

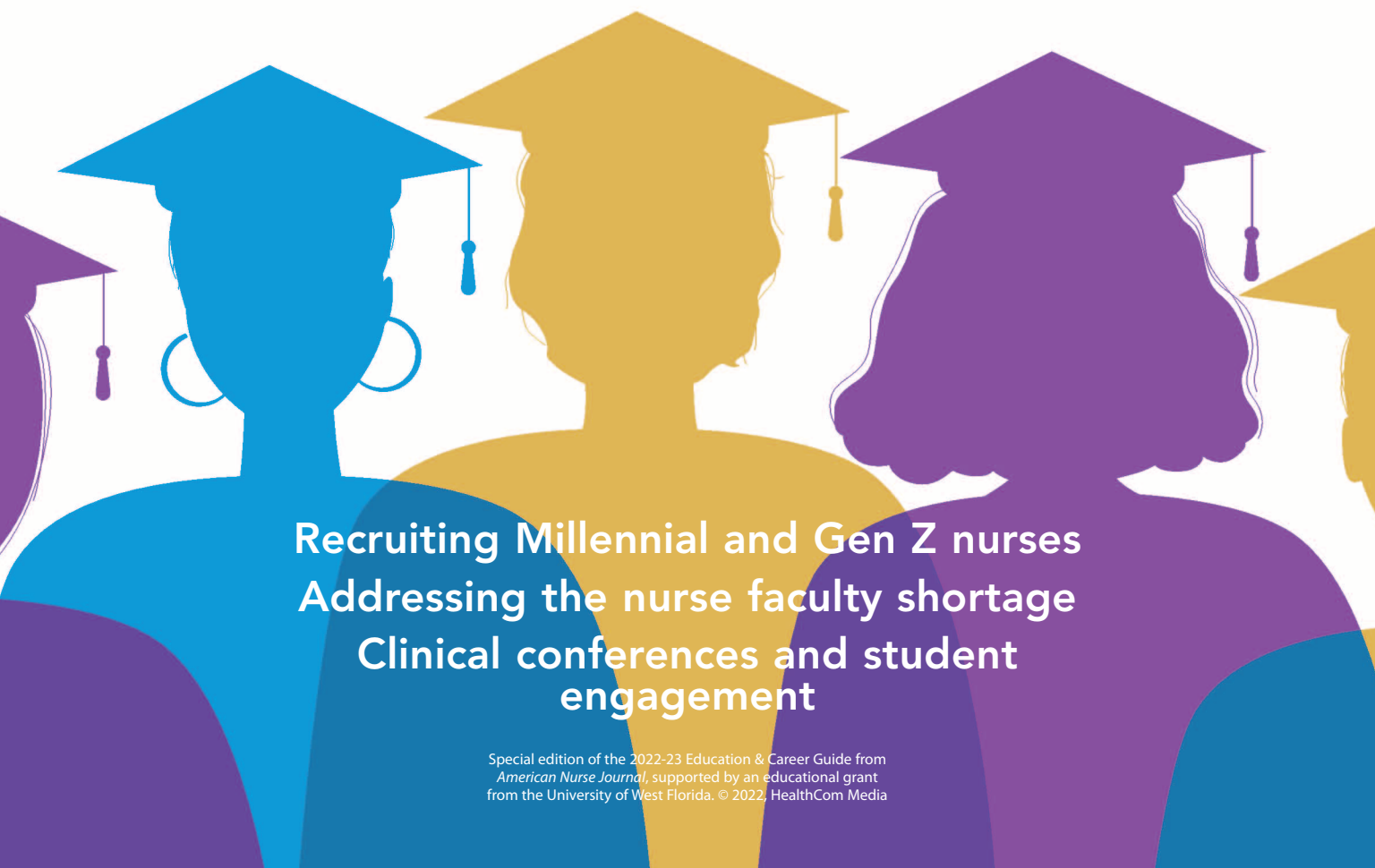
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2022-2023 Education and Career Guide



Recruiting Millennial and Gen Z nurses
Addressing the nurse faculty shortage
Clinical conferences and student
engagement

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HealthCom Media
259 Veterans Lane, Doylestown, PA 18901
Telephone: 215-489-7000
www.healthcommedia.com

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Recruiting Millennial and Gen Z nurses

Take into account generational and individual preferences to support retention.

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN, and Tanya M. Cohn, PhD, MEd, RN

For years, Cal, a critical care director in a well-known academic medical center, had waiting lists of nurses anxious to become part of his team. Not anymore. For the first time in his leadership career, Cal must actively recruit nurses. Most of his candidates are either Millennial or Generation Z nurses, and they seem less interested in the medical center brand and more interested in how a position in his unit will fit their career trajectory. Nurse recruitment has changed, and Cal must adapt how he markets his department and team to potential new hires.

Across the United States, nurse leaders like Cal face a serious nurse shortage. Nurse turn-

over has increased significantly, and many nurses are cutting their hours to achieve a better work-life balance. The COVID-19 pandemic has changed how nurses view their work and career plans. The 2022 nursing workforce differs notably from 2019, with most new acute care staff members in the Millennial or Gen Z cohorts. This trend will continue as Baby Boomers exit the profession over the next 5 years.

Healthcare organizations like Cal's find themselves in a highly competitive recruitment landscape. Because many Millennial and Gen Z nurses have different expectations of employers than previous generations, being a



brand-name medical center no longer makes it an employer of choice. Cal recognizes that the recruitment strategies he used in the past may not be effective now.

A changing recruitment landscape

Workforce experts have sounded the alarm about the tight nursing labor market. With 500,000 additional retirements expected over the next 2 years, the U.S. Department of Labor predicts a shortfall of over one million nurses, forcing managers like Cal to compete with others for a shrinking number of applicants. Becoming an employer of choice has never been more critical or challenging. Most applicants today have little or no nursing experience, and a new graduate who accepts a position in critical care is unlikely to spend more than 2 years in the role. According to Hoffman and colleagues, many young nurses view their careers in terms of tours of duty rather than lifetime employment, and they expect managers to coach them to achieve their professional goals.

Cal must learn how to persuade applicants that his critical care unit can help them achieve career growth. Discussing salary and benefits may not be enough. Gallup researchers recommend that organizations commit to nurse well-being that extends beyond physical and psychological wellness. As nurses weigh their work options, they're considering student loan debt, affordable housing, and childcare.

To aid his recruitment efforts, Cal should use social media sites, such as Instagram and YouTube, and ensure candidates can apply using mobile devices. The current job market requires interviewing and job offer speed. Cal should work closely with human resources (HR) to ensure that high-value candidates aren't lost in a bureaucratic hiring process.

What matters to Millennial and Gen Z nurses

Similarities and differences exist between these generations. For Millennial nurses, Cal should prepare to discuss the unit's vision and how he leads nurses to contribute positively to society. His approach to teamwork should focus on diversity and inclusivity. Anselmo-Witzel and colleagues report that most Millennial nurses want leaders to support their ongoing education and enhance their self-empowerment. Many members of this generation

value achieving higher education, work-life balance, and working in various environments.

Hampton and colleagues describe Gen Z nurses as altruistic, socially motivated, and community oriented. Cal needs to strategize how best to incorporate team activities and opportunities for social engagement among staff. Gen Z nurses expect a flexible and creative benefits package that might include options for higher education and meal plans. This generation of nurses values financial stability, so Cal should describe how the organization's structures help achieve this.

For both generations, Cal must create a welcoming environment that's not just open to career path growth but has actionable plans—such as unit mentorship programs—that support nurses. These opportunities can help mitigate job hopping that sometimes occurs among Millennials and also encourage Gen Z nurses to engage in different roles.

Both generations value technology and accommodating work schedules. Cal can make the unit more inviting by touring candidates through the intensive care unit and highlighting patient care technology. He also can emphasize staff involvement in scheduling to reassure potential new hires that their preferences will be considered. (See *Recruitment dos and don'ts*.)

Recruit for retention

How you manage recruitment sets the stage for how a nurse views long-term employment with an organization. As Cal interviews candidates, he should use the following strategies, which can directly impact long-term retention.

Interview every candidate personally

As tempting as it might be to delegate the time-consuming hiring process, remember that retention begins with recruitment. Nurse leaders like Cal are the linchpins in nurse recruitment and retention. Cal should play a hands-on role rather than delegating interviewing to a nurse recruiter or HR. He should meet every candidate personally, either in person or virtually, and remember that candidates will be interviewing him while he's interviewing them. According to Shah and colleagues, dissatisfaction with an immediate supervisor places in the top five reasons why nurses leave their jobs. Nurses want a good relationship with their leader, and that starts at the first interview.

Set expectations

Nurses frequently leave positions that aren't what they expected. Discussing expectations during the interview can eliminate some of this dissatisfaction. Many Gen Z nurses may not have worked in high school or college, so their first nursing position is literally their first job. Cal will want to talk about a professional culture of feedback, so new nurses know to expect input about what they need to start, stop, or continue doing. No job is Instagram perfect, so discussing the pros and cons of critical care nursing positions can help recruits know what to anticipate. During the interview, Cal can explain professionalism and ask every candidate what they expect from him.

Consider job embeddedness

You can't always predict why some nurses stay and others leave, but job embeddedness—the factors that keep a nurse on the job and make it difficult to leave a position because of the sacrifices involved—can aid retention. Job embeddedness factors include links the nurse might already have to the unit, such as a best friend at work or student practicum experiences in the department. Job embeddedness also occurs when the nurse's values are congruent with the organization's. Cal's hospital also might have benefits—such as childcare—that make it hard to leave.

Discuss the onboarding process

Dissatisfaction with employment can start when new staff members feel that they've received a poor unit orientation. Cal should address these concerns by clearly laying out the hospital and unit orientation process. He also should describe what follow-up he does with new employees during their first 90 days to ensure a smooth transition.

Begin career coaching

Retention efforts should occur at the unit and system levels to ensure that a nurse's "tours of duty" are within a single organization. As Cal talks about his unit during the recruitment process, he should discuss career opportunities across the organization. Doing this as part of the interview process demonstrates a high priority on career mobility.

Discuss next steps

Candidates should leave the interview clearly understanding the next steps in the recruit-

Recruitment dos and don'ts

Consider the following leadership dos and don'ts when recruiting Millennial and Gen Z nurses:

Do...

