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Leadership Development, Succession Planning and Simulation:

A Succession Plan for Organizational Success

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Abstract

Future executive nurse leaders must be identified and prepared for the challenges of 21st century health care. The literature suggests a lack of existing standardized succession plans for these leaders. Senior leaders are often faced with the complex issue of how to develop and validate the competencies required for these leadership roles (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016). Therefore, in the absence of a succession plan, creating a leadership development program, which provides a pipeline of new executive leaders, would alleviate this gap. The motivating force is an effort to promote current talent and provide a higher level of competence.

The American Organization of Nurse Executives' (2015) nurse executive competencies were used to identify behavioral attributes necessary for successful leadership performance. Evidence-based simulation was chosen as the modality to educate and evaluate potential leaders, allowing for a leadership development program designed to strengthen and enhance clinical judgment while providing cost savings to the organization (Bleich, 2015).

The evidence-based intervention for this project was composed of two parts. Part one was development of three simulation scenarios that were validated and beta tested by DNP students. Part two was the development of a toolkit for the California Simulation Alliance leadership repository, including a scenario on gravitas and a process of implementation and evaluation of the success of participants.

Creating a leadership development program for succession planning using simulation is valuable for learning, practice, and proficiency for the individual; improving metrics; and stabilizing the culture and cost savings to the organization.

Section II. Introduction

Problem Description

As a result of the 2010 Affordable Care Act (ACA), leadership is changing as health care undergoes rapid transformations not seen in most industries in many years. Clavelle, O'Grady, Weston, and Verran (2016) discussed a new charter for nurse leaders, with the primary focus on the transition from shared governance to an empowering framework of professional governance, enhancing the attributes of accountability, professional education, collateral relationships, and decision making. Who will be the leaders to step up and accomplish the essential work of keeping the organization on track, disciplined, focused, discerning, energized, and encouraged, while creating a good fit for the future of the organization? It is no longer acceptable to hire new leaders who do not have the required emotional and professional competence to manage the complexity of their emerging roles. The pipeline for recruiting new leaders needs to be well thought out and executed.

The definition of effective leadership succession planning, according to Redman (2016), is a business strategy that plans for future leaders in an organization to encompass strategic thinking and a plan for action. Succession planning requires a systematic process that starts with identification and recruitment of internal individuals, providing them with skill-based education, coaching, and mentoring. The key elements for effective leadership succession planning include (a) commitment of the board of directors (BOD) and senior leaders; (b) assessments of key leadership positions linking competencies and desired qualities of the roles, of individuals for leadership potential, and of gaps between current and future leadership needs; (c) design of a

formalized individualized leadership development program; (d) initiation of a mentoring program that encompasses coaching and guidance; and (e) ongoing formalized periodic evaluations of both the plan and the progress of the mentee (Redman, 2016).

As indicated, health care in the 21st century has taken a dramatic change with the implementation of the ACA. Financial and regulatory oversight has intensified while many baby boomers are facing retirement. Nurse leaders are expected to perform at higher levels, implement more complex initiatives, and create safe patient experiences in a more innovative manner (Flesner, Scott-Cawiezell, & Rantz, 2005).

A new type of nurse leader is needed to achieve the mission of health care organizations in this era. Tools for education and evaluation of these new type of leaders need to be developed, and using evidence-based competencies for simulation scenarios can be an effective approach. Simulation scenarios are being developed for the California Simulation Alliance (CSA) and may later be modified and used by organizations, such as Association of California Nurse Leaders (ACNL), WORLD-Institute, and others, with authorization from CSA, along with permission and support from Dr. KT Waxman, Director of CSA (see Appendix A)**.** The WORLD-Institute's (2016) mission is "To generate and test innovative models of leadership development that result in highly effective clinical leaders and to demonstrate the influence of mindful clinical leaders on clinical, workforce and organization outcomes" (p. 1).

