◆

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Priming the Pump: Professional Governance Provides Leadership Experience

Beverly Hancock, DNP, RN, NPD-BC

Clinical leadership is essential to successful professional governance. And professional governance can be a catalyst for clinical nurses to grow as leaders. To be successful in professional governance in which nursing has "control and ownership over decisions and actions related to nursing practice, quality, competence, and knowledge management" (Porter-O'Grady & Pappas, 2022), effective nursing leadership from all nursing roles is necessary. Strong clinical leaders, those who carry out the practice of nursing at the point of care, are essential leaders in making practice decisions. Autonomous nursing practice is founded on the personal accountability of each nurse and shared power and influence over practice (Christman, 1976). Involvement as a clinical leader in professional governance can have a profound impact, leading clinical nurses to understand the individual accountability of each nurse and the engagement of nurses in all roles in governing practice. It also strongly influences nurses to have an interest in formal leadership roles. Administrative leaders seeking to develop clinical leaders should recognize clinical nurses serving in professional governance leadership positions can further their leadership development (Hancock & Meadows, 2020). The experience equips such nurses for formal leadership roles, enhances their confidence in their leadership abilities, and escalates their onboarding and confidence (Beglinger et al., 2013; Hancock & Meadows, 2020; Moreno & Girard, 2019).

In a recent interview, five clinical nurses discussed the impact of serving in a professional governance leadership role. They described how their path to involvement as a professional governance leader grew from a desire to affect practice, and a desire to be part of the solution, engaging in problem-solving. They also realized that professional governance brings many voices together with one voice instead of multiple individual voices. There is strength in the collective voice.

As the clinical leaders grew in understanding, they gained perspective from discussing issues with executive leadership and management, which they then were able to share with their peers. These clinical leaders have made it a point to share their new comprehension of the role of clinical nurses in owning and changing practice with other clinical staff. "Now I am educating new nurses. 'This is what you can do as a nurse,'" said one participant. Another noted, "It is so much better to be part of the solution and to voice our opinion and be happy about the changes we made than to be impacted by the choices made by others." These leaders recognize they can engage in improving practice through the structures of professional governance by bringing point-of-care knowledge to decision-making tables. The result is that they can see changes being made not just on their unit, but across the organization, stemming from issues brought up on their unit.

New abilities

In the interview, professional governance leaders note their experience has allowed them to:

- **Know who the problem-solvers are**. The clinical leaders have shifted their perception of who the problem-solvers are, realizing that clinical staff should not rely on administration to find solutions. Clinicians need to own their practice and be involved in problem-solving. One noted that she strives to educate clinical peers and change the language when the clinical staff refer to "they." She reminds them "*We* are 'they.' We have to be part of solving the problem."
- **Represent the voice of clinicians.** At times, this can be difficult when meeting with administrative leaders; the nurse may be the only person at the table with a clinician perspective. But they recognize that as professional governance leaders, they have an obligation to keep the conversation real. "That's what I signed up for. To be that in-between person," said one participant. "I need to translate what the impact of a decision really means on clinical practice." One example: a strategic plan was being rolled out by administration. The clinical leader recognized concrete examples would help clarify what was meant. This role of "keeping it real" has been particularly important since the pandemic, when nurse leaders saw an eroding of trust in health care organizations and many clinicians unwilling to take on extra work.
- **Recognize that change in a large organization is difficult.** Prior to involvement as leaders in professional governance, these leaders, along with their peers, didn't understand the processes in complex organizations. They learned many perspectives and interests are involved in decision-making and that each unit and area does not work as a silo; everything is interconnected. In addition, they saw many efforts are needed

to support clinical practice. Previously, they were unaware of everything that happens behind the scenes and that groups are working on issues all the time.

- **Listen to all sides.** Many perspectives coexist in a complex organization. An important lesson: there is more than one side to a situation and listening to them all is the key. Their role is then to share what they learn with their clinical peers to explain situations and educate them on processes and perspectives.
- **Start small to create change.** Seeing the impact they can have as leaders and experiencing successful changes, these leaders now offer advice to other clinical nurses on how to engage in change. They encourage them to start with a problem they are passionate about. They advise peers to consider those things that bring them joy and then engage in that work, rather than starting with the thorniest problems causing widespread struggles. When addressing the more challenging issues, partner with others.

Working together

The group also had reflections on how to strengthen the ways administrative and clinical leaders can work together in a professional governance model**.** Here are their key takeaways:

- **It is imperative to work as a team.** "They need us; we need them. We can learn a lot from each other," notes one professional governance leader. Clinical leaders are aware of the importance of the point-of-care perspective they bring and the necessity of sharing that perspective with administrative leaders who do not have direct patient care exposure regularly. They recognize executive leaders need their input and have invited these leaders to round in patient care areas with them to gain insight into patient care challenges. They also desire for clinical nurses to understand more of the executive role and perspective. "I wish we could have staff nurses follow the vice president," noted one participant. "I've learned tremendous things from our senior nursing leadership. And I have probably taught them something as well."
- **Administrative leaders should trust clinicians to make practice decisions.** As professional nurses, this group understood their individual responsibility to own their practice. And they want administrative leaders to trust them in taking responsibility for practice decisions. This trust is built on relationships and learning the capabilities of each person, recognizing the experience and expertise of clinical staff members and allowing them to make decisions.
- **Ongoing communication is essential.** Successful practice governance occurs through open communication. Nurse leaders recognize the importance of the contribution of administrative leaders in the areas of their expertise, and the need for clinical staff to be aware of clinical accountabilities. Administrative leaders need to be involved in council meetings, being present and participating, but not leading the meeting.
- **Carve out time to engage in advancing the nursing profession.** It is difficult to do the work involved in governing practice while also providing patient care. Providing time to grow and learn, even just a few hours a month without a patient assignment, provides an opportunity to focus on projects and be successful.

With the focus always on the patient, these leaders recognized the importance of the work they do in professional governance, underscoring that how nurses practice affects the patient. Knowing that their voice matters, they have been stepping up, feeling empowered and making changes. In addition, they are leading their peers to do the same. Seeing other clinical nurses share their concerns and their passion motivates them and gives them hope that others care and change can happen. ◆

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AONL Recognizes Young Professional Voices

The AONL Membership Committee is pleased to announce the 2024 honorees for AONL's Young Professional Voices recognition program. These nurse leaders exhibit significant potential as health care leaders; demonstrate exemplary leadership within their organizations, communities and the nursing profession and embody innovation, influence and inclusion. Learn more about the AONL Young Professional Voices program at **aonl.org/ypv**.

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continued from page 1

initiatives to protect health care workers from violence, increase funding for nursing schools and allow APRNs to practice at the full scope of their training.

We have continued to make progress in our Diversity, Equity, Inclusion and Belonging (DEIB) journey. We intentionally have woven DEIB into every focus of our strategic plan. This year, we released a toolkit to accompany our guiding principles for DEIB. Within it, members will find an assessment tool, case studies for reflective dialogue and an action-step framework to advance their own DEIB efforts. I am proud of the accomplishments of this committee and look forward to seeing their continued successes.

The AONL Foundation for Leadership Research and Education also has made strides. Last year it received its first $1 million donation from AvaSure and Kathleen and Brad Playford, who serves as AvaSure board chair. Also last year, the AONL Foundation launched Beyond Gratitude in partnership with the DAISY Foundation. This initiative recognizes the significant role nurse managers and front-line nurse leaders play in our health systems and organizations. The foundation also is conducting a series of think tank sessions. With the goal of identifying next steps to improve nursing work and outcomes, these programs bring together diverse leaders to discuss challenges in areas such as nurse retention, data usability and workplace safety.

Many national efforts are underway to support nursing and health care. A key role of AONL is to act as a convener and to partner with key stakeholders. In doing so, we help align the collective efforts ensuring our work complements the work of others. AONL continues to collect insights from nurse leaders across the country through our longitudinal study. We will disseminate the findings from part five of this study series in the coming weeks.

Last, but certainly not least, I would like to highlight our efforts to address the workforce challenges that nurse leaders are facing every day. Earlier this year AONL released the final chapters of our Nursing Leadership Workforce Compendium. The compendium is an important resource to shift the conversation on work from problems to solutions. It is full of best practices and rich examples from across the nation, showcasing how nurse leaders are tackling the difficult challenges. This year our Workforce Committee focused on three main issues: quantifying the value of nurse managers, identifying innovative and scalable models of care and identifying tools and resources to support nurse leaders with technology and digital transformation. Over the coming months you will begin to see the fruits of the committee's hard work with the dissemination of additional materials on AONL's website.

Health care is rapidly changing and AONL's work to support nurse leaders' success will continue. I am excited about the phenomenal talent joining the board in 2024 who will help in these efforts. Join me in congratulating and welcoming our next president-elect, Ena Williams, and the other incoming board members. Their service to the board will be invaluable and help us continue to serve the needs of our more than 11,000 members.

I would be remiss if I didn't take a moment to express some gratitude to our current board, board alumni and the AONL staff. Together we have navigated complex problems and unchartered territories. Never did we shy away from the challenges or run from the difficult conversations confronting us. It's been a pleasure serving alongside you. I also want to thank my team members at Norton Children's who were relentless in their encouragement and support. You all consistently step up and make me proud every day. I am lucky to be on your team and am grateful to each of you. Lastly, to my family and friends who have supported me along this journey, especially my husband Brandon. Thank you for your patience, support and unconditional love. You have been my number one fan and consistently lifted me up.

On January 1, 2024, my colleague Deb Zimmermann will take the helm as AONL's new president. She has been an amazing partner and I am lucky to call her a friend. She brings with her a breadth of knowledge and experience that will help AONL advance and amplify our mission to transform health care through expert and influential nursing leadership. I am excited about our bright future!

As I conclude my final president's column, I am remembering the words of Dr. Seuss, "Don't cry because it's over. Smile because it happened." Thank you for allowing me the amazing opportunity to serve as your president. This once-in-a-lifetime experience has been an incredible honor. ◆

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