- Emphasize diversity and inclusivity by eliminating biases in the hiring process.
- Be transparent about unit and organizational challenges, especially around staffing.
- Discuss the unit and organization values.
- Demonstrate positivity but be realistic when answering candidate questions.
- Describe your leadership philosophy.
- Ask the candidate what they expect of you.
- Promote unit education and mentoring opportunities.
- Tour the candidate on the unit and introduce them to team members.

Don't...

- Make any promises about scheduling that you can't keep.
- Discuss any salary or benefit issues that you can't control.
- Inflate or exaggerate the candidate's expectations, especially in the current demanding and resource-limited environment.
- Fail to follow up with human resources on the status of candidates selected after the interview.

Both generations want leaders who are authentic and transparent. New staff turnover will increase when a leader fails to demonstrate these qualities and violates a candidate's trust.

ment process. If Cal interviews a candidate he wants to hire, he should make sure they have his contact information for any further questions and to follow up if they don't hear back in the expected timeframe. When a nurse is hired, Cal should continue to stay in touch, especially if a gap occurs between the interview and the planned start date.

Make it a good experience

In an environment where nurses are in short supply, nurse leaders should use everything in their circle of influence to recruit and retain staff. Cal is the chief recruitment officer for his unit, so he should understand and use recruitment best practices. Nurse leaders must think of themselves as organizational ambassadors. Even if a candidate doesn't accept a position or isn't selected, they'll remember how you made them feel. Strive to leave a good impres-

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Addressing the nurse faculty shortage

Filling the gap requires collaboration and preparation.

By Susan Bakewell-Sachs, PhD, RN, FAAN; Deborah Trautman, PhD, RN, FAAN; and Robert Rosseter, MBA, MS



In academic nursing circles, the issues behind the nurse faculty shortage persist as a matter of great and growing concern. As a nation, we struggle to produce the number of RNs needed in the healthcare workforce. Nursing schools have expanded student enrollment to better meet the demand for nursing care, and according to the American Association of Colleges of Nursing (AACN), we've seen a 55.7% increase in the number of graduates from entry-level baccalaureate nursing programs over the last 10 years.

Despite this encouraging news, the pace of nurse retirements, growing levels of burnout among RNs (amplified by the pandemic), rural/urban distribution gaps, and an imbalance in the supply of RNs in some regions of the country have hampered efforts to sustain a robust RN workforce. AACN and other leading authorities recognize that efforts to expand

nurse supply will fall short unless we take collective action to address one of the underlying causes: the pervasive nurse faculty shortage. (See *Nursing education stats*.)

Unraveling the issues

Understanding the root causes of the nurse faculty shortage will help aid mitigation strategies. The separate and parallel systems of clinical practice and higher education have led to mostly separate workforces, with gaps and redundancies, inefficiencies, and lack of knowledge and understanding. In general, clinical salaries for nurses remain higher than faculty salaries, and teaching requires a minimum of a master's degree. Completing an advanced degree affords additional career opportunities and invites competition with practice roles.

Advanced practice nursing also has pro-

vided progressive career paths that have attracted many nurses to practice careers. Nurses with doctorates in practice and research, who historically would have pursued opportunities in higher education, are drawn to practice environments and other industry opportunities. These factors and others have led to a nurse faculty shortage, threatening education capacity at a time when we need more nurses, advanced practice nurses, nurse leaders, and nurse scientists.

For more than 20 years, AACN has been highlighting the connection between the overall nursing shortage and the limited faculty supply. We need more nurse educators to replace retiring baby boomer faculty and to sustain and enhance education capacity and quality as demand for more nurses grows over the next decade. Meeting post-pandemic health and healthcare needs, addressing social determinants of health and health disparities, moving to competency-based education, and closing the historical education–practice divide require nurse faculty with graduate degrees, leadership skills, and a high degree of clinical competence.

The AACN's 2021 survey of nursing schools identified 1,965 faculty vacancies in 935 U.S. nursing schools with baccalaureate and graduate programs. These findings translate to a national nurse faculty vacancy rate of 8%, the highest rate since 2013. Most of the vacancies (84.4%) were faculty positions requiring or preferring a doctoral degree. Findings confirm that noncompetitive salaries, lack of faculty with the right specialty mix, and a limited pool of doctorally prepared faculty drives the nurse educator shortage. Survey respondents reported that the major reasons preventing schools from hiring additional faculty include insufficient funding, an unwillingness by school administration to hire more full-time faculty, and an inability to compete with jobs in clinical settings.

Although the current faculty shortage is acute, industry projections point to more trouble ahead. Using longitudinal data compiled by AACN, researchers estimate that up to one-third of the rapidly aging nurse faculty workforce will retire by 2025. This finding should serve as a call to action for leaders in nursing education and practice to seek out new ways to incentivize and prepare nurses to teach, discover and translate research, and innovate clinical practice.

Nursing education stats

In April 2022, The American Association of Colleges of Nursing released data from its 2021 survey of 964 schools of nursing. Results include the following:

- **3.3%** increase in baccalaureate (BSN) program enrollment
- **4.0%** increase in doctor of nursing practice (DNP) program enrollment
- **9.6%** decrease in BSN completion program enrollment
- **3.8%** decrease in master's program enrollment
- **0.7%** decrease in PhD program enrollment
- **91,938** qualified nursing applications weren't accepted
 - **76,140** from entry-level BSN programs
 - **1,055** from RN-to-BSN programs
 - **9,574** from master's programs
 - **4,952** from DNP programs
 - **217** from PhD program

Finding solutions

The nurse faculty shortage demands a swift and unified response. In its 17th annual report to Congress, the National Advisory Council on Nurse Education and Practice concluded that “the gap between the supply and demand for nurse faculty to educate new generations of nurses will continue, and likely widen. Bold, creative, collaborative, and targeted approaches are needed now.” With a special emphasis on increasing the number of faculty from underrepresented groups and to ensure that the next generation of nurses reflects the communities they serve, the *Future of Nursing 2020–2030* report calls on nursing schools to redouble efforts to recruit, support, and mentor faculty from diverse backgrounds. According to AACN, only 17.3% of current full-time nursing school faculty are from underrepresented groups. The consensus report authors emphasize the need to address the faculty shortage as the means to advance health equity for all.

Finding solutions to the shortage begins by reconsidering the intersection of education and practice and professional nursing roles. AACN defines academic nursing by three missions: practice, education, and research. All are essential to the profession and interconnected, yet relatively few opportunities exist for nurses to work across missions. The separation of nursing education and practice, for

example, has implications for nursing roles, education capacity, and the nursing workforce. Clinical nurses may have opportunities to precept students and engage in teaching, and nurse faculty may have some opportunities to practice or to collaborate with practice colleagues, but frequently the separation of education and practice creates barriers to meaningful roles that allow nurses to contribute to both mission areas.

Most clinical and faculty positions are generally developed for either practice or teaching, making dual-mission roles challenging. However, clinical nurses who teach enrich curricula and student learning, and faculty who practice contribute to direct care, quality improvement, and collaborative scholarship.

As we look to create a new paradigm, academic–practice partnerships can help bridge the gap between practice and education. Authors of the AACN report *Advancing Healthcare Transformation: A New Era for Academic Nursing* urge closer collaboration among educators and practice leaders to meet priority concerns. The report specifically calls for stakeholders to rethink who can serve as faculty and how faculty might work together.

Schools increasingly engage with practice partners to deploy clinical staff in teaching roles—for example, expert nurses serve as clinical educators on dedicated education units under the mentoring and supervision of academic faculty. In other settings, full-time clinical educators with advanced degrees spend a portion of their time working as clinical instructors. Many schools work with clinical partners to identify graduate-prepared nurses to serve as preceptors or clinical faculty, while others give academic appointments to clinicians with advanced education and experience. Others hire faculty who aren't nurses but have important statistics, pharmacology, and behavioral and natural sciences experience to teach relevant content. This practice allows nurse faculty to focus on discipline-specific content and also helps advance an interprofessional perspective in nursing education.

Effectively addressing the nurse faculty shortage requires the collective effort of all stakeholders, including schools of nursing, practice leaders, legislators, corporate citizens, and consumers. AACN works to mitigate the shortage by advocating for new federal legislation and increased funding for graduate-level nursing education; coordinating a scholars

program with the Jonas Center for Nursing and Veterans Healthcare to increase doctorally prepared faculty; hosting faculty development conferences, webinars, and professional development opportunities for new nurse educators; collecting and publishing data to quantify the scope of the shortage and its impact on student enrollments; and identifying and disseminating strategies to address this shortage via the media and other communication channels. The desired outcome of inspiring a new generation of nurses to teach and contribute to the profession's education mission drives all these initiatives.

Why teach?

Teaching remains an integral part of nursing, so becoming a nurse educator naturally extends from a role in which nurses already excel. Whether in course-based teaching, the practice arena, or both settings, nurses who teach help prepare and mentor future leaders. Nurse educators play a pivotal role in strengthening the nursing workforce, serving as role models, and providing the leadership needed to implement evidence-based practice and improve patient outcomes.

Many nurses enjoy working with students and welcome opportunities to combine their practice with teaching and research. Nurse faculty also welcome the chance to remain clinically active. Removing the walls between education and practice will enable professional variety, role flexibility, and expertise sharing. It also will support multiple missions if systems and roles are structured to offer meaningful and realistic lived experiences.

Those looking to add teaching responsibilities or to pursue education as their primary focus must understand and prepare for the educator role. Nurse faculty combine clinical knowledge and expertise with a passion for teaching. With responsibility for preparing new nurses and advancing the development of practicing clinicians, nurse educators must possess a solid clinical background, strong communication skills, and a high level of cultural humility.

Full-time faculty enjoy opportunities to conduct research, publish articles in scholarly journals, speak at nursing conferences, serve as consultants to education and healthcare institutions, write grant proposals, shape public policy, and engage in community service. Many nurse educators express a high degree of satisfaction with their work. They typically cite in-

teraction with students and seeing future nurses develop confidence and skill as rewarding aspects of their jobs. Other benefits include discovery of and access to cutting-edge knowledge and research, opportunities to collaborate with health professionals and other scholars, and a flexible work environment.

Given the growing shortage of nurse faculty, the job outlook for those seeking a career in education is bright with ample opportunities for individuals to teach in schools of nursing, hospitals, public health agencies, and other settings. For every new nurse educator prepared to teach, many more nursing students can begin their education and start down the road toward a dynamic and enriching career. Through their students and graduates, nurse faculty have a broad and deep impact on health and healthcare over the course of their careers.