With this in mind, how does the organization then teach, coach, mentor, and evaluate the leader's competencies and ability to perform effectively in the higher level leadership role? What systems do the organization have in place to ensure recruits are successful? The challenge in any model of succession planning includes establishing a program that can recruit the right talent,

monitor and mentor their progress, and be confident they will be successful as leaders in the acute and ambulatory care settings.

Available Knowledge

Simulation for improving clinical outcomes is a well-established methodology. Although, there is not a plethora of literature linking leadership development, succession planning, and simulation. Waxman and Delucas (2014) suggested that simulation can and should be considered for leadership development to ensure the high level of skills and behaviors required for nursing leaders at all levels. Behaviors are critical to the success of emerging and new executive leaders, and simulation will allow demonstration of competency based on one's own level of leadership. Creating simulation scenarios that mimic real-life situations leaders may face is the focus of this Doctor of Nursing Practice (DNP) project. The simulation scenarios are the vehicle to learn, practice, and become proficient in the skills and behaviors required for leadership in the 21st century. Currently, there are no data to support a comparison between local and national benchmarks, as there are no formalized succession planning programs using simulation as the basis for education and evaluation of prospective candidates.

The PICOT statement is: For new or emerging nurse leaders (P), how does participation in an effective, standardized succession plan utilizing evidence-based simulation scenarios for executive leadership behaviors (I) compared to more traditional approaches to leadership development (C) affect the participant's readiness for promotion (O) over a 1-year timeframe (T)?

Review of Literature

A review of the literature included articles on leadership development, succession planning, simulation, and combinations of these topics. This review provided evidence that

supported the need for a standardized succession plan that provided a pathway for education and evaluation for individuals in the areas of executive leadership competencies, with a focus on the role that simulation for effective succession planning can play in enhancing those competencies. A major area of concern is the recruitment and training of nurse executive leaders who are new to their role, as well as current leaders who are ready to move up the executive ladder. A review of the literature using the key words *succession planning, leadership development, simulation, authentic leadership, gravitas, adult learning theory*, and *taxonomy of significant learning* was conducted. Over 200 articles were produced from a search of databases that included the Cumulative Index of Nursing and Allied Health Literature (CINAHL) Complete, PubMed, FUSION, and internet sources. The searches included peer-reviewed articles in English from 1996 to 2017 that were relevant to the project topic or provided background information. Seventy-five articles were chosen for the project, including those used for the simulation scenarios and toolkit creation. Seventeen of the articles were chosen to be included in the evidence-based rating scale, summary of evidence, and evidence synthesis (see Appendices B, C, and D). The articles were appraised using the Johns Hopkins *Research Evidence Appraisal Tool* (Dearholt & Dang, 2012).

The use of simulation in clinical arenas has been found to be beneficial in several ways, including increasing leadership skills and other favorable outcomes. In development of a clinical improvement process, Clark and Yoder-Wise (2015) added simulation as an adjunct learning methodology to an already well-established orientation project. Twenty nurses were enrolled in the didactic charge nurse orientation and 12 completed the simulation exercise on the deteriorating infant. The scenarios reflected the charge nurse role in three distinct interactions with patients, patients' parents, and other staff members. A thematic analysis was performed on

the qualitative, reflective data after the completion of the process. The data supported the enhancement for managing complex patients, working in teams during code situations, and leading as a charge nurse with improved clinical and critical thinking skills (Clark &Yoder-Wise, 2015).

Leadership Development

The 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change and Advancing Health*, was the result of a multi-year initiative sponsored by the Robert Wood Johnson Foundation (RWJF). The resultant proposal for the removal of barriers to practice to enhance the future of nursing was designed to ensure that nurses were positioned to lead change and advance health care. The implementation of health care reform in March of 2010, when the ACA became law, resulted in the largest overhaul the health care profession had experienced since the creation of Medicare and Medicaid in 1965.

