

# ViewPoint

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## Nursing Leadership: Focus on the Future

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A new era of health care has emerged from traditional top-down hierarchies to organizations that empower teams, recognize the role of servant leadership, and engage in broader cultural shifts (Smith & Bhavsar, 2021).

Contemporary nursing leadership is challenged to heighten organizational awareness of needed change, communicate why the change is needed, and steward the profession of nursing in ways to achieve that change (Lal, 2023). There is a need for strong nursing leadership to shift the healthcare hierarchy away from demanding what nurses do to promoting the value nurses bring. Nurses must be prepared and equipped for leadership, and ready to communicate the value of nursing in varied healthcare settings.

Leadership in health care is a core element for the coordination and integration of care delivery. The Harvard

Business *Global Research Report* (2023) identified 10 vital capabilities and seven "superpowers" necessary to support the success of individuals, teams, and organizational vision. The leadership capabilities identified in the report include authenticity, leading strategically, leading teams that deliver, developing others, understanding the business, driving digital and data intelligence, championing inclusion, demonstrating agility and resilience, leading through uncertainty and change, and communicating for influence and impact. The seven associated superpowers or traits necessary to apply the abilities include integrity, self-awareness, empathy, courage, determination, optimism, and curiosity. A systematic review of healthcare leadership styles found that: (1) empowering leadership is associated with promoting greater nursing expertise, increased staff stability, and

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Ambulatory Care Nursing  
*Shaping Care Where Life Happens*

## Transforming Patient and Population Care to Achieve Health Equity, Access, and Well-Being



Rachel Start

It has been my great honor to represent you this past year as AAACN President. Seeing first-hand the impact you are making in the lives of our patients, populations, and the public who so consistently trust us has been so powerful for me as a nurse and as an advocate alongside you in this health system. Your work and your professional role – wherever you are employed, wherever you are serving, wherever you go – are integral to your identity. Your intuition and continued inquiry, built on an ever evolving and highly specialized knowledge base, advance a comprehensive view of patients and communities seeking health, autonomy, and livelihood.

Ranked as the “most trusted and ethical profession” for 22 years in a row (Brenan & Jones, 2024), our profession carries the trust of the public. With that trust, we are charged, empowered, and accountable to improve health across all populations, reduce fragmentation, create access points, develop partnerships, educate, and create systems that strengthen individuals and communities alike. Dr. Martin Luther King, Jr. (1968) stated: “Everybody can be great, because everybody can serve.” Your volunteerism, service, and engagement in the work of the American Academy of Ambulatory Care Nursing (AAACN) exemplify the principle of greatness in our profession and specialty. Your commitment to our mission, *Shaping Care Where Life Happens*, has deepened our specialty’s science and knowledge base, so that service can be studied, advanced, and advocated for across many stakeholders, partners, policymakers, and organizations in this country and around the world.

### Strategic Plan

In 2023, we envisioned advances to our strategic plan and identified tactics to support growth in our science and strengthen our voice and authority in our specialty. Going into 2024, our strategic plan is built upon the following domains:

- 1) Build the science to achieve value and demonstration of health.
- 2) Expand expertise and empower excellence.
- 3) Shape care, leading through expertise and advocacy the transformation of health to people and communities.

### Research and Publications

Through our Nurse Scientist, Dr. Margo Halm, and our esteemed and very hard-working Research Committee, a scoping review that will significantly contribute to the literature on the practice of ambulatory care nursing has been conducted and will be disseminated to support research prioritization. Furthermore, a validated, scientific survey is being conducted to assess research priorities among our membership as well as among various stakeholders across the country. Our commitment to dissemination and growth of science has led us to Dr. Susan Fowler, our new editorial board chair, guiding the creation of an editorial board with esteemed leaders from across the country, to stand up our first scholarly journal by 2025, the *Journal of Ambulatory Care Nursing*. It cannot be understated, however, that this effort is strengthened and furthered by our colleagues who lead the vital resource publications, *ViewPoint* and the *Nursing Economics Perspectives in Ambulatory Care* Column, Drs. Elizabeth Fritz and Mary Jo Vetter, respectively.

### Reader Services

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## Practice Tools

This year, we saw the creation of many tools to facilitate your practice in ambulatory care nursing. *The Role of the Registered Nurse in Ambulatory Care Position Statement* (AAACN, 2023b) defines the myriad roles expertly performed by ambulatory care nurses across the diverse array of practice settings in health care today. This position statement is being utilized to equip understanding for our partners and the institutions in which we work, and to serve as a foundation for our evolving inquiry and science. The *Position Statement on Workplace Violence, Incivility, and Bullying in Ambulatory Care* (AAACN, 2023a) and toolkit are creating guidelines for safety, de-escalation, and measurement of safety efforts. A second edition report on the meaningful measurement of the ambulatory care nurse in the Industry of Healthcare has been collated across many contributors, organizations, and resources to further your work to identify value and contributions, and demonstrate impact to those served (Start et al., 2024). We have created a subject matter expertise platform and database to deploy your expertise to the plethora of partners asking for it and will be deepening our ability to evaluate and grow this service into the years to come.

## Advocacy

Finally, we are investing in the growth and strength of our advocacy platform. Our Advocacy Committee and the efforts of various individuals across the country are strong. On this foundation, we are seeking to build a coordinated platform that advances health and demonstrates our value to the public, policymakers, stakeholders, and various influential outlets. This year, we submitted a statement on ambulatory care nurse billing to the Centers for Medicare and Medicaid Services and will continue to conduct analysis and assert influence on nurse value and billing in our profession and health care into the near future. We have engaged in collaborative partnerships and dialogues with the Veterans Health Administration; American Organization of Nurse Leaders; American Nurses Credentialing Center's Magnet®, Pathway, and Credentialing programs; American Association of Colleges of Nursing; American Nurses Association and Organizational Affiliates; Association of Chronic and Complex Care Nurse Navigators; Nursing Alliance for Quality Care; Association for Nursing Professional Development; Epic; Oculi Nursing Database; Press Ganey; and Vizient; among many others.