Preparing to teach

Preparation to serve as a nurse educator varies by role and teaching site. Nurses with a minimum of a master's degree are needed as instructors in practice settings, clinical preceptors, staff development professionals, and faculty in associate degree RN and allied nursing programs. Nurses seeking full-time faculty positions in 4-year colleges and universities should pursue doctoral preparation.

Regardless of where you elect to teach, individuals pursuing full- or part-time faculty roles should have additional preparation in the art and science of teaching and learning (pedagogy, curriculum development, student assessment) to provide evidence-based teaching and better convey their clinical mastery to students. This additional preparation may occur in formal course work, including as part of a clinically focused graduate program, or completed separate from the graduate degree.

Help shape the future

Returning to school to advance one's education requires a big commitment but a decision unlikely to be regretted. Nurses seeking to teach while continuing to practice are encouraged to make informed choices and research all available options to determine which programs best support meeting their personal and professional goals. Options in advanced degree clinical programs that offer courses in teaching and learning prepare graduates to advance clinically and engage in nursing educa-

tion. Augmenting a current practice role with a new focus on education provides fascinating and fulfilling ways to leverage nursing expertise and shape the future of our profession. 

Susan Bakewell-Sachs is vice president for nursing affairs and dean of the school of nursing at Oregon Health & Science University in Portland. Deborah Trautman is president and chief executive officer at the American Association of Colleges of Nursing in Washington, DC. Robert Rosseter is chief communications officer at the American Association of Colleges of Nursing.

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Your résumé: The essential document for career advancement

Stand out from the pack by tailoring your résumé to specific positions.

By Debra A. Wolff, DNS, RN, PCNP



In addition to your nursing license, you should have several documents on hand to establish your professional identity. They include a résumé, curriculum vitae, narrative biosketch, and a National Institutes of Health (NIH) biosketch. Each serves a unique purpose and requires a different format. (See *Critical professional documents*.)

A *curriculum vitae* (from the Latin for “course of life”) serves as a cumulative description of your career. It should contain details of your education, work positions, presentations, publications, professional memberships, committee involvement, awards, scholarships, research projects and interests, academic courses created and taught, community service, and volunteer work. Nurses typically use this document for academic and preceptor positions, tenure, application to higher education programs, and fellowships. Its length depends on the content.

A *narrative biosketch* describes your professional experience and highlights your expertise. At one to two paragraphs, this document can

be used to introduce you as a speaker or author, to describe yourself on websites or at conferences, and to submit with some grant applications. You can adapt it based on the topic.

An *NIH biosketch* is a standardized four- to five-page form used for NIH grant applications. It combines information from your résumé and curriculum vitae. (For information about how to format an NIH biosketch, visit grants.nih.gov/grants/forms/biosketch.htm.)

Résumé comes from the French word meaning “summary,” and it’s probably the most useful professional document for any nurse to have. Because a résumé summarizes your career, you should limit it to one to two pages. Knowing how to create, individualize, and polish your résumé can aid your ability to stand out among other job applicants.

Creating a résumé

Most job postings require that you submit a résumé. Many employers use an online applicant tracking system (ATS) that sorts through applications and résumés to help them select candi-

dates who best fit the position they're looking to fill. For this reason, you may need several versions of your résumé based on the type of positions you seek. For example, you may have experience in both community health and pediatric nursing, so your submitted résumé should reflect the experience most important for a particular job posting. Or you may want to highlight your foreign language skills or computer expertise for certain positions.

Remember that your résumé makes a first impression to potential employers. Take time crafting it to ensure you get the employer's attention.

Do your homework

If you're creating your résumé from scratch, start by listing your education, certification and license information, employment history, skills, major accomplishments, and volunteer or community service work. Next, search for articles or online sources for suggestions on what information to include. Look at examples and templates of résumés for formatting ideas. Finally, ask colleagues to share their résumés so you can see how others have highlighted their careers. (See *Developing and fine-tuning your résumé*.)

Review the job posting

Now that you have all the necessary information collected, take a close look at the job posting and highlight key words or phrases, including required and preferred qualifications. Match your skill set, work experience, and education to these key words or phrases. Incorporate these key words into your résumé so an online ATS program will identify them and select you as a viable candidate.

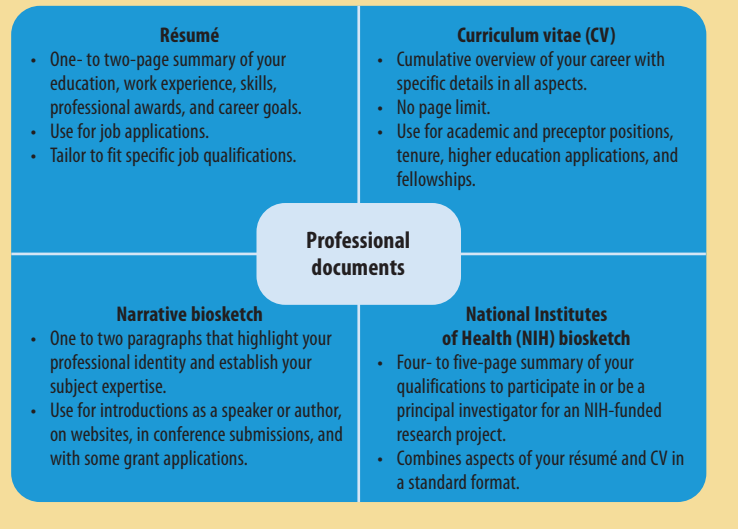
Formatting tips

Below are some tips for formatting your résumé:

- Limit your résumé to one to two pages.
- Use standard 1-inch margins.
- Use 11- or 12-point Times New Roman, Arial, Garamond, or Helvetica fonts.
- Use bold font headings to organize content.
- Use standard bullet points and write succinctly.
- Write in the third person as though you're describing someone else (avoid first person pronouns).
- Use reverse chronological order for educational and work experience (for example,

Critical professional documents

Keep these documents up to date and easily accessible.



start with your most recent position and work backwards).

- Use action verbs (developed, created, implemented, etc.).
- Leave plenty of white space on the page so your résumé is easy to read.
- Avoid abbreviations and acronyms.
- Don't use fancy templates with unusual fonts, graphics, or pictures.
- Save your résumé as a PDF to ensure the ATS can't change the format.
- Place a date stamp in the footer and save it on your computer.

What to include

At the top of your résumé place your name, credentials, and contact information. Use your personal email and phone number (not work). Ensure your email address sounds professional. For example, if your email address is catlover@xxx.com, consider changing it. You may or may not want to include your home address.

Order your headings based on what you want to highlight. For example, if the job requires a masters degree, highlight your education first.

Education. List the education programs you've attended in reverse chronological order. Include locations, types of degrees earned, and dates of graduation. If you haven't graduated yet, note your anticipated graduation date. If you have a certification relevant to the position, include the type, spon-

Developing and fine-tuning your résumé

Use the following sections to organize your résumé and then collect the appropriate information.

| Sections | Information |
|--|---|
| Demographics | <ul style="list-style-type: none"> Name Credentials Home address (optional) Personal e-mail address Personal phone number |
| Career goals | <ul style="list-style-type: none"> One to two sentences Personal statement in narrative format |
| Education and training | <ul style="list-style-type: none"> Educational programs (location, type of degree earned, year graduated) Certification (type, sponsoring organization, renewal date) Specialized education (type, date completed) Fellowships (type, sponsor, year awarded) |
| Licensure | <ul style="list-style-type: none"> Type Issuing state Renewal date <p>Note: To prevent potential identity theft, don't provide license numbers.</p> |
| Employment history | <ul style="list-style-type: none"> Employers Locations Job titles Short description of job responsibilities Patient/client populations Dates employed. List in reverse chronological order <p>Note: If you have a long employment history, only go back 10 to 15 years.</p> |
| Skills | <ul style="list-style-type: none"> Administrative Clinical Computer Evidence-based research Grant writing Languages Soft skills (team building, conflict resolution, customer satisfaction, marketing, critical thinking) Technical |
| Major accomplishments | <ul style="list-style-type: none"> Awards Entrepreneurial accomplishments (patents, businesses, consulting) Research grants Team projects |
| Volunteer work or community service | <ul style="list-style-type: none"> Sponsor Location Short description of work involved <p>Note: Only list if applicable to a particular job posting.</p> |

soring organization, and renewal date. If you have job-related specialized training, such as pediatric advanced life support, include it with the type and completion date. Finally, if you had or currently have a fellowship, list it with the sponsor and date awarded. If space is limited, you can trim this section to the most relevant information.

Licenses. If the job requires you to have a nursing license, make this a separate section. List the types of licenses you have, the states where they were issued, and their renewal dates. Note whether you have a multistate license. To prevent potential identity theft, don't include your nursing license number on your résumé. Employers will check your license status prior to offering you a job.

Employment history. Many nurses stumble over the employment history section. In general, you only have to list employment for the past 10 to 15 years. In reverse chronological order, similar to the education section, record the employer, location, job title, short description of job responsibilities, patient/client population served, and dates employed for each position. If you had more than one job with an employer, indent these under that employer's name and location. Use the job description from each position to help you write a short narrative. As appropriate, incorporate key words or phrases from the job posting into this section.

Skills. Use this section as an opportunity to shine. What skills have you accumulated over your career? Do they demonstrate the direction your career is heading? Think about the technical and clinical skills you have, as well as the soft skills, and highlight your proficiency. For example, you may be fluent in English and Spanish, able to communicate using sign language, and also competent in reading and writing French. If the job requires computer skills, list all of the programs you know. For soft skills, such as team building or marketing, provide examples that demonstrate your expertise.

Major accomplishments. If space allows, include major accomplishments. For example, list any awards you or your team received (innovator award, Daisy award), participation in team projects (risk management improvement, customer outreach), involvement in a research grant and your contribution, and entrepreneurial accomplishments (patents, consulting).

Community service. If it's applicable to the job posting, you may want to include a


heading for community service or volunteer work. For example, you may currently work in an adult rehabilitation setting but volunteer as a camp nurse and want to apply for a school nurse position. Your experience with children at the camp highlights your interest in making a career change.