Organizational success is related to successful leadership; and although, the RWJF report has initiated a call to action for the nursing profession, the work that needs to be done is still under development. Many organizations practice spontaneous leadership development, which tends to be a slower and less responsive process than a formalized succession plan (Hughes, 2009). The American Organization of Nurse Executives (AONE), the California Action Coalition (CAC), the ACNL, and other health care professional organizations have all defined competencies required for professional nursing leadership development at different levels. These competencies are similar in many respects, identifying areas such as communication, knowledge, professionalism, and business skills (AONE, 2015).

Herman, Gish, and Rosenblum (2013) performed a study using the *Leadership Practice Inventory Self-Assessmen*t tool. The poll was offered anonymously to members of ACNL

utilizing the *Leadership Practice Inventory Self-Assessment* (LPI-S) survey and a variety of demographic questions to attempt to differentiate the strength of leadership practices across a wide range of nursing positions. The LPI-S was distributed to 1,221 ACNL members, with a 22% response rate. The tool provides data to help differentiate the strength of transformational leadership skills as they relate to the level of nurse leader positions, as well as the individual's readiness for higher level leadership positions. Herman et al. found that nurse managers were the least likely to be prepared for advancement, while directors were more prepared internally to be in the pipeline for succession to the chief nursing officer role.

Cummings et al. (2010) conducted a multidisciplinary systematic review of the relationship between leadership styles and the impact on outcomes for the work environment and the workforce. The review included 53 studies, after the exclusion process was completed. The results indicated that different approaches have different end results/outcomes. Higher job satisfaction was associated with leadership styles that focused on people and relationships. The more effective styles exhibited relational and collaborative skills and concern for employees as individuals. Leadership that is task-focused alone is not sufficient to achieve optimum outcomes. Time and energy will be required to implement effective strategies to ensure leadership development provides the organization with high quality nurse leaders (Cummings et al., 2010).

In 2015, AONE developed and conducted a survey that captured information on creating and sustaining healthy work environments. The six best practice standards included "leadership development and effectiveness, empowered collaborative decision making, work design and service delivery, innovation, values-driven organizational culture, recognition and rewards systems, and professional growth and accountability" (AONE, 2015, p. 21). The alignment with executive competencies, behaviors, and an adult learning theory model go hand in hand, creating

an environment conducive to recruitment of internal candidates for succession planning in the organization. Fink's Taxonomy of Significant Learning, which will be discussed later in the paper, aligns well with an adult learning framework and Jeffries' simulation framework and theory.

Shapira-Lishchinsky (2012) conducted a study exploring ethical decision making in team simulations, with the goal of identifying the benefits of simulations for authentic leadership. The study included 50 nurses from 10 health institutions divided into 10 teams in central Israel. Of the 50 simulation sessions of 45 minutes each, 85% of the participants were women, with a mean age of 38.48 years. The process for collecting information was to have participants role play in two scenarios per session, each lasting for approximately 10 minutes, with a 35-minute debriefing. The basis of the Shapira-Lishchinsky study was to determine if the benefits of using simulations addressing ethical dilemmas could impact the organization by decreasing the number of errors and increasing patient safety in terms of authentic leadership skills.

Shapira-Lishchinsky (2012) collected data in 2010 via videotaping and discussions, which were transcribed verbatim prior to being analyzed using a qualitative data analysis methodology based on grounded theory using ATLAS. TI 5.0 software packages. The ethical considerations were retrieved from *The Ethical Principles of Psychologists and Code of Conduct*, 2002. The findings identified four main benefits that reflect the basic components of authentic leadership: self-awareness, relational transparency, balanced information processing, and internalized moral perspective. The implications for nursing indicate that team-based simulations are beneficial to achieving authentic leadership among nurses and nurse leaders, leading to a higher level of ability to deal with ethical dilemmas (Shapira-Lishchinsky, 2012).