The work of AAACN is built upon the practice of direct care nurses and the teams they partner with and direct. These colleagues, working creatively, collaboratively, and with significant expertise, are guiding the development of new staffing and care models, interventions, and performance improvement tactics that utilize our specialty-specific knowledge to improve health. Nurse educators, researchers, and administrators, among many other nurse specialty roles

within ambulatory care, are asserting influence on nursing practice governance structures that insist on parity among the disciplines and the procurement of resources that will drive the practice of nurses across the continuum. Our Special Interest Groups, our Board Fellow, and our network of leaders across committees and taskforces, local networking groups, and our Board of Directors are all engaged in promoting the growth of our discipline and specialty through innovation, agility, and evidence-based practice. I remain ever grateful to represent you and our specialty across these groups, venues, and initiatives. I look optimistically to the future, which shows great promise that our specialty will lead the way for the entire nursing profession in its efforts to transform patient and population care so widespread health equity, access, and well-being can be achieved! ●

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## Now Available! Updated Position Paper on Role of the RN in Ambulatory Care

Authored by Chair Aleesa Mobley, PhD, RN, ANP-BC, CPHQ, and Co-Chair Jean Bernhardt, PhD, MSN, NEA-BC, CNP, and the revision task force, the *Role of the RN in Ambulatory Care Nursing Position Paper* delves into the current state of ambulatory care RN preparation. Offering strategic insights and a call to action, the paper shapes the future of ambulatory care nursing. Access this resource at [www.aaacn.org/RoleofRNpaper](http://www.aaacn.org/RoleofRNpaper).

The recently released *Role of the RN in Ambulatory Care Nursing Position Statement* (available at [aaacn.org/RNrolestatement](http://aaacn.org/RNrolestatement)) complements the position paper, offering a concise, evidence-based overview of ambulatory care nurse's role and promoting recognition for nursing professionals. A session regarding these new resources was presented at the 2024 AAACN Annual Conference.



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# Second Victim Syndrome: Providing Support and Resources for Ambulatory Care Nurses

Karen Kinsley  
Wendy Pritchett

**Keywords:** second victim syndrome, support programs, Resilience in Stressful Events, RISE, culture of safety, just culture

**Learning Outcome:** After completing this education activity, the learner will report increased knowledge on second victim syndrome and the supportive programs that have worked at other organizations.

## Background

Healthcare professionals face many clinical emergencies and traumatic events during their daily shifts. These events often require individuals to respond and act quickly to prevent or minimize an adverse outcome. The term *second victim syndrome* was first utilized by Dr. Albert Wu in 2000 (Wu, 2018). Second victim syndrome is the negative impact of an adverse patient event on a healthcare worker. This syndrome often leaves the victim feeling responsible for the outcome of the patient event (Mitzman et. al., 2019). Second victim syndrome can occur following a near miss, patient adverse event, death, or other error that impacts the healthcare professional in such a way that they are identified as another victim of the event (Sachs & Wheaton, 2023). The burden of these events on an individual can have lasting effects. Some events may be related to medication errors, near misses, sentinel events, or unexpected outcomes of a clinical event. Regardless of the outcome, the individual feels additional responsibility or grief related to the event.

Acknowledging the patient is the primary victim in many of these events, the healthcare professional would be identified as the second victim. No specialty or unit is immune from second victim syndrome, as the interpretation of an event and feelings of each involved person can individualize an event. A second victim can be defined as a healthcare professional feeling additional guilt or responsibility for an event, especially an event that resulted in error or harm (Ozeke et al., 2019). It is estimated that about half of healthcare professionals will experience second victim syndrome at some point during their professional careers (Jones & Treiber, 2018).

Healthcare organizations are putting more emphasis on developing and maintaining a just culture. Just culture can be defined as creating an environment that allows for accountability and reporting of errors, near misses, and concerns. Just culture is also creating a culture of reporting concerns and errors without punitive responses from leadership (Ozeke et al., 2019). Organizations that place blame on healthcare professionals for reporting

errors or concerns will reduce the instances of these issues being brought to anyone's attention. Identifying, preventing, and supporting second victim syndrome can help an organization's just culture approach.

Ambulatory care nurses can be directly impacted by second victim syndrome in their daily roles. Evidence suggests that adverse patient events can be caused by organizational system failures. Often, the healthcare professional does not have any control over these situations (White & Delacroix, 2020). Organizational system failures include a lack of communication, a lack of patient safety equipment such as barcode scanning, and a reduction of staffing resulting in more tasks and responsibilities for each ambulatory care nurse. Organizations have begun to shift the focus from blaming the healthcare professional when a sentinel or adverse event occurs to providing a root cause analysis of the situation for further education and process changes. Where the focus was once to place blame on an individual, the focus is now to provide support. These events have spurred

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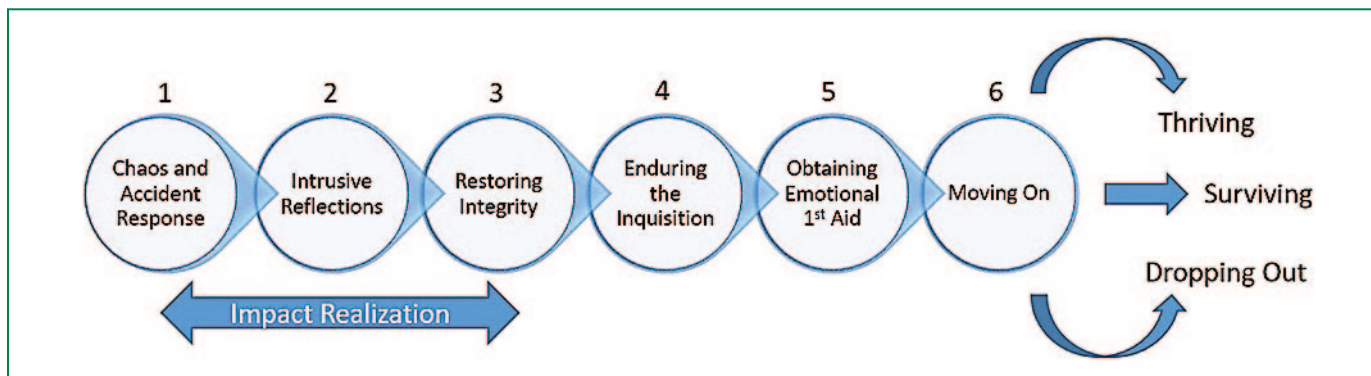
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Figure 1.  
The Stages of Recovery