A few don'ts

You'll want to avoid including a few things on your résumé. Because references take up space, you can list them on a separate page or note at the end of the document that they're available upon request. Avoid using slang (which may be viewed as unprofessional) and abbreviations and acronyms (which may be unfamiliar to some or not recognizable by the ATS). Some nurses like to include hobbies, but unless they're relevant to the job, they only take up valuable space. If you have employment gaps (for example, as a result of childbirth, personal health, family matters) review the advice from the Columbia University Center for Career Education (careereducation.columbia.edu/resources/how-explain-employment-gaps). Most important, never falsify or exaggerate your education, experience, skills, or accomplishments.

Improve your chances

To improve your chances of success in job


hunting, take the time to create a professional résumé tailored to fit specific positions. Incorporate key words and phrases from the job posting into your résumé so online ATS programs will highlight your application and increase the likelihood you'll move on to the next step—an interview. Routinely review your résumé and create a file with updated information to add. Keep all versions of the document so you can quickly access them if and when the need arises. 

Debra A. Wolff is president/chief executive officer of Nurses – Ready for the Next Step, author of *Advancing Your Nursing Degree: The Experienced Nurse's Guide to Returning to School*, and an adjunct professor of nursing at SUNY Empire State College in Saratoga Springs, New York.

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Continued from page 5

sion even when the candidate isn't a good fit for the unit or isn't interested in the job. Gen Z and Millennial nurses are likely to share their experiences on social media, so make the recruitment experience a positive one. 

Rose O. Sherman is an adjunct professor at the Marian K. Shaughnessy Nurse Leadership Academy, Case Western Reserve University in Cleveland, Ohio, and author of *The Nuts and Bolts of Nursing Leadership: Your Toolkit for Success* and *The Nurse Leader Coach: Become the Boss No One Wants to Leave*. You can read her blog at emergingnleader.com. Tanya M. Cohn is an associate professor of practice and a consulting nurse scientist at Simmons University in Boston, Massachusetts.

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Group work in higher education

Make it work for you.

By Debra A. Hrelac, PhD RN-C



In healthcare, you need not look long or hard to see teamwork in action. Many hospital units run like well-oiled machines under the attention of interprofessional patient care teams (physicians, nurses, respiratory therapists, physical therapists, dietitians, social workers, and others) who meet regularly to discuss, plan, and implement patient care. This approach takes advantage of individual team member skills and abilities to support productivity and meet individualized care goals.

Within higher education, group or team projects facilitate academic knowledge and provide opportunities for students to build cooperation and collaboration skills. According to Riebe and colleagues, employers want universities to do more to prepare students to work in environments that require collaboration.

Class assignments, the use of appropriate tools (such as wikis, discussion boards, Zoom, Skype) and group-building exercises can help students create and complete successful collaborative projects. What little literature available

on the topic of group work suggests that, in most cases, the group process benefits from allowing students to choose who they want to work with. Of course, at the beginning of a semester or class when students might not yet know each other, faculty should assign group projects to give everyone time to settle in and build connections.

Benefits of group work

Collaborative learning and working toward a common goal effectively transfers nursing knowledge and reinforces skills important to both group and individual work. Complex tasks can be broken down into smaller, more manageable parts, which individual members can then tackle. Group members can refine, discuss, and explain difficult-to-understand concepts. Students can practice presentations and receive feedback for refinement and adaptation. Members can challenge one another's assumptions, and develop stronger and more confident communication skills.

According to Dionne and colleagues, teamwork and group projects also help students develop skills specific to their collaborative efforts. In a group situation, students frequently solve more complex problems than they would on their own, which provides them with additional learning opportunities. Within groups, students may take on leadership roles, delegating and shouldering responsibilities. Group work also presents a forum for sharing different perspectives. When approached with an open mind, this opportunity can foster personal growth and pool knowledge and skills.

Members of the group will need to hold one another accountable to timelines and for assigned work. The group provides a social support system in which individuals can develop new approaches to resolving differences and difficulties while expanding critical thinking skills. The benefits of group work can be significant for students, but not all students have meaningful teamwork and collaboration in mind when they join a group. (See *Overcoming group work hurdles*.)

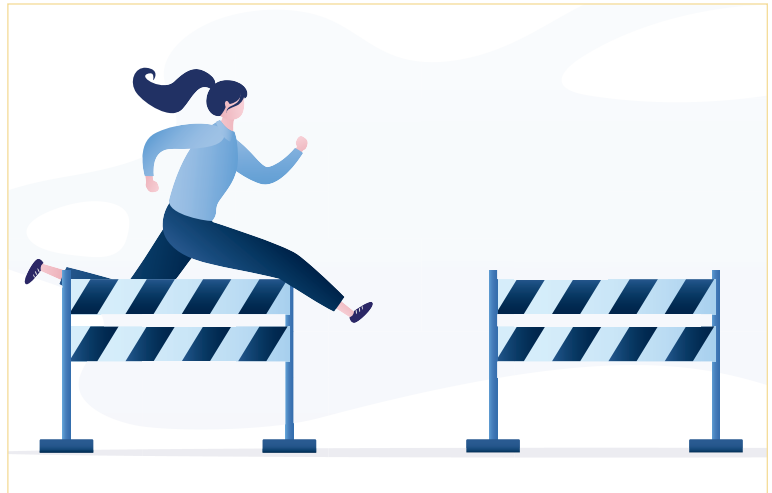
Steps for group success

Whether in school or on the job, learning how to master group interactions can help ensure project success.

Start your group project on a positive note. If possible, get to know one another. Whether face-to-face or online, make the time to meet and break the ice. If you're all in the same area, try to hold this meeting in person. If not, use an online video platform, such as Zoom, Skype, or Microsoft Teams.

Identify a group leader. Designate someone as a group leader who can oversee the whole project and help motivate group members to complete their goals. The group leader should project a positive energy and a willingness to listen. These attributes, along with clarity, consistency, and honesty in communication—all necessary in a group leader—build trust. This person tracks group progress toward the end goal and updates the group on achievement along the way. This complex role can make or break relationships within the group. The group leader also can act as a liaison with course faculty, communicating issues and asking questions.

Ideally, someone will volunteer for this position. If more than one person volunteers, hold a vote. If nobody volunteers, consider volunteering yourself. This prime opportunity enables you to apply your leadership skills and



Overcoming group work hurdles

Several factors—disorganization, unclear objectives, separated or fragmented group members, lack of motivation, member conflicts, poor role and responsibility distribution, and nonactive members—can prevent group work success.

Consider the following approaches to overcome group work hurdles:

- **Cooperation vs. competition.** Cooperation and collaboration—rather than competition, which can be more self-serving—among members result in better group interaction. A healthy group has members who believe they can't achieve their individual goals unless everyone achieves theirs. Faculty can encourage cooperative learning with creative grading strategies.
- **Grades.** Students view grades as a reward for work done. When all members work together for the benefit of the group, a group grade is appropriate. However, many faculty format group projects with a single group grade for all members, without accounting for or tracking each individual's contribution. Such a grading structure can breed poor motivation, individual apathy, the occasional nonparticipating member, and resentment. A penalty-reward system could address these issues.
- **Peer assessment.** Peer assessment, which includes agreed-upon criteria that describe team skills and create a sense of individual contribution, can eliminate many group hurdles by motivating members to participate and perform well in the process. For example, faculty can use peer-feedback scores as a percentage of an individual member's grade for the project, adjusting the final group grade up (a reward) or down (a penalty). Members can submit these anonymous evaluations at the end of the project or at designated times throughout the project.
- **Conflict resolution.** Begin conflict resolution by meeting as a group. Focus the conversation on group interests and common goals; avoid digressing into personal opinions or feelings. Identify the cause of the conflict and determine how it affects the group and the task at-hand. Remain calm and listen to all sides. Brainstorm a solution that benefits the group and moves everyone toward common goals or outcomes. The best solution resolves the conflict, has unanimous support, and doesn't pass judgement. The group must document the process and proposed solution. If the group cannot reach a resolution, faculty may need to step in.

serves you well in your nursing career. Other roles that may aid the group include a scribe (note-taker and consolidator of shared documents), facilitator (brainstorming and problem solving), and liaison (if the group leader doesn't serve in this role, requests assistance from or contacts external sources).

Expectations must be clear and transparent to all group members. Establish group goals early in the process. Decide as a group who will complete which task and create a timeline for each. To avoid misunderstandings, each group member must acknowledge expectations (roles, rules, responsibilities, timelines, and decisions).

Be honest. Every group member must be honest about their ability to complete assigned tasks. Ideally, each member receives a task that matches their skills and strengths. Any member who doesn't feel capable of completing a task should speak up rather than put the team at risk of not meeting goals or missing deadlines.

Stick to deadlines. Each task set by the team should have a realistic timeline that ultimately allows the group to complete the project as assigned. Consider setting mini-deadlines throughout the project to keep the group on task.


Meet regularly. Frequent in-person and online check-ins with group members facilitate accountability and encourage members to complete individual tasks. They also provide the rest of the team with an opportunity to offer help or re-direction as needed. In virtual classrooms, students can connect and meet using discussion boards, wikis, emails, and other platforms.

Practice respect. Whether face-to-face or online and whether you agree or disagree with a point of view, show your fellow team members respect. Communicating via email or chat can be challenging because you can't see facial expressions or hear voice tone and inflection. If you must meet remotely, try to use an online video platform.

Celebrate. When your project is complete, recognize everyone for a job well done. Reflect on what went well during the experience and what might benefit from improvement. Taking time to look back will help you plan for your next group project, which may be right around the corner.

Make groups work

Group work helps students apply knowledge, develop problem-solving ability, and improve communication and critical thinking skills to

implement on the job. However, putting individuals together for group work doesn't make them a team. Teamwork requires effort, placing the right members in the right roles, and following essential rules for success. You may approach group work with a negative attitude because of unpleasant past experiences. However, when you follow a few simple rules, you can make group work work for you. 

Debra A. Hrelac is the RN-BSN program academic coordinator at the University of North Carolina Wilmington.

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Travel nursing during a pandemic

The future must ensure physical and mental health safety for all nurses.

By Julie Nyhus, MSN, FNP-BC

Travel nurses and staff nurses can agree that we've all had to learn how to care for COVID-19 patients. As Maggie Hansen, chief nursing officer at Memorial Healthcare System in Hollywood, Florida, described it, "Learning how to care for COVID-19 patients has been stressful for every healthcare provider because there's no clear roadmap for care."