A literature review of 18 articles from 1991 to 2005 was performed to determine whether there were data supporting the use of patient simulators to enhance a speedier methodology of obtaining skills to enhance performance improvements (Academic Health Council PEIF Project, 2007, as cited in Shapira-Lishchinsky, 2012). Previous studies utilizing teams to improve ethics in the workplace focused more on clinical rather than experiential modalities for evaluating the benefits of authentic leadership.

Hewlett (2014) and a team of researchers at the Center for Talent Innovation conducted a study of 400 college-degreed professionals through 18 focus groups, 50 personal interviews, and and interviews with 268 senior leaders to determine the highest ranking leader factors for those who wanted to advance their career. Executive presence was determined to be the leading factor in determining leadership competency for those who wanted to move ahead. The components identified for executive presence included communication, appearance, and gravitas. Communication is defined as active listening, assertiveness, and excellent speaking skills, along with the ability to read the audience and adjust the response accordingly. Appearance is how you physically present yourself, for example, dressing for the role with an overall polished look. Although, this may not be a key factor, the respondents acknowledged the importance of looking like an executive. Gravitas pertains to the confidence and poise displayed, especially in stressful situations, which respondents identified as the core characteristic of leadership presence (Hewlett, 2014).

Clavelle et al. (2016) conducted a comprehensive, deductive literature review and concept clarification of structural empowerment, shared governance, and related constructs. Nursing leadership requirements are evolving as health care undergoes rapid changes. Clavelle et al. answered the call for changing leadership requirements and presented a new charter for nurse

leaders. The primary focus of the charter is on the transition from shared governance to an empowering framework for professional governance. The framework enhances "the attributes of accountability, professional education, collateral relationships and decision making" (Clavelle et al., 2016, p. 309), creating a strong linkage to the overall tenants of transformational leadership, resulting in a model that will provide guidance for the changes that must occur in health care today. This model promotes an autonomous nursing practice, and the achievement of exemplary clinical outcomes creates clarity of the professional role that empowers nurses to own their practice and plays an important and innovative role in the advancement of nursing in the health care arena (Clavelle et al., 2016).

Succession Planning

The strategy for providing effective leadership succession training becomes imperative if we are to achieve the goals discussed in the previous section. The executive leadership competencies must match the organizational imperatives and be quantified if they are to be successful. The American Hospital Association (AHA, 2008) defines leadership succession planning as a deliberate process of selecting individuals from within the organization to mentor, coach, and groom to fill the upcoming vacancies at the senior executive level.

Kim (2012) conducted a study to determine whether a successful internal annual performance evaluation that assessed both operational and financial performance was a strong and accurate determinant in identifying readiness of potential leaders for promotion. The study was conducted at the AHA annual meeting and included 2,065 short-term and acute care hospitals to identify those without succession planning and other hospital characteristics. Operational and financial performances and payer mix data were evaluated. The results indicated that an organization's ability to implement a strong business strategy, which addresses creating

an effective succession planning process, will provide a platform to be competitive and profitable in the health care marketplace (Kim, 2012).

Trepanier and Crenshaw (2013) conducted a comprehensive literature review of both nursing and business to explore the benefits of creating a strategic succession plan in the hospital setting. The authors refer to an effective succession plan as being essential to the organization as a business strategy to remain operationally viable during leadership transitions to maintain continuity and managing productivity. Trepanier and Crenshaw retrieved information from both nursing and business literature and through reports from organizations with and without internal succession plans. The authors concluded that having a strategic succession plan can be beneficial in regards to improving retention rates, increasing staff engagement, and enhancing financial performance. Implementation of a formal, internal succession planning program affords the opportunity for leadership continuity, operational effectiveness, and an improvement in the quality of care provided (Trepanier & Crenshaw, 2013).