Mitzman et al., 2019

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organizations to develop programs to provide support for ambulatory care healthcare professionals in times of clinical errors or sentinel events.

Many organizations offer employee assistance programs (EAPs) for team members who are struggling with personal and professional issues. Some organizations may direct their team members who are identified as second victims to the organization's EAP. The culture of an organization will help to support second victims. It is imperative that organizations maintain a positive approach to changing their culture if it is not supporting just culture and not supporting second victims. A positive organizational culture will encourage second victims to come forward with their experiences and concerns. Unintentional errors or near misses occur in all professional settings. It is important for organizations to encourage reporting of near misses and acknowledge second victims when an adverse event occurs. The purpose of this article is to provide healthcare professionals in ambulatory care with information on second victim syndrome and supportive programs that have been successful at other organizations. These suggestions can provide a starting point to offer guid-

ance and direction for leadership within the ambulatory care setting and assist leaders in supporting their teams.

### Stages of Recovery/Effects of Second Victim Syndrome

There are six recovery stages described in the literature on second victim syndrome (see Figure 1): (1) chaos, (2) intrusive reflection, (3) restoring integrity, (4) enduring the inquisition, (5) obtaining emotional support, and (6) moving on (Bleazard, 2019; Mitzman et al., 2019). During the *chaos* stage, the individual experiences various emotions related to the event. These emotions can range from disbelief to fear. The *intrusive reflection* stage includes re-enacting the situation or event, which may lead to isolation. During the *restoring integrity* stage, the individual may seek professional assistance or mentoring to work toward recovery from the crisis or event. In the fourth stage, *enduring the inquisition*, the individual experiences apprehension related to the situation or circumstance. The following stage is *obtaining emotional support*, when the individual seeks reassurance from their peers and team about the situation or event. The final stage is *moving*

on, in which the individual may learn to thrive, may leave their role or profession entirely, or may maintain their position with consistent intrusive thoughts related to the situation or event (Bleazard, 2019; Ozeke et al., 2019) (see Table 1).

Second victim syndrome can elicit psychological and physical effects on the individual. Psychological symptoms include anxiety, burnout, depression, and self-doubt, while physical symptoms may consist of palpitations, insomnia, nausea, sleep disturbance, and fatigue (Ganahl et al., 2022). These additional effects can impact an individual's work performance, including increased callouts, decreased productivity, errors, or resignations (Ganahl et al., 2022). The cooperation of an organization and support for coping strategies can assist in acknowledging the effects of second victim syndrome on professional performance.

These additional symptoms can be viewed as secondary traumatic stress related to the event or outcome of the clinical situation. Evidence highlights the importance of support groups and the identification of secondary traumatic stress (Ganahl et al., 2022). A second victim may feel professional self-doubt and depression,

**Table 1.**  
The Second Victim Recovery Trajectory

Stages of Second Victim Syndrome		
Stage 1	Chaos and accident response	“How and why did this happen?”
Stage 2	Intrusive reflections	“How did I miss this, and could this have been prevented?”
Stage 3	Restoring personal integrity	“What will others think?” “Will I ever be trusted again?”
Stage 4	Enduring the inquisition	“I might get fired,” “the double fear”
Stage 5	Obtaining emotional first aid	Peer supporters
Stage 6	Moving on a) Dropping out b) By surviving c) By thriving	“Every day is like an eternity.” “Following the event, I learned my lessons.”

Ozeke et. al., 2019

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which can impact their personal and professional lives. About half of all healthcare professionals identified at least one second victim situation in their career; these events can lead to emotional suffering, turnover, burnout, and post-traumatic stress (Bleazard, 2019). The negative feelings and impacts on healthcare professionals can lead to increased job resignations and shifts in career paths. The additional stressors from an adverse patient event can leave a healthcare professional scarred and wanting to leave the profession. These feelings and actions could contribute to already concerning healthcare professional staffing shortages.

### Support and Interventions

Peer and organizational levels of support can benefit an individual identified as a second victim. A peer support or mentoring group can provide an outlet for a second victim after an event with an unfortunate outcome. Peer involvement may be formalized by the organization or may develop

organically through pre-existing professional relationships. A peer can assist with identifying feelings associated with the event and serve as a neutral outlet for the individual to voice concerns and thoughts related to the situation (Schroder et al., 2022). Peer support groups need a foundation and planning to maintain success. The program or group should be voluntary and without judgment or bias. This can be accomplished by creating an open and positive culture and environment that allows for sharing of second victim events. Many peer support programs note that most peer supporters within health care are nurses. Evidence suggests the benefits of these programs include a more open culture, increased attention towards the well-being of colleagues, and creation of safe spaces for sharing and discussing concerns (Schroder et al., 2022). Peer support groups need acknowledgment and buy-in from organizations. Each organization should openly educate ambulatory healthcare professionals on the peer support group program.

Organizationally, creating a positive and supportive environment contributes to developing a just culture. Organizations can help promote and develop peer support systems for team members and educate their teams on these systems. Ambulatory healthcare professionals need to be aware of the supportive services or programs available to them. The perception of support for the second victim is associated with safety culture and less burnout (Sexton et al., 2021). Evidence indicates that promoting support programs strengthens the organizational culture and reduces the incidence of second victim syndrome (Kim et al., 2022). Organizations can assist with these support programs by providing standard supportive education and information related to the specifics of the program.