The pandemic has helped the world recognize the tremendous resilience and adaptability of nurses. Travel nurse veteran and author of the book *Travel Nurses Bible*, David Morrison, RN, said that his best pandemic experience as a travel nurse has been "the coming together of nurses." (See Morrison's article on travel nursing on page 27.)

As a traveler (the insider's term for travel nurses who work short gigs at hospitals around the country), Morrison has seen firsthand how nurses "rose to what might seem an impossible task" during the pandemic. However, for both travelers and staff nurses, experiences from inside the profession have included more than unity in the name of COVID.

The nursing shortage isn't new

Nursing shortages and the use of travelers to fill those shortages aren't new to nursing. The issues contributing to shortages—burnout, limited time off, long shifts without breaks, and little administrative attention to retention—existed pre-pandemic.

According to April Hansen, MSN, RN, group president of workforce solutions at Aya Healthcare, in California, "the demand for travel nurses is at an all-time high across the country and is driven by a variety of factors." Not only has the pandemic stressed the nursing workforce, she said, but also "an increase in permanent hospital vacancies nationwide from burnout and higher census."

According to the American Nurses Association, more than 500,000 RNs will retire in 2022,



leaving more jobs than nurses to fill them. Experts project that 1.1 million new nurses are needed to fill the upcoming vacancies. In a recent American Organization for Nursing Leadership survey, 90% of nurse leaders anticipate that nurse staffing shortages will persist long after a drop in patients with COVID-19.

The pandemic has taken a toll on nurses who care for affected patients. The results of a research study conducted by Aya Healthcare in May and June of 2021 confirmed that the physical and emotional traumas of COVID-19 drove nurses away from core staffing positions or, for some, out of the profession entirely, leaving rifts in an already expanding nursing shortage.

Maggie Hansen reported that Memorial Healthcare System, which had been an employer of choice and ranked among the "Best Places to Work in Healthcare" for 12 of the past 13 years, experienced a 20% nursing turnover rate in the fiscal year ending April 30, 2021, up from 13% before the pandemic. "The pandemic definitely impacted our nursing workforce as well as our overall employee base," she said.

COVID-induced strains have challenged healthcare's ability to maintain a stable and efficient nursing workforce. Also, staff nurses pursuing travel nursing presents challenges for the solidarity of the profession.

'I should get paid a premium'

As COVID-19 pushed more patients into hospital beds, it simultaneously pushed core staff nurses further into long shifts, minimal respite, and painful burnout. Nurses already traveling picked up the pace to help, while staff nurses looking to save their mental health and careers turned to traveling.

Rose O. Sherman, EdD, RN, NEA-BC, FAAN, a nationally recognized leadership development expert, said "Every health system I've worked with is experiencing losses of staff to travel positions. Percentages range from a low of 5% to a high of 30%, and this trend has intensified over the past 6 months." (Turn to page 3, to read Sherman's article on nurse recruitment.)

Nurses who are leaving staff positions tell administrators, "If I'm going to work this hard and take care of these complex patients, I should get paid a premium," Sherman said.

In early fall 2021, staffing agencies such as Nomad Health were offering travel nurse positions weekly salaries ranging from \$5,004 to \$8,528. At the same time, Aya Healthcare reported a 20% increase (from August 2021 to October 2021) in open travel RN positions. According to April Hansen, the states with the highest demand for travel nurses in late 2021 were California, Texas, and Florida. Specialty, location, and demand have the most impact on traveler compensation.

In early October 2021, Aya Healthcare listed 59,156 travel nurse assignments. The positions in highest demand are "ICU, medical-surgical, telemetry/step down, and ER," explained April Hansen. "We're seeing strong demand for surgical services such as operating room nurses and labor and delivery nurses."

Until COVID-19 stabilizes in the United States, the high demand for travel nurses will likely continue.

'Nurses are in the driver's seat'

Nurses find travel positions appealing for several reasons. Many travelers experience better work-life balance, frequently receive higher wages compared to staff nurses, and have the opportunity to travel to new places. According

to Sherman, "Nursing leaders tell me that nurses choose to travel for the following reasons: to control their work and scheduling, to try out different geographic areas, and to pay down debt, especially student loan debt."

Sherman has seen some healthcare systems offer staff nurses "battle pay" or retention bonuses. However, she said, "We have never had so much of the nursing workforce on contingent contracts."

With more travelers than ever before and increasing numbers of open nursing positions, administrators' staffing issues present more challenges. Sherman said, "At this point, nurse leaders are using every available resource to staff units and still are finding it extremely challenging. Most leaders would hire more travel or agency nurses to fill in the gaps if they could. The reality is that staffing agencies can't fill most requests made, and travel nurses have the option to make decisions about which contracts to accept."

Maggie Hansen, who has worked with many travelers, said that although learning how to care for patients with COVID-19 has been stressful for everyone at Memorial, "a much larger percentage of the nursing workforce was contract labor that had to hit the ground running with an expedited orientation. Travel nurses typically work 12-week contracts, so the investment in teaching 'the Memorial way' had to be re-designed to accommodate the turnover associated with travelers," she said. Regardless, Maggie Hansen remains grateful for the many travelers who already had experience with COVID-19 surges because it aided their onboarding process.

"Because the supply and demand [for travel nurses] is at a huge imbalance, hospitals are having to compete for the limited talent available, and that is driving up pay. Travel nurses are in the driver's seat," April Hansen said.

Traveler challenges, staff nurse morale

Being a traveler isn't always colossal paydays and remote waterfalls. Pandemic or no pandemic, Morrison explained, "The single biggest challenge is the new nursing staff you encounter on each assignment. You'll be proving yourself over and over and having to make new friends in units that may already be very tight or even cliquy."

"Working in a new environment; learning new processes, technologies, hospital layouts; and meeting new people are inherently stress-

ful and have been amplified during a crisis like COVID-19,” said Morrison, who noted that issues like personality conflicts or less-than-inviting unit staff are among the top stressors for travelers because “everyone is being pushed to their max. Team nursing is mandatory, and if you can’t find a way to integrate into the team, you’ll have a very hard travel assignment.”

During the pandemic, travelers have encountered dangerous staffing ratios and decreased time with patients. Morrison encourages travelers to be alert to these challenges. “Travelers should protect their licenses. It will be hard to defend a critical mistake if a nurse takes an assignment while knowing that it’s unsafe or way beyond a normal nurse–patient ratio,” he said.

As travelers work to fit in, their presence impacts current staff who are left behind and “work side-by-side with travelers who often make three to six times what they do,” Sherman said.

Andrea Davies, MSN, APRN, FNP-C, of Methodist Hospitals in Indiana works with more travelers than ever before since COVID-19 and feels it has decreased staff nurse morale. “For nurses who are already established as employees, many feel they should be offered incentive pay to bridge the gaps in staffing shortages before travel nurses are brought in.”

According to Davies, “If there is a day of low census, the staff nurse will be cancelled, and the travel nurse is guaranteed to work.” Davies explained that staff nurses “miss out on a day’s work” because hospitals must prioritize the travel nurses’ shifts to honor travel contracts. (See *Advice for traveling and staff nurses*.)

The future of travel nursing

Travel nursing’s original intent was to fill workforce gaps and shortages until a hospital could hire more nurses. However, as a result of COVID-19, travel nursing has almost become a specialty with its own career path. Said April Hansen, “Travel nurses now make up almost 2% of the nursing workforce.”

The pandemic required staffing agencies to provide high numbers of travel nurses to various areas around the country quickly. Aya Healthcare developed a response to the growing number of nurses considering traveling as a permanent career. “We’ve created the Aya Scholars program,” said April Hansen. “It’s the

Advice for traveling and staff nurses

Heed this advice to ensure cohesive teamwork and quality patient care.

Advice for travelers

- **Be a patient advocate.** Patients remain the priority for all nurses and working with your colleagues as a team ensures thorough patient support.
- **Don’t take it personally.** Be willing to prove yourself with each new assignment. Some units may be harder to crack than others, but you’ve got this.
- **Speak up.** Don’t be afraid to question assignments that fall outside of your scope of practice or threaten your license. This includes inadequate nurse–patient ratios or providing care for which you have no training or experience.
- **Keep in touch.** You may not always want to be a traveler. It’s a good idea to maintain positive relationships you’ve made with nursing managers or administrators in your hometown.
- **It’s temporary.** The current assignment might be challenging, but your assignment is short term.
- **Seek out other travelers.** With so many travelers these days, you’re probably not the only one. Ask around on your unit or ask your recruiter about other travelers in your area.

Advice for staff nurses

- **Welcome travelers.** Embracing help during this pandemic is crucial for everyone. Travelers bring experiences, skillsets, and levels of adaptability that have the potential to make your job easier.
- **Spread optimism.** Working with travelers doesn’t have to be filled with anxiety and stress. Travelers are colleagues who realize that each unit and hospital is different. They expect to be a useful part of the team while overcoming bumps along the way. You should, too.
- **Communicate.** To help travelers quickly acclimate to your organization, communicate. Encourage asking for and seeking help to prevent or resolve problems. Provide clarity and direction with graciousness.
- **Be inclusive.** Including travelers in staff huddles, asking for their input, and inviting them to holiday staff parties will create a supportive atmosphere.
- **Be a patient advocate.** Patients remain the priority for all nurses.

industry’s first clinical ladder and professional recognition model for travel nurses to ensure their continued career growth.”

With more nurses discovering the benefits of traveling, many wonder what the future of this career path holds. Sherman has worked with organizations around the country. She predicts “there is likely to always be a need for travel nurses, and they will be used to supplement core staffing, especially in geographic areas with seasonal populations.”

However, the unprecedented mass exodus of nurses resulting from the pandemic has left enormous issues for hospitals. The most pressing are nursing shortages and inadequate nurse–patient ratios, which will remain as long as the pandemic continues. “The burden of COVID-19 care will continue to stress our hospitals for quite some time,” Maggie Hansen said.

Using travelers to help fill staffing gaps has been reasonable, but the current cost isn’t a long-term solution. “I know that some leaders are angry about the price gouging they’ve seen with travel contracts,” Sherman said. “As the need for travel nurses decreases, we’ll probably see tougher negotiations on these contracts. The money is likely to be far less in the future for the nurses themselves, and a significant percentage of those who are currently on travel assignments won’t travel in the future.”