Titzer, Phillips, Tooley, Hall, and Shirey (2013) evaluated the benefits of nurse manager succession planning by conducting a 5-step systemic review of the literature supporting nurse manager succession planning. They chose 156 peer-reviewed articles from 2007 through 2013. Their review excluded nurse executives and development of current leaders. Multiple reviewers were utilized for reliability and validation of articles and subsequent analysis. Titzer et al. found that succession planning was identified as a business strategy that could assist the organization in realizing a positive return on investment (ROI) through use of a cost benefit analysis and metrics on clinical outcomes. The cost of replacement of leader turnover can be astronomical for an institution. Those organizations that identify and develop internal candidates show improved role retention, while reducing turnover rates, thus decreasing costs. In order for this to be a successful

process, the implementation of a formal effective succession plan must be in place to evaluate and choose the candidate that will best serve the organization (Titzer et al., 2013).

Griffith's (2012) review of literature evaluated articles for comprehensive and successful approaches to succession planning models, differentiating between succession planning and effective succession planning. Griffith found that many organizations do not have a solid or proven plan for developing leaders of the future, but rather use older models of promoting formal or informal leaders from within the organization to sustain their leadership capital. Effective succession planning represents a culture shift, which is broader and more comprehensive, using evidence-based practices documented in the literature. According to Griffith, "Effective succession planning incorporates those actions, activities and interventions intended to ensure the preservation of organizational culture, commitment, continuity" (p. 901) while supporting the mission. Griffith reviewed 91 journal articles to evaluate succession planning initiatives that exist for nursing. The analysis showed that three concepts for a successful plan included the candidate for succession, managerial competencies, and programs that prepared the candidates with an implementation process for a succession plan (Griffith, 2012).

As shown from the literature review in this paper, strategies for leadership succession planning have been called out as strategic succession planning (Trepanier & Crenshaw, 2013), effective succession planning (Griffith, 2012), and deliberate succession planning (Titzer et al., 2013). The basic concepts are similar, as organizations grapple for their next generation of executive leaders to replace the baby boomers. Stichler (2008) defined an effective leader as one "who can step out of the water and not leave a ripple" (p. 525) and the true leader as one who has effectively nurtured, groomed, and grown the successor to quietly take over at the helm "without causing a ripple of concern" (p. 525).

There is literature that supports promoting from within the pipeline as the most effective way to retain and develop leaders, yet there are inconsistent plans to do this across health care organizations. The outgoing leaders are not necessarily the most effective and competent people to provide the education and training. Stichler (2008) indicated that many managers are placed in interim roles with no preparation or some hit and miss attempts for development. There is a need for a formalized approach to succession planning that aligns with the organization's mission and vision and incorporates evidence-based competencies identified by nursing leadership organizations, such as AONE. These competencies include communication, leadership, knowledge, professionalism, and business skills (AONE, 2015). Other credible organizations, such as the CAC, identify leadership development competency categories as leading people, building coalitions and teamwork, leading change, innovation, and global leadership (Leach et al., 2015). The competencies are further categorized for the beginning/emerging leader, the experienced leader, and the expert leader. Currently under production by ACNL is an Executive Leadership Academy for nurse leaders in California who are ready or are being made ready to take over vacated executive positions. The competencies identified for this program under consideration for a 2018 implementation are the same used by the CAC (Leach et al., 2015). See Appendix E for a crosswalk of leadership competencies between organizations.

It is equally important to identify the characteristics of potential successful leaders. Stichler (2008) identified these as enthusiasm, optimism, flexibility, professional behavior, vision, openness to new ideas, balance between autonomy and collaboration, commitment to learning with a spirit of inquiry, and commitment to the organization. The ACNL has chosen the following frameworks to model the competencies (see Appendix F): resilience, authenticity, strategic, influence, and gravitas (Leach et al., 2016). Keeping in mind the question of how

executive leaders are going to validate the competencies of their new recruits, the next section will explore how simulation plays a role in leadership development.

Leadership Development and Simulation

According to Waxman and Telles (2009), the relationship of simulation to leadership development indicates, "Simulation is a technique to replicate real patient experiences in an interactive manner" (p. e232). Simulation for clinical education has been in existence for over 20 years and found to be a successful methodology for achieving and improving outcomes, with much of the focus on quality and patient safety improvements.