Despite the benefits of peer support programs, there are barriers. One barrier to any level of support for second victims is the availability of peer support mentors. Additionally, individuals experiencing second victim syn-

## Case Study

A new treating nurse started in an ambulatory oncology infusion clinic and completed orientation. Medications were routinely left in the pharmacy window for pick up by registered nurses (RNs). The new RN picked up what she thought was her patient's medication; however, it was another patient's medication who was on the same regimen but at a different dose. This outpatient infusion clinic was not using medication or patient barcode scanning, which allowed room for error in medication administration. During the patient identification and medication check with another RN, the second RN was interrupted and unable to complete the double-check process. The new RN was feeling rushed as many patients were waiting for treatment, so she administered the medication containing the wrong dose. The error was not caught until the correct medication for her patient was picked up in the pharmacy by a different RN, who noted it was not for her patient. At the time this was discovered, the patient who had received the incorrect dose already had been discharged home. The treating RN called the patient to find out if they had gone to the emergency department with adverse cardiac side effects, potentially from the error. The RNs were re-educated on safe patient medication administration to prevent future errors.

The treating RN immediately felt guilt, disappointment, anxiety, internal unrest, and self-doubt. The manager approached the treating RN and discussed the event in a harsh tone. The treating RN felt she was in trouble for the error. The RN then was afraid of losing her license and job, her work efficiency was compromised, and she started to lose focus and confidence at work.

Another manager became aware of the error and reminded the initial manager that there was a peer support group for the team following such events. The treating RN was referred to the support group, which initially included a debriefing of her feelings and thoughts, focusing on the event and how to prevent errors, as well as how to maintain a positive, supportive work culture. The manager was available to offer support to the RN, and the leadership team provided them with encouragement in maintaining a positive environment. The focus on a just culture was a theme, as errors can cause second victim syndrome in healthcare professionals. While the support group did give the RN some benefit in coping and moving on from this error, she was impacted forever as the patient ultimately died after this event. This RN wanted to serve as an advocate for others and joined the support group to assist other team members who experience second victim syndrome.

The organization acknowledged that there were steps necessary for the organization to take as well. This included implementation of barcode scanning and re-education for all nurses related to medication administration. The organization focused on patient safety and providing guidance and support to ambulatory healthcare professionals. The organization took accountability for the situation while maintaining a just culture for all team members.

drome may be reluctant to seek help from peer support programs. They may have concerns about confidentiality, or they may fear punitive actions or retaliation from leadership, causing additional hesitation and stress. For these reasons, it is important to maintain the confidentiality of the participants and ensure a safe and positive environment.

Another barrier to support programs can be a lack of funding or dedicated time to provide support. In ambulatory care, the typically small number of clinical staff on-site at any one clinic may make it particularly challenging for both second victims and peer support mentors to get away from staffing to engage in peer support activities. Healthcare professionals need support from peers, supervisors, and the organization when experiencing second victim syndrome. Organizations can maintain a just culture, which encourages reporting, discussing concerns related to second victim syndrome, and focusing on the healing of the second victim (Neft et al., 2022). Organizations should seek to identify and remove barriers for healthcare professionals who are seeking help related to second victim syndrome.

## Resilience in Stressful Events (RISE)

The RISE program was established by Johns Hopkins University in 2011. This program focuses on supporting healthcare professionals following traumatic events. This program is low-cost, as it is entirely volunteer run by a multidisciplinary team comprising nurses, nurse leaders, social workers, and advanced practice professionals. RISE responders are on call and expected to respond to a call within 30 minutes. The call to respond is determined by any member of the RISE responders upon learning of the event. Most peer support in this program occurs face-to-face. The program was designed for volunteers to be released from their primary work duties to attend to a peer in need following a call to their service.

Evidence suggests the support of an organization following a traumatic event can promote a just culture (Connors et al., 2021). The Joint Commission recognizes RISE as a leading practice model for peer support (Connors et al., 2020). This program was created to provide healthcare professionals with more real-time support following a traumatic event. The theory behind this program is that the wounded healer offers support as a trained individual, extending their support to another healthcare professional and promoting



emotional and psychological healing (Connors et al., 2020). These trained individuals have experienced a second victim event and draw on personal experience to help others. The RISE program is considered a positive tool to improve retention for healthcare organizations. The evidence indicates that openly supporting second victims aids in promoting a safe and positive culture and reducing emotional exhaustion (Sexton et al., 2021).

### Unrecognized/Untreated Second Victim Syndrome

Support and acknowledgment from one's organization may not be present or available following an error or event with an adverse outcome. While peer support groups and a just culture are beneficial ways to identify and manage second victim syndrome, little is known about the long-term effects of lack of recognition of second victim syndrome. Evidence on this topic related to the ambulatory setting is limited and is worth further research. Second victim syndrome brings on negative feelings, which may linger if not addressed. Everyone has a different reaction to situations and stress in their work and personal lives. Some second victims may cope with traumatic events more easily than others, but they are still identified as second victims regardless of their personal reactions and requests for support.

The negative outcomes of untreated second victim syndrome can include feeling permanently emotionally scarred from an incident, leaving the healthcare profession, wanting to leave direct patient care roles, increased long-term anxiety and depression, and difficulty coping in stressful situations. While an adverse event may last a few hours or even days, the effects can last much longer. No formal tool for identifying the symptoms of second victim syndrome is available, which can delay support and further evaluation of second victims (Sachs & Wheaton, 2023). All second victims are unique and may

cope and heal from these events in different ways. Understanding each second victim may react differently following an adverse event can be helpful.

