enhanced leadership skills" (Robertson & Ferguson, 2024, p. 28). The enhancement of leadership skills regardless of position title, encouragement and collaboration gained from strengthening peer relationships, and personal and professional development acquired from mentorship programming all support nursing retention and role satisfaction.

Implementing programs that focus on retention, such as peer mentorship, can strengthen the application and sustainability of research-driven initiatives and EBP, resulting in improved learning and working environments, positive patient outcomes, and a more engaged workforce. The establishment of peer mentor programs regardless of role or setting has the power to enhance our practice and advance our peers, our profession, and the power of nursing. ■

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Transition to Practice: Cultivating Curiosity and Caring

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It was an average day on the medical surgical unit that changed the trajectory of my nursing career. I was working alongside a novice nurse who walked out of a room and asked, "Can anyone help me with an IV?" I offered to help, promptly initiated the IV, and circled back to notify my coworker. My quiet satisfaction in helping was met with tears. As I spoke to her, she voiced her fears: "I am never going to be good enough." I tried to reassure her that she was okay and she would get there, but it took time. She dried her tears, and the day continued.

Within a few months, that nurse left her job. Sadly, within the year, she left nursing altogether. It was devastating because she was going to be a great nurse. The nursing profession lost a potentially great nurse because she lacked confidence and we did not adequately support her. I grappled with what I could have done differently. How could we prevent the loss of future nurse colleagues? This experience led me to become a Nursing Professional Development Specialist and a leader in transition-to-practice (TTP) programs.

We all have a role to play in bridging the gap between students and professional nurses. Whether starting a first job or moving into a new clinical setting, it is important for new nurses to feel supported (Kiger et al.,2023; Knighten & Yvanovich, 2023). Despite TTP programs being designed to help new nurses build skills to succeed, first-year turnover rates remain high at 31% (Nursing Solutions Inc., 2026). Gaps in critical thinking can make the transition to practice overwhelming, affecting confidence, competence, and ultimately retention.

TTP programs alone cannot lower new nurse turnover without a healthy work environment and leader support. Nurse leaders, nurse educators, and nursing colleagues are essential to closing the academic practice gap and fostering a smooth transition to practice. New nurses must be encouraged to actively participate in their own learning. By cultivating a spirit of inquiry and professional curiosity, we can create a safe place for new nurses to learn and grow.

What is Professional Curiosity

Professional curiosity involves creativity, empathy, and proactively seeking information to improve decision-making and patient outcomes (Taheri et al., 2024). It supports critical thinking and clinical decisions to provide safe patient care (Hendecki, 2025; Zainal et al., 2025). Curiosity is an essential communication skill in which the nurse actively listens, engages in meaningful dialogue, and empowers the patient to participate in their care (Timmermann et al., 2026). Professional curiosity and critical thinking are linked to new nurses' confidence and competence.

Leaders Promoting Professional Curiosity

Nurse leaders create a safe environment where new nurses can develop a strong learning mindset. By supporting continuous learning and promoting a culture of knowledge sharing, leaders help new nurses thrive. Nurses in leadership positions, particularly those in nurse educator or preceptor roles, have a unique opportunity to foster professional curiosity. Investing in preceptor development is key to preparing supportive mentors who guide novice nurses with confidence, encouragement, and a clear path through their transition to practice. Additionally, nurse educators create a curriculum for novice nurses to develop critical thinking and communication skills.

The Preceptor's Role

Preceptors play a central role in fostering a caring environment where constructive feedback reflects a genuine commitment to each nurse's success. This feedback conveys that the preceptor cares and is invested in the preceptee. Preceptors en-

courage curiosity, promote competence, and strengthen communication with patients and the healthcare team by encouraging new nurses to ask questions, seek understanding, and explore solutions. Nurse leaders cultivate curiosity in the following ways:

- Incorporate clinical questioning into the day
- Promote communication with SBAR
- Work together to find answers
  - Is the information in the chart?
  - Is there a policy?
  - What's the evidence?
- Use reflection: What do you think would happen if…
- Use probative questions - "tell me more."
- Build trust with patients by asking, " What matters to you?

By integrating communication training and critical thinking into the curriculum, nurse educators facilitate the transition to practice and promote professional curiosity. Nurse leaders must create a safe work environment where professional curiosity is encouraged by trained preceptors. When we foster a culture of inquiry, new nurses gain critical thinking, build confidence and competence, and ultimately improve new nurse retention. ■

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Code Comfort: Standardizing Palliative Care Referral Processes in the ICU

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Introduction

Early palliative care involvement in the intensive care unit (ICU) is strongly associated with better symptom control, enhanced communication, and better alignment of treatment with patient values (Haroen et al., 2025; Temel et al., 2010); yet, in many ICUs, palliative care referrals remain inconsistent and often occur late in the admission. Referral patterns frequently depend on individual provider discretion, variable comfort of providers with palliative principles, and the absence of a standardized process to identify patients with unmet palliative needs.

At a community hospital in Ohio, these inconsistencies led to fluctuating consult volumes, missed opportunities for goal-concordant care, and uncertainty among clinicians about when to engage the palliative care specialists. These issues mirror broader statewide and national trends (Courtright et al., 2024; Gesensway, 2016), in which ICU teams balance high acuity, rapid decision-making, and complex family dynamics without a reliable framework to guide timely palliative involvement.

In response, the Palliative Care Nurse Practitioner team developed and implemented a quality improvement initiative to standardize palliative care referral practices. The goal was to create a standardized, practical, evidencebased process that would support ICU clinicians and nurses, improve identification of patients with palliative needs, and enhance the overall quality of care for critically ill patients and their loved ones.

Methods and Interventions

To achieve a highly standardized process, the Lean Six Sigma DMAIC framework (Define, Measure, Analyze, Improve, Control) was chosen (The Council for Six Sigma Certification, 2026). This was considered an internal quality improvement initiative and IRB approval was not required. No protected health information was collected.

A process and variations analysis was conducted through observation and internal review of perceived patterns followed by a qualitative data collection through targeted conversations and an anonymous survey for gap analysis. The team then identified stakeholders and process barriers. The main themes that emerged were gaps in provider knowledge of processes and resources, fluctuating language and communication practices, team expectations, and varying assessment approaches of patient palliative care needs including timing, frequency, and factors considered. Three key stakeholders were evident: patients and their families, the ICU provider and nursing team, and the Palliative Care team. To address all stakeholders' needs, the team designed several multi-dimensional interventions.