The future of hiring and retention

Indirectly, COVID-19 has bolstered the travel nursing industry, and in turn, travel nurses have modified the nursing profession. Sherman said, “When nurses travel and gain control over their work, it will be hard to shut that door.”

As travelers take control of their careers by picking and choosing assignments and locations, staff nurses are taking note. “Nurse leaders tell me that a change they’ve seen in their staff since COVID is an intense desire for work–life accommodation,” Sherman said. “Most health systems have pretty rigid ‘work rules’ that require 12-hour tours and don’t accommodate part-time work.”

According to Sherman, “If health systems expect to recruit and retain younger generations of nurses, administrators will need to be more flexible in the future. Historically, some nurses have liked overtime, but this has changed with younger nurses.” The implication is that younger generations value time and work–life balance over compensation.

In addition, travel agencies have made it much easier for nurses to jump through hiring hoops. “Most staffing and travel agencies do the same background checks and licensure verification that health systems do themselves,” Sherman explained. “However, these agencies have more user-friendly technology for nurse applicants. In my discussions with nurse leaders, most understand that human resources practices need to change. Nurses won’t wait weeks to learn if they’re selected


for a position. I think we’ll see changes in this area post-COVID.”

Sherman expects the competition for travel nurses to decrease over time. “The nurses themselves will make less money in the future in travel assignments,” she said. “I think we’ll see student loan repayment programs in many health systems to help nurses pay down their debt.”

But right now, during the pandemic, as hospital administrators inch their way toward viable methods of recruiting and retaining staff nurses, hiring travel nurses remains the costly norm for filling vacant positions. As Maggie Hansen noted, “Paying travel nursing rates to fill the vacancies caused by the COVID-19 crisis isn’t sustainable. So, strategies for returning to a more stable, engaged, and cost-effective nursing workforce have to be a priority.”

The pandemic emphasized the wage gap between nurses working full time and travelers. To avoid losing trained staff or using costly third-party staffing agencies, many organizations began addressing staffing issues with internal travel programs. This solution allowed hospitals and health systems to pay nurses lucrative travel wages, enjoy flexible schedules, and remain local.

Protecting nurses

For both staff nurse and traveler, this pandemic has highlighted the nurse’s sense of duty and dedication to patient care while at the same time expanding concerns about personal safety and occupational risks. We’ve learned that opportunity and compensation aren’t enough to maintain a stable nursing workforce. COVID-19 may have changed how staff and travel nurses work in the U.S. healthcare system, but we must continue to ensure the physical and mental health of every single nurse. 

Julie Nyhus is a nurse journalist and nurse practitioner at Community Healthcare System in Michigan City, Indiana.

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Make dreams come true with goal setting

Nursing: One profession, many careers

By Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R, and Debra A. Wolff, DNS, RN, PCNP

Professional nursing offers many career and educational paths. But how do you navigate all of the choices? Professional development typically highlights competencies and career ladders but doesn't offer goal-setting guidance, and little information on this important topic exists in the nursing literature. To get started, begin with some self-reflection.

Consider the choices you've made in your professional and personal life, including your educational path, the work settings you've enjoyed most and least, and how personal choices or sacrifices have had an impact on your quality of life. Where do you see yourself in 2, 5, or 10 years?

Keep in mind that different parts of life can pull you in various directions. You only have so much time, energy, motivation, or finances, so without coordination, you may feel disjointed or rudderless. That's why it's important to set goals that consider both your professional aspirations (writing an article for publication) as well as your personal life (spending more time with family). Goal setting provides you with something to look forward to and celebrate as you reach each one.

Start with a self-assessment

Start by assessing your interests and abilities so you can maximize them. For example, are you adept at negotiation skills or do your strengths lie in organizing large projects? Next, identify the gaps in your knowledge, skills, or competencies. Finally, evaluate your resources: Who is your support network (family, colleagues, mentor, or manager)? Do you have access to what you need for success (courses, financial aid, technology)? Having available resources—whatever they may be—reduces barriers to success.

Setting goals doesn't necessarily mean adding something to your to-do list. It also can include eliminating things, such as volunteer work, committee involvement, or belonging to a book club. If something isn't rewarding or



takes up too much of your time, consider removing it from your schedule, reducing your commitment, or taking a pause.

If your goal is behavior change, commit to at least 3 months so it becomes habit. For example, if your goal is to read professional literature at least three times per week, set Mondays, Wednesdays, and Fridays as days that you'll get up early to read while having your coffee.

Be honest with yourself and identify what you consider barriers to your potential success. Do you do things (take on too many commitments) or lack skills (organization, time management) that sabotage your goals? Acknowledge your fears. For example, are you afraid you'll fail if you return to school? Are you concerned that if you apply for a particular position, you'll be turned down? Remember the old adage: Nothing ventured, nothing gained. And consider what's the worst that can happen in each situation? In most cases, the worst isn't all that bad.

Goal-setting stages

Several theorists have created models for nursing development. Cohen recognized the so-

Competency resources

Use these resources to determine the competencies you'll need to reach your goals.

Clinical nurse specialists

National Association of Clinical Nurse Specialists:
Clinical nurse specialist core competencies
nacns.org/wp-content/uploads/2016/11/CNSCoreCompetenciesBroch.pdf

Community/public health nurses

Quad Council Coalition Public Health Nursing Organizations:
Community/public health nursing competencies
cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf

Forensic nursing

International Association of Forensic Nurses:
Core competencies for advanced practice forensic nursing
forensicnurses.org/page/EducationGuidelinesAccess

General nursing

Quality and Safety Education for Nurses
QSEN competencies
qsen.org/competencies/pre-licensure-ksas

Interprofessional practice

Interprofessional Education Collaborative:
IPEC core competencies
ipecollaborative.org/ipec-core-competencies

Nurse educators

National League for Nursing:
NLN core competencies for academic nurse educators
nln.org/education/nursing-education-competencies/core-competencies-for-academic-nurse-educators

World Health Organization:

Nurse educator core competencies
who.int/publications/i/item/nurse-educator-core-competencies

Nurse leaders

American Organization for Nursing Leadership:
AONL nurse leader competencies
aonl.org/resources/nurse-leader-competencies

Nurse midwives

American College of Nurse-Midwives:
Core competencies for basic midwifery practice
midwife.org/acnm/files/acnmldata/uploadfilename/00000000050/ACNMCoreCompetenciesMar2020_final.pdf

The Midwives Alliance of North America:

Core competencies
mana.org/about-us/core-competencies

International Confederation of Midwives:

Essential competencies for midwifery practice
internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html

Nurse practitioners

The National Organization of Nurse Practitioner Faculties:
Nurse practitioner core competencies
cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf

Nurse researchers

Oncology Nursing Society:
2016 oncology clinical trials nurse competencies
ons.org/sites/default/files/2018-10/Oncology_Clinical_Trials_Nurse_Competencies.PDF

The Association of Clinical Research Professionals:

Core competency guidelines for clinical research coordinators
acrpnet.org/acrp-partners-in-workforce-advancement/core-competency-guidelines-clinical-research-coordinators-cracs/

cialization stages of student nurses—dependence, negative dependence, independence and mutuality, and interdependence. Wineman and Kinion used Cohen's model to describe the socialization and evolution of nurse researchers—neophyte/dependence, negative dependence, autonomy/independence and mutuality, and expert/interdependence. Benner created a model to describe patient care skills development—novice, advanced beginner, competent, proficient, and expert. Using these models as a guide, four categories to describe nurses' goal setting stages emerged—neophyte, skilled, authority, and legator.

When you first begin a nursing career or change practice areas, you're a *neophyte*. At

this juncture, focus your goals on acquiring the necessary skills (suctioning, phlebotomy, documentation), knowledge (unit policies and procedures, immunization schedules), and time management for success and confidence in your work setting.

Once you feel confident, consider yourself a *skilled* practitioner. At this stage, focus goals around developing collaborative working relationships, getting involved in professional issues, advancing your career, using evidence-based practice and research, and achieving competencies in your practice area. As you accumulate years of experience, new nurses will look to you as a role model and a conduit of knowledge and professionalism. You may

Short-term goal examples

Use these examples of professional short-term goals (6 to 12 months) as a guide for establishing your own.

| Goal | Steps to accomplish | Timeframe/date | Resources needed | Completed/ revised | Comments |
|---|--|----------------------------|--|-----------------------|----------|
| Neophyte example: Learn how to draw blood. | <ul style="list-style-type: none"> Review phlebotomy procedure. Watch a training video. Set up time to shadow a phlebotomist. Practice in the skills lab or on a model. Successfully draw blood on 10 patients. | 1 week | <ul style="list-style-type: none"> Phlebotomist access Procedure manual Skills lab or model Training video | | |
| | | 1 week | | | |
| | | 2 weeks | | | |
| | | 2 weeks | | | |
| Skilled example: Become involved in a professional nursing organization. | <ul style="list-style-type: none"> Explore local and regional professional nursing organizations. Review their mission/purpose. Select one that aligns with my professional goals. Attend a meeting as a guest to assess if the organization meets my expectations. Submit a membership application. Assess opportunities to become more involved. | January–March | <ul style="list-style-type: none"> Membership fees | | |
| | | January–March | | | |
| | | April | | | |
| | | May–June | | | |
| | | July–August | | | |
| Authority example: Submit an article about my quality improvement project | <ul style="list-style-type: none"> Conduct a topic literature search. List potential journals. Review the contents of each journal for the past 5 years. Download author submission criteria. Write a query letter to selected journals to gauge topic interest. Outline the article. Write the article. Ask colleagues to review draft. Incorporate feedback. Submit article. | January–February | <ul style="list-style-type: none"> Bibliographic software Colleagues to review draft Online library access | | |
| | | March | | | |
| | | March–April | | | |
| | | April | | | |
| | | May | | | |
| | | May–June | | | |
| | | June–July | | | |
| | | July–August | | | |
| | | August–September | | | |
| | | September | | | |
| Legator example: Establish a scholarship for nurses. | <ul style="list-style-type: none"> List of community or professional organizations that offer scholarships (Rotary Club, Sigma Theta Tau chapter). Contact organizations to determine interest in establishing a nursing scholarship. Make presentations to interested organizations. Develop a plan to raise money for the scholarship fund. Help write scholarship qualifications and application form. | January–March | <ul style="list-style-type: none"> Samples of scholarship applications | | |
| | | March–July | | | |
| | | Schedule with organization | | | |
| | | To be determined | | | |
| | | To be determined | | | |

function as a preceptor to new nursing staff or students. (See *Competency resources*.)