### Conclusion

The concept of second victim syndrome may not be well known to all healthcare professionals, although some already may have experienced it. Understanding the definition and stages of recovery with second victim syndrome can aid in acknowledging and supporting healthcare professionals experiencing it. Organizations can collaborate with multidisciplinary teams to develop supportive processes for healthcare professionals, promote a just culture, and provide support for second victims. Empowering healthcare professionals to speak up and seek support following adverse clinical events will enable organizations to identify and address the needs of team members.

The RISE program is a beneficial approach to help those impacted by a sudden or unexpected clinical outcome. Implementing RISE or a similar program can be assessed by organizations for feasibility and impact. Organizations need to prioritize the overall support of ambulatory care nurses and reduce instances of second victim syndrome. Second victims may not identify as victims but can still experience the symptoms of second victim syndrome. Additional research on the stigma of second victim syndrome is critical in promoting a culture of transparency and just culture (Edrees & Wu, 2021). Additional research on addressing second victim syndrome in ambulatory care is needed. ●

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### Nursing Leadership: Focus on the Future

*continued from page 1*

reduced burnout; (2) transformational and resonant leadership styles are associated with lower patient mortality, higher levels of job satisfaction, higher productivity, nursing retention, patient safety, and an overall safety climate; and (3) relational and task-oriented leadership are significantly related to higher patient satisfaction (Labrague & Toquero, 2023; Sfantou et al., 2017). Strategies to support the ongoing professional development of ambulatory care nurse leaders include nurse leader residencies, mentorship programs, and career ladders.

“ There is a need for strong nursing leadership to shift the healthcare hierarchy away from demanding what nurses do to promoting the value nurses bring. ”

### Nurse Leader Residency Programs

Nurse residency programs are designed to assist with transition to practice and improve retention (Miller et al., 2023; Van Camp & Chappy, 2017). Residency program benefits to practice include increased competency and decision-making confidence, improved professional commitment, nurse satisfaction, more effective team interactions, reduced turnover, increased practice safety, stronger critical thinking skills, and the promotion of evidence-based practices (Knighten, 2022). Building on the successes of registered nurse (RN) residency programs, some innovative leaders have explored development of nurse leader residency programs for ambulatory care. Management skills, supervisory knowledge, and models of nursing leadership should be emphasized for the promotion of professional stewardship and role modeling. Other important concepts for nurse leadership residencies include understanding the scope of practice of each team member, the principles of appropriate delegation, and the importance of advocacy in healthcare policy.

### Mentorship Programs

Mentorship programs are another means of promoting leadership development. According to the American Nurses Association (n.d.), a mentor will “guide and oversee less experienced nurses and help facilitate their career development” (Importance of Mentorship section, para. 1). There are many benefits of mentorship, and the support of a mentorship network has been shown to improve the experience of direct care nurses transitioning to positions of leadership (Pacho et al., 2023) and positively influence retention and engagement of new nursing leaders (LeJeune, 2023). In *The Future of Nursing 2020-2030 Report*, nurse leaders are

charged with mentoring nurses from traditionally underrepresented communities to “build a more diverse nursing workforce and increase the number of nurses from underrepresented groups in leadership positions” (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021, p. 290). Ultimately, “diversity in the nursing workforce – and in nursing leadership in particular – is essential to achieving health equity” (NASEM, 2021, p. 290).

### Career Ladders

Career ladders are a third means of promoting leadership growth and development among nurses. These programs can offer financial rewards and increased job satisfaction. A career ladder program also can serve as a recruitment and retention tool. Many advancement programs are designed around organizational longevity and education, but successful ladders support career development and engagement in nursing leadership (Tucci et al., 2022). A recent AACN Leadership Special Interest Group (SIG) webinar focused on internal pathways for career advancement where several participants discussed existing career ladders within their organizations. The *Ambulatory Care Nurse Executive Toolkit* (AACN, 2021) is an excellent resource that can be referenced for those interested in further exploring this concept.

Future ambulatory care nurse leaders will be challenged with providing care delivery for patients and communities with greater health complexity and resource scarcity. Their responsibilities range from ensuring the competence of staff to contributing to the achievement of health equity and being stewards of the nursing profession. Opportunities for future work include further defining the roles, functions, expectations, and competencies of the ambulatory care nurse leader, as well as developing leadership job descriptions, leadership ladders, and residencies.

A focus on nurse leader development and retention is a viable strategy to meet the evolving needs of ambulatory care nursing practice. As a profession, we will not be successful in shaping practice without nursing leaders who are committed to enhancing and harnessing the full scope of RN practice. An integrated literature review revealed that nurse managers' job satisfaction was influenced by workload, organizational support, nurse manager-supervisor relationships, and quality of training and competency (Keith et al., 2021). Nurse leader retention begins with authentic conversations with individuals regarding their intentions and current job satisfaction. These conversations answer questions about what is needed to keep leaders in their roles, what would cause them to vacate their leadership role, and how systems can support leader growth, development, and retention. Career intentions should be a naturally evolving conversation throughout one's leadership journey. The process allows for a foundation of mentorship, peer sup-

port, and energizing conversations to keep leaders developing and moving forward.

Ambulatory care nurses in supervisory or management roles must be encouraged and mentored to develop into nursing leaders who can successfully navigate interpersonal, interdisciplinary, and organizational challenges while preparing themselves and their profession for a future with fewer resources, more demands, and an increased focus on keeping nursing's social contract and obligation to society. As ambulatory care continues to grow, it will be imperative for nursing leaders to shape the future of ambulatory care nursing practice. Together, we will build a stronger profession! ●

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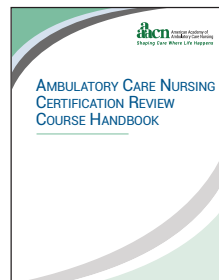
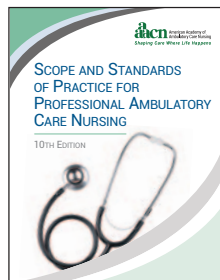
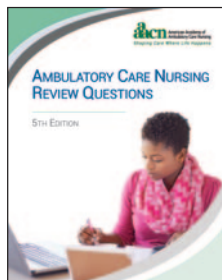
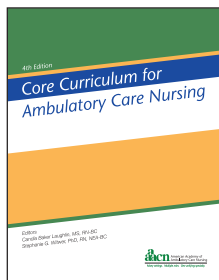
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## Ambulatory Care Nursing Certification Exam Preparation Resources

The American Academy of Ambulatory Care Nursing (AAACN) offers the resources to help you prepare for the Ambulatory Care Nursing Certification exam. All resources are evidence-based and developed by ambulatory care nurses.