For the next several years, your skill proficiency will elevate you to the next level—*authority*. At this stage, you might seek certification or advanced education to continue your professional growth. You may become an agent for change via unit-based research, participate in advocacy activities, disseminate practical and academic knowledge through publications and presentations, or teach.

The culmination of your career may lead you to reflect on what you'd like to leave to the nursing profession. In other words, what's your legacy? At this point, you become a *legator* (one who leaves a legacy). You might become a consultant, establish a scholarship, write a memoir, mentor a successor, be an invited speaker or author, or bequeath your professional regalia and ephemera to a nursing archive or museum.


Be smart

You probably do a good job of goal development with your patients. Now it's time to use that same skill set to assess your own career path and set professional short-term (next 6 to 12 months) and long-term (years or decades) goals. Interweave your professional goals with what you'd like to achieve in your personal life (have children, save money for a house, have more leisure time, plan for retirement). Make your goals more concrete by writing them down, and share them with others so you feel a sense of commitment. As motivation, use positive language. (See *Short-term goal examples*.)

Use the SMARTER acronym as a guide to document and track your goals.

- **Specific:** Goals that are too general or don't move you along the path you've set usually aren't achieved. Break down each goal into specific steps. For example, instead of a goal to improve time management without any direction on how to achieve that goal, break it down into detailed steps: Keep a daily calendar to determine how my time is spent. Attend a time management seminar or webinar. Reduce my volunteer hours with the booster club.
- **Measurable:** When goals are measurable, you know when you've achieved them, which gives you a feeling of accomplishment. For example, complete a skills checklist, take a leadership course, or present a poster.
- **Achievable:** Make sure you have the resources, knowledge, and support to reach your goal. For example, if you want to get a degree, what options are available to you? How do you plan to finance your degree? Do you have the support of your family and workplace?
- **Realistic:** Set practical goals that you can achieve. Ask yourself if each goal fits in with the direction of your other goals and whether they're actually in your control?
- **Time-based:** How much time do you predict you'll need to reach each goal? Does the sequence of steps make sense? Did you allow for setbacks? Deadlines can help you prioritize.
- **Engaging:** Does the goal excite you? Will you have the necessary motivation to achieve it? Is it the right thing to do?
- **Rewarding:** How will you celebrate reaching your goal? You might take a trip, have a party, or simply frame your diploma. Also ask yourself what you'll do if you can't achieve a goal. Do you have another direction in mind?

Making dreams come true

As a nurse, you have limitless opportunities for professional and personal growth. Don't view goal setting as simply another task you must complete. View it as a guide that helps your dreams come true. 

Gertrude B. Hutchinson is an assistant professor at Russell Sage College School of Nursing in Troy, New York. Debra A. Wolff is president and chief executive officer of Nurses – Ready for the Next Step, author of *Advancing Your Nursing Degree: The Experienced Nurse's Guide to Returning to School*, and adjunct professor of nursing at SUNY Empire State College in Saratoga Springs, New York.

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Travel nursing nuts and bolts

Know what to expect to ensure a good experience.

By David Morrison, RN



No doubt about it. The past 2-plus years have been tough for nursing. With a global pandemic, nurses have been placed on the front lines in the fight to return to normalcy, if that's even possible. It might be easy to declare critical care nurses at the forefront, but I believe all nurses have experienced practice changes. And for some, COVID-19 has led them to leave the profession altogether.

Before the pandemic, experts made many projections about nursing shortages. Since the start of the pandemic, those projections have increased and the time frame has escalated rapidly. A major healthcare system in the state where I work has an estimated deficit of over 1,000 nurses. For those of us who remain active in the profession, many believe the pandemic sheds light on the value nurses bring to the healthcare system. Many who feel their value isn't recognized as a staff nurse are turning to travel nursing.

If you've been a nurse for more than a minute, you've heard of travel nursing, and if you work in a facility that's ever experienced a staffing shortage, you've likely worked alongside a travel nurse (traveler). However, you may not know much about how you become a traveler. This article will answer some of your questions.

What's a travel nurse?

Simply put, travel nurses are temporary help. I've compared them to the staff big retail stores hire at Christmas to help with increased customer traffic. But instead of a seasonal need, staffing shortages occur year-round.

With COVID-19, the shortages far exceed the available travel nurses, which has dramatically increased what was always a rather good compensation package.

How do I get started?

Start by considering what you want to get out of travel nursing and which type of travel nurse you'll be. Are you a location traveler (you'll choose assignments based on locations you want to visit) or a compensation traveler (you're looking for high-paying positions that will help you achieve financial security, pay down student loans, or purchase a home), or do you fall somewhere in between?

Most nurses join a travel company that arranges contracts for them. Type "travel nursing companies" into any search engine and you'll find over a hundred companies. Travel forums such as Pan Travelers (pantravelers.org) or the Delphi forum for traveling nurses and therapists (delphiforums.com) can help you narrow your choices. You might also consider talking to a travel nurse and asking them for a referral.

How do I articulate what I want?

Talk to the company or recruiter about your preferences and goals. The travel recruiter is your advocate and should work to find you a position where you'll succeed. But you need to give them some insight into your practice to find a facility with a good fit. For instance, if you've only ever worked at small rural hospitals, a large university teaching hospital might be overwhelming.

Let the recruiter know where in the country



What are the tax implications?

Before embarking on your first travel assignment, be sure you understand the tax implications of this work. For the most part, you can deduct (or receive tax free) any expenses you duplicate while on the road, but this is based on having a tax home. As defined by the Internal Revenue Service (IRS), your tax home is the entire city or general area where your main place of business or work is located.

I recommend meeting with a tax professional for guidance. My book on travel nursing includes a chapter on taxes and was vetted by Joseph Smith, the founder of TravelTax (traveltax.com) and an enrolled agent with the IRS. I consider his website's FAQ page (traveltax.com/consult-and-documentation/) required reading for any nurse thinking about becoming a traveler.

you'd like to explore positions. You also can list states or regions in order of preference. For example, Florida as a first choice, California as a second, and Arizona as a third. Provide specifics: "I want to make no less than X amount an hour," or say, "Find me the highest paying job on the east coast." Broader requests will result in more options, but being specific will help your recruiter center in on the best fit.

You'll also need to comply with all the licensing, company paperwork, and skills checklists that will be sent to potential employers. Don't embellish when it comes to your skills and comfort level with equipment or procedures. Promote your strengths, but don't misrepresent your abilities. If we weren't in a pandemic, you might be able to learn some new skills on your assignment. But with the current state of healthcare, you'll be expected to hit the ground running and require little, if any, assistance in getting your feet under you.

Travel nursing has always required at least one year of current experience in the specialty in which you wish to travel. So if you moved from telemetry to critical care 4 months ago, you might not be able to secure a travel position in critical care. However, due to the extreme needs right now, a more dangerous prospect is that you might indeed be able to

secure a position in a specialty with less experience than normally required. In this instance, you must evaluate the risk to your license should something happen. Employers will be happy they filled the position, but they won't always ensure that you're safe to practice in their environment. Only you can be responsible for guarding your nursing license.

What happens at the offer stage?

When your recruiter has leads, they'll share them with you. If, for example, you expressed interest in positions in Florida that pay no less than \$20 per hour, the recruiter may come to you with offers that include a \$25 per hour position in a Miami teaching hospital, a \$23 per hour position in a small facility in Delray Beach, and a \$25 per hour position in a large Ft. Lauderdale level 1 trauma center. If none of them sounds appealing, you can ask the recruiter to keep looking. Or you can choose to interview with one or all of them. You have no commitment at this point and no obligation to accept any of the offers. The commitment comes when you find an assignment you like, interview for it, receive an offer, and sign a contract.

Interviews

Your first contact with a potential employer may be a telephone interview with the unit manager. Take this time to get a sense of the unit. Don't assume that because it's a telemetry unit and you've worked on telemetry units for 5 years that it will be a smooth transition. Perhaps this unit is taking some overflow patients with COVID-19 who are on BiPap or high-flow oxygen. Or maybe they have some stable patients with COVID-19 who are on ventilators. Get a sense of what you'll be walking into, and assess whether your skill set meets patient needs.

Inquire about patient ratios and the availability of personal protective equipment (PPE). You'll also want to check the Centers for Disease Control and Prevention web site to find out if your assignment is in a current hotspot. Keep in mind that a location with low numbers can change within a matter of days.

You'll also want to ask about vaccination requirements. The overall answer seems to be yes. Travelers currently on the road are finding their contracts canceled if they don't comply with a facility's mandated vaccinations. If you don't want to be vaccinated, you may have a hard time finding a travel position.

Contracts

When you sign a contract, be sure you understand all the terms. You'd be surprised how many questions I've received that could be answered just by reading the contract. You're bound by the contract. It protects you and the travel company. This isn't a staff position where you can call in sick. And you can't simply not show up. These actions have consequences based on the terms of the contract.

Pay rate

Be sure you fully understand your pay rate. You may be making \$2,000 per week, but that could include everything—your hourly pay, housing, stipend, insurance benefits. Make sure you understand your compensation and how it's itemized. (See *What are the tax implications?*)

Where will I live?

Once you've accepted a suitable travel assignment, the preparations begin. You can work with your agency to find housing, or you can arrange it on your own. For first-time travelers, I recommend working with your agency. After you get the hang of travel nursing, you can take your housing stipend and arrange your own accommodations. Of course, you can always take the stipend right from the start if you have friends or a relative you can stay with during your assignment.

How will I get to my assignment?

You'll need to decide if you want to drive or fly to your destination. I always liked having my own transportation, and in some locations you'll need a car to get you to and from work. Explore all your options for getting around before you decide. Some places will have adequate mass transit, and I've even worked in locations (San Francisco comes to mind) where I walked to work each day.

What happens when I get to my assignment?

When you arrive to your assignment, expect to jump through a few more hoops. Most hospitals require an orientation, and some require additional testing to confirm competency. If information about additional testing is available, discuss it with your recruiter before signing the contract. Some facilities cancel contracts if tests aren't passed, adding stress to the beginning of your assignment.