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# Ambulatory Preceptor Day: Using the *Preceptor Guide for Ambulatory Care Nursing* for Program Development

Jillian Coffey  
William Lang

Effective, competency-based department level orientation is critical to ensure the success of new employees. A current state assessment conducted by nursing professional development practitioners (NPDPs) at a large ambulatory healthcare organization showed that staff were not receiving formal education or skills training on how to effectively precept new hires. According to McKinney and Aguilar (2020), "preceptor development programs can reduce turnover and associated costs, promote consistent and safe practices, increase new nurse job satisfaction and competency, support preceptor effectiveness and improve preceptor satisfaction while reducing preceptor turnover" (p. 111). With the rise in new-to-practice clinical staff, increasing cases of clinically complex patients, and varying levels of staff competency completion, NPDPs identified an immediate need for such a program. Utilizing the *Preceptor Guide for Ambulatory Care Nursing* (American Academy of Ambulatory Care Nursing [AAACN], 2017), NPDPs designed, developed, and implemented a role-diverse preceptor program.

## Planning and Design

The initial planning and design stages required a thorough analysis of learning needs, current preceptor selection criteria and practices, and available resources. After completing this analysis, NPDPs found preceptor selection was based on seniority and limited tools and resources being

leveraged during onboarding. Further analysis of the ambulatory care workforce indicated that a virtual program would best fit learner needs, and it should be role-diverse to promote teamwork and collaboration and reflect the ambulatory care practice environment.

According to the *Preceptor Guide for Ambulatory Care Nursing*, "experience alone does not make a good Preceptor ... This presumption can lead to nurses assuming a role for which they may not be compatible or have the needed competency" (AAACN, 2017, p. 8). To address this gap, NPDPs used the preceptor competencies outlined in the *Preceptor Guide for Ambulatory Care Nursing* (2017) along with the organization's domains of practice to create a preceptor selection tool for managers. This ensured that participants possessed not only the desire to train staff but also had the foundational skills of being a preceptor that aligned with the organization's standards.

McKinney and Aguilar (2020) also stated that, "a well-trained and supported preceptor can help ensure successful onboarding" (p. 111). The *Preceptor Guide* aligns with this stance stating, "organizational support is instrumental in developing the experienced nurse as a Preceptor" (AAACN, 2017, p. 8). As part of the program design, NPDPs created a virtual network in which all participants would be registered at the conclusion of class. The development of this network

encouraged onboarding standardization, used organization-approved resources, was easily accessible, and offered centralized support to all participants.

As in many other large healthcare organizations, this organization's ambulatory care workforce is geographically spread across various regions. Within this one organization, there are over 300 practices and over 1,000 clinical staff across three states. To meet the high-volume clinic demands and workforce learning needs, NPDPs determined that the virtual, instructor-led classroom would be the most suitable learning environment. NPDPs designed the 4-hour virtual class to cover the 14 roles of the ambulatory care preceptor as outlined in the *Preceptor Guide for Ambulatory Care Nursing* (2017). This attention to the uniqueness of the ambulatory care environment set this program apart from similar enterprise preceptor programs and engaged participants by using relatable scenarios, ambulatory care terminology, and ambulatory care-specific resources.

## Implementation

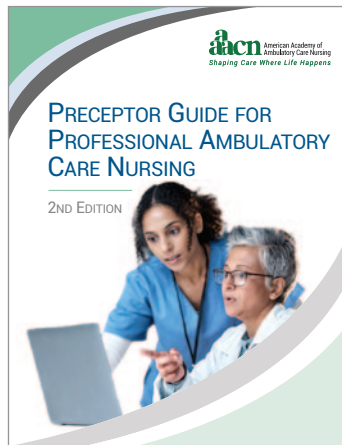
Several strategies and tactics were used to ensure that all ambulatory care clinical staff within the organization were informed of the program. This included electronic distribution of course flyers, promotion during on-site visits with frontline staff, and discussion during new employee orientation. Additional efforts were made to foster



buy-in and interest from leadership during several meetings that included Human Resources, executive leadership, practice managers, and nurse managers. Centralized support from NPDPs was offered to answer questions from stakeholders and assist with using the preceptor selection tool to identify candidates for the program. Upon successful identification of a candidate, NPDPs also assisted leadership with enrollment in the program via the learning management system. Prior to the class, email communication was sent to course participants with information regarding class expectations, virtual platform use, breakout scenarios, and course pre-work.

During the class, the roles of the ambulatory care preceptor were reviewed using the *Preceptor Guide for Ambulatory Care Nursing* (2017) descriptions and organization examples for immediate application. The topics of effective communication, constructive feedback, and teaching strategies were delivered using example scenarios in group breakouts. Sharing of personal experiences and knowledge by participants further reinforced the content and provided a knowledge-rich learning environment.

At the conclusion of the course, participants were registered to the virtual preceptor network, which provided access to a repository of onboarding resources that supported the preceptor role. This network offered a direct line of communication among all participants who took the course and the facilitating NPDPs. Follow-up communication occurred 3-4 months after course participation to gauge usefulness of resources, competency com-



pletion, precepting status, and precepting topics of interest. This touchpoint served to gain preliminary data on course enhancement opportunities, impact on precepting, current needs of preceptors, and to further establish a relationship with the preceptors in the practices.

### Evaluation

Since the launch of the program in August 2022, 83 registered nurses, 18 licensed practical nurses, and 50 medical assistants have taken advantage of this professional development opportunity. Of those who completed the post-course survey, 97% rated the course good or excellent, 98% found the content relevant to their practice, and 99% thought the learning materials were sufficient. Post-course survey results also showed that 100% of responding participants felt the pre-

ceptor network was helpful and applicable to their precepting practice. In relation to the course objectives, participants reported the following:

- 96.4% can describe the competency management program for their entity.
- 98.5% can demonstrate effective communication strategies.
- 98.6% can identify learning styles and engage different learning styles.
- 99.3% can demonstrate the ability to provide effective evaluation and feedback.

Future opportunities based on stakeholder feedback include development of a preceptor incentive program, 30-minute coaching sessions, and advanced preceptor training. Longitudinal data collection is still needed to capture the program's impact on competency completion, preceptor turnover, and staff retention. ●

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## OUR CORPORATE MEMBERS





## Transportation for Veterans in the South County: A Closer Look

*Patrick Turpin  
Sheryl Flores*

The Chula Vista VA Community Based Outpatient Clinic stands as a vital healthcare facility within the VA San Diego Healthcare System. Situated just 5-10 miles from the San Diego, CA, and Tijuana, Mexico borders, this clinic serves as a pivotal point for veterans in the “South County” region. The Chula Vista VA Clinic covers an area spanning 22 zip codes and serving nearly 13,000 veterans. Veterans from across San Diego also rely on this facility for their healthcare needs. The strategic placement of the clinic facilitates accessible and comprehensive medical services for a diverse and sizable veteran community in the area. Its location near the border underscores its significance in providing essential care to veterans in the Southern California region, making a tangible impact on the well-being of those who have served our country.

One challenge for the Chula Vista VA Clinic is transportation. Evidence suggests that transportation is a social determinant of health (SDOH) and a critical factor in accessing healthcare services (McDonald-Lopez et al., 2023). Since its inception, VA San Diego has sought dedicated transportation services for veterans who depend on the clinic for health care. Transportation remains a significant concern for South County veterans, who often must access public transportation, transportation assistance services, or transportation assistance from family members or caregivers. These options are often inconsistent and unreliable and do not adequately meet the needs of veterans requiring regular access to healthcare services.

There is consensus among stakeholders of the pressing need for reliable transportation tailored to South County veterans. Ensuring dependable transportation from their homes to the clinic, and ideally extending this service to cover all VA appointments across the enterprise, is essential. By establishing dedicated and dependable transportation services, the VA can bridge this access to care gap, providing equitable healthcare access for all veterans. Prioritizing this need honors their service and ensures they receive the comprehensive care they deserve.

In October 2022, a VA San Diego project team consisting of two licensed vocational nurses, two social workers,

and five registered nurses was formed to investigate a proposal for VA transportation services in South County. Since the clinic did not have an ongoing screening process for collecting social impact data specifically related to clinic transportation (Razon & Gottlieb, 2022), the project team devised an assessment questionnaire that was distributed to the veterans with appointments at the clinic during November-December 2022. The survey revealed compelling statistics regarding the pressing need for reliable transportation services among the veteran community in the South County area:

- 59% of respondents had missed VA appointments due to lack of transportation.
- 51% reported having physical or mental conditions that restricted their ability to drive.
- 55% cited financial constraints as a factor affecting their ability to secure transportation.

Based on this sample, the team was able to document a need for dedicated transportation services for South County veterans. Data collected through the survey was pivotal in defining needed services to ensure equitable access to health care for this population.

Armed with positive feedback from veterans, the project team moved quickly to gain the support of vital stakeholders, including the Shared Governance Coordinating Council and a representative from the Highly Reliable Organization (HRO) team, both of whom enthusiastically endorsed the initiative. The team then sought guidance from the Chief of the Veterans Experience Group, who confirmed the validity of the initiative from a Veteran Experience perspective.

Recognizing the gravity of the situation during a Veterans Experience Council meeting, the Deputy Chief of Health Administration Services took a proactive step by inviting the project team to collaborate on formulating a plan for submission before the end of that fiscal year. This proactive approach underscored the significance of the issue at the organizational level and demonstrated a committed effort to move swiftly in addressing the transportation issue on behalf of the veterans in the South County region.

“

Evidence suggests that transportation is a social determinant of health (SDOH) and a critical factor in accessing healthcare services.

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In a collaborative session involving key members of VA San Diego Transportation services – the Transportation Manager, Section Business Chief of Health Administration Services, and the Deputy Chief of Health Administration Services – the group discovered that one significant factor in the transportation challenge in South County stemmed from a scarcity of drivers. Project team members and transportation service teams acknowledged the significance of this issue and reached a consensus to present it at the upcoming Resource Management Council (RMC) meeting.

The RMC unanimously recognized the pressing requirement for additional drivers and granted approval for two full-time equivalent positions in the coming fiscal year. Furthermore, the committee endorsed acquiring a dedicated transportation vehicle. As an interim measure, a proposal to provide bus/trolley travel vouchers for veterans requiring transportation assistance to and from their scheduled appointments was initiated. This comprehensive approach signified a proactive step towards addressing the immediate needs of veterans while working on a more sustainable solution for transportation services for the future.

This project is an example of the importance of identifying and prioritizing SDOH, specifically in the veteran population. Defining SDOH and acting to address these needs contributes to the advancement of health equity and simul-

taneously improves organizational performance. The collective efforts of staff through VA San Diego positively impacted and made a difference in the lives of veterans, not only in South County but all of San Diego. Their support was instrumental in realizing this meaningful initiative.