If you find test-taking especially anxiety inducing and you have a choice between two assignments (one that requires testing and one that doesn't), having this information may help you make your final decision.

Before arriving at your location, find out what color scrubs you should have. In addition, bring extra PPE (especially N95 masks) in case the hospital encounters supply issues.


How do I fit in on the unit?

Some travelers face challenges fitting in on a unit. You may encounter nurses who assume you're making a lot more than they are. Focus on why you're there: to help the staff provide safe patient care. Don't attempt to change unit processes. That will only create friction. If the practices are safe, adhere to the unit's policies and procedures.

Many units (like just about all work environments) have cliques and you'll be dealing with different types of personalities, all of which may be under tremendous stress. You'll need to prove yourself before you're fully accepted. Create a good reputation for yourself by going out of your way to be helpful.

Pandemic nursing can't be done solo, so you need to be accepted as a member of the team. The unit may be similar to others you've worked on before or it might be completely different. Nursing requires teamwork, so resolve any personality clashes quickly. Be friendly and helpful and the rest should fall into place.

Reap the rewards

Many nurses find traveling to be a rewarding career path that provides setting and patient diversity, an opportunity to meet and work with people from around the country, as well as a salary that helps them build financial security. However, all nurses continue to experience high levels of stress due to staff shortages and the ongoing pandemic. As a traveler, you might also experience tension related to fitting into a new unit. Find time to tend to your own health and wellness. Maintain a healthy diet, stay active, and speak up if you feel overwhelmed or have symptoms of burnout (loss of motivation, negative outlook, decreased satisfaction). 

David Morrison has been a travel nurse for over two decades and is the author of *Travel Nurses Bible*, available in the Kindle store on Amazon. He can be reached for travel recruiter referrals at david@travelnursesbible.com.

Clinical conferences

Use this unique educational format to enhance learning and engage students.

By Joset Brown, EdD, MSN, RN, and Dione Sandiford, MSN, RN

Connecting theoretical undergraduate nursing classroom instruction to clinical practice requires faculty who can help draw direct links between these two educational elements. Clinical conferences provide a unique format for accomplishing this goal.

What are clinical conferences?

Clinical conferences involve small group discussions where students acquire knowledge, develop critical-thinking and decision-making skills, and build confidence. These faculty-facilitated conferences can occur before (pre-clinical), during (mid-clinical), or after (post-clinical) a clinical experience. Each type

allows students to link theory to practice via discussion, collaboration, reflection, and clarification of information. (See *Clinical conference types*.)

Faculty conduct conferences based on type, clinical objectives, student academic level, and clinical unit. Pre-clinical conferences are held at the beginning of the experience after patient assignments, which allows faculty to gauge readiness, clarify expectations, and offer guidance. Mid-clinical conferences are ideal for 12-hour experiences and most occur in the middle of the shift. Post-clinical conferences typically occur at the end of the clinical day.

Mohn-Brown proposed an innovative op-



Clinical conferences types

Clinical conferences held at different points in the day serve different purposes.

| Conference type | Timing | Focus | Purpose |
|-----------------|--|--------------------------------|---|
| Pre-clinical | Before the experience but after patient assignment | What students <i>will do</i> | <ul style="list-style-type: none"> • Identify student readiness for the clinical experience. • Validate the assignment. • Clarify objectives for the experience. • Discuss and develop plans of care. • Set priorities (care and assessments). • Discuss problem solving. |
| Mid-clinical | During the experience | What students <i>are doing</i> | <ul style="list-style-type: none"> • Regroup and evaluate progress. • Conduct problem solving. • Evaluate the plan of care. • Adjust interventions based on outcomes. |
| Post-clinical | After the experience | What students <i>have done</i> | <ul style="list-style-type: none"> • Debrief and reflect. • Analyze the clinical experiences and outcomes. • Share feelings and establish support systems. • Evaluate the care provided. • Link theory to practice. • Conduct problem solving. • Engage in collaborative learning. |

tion in which clinical conferences might be held as seminars on a different day and in a new environment, while still functioning as a continuation of the clinical experience. According to the author, the extra time provided students with opportunities to reflect on their performance and prepare to integrate and apply knowledge in student presentations or student-led discussions during the seminar. McCord Tierney and Abbott suggest conducting dedicated clinical conferences independent of clinical days as an effective way to overcome low participation due to student fatigue and to enhance the development of clinical knowledge and judgment.

Clinical conferences typically are held in person, but they can be conducted using virtual platforms. Use of virtual or online clinicals and clinical conferences has grown in response to space limitations as a result of COVID-19 restrictions. Petrovic and colleagues describe these online post-clinical conferences as student-centered asynchronous discussion and learning environments with varying degrees of instructor involvement. They allow for rich reflective dialogue that promotes student engagement and learning. Using a delayed web-based audio-video alternative permits extended time for student reflection

while also including instructor and peer-to-peer interaction to facilitate learning.

Why are clinical conferences important?

The theory of constructivism supports using clinical conferences to combine previously learned concepts with new knowledge. The theory proposes that learners actively construct new knowledge by reflecting on and integrating new and existing knowledge, while faculty serve as facilitators.

Clinical conferences enhance learning, engage students, promote critical-thinking skills, aid professional development, and improve clinical reasoning and judgment. Successful conferences require planning, but faculty must remain flexible to accommodate learning and the exchange of meaningful experiences. A learner-centered teaching strategy can help improve students' knowledge and skills, build their confidence, and prepare them for practice in increasingly complex healthcare environments. To ensure students actively participate in clinical conferences, faculty must implement innovative teaching strategies to promote learning and integrate theory into practice. While facilitating the conference, faculty can model professional behavior and identify individual student needs.

Roles and responsibilities

Faculty members and students have distinct responsibilities for ensuring meaningful clinical conferences.

Faculty role

- Have a plan.
- Be flexible and adaptable to situations, such as emergencies or changes in a patient's condition.
- Set a positive tone for the clinical experience.
- Establish expectations for the conference.
- Create an environment conducive to openness, trust, sharing, and discussion.
- Support and encourage students.
- Maintain group focus.
- Allow time for reflection.
- Provide constructive feedback.
- Promote student learning related to course objectives and outcomes.
- Facilitate the transfer of knowledge.
- Model professional behavior.

Student roles

- Arrive on time.
- Be prepared.
- Be open-minded.
- Engage in discussion.
- Be receptive to constructive feedback.
- Demonstrate professionalism.

As students' progress along the curriculum, they'll begin to think independently and link theory to practice. Using Bloom's taxonomy (remember, understand, apply, analyze, evaluate, create) as a guide, faculty should evaluate teaching strategies to ensure they're appropriate for the group's academic level and learning needs.

How do clinical conferences work?

Although clinical conferences have few associated costs, meaningful exchanges between faculty and students (and among students) require a commitment to potential practice adjustments. They involve careful facilitation by faculty and active participation by students. (See *Roles and responsibilities*.)

Faculty can use the conferences as an opportunity to reinforce knowledge, introduce new concepts, identify gaps, and evaluate learning needs. They can use constructive feedback to help students develop critical-thinking and decision-making skills. Students

benefit as they begin to integrate theory into practice, build on existing knowledge, and create new knowledge. They can reflect on their performance and identify areas that require improvement. The conferences also provide students with opportunities to collaborate while they build individual confidence. In addition, students become socialized to the profession and the nursing role.

Students should view clinical conferences as extensions of the teaching-learning environment, and faculty should clearly state objectives, set expectations, and encourage participation. However, faculty inexperience can present a challenge to conducting meaningful clinical conferences. A lack of clarity regarding conference expectations may result in a disorganized session with no clear objectives. Students may not view the clinical conference as an opportunity to learn, and a lack of appropriate direction may leave them feeling overwhelmed.

How do faculty keep students engaged?

Meeting the needs of diverse learning styles requires faculty innovation and creativity when planning clinical conferences. To maximize student learning, Harrison Kelly and colleagues suggest using debriefing to promote reflection and feedback to assist students in future clinical experiences. Faculty may consider using the International Nursing Association for Clinical Simulation and Learning debriefing standard, which suggests structuring debriefing to facilitate future performance improvement, or engaging in "debriefing with good judgment," where faculty share their expertise, provide critical feedback, and create a safe environment for students to discuss and reflect on their performance. Debriefing allows students to learn from their performance and provides an opportunity for the group to explore and express personal feelings and attitudes about patient care and staff interaction.

Various teaching strategies facilitate learning and keep students engaged, including the following:

Flip the conference

- Assign students to speak on specific topics, such as a patient diagnosis (diabetes, hemorrhage, anemia) or a nursing concept (safety, end of life care).
- Use Socratic inquiry, in which faculty pose questions that challenge students to en-

gage in critical thinking and knowledge synthesis.

- Encourage students to share their experiences by summarizing events and interactions, including what went well and what could have been done differently.
- Use Ask me/Teach me, in which students ask questions to clarify misunderstandings or teach the group about something new they experienced or learned that day.
- Ask students to verbalize, prioritize, and discuss nursing diagnosis and patient-centered goals, including planned interventions and evaluations. Encourage them to plan alternate strategies in the event of unsuccessful interventions or unexpected outcomes

Student collaboration


- Use scaffolding case studies that show a progression from simple to more complex concepts and current patient care experiences or hypothetical cases related to classroom concepts to prompt discussion. Facilitate correlation of patient data to develop appropriate care plans.
- Discuss patient education and health promotion.
- Present legal, ethical, and clinical issues for discussion.
- Role-play a patient situation. Provide a scenario and assign students to roles (nurse, provider, patient, family member).

Reflecting on experience and actions

- Implement think-pair-share, which requires three stages of cooperative student action. Faculty organize students in pairs, assign them a question or topic, provide time to think and prepare, and then ask them to share ideas with the class.
- Apply critical incident methodology. In this recall-to-learn process, faculty lead students through a recollection of events to identify and explore significant variables that contributed to the successful or unsuccessful outcome that day. To conclude the exercise, faculty provide alternatives or explanations.

Enhance competence and confidence

Clinical conferences serve as a unique vehicle for integrating theoretical classroom concepts into practice. Nursing faculty who understand this and possess the appropriate skills can aid

the transfer of knowledge and enhance student competence and confidence. 

Josef Brown is an assistant professor at William Paterson University in Wayne, New Jersey. Dione Sandiford is a lecturer and clinical learning facilitator at Rutgers University School of Nursing in Newark, New Jersey.

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