The project team extends its heartfelt gratitude to all who contributed to the success of the veterans of South County project team. The project team also extends its sincere appreciation to the members of the organization's Shared Governance team, Veteran Experience Office, HRO department, and the Transportation department for their unwavering support and commitment. ●

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## Updates to the AAACN Board of Directors



Chrystal Lewis

The Board of Directors (BOD) has selected the 2024-2025 Emerging Board Fellow. Chrystal Lewis, PhD, RN, Nurse Scientist and Clinical Assistant Professor of Medicine of Stanford Healthcare and Stanford School of Medicine, Division of Primary Care and Population Health, in Palo Alto, CA, will serve in this role. The purpose of the Board Fellow position is to provide the Board with their perspective on emerging key issues facing ambulatory care nurses and the association.



Andrea C. Petrovanie-Green

Andrea C. Petrovanie-Green, MSN, NC, RN, USN, AMB-BC, CAPT(Ret), who is currently serving as Secretary and Director on the AAACN Board of Directors, will continue to serve on the Board for 1 more year. Ms. Petrovanie-Green will fill the Director seat vacated by Cynthia Murray, BN, RN, AMB-BC, the 2024-2025 AAACN President-Elect.



Cara Spencer

Cara Spencer, PhD, RN, FNP-BC, will continue serving as a Director on the Board of Directors for another year as a non-voting member to share in AAACN's increased workload.

## Members to Vote on Proposed Bylaws Revisions

The AAACN Board of Directors has proposed changes to the organization's Bylaws that will enable AAACN to better serve its volunteer groups, ultimately benefiting all members. The proposed revisions:

- Provide the Board of Directors the flexibility to adjust Board size and give the Board the ability to add non-voting members to the Board for 1 year at their discretion to better accommodate the work of the association.
- Rename the Nominating Committee to Leadership Development & Nominating Committee to include their role of identifying and developing committees.
- Allow for simple editorial changes that will reflect current practices, such as AAACN's online ballot process.

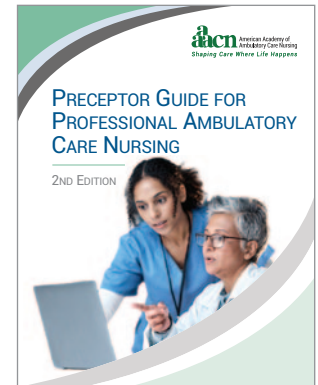
Learn more about the proposed bylaws revisions at [www.aaacn.org/bylawsupdate](http://www.aaacn.org/bylawsupdate). The deadline for members to vote on the bylaws updates is April 19, 2024. Your participation in this vote is crucial to ensuring that AAACN continues to evolve and meet the needs of our growing community.

## New Edition of AAACN's Preceptor Guide Now Available

Elevate your role as a preceptor and enhance the onboarding experience for new staff with AAACN's *Preceptor Guide for Ambulatory Care Nursing, 2nd Edition*. This comprehensive resource is designed for leaders, educators, and preceptors committed to shaping proficient preceptors and creating sustainable programs in ambulatory care settings.

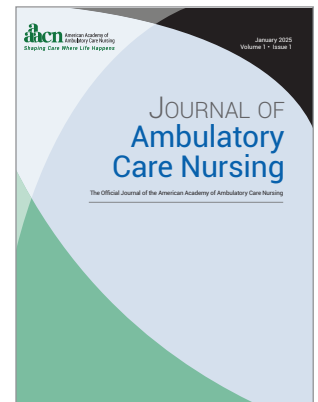
Packed with added resources, exemplars, and customizable activities, this guide sets a new standard for preceptor and program development. Gain access to robust criteria for preceptor role development, programmatic support for sustainability, and engaging skill-building activities. Invest in excellence, streamline your preceptorship journey, and shape the future of ambulatory care preceptorship with this newly updated resource.

AAACN members can purchase the eBook version of the *Preceptor Guide for Ambulatory Care Nursing, 2nd Edition*, for \$29 and the print version for \$39. Learn more and purchase your copy at [www.aaacn.org/preceptorguide](http://www.aaacn.org/preceptorguide).



## Call for Manuscripts

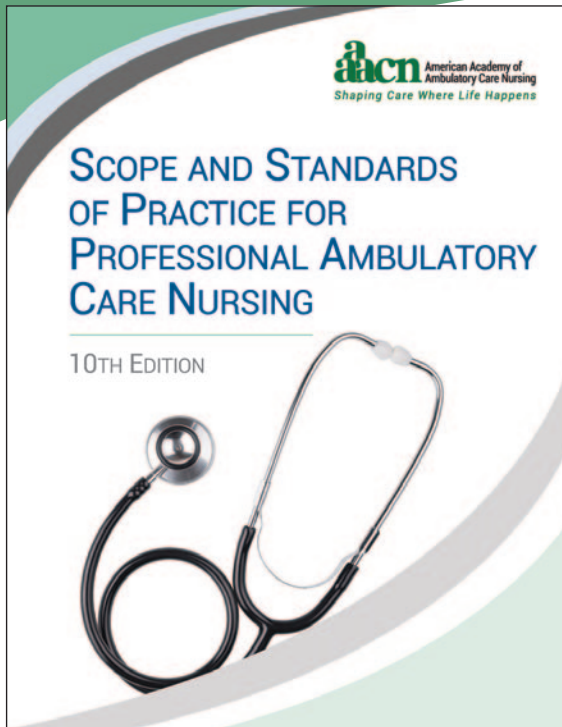
The *Journal of Ambulatory Care Nursing*, AAACN's official journal, is set to launch in 2025. This scholarly, peer-reviewed publication is dedicated to advancing evidence-based ambulatory care nursing practice, clinical research, and professional development. The journal's purpose is to disseminate education that enhances the knowledge and skills of ambulatory care nurses to promote health, prevent and manage disease, alleviate suffering, and improve health outcomes across ambulatory care populations. Visit [www.aaacn.org/jacn\\_submissions](http://www.aaacn.org/jacn_submissions) to view author guidelines and submit a manuscript.



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## SCOPE AND STANDARDS OF PRACTICE FOR PROFESSIONAL AMBULATORY CARE NURSING – 10TH EDITION

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