Bleich (2015) identified development of specific leadership competencies using clinical simulation as a methodology for strengthening judgment and the corresponding action in the development of nursing staff and leaders. Bleich used case studies, clinical scenarios, debriefing, and peer evaluation to enhance and augment clinical judgment to strengthen leadership development through self-awareness. Bleich determined that a leadership development program could be done at the point of care through simulation scenarios, peer evaluation, and debriefing and allowed for a significant cost saving to the organization.

McAlearney (2008) reviewed three qualitative studies on leadership development programs that would lead to improvement in quality of patient care, one aspect being that of the organization focusing on these specific strategic priorities. The study took place between September 2003 and December 2007 and used 200 standard, semi-structured interview guides for individual interviews conducted with hospital and health care managers, participants of leadership development programs, and others. The question was "What opportunities might exist to use leadership development programs to improve quality and efficiency" (McAlearney, 2008, p. 319). Four opportunities were found to provide quality and efficiency in healthcare: "1)

increase the caliber and quality of the healthcare workforce, 2) improve efficiency in the organization's education and development activities, 3) reduce turnover and related expenses, and 4) focus organizational attention on specific strategic priorities related to quality and efficiency" (McAlearney, 2008, p. 319).

The Institute for Healthcare Improvement (2016) focused on the leadership component of improving patient safety through implementation of best practices and development of the tools and methodology for measuring the success of the changes to improve the safety culture of organizations. The primary objective of this DNP project was to determine if creating a leadership development program using the toolkit and scenarios, with a specific focus on improving succession planning, could be achieved using simulation as an innovative learning strategy.

Pollard and Wild's (2014) 2010 to 2014 literature review looked at communication, leadership, followership, simulation, safety, interprofessional education, and leadership to form the basis for the course design for senior leadership development utilizing simulation exercises to improve communication skills and situational awareness. The study was designed to examine whether low-fidelity simulation exercises could enhance leadership and followership competencies and confidence, thus facilitating better team communication and improved situational awareness. Pollard and Wild found that to be successful, there must be a focus on the leader's appropriate interactions, civil communication, and dialogue within the teams to meet the challenges of a changing health care environment. Understanding the behaviors of team members and others can impact the success of individual and organizational performance. The use of debriefing and reflection help to facilitate learning in a safe and secure environment, as leaders adapt to an ever-changing complex healthcare system (Pollard & Wild, 2014).

Hsu, Chang, and Hsieh (2014) performed a randomized trial to compare the effect of traditional education versus simulation on nurse communication, competency, communication self-efficacy, and communication performance in the discharge planning process. Included in the trial held at a medical center in Taiwan was a convenience sample of 116 nurses to compare learning in the classroom model using traditional didactic courses alone or from simulation scenarios. Nurses, especially those who aspire to move into leadership roles, as well as those who remain at the bedside, need to be proficient in communication. Hsu et al. asked nurses to self-evaluate their communication competence and efficacy both pre- and post-training. The themes that resulted from the analysis of the data related to improved teamwork and communication, self-learning, and an introduction to the role of leadership and its relationship to communication (Hsu et al., 2014).

Succession Planning and Simulation

Simulation has focused more on hard skills, leaving the soft skills largely ignored, creating a gap in leadership development and succession planning and in the use of simulation to strengthen leadership skills. The AONE competencies, such as strategic planning, finance, and marketing, are considered hard skills, with the soft skills associated with succession planning, innovation, and technology (Waxman & Delucas, 2014).

Waxman and Delucas (2014) performed a literature review of simulation as a technique that replicates real-life situations to improve safety and quality. The literature revealed that, although the use of simulation is increasing in clinical situations, there remains a need for nurse leaders of all levels to be exposed to and practice their leadership styles through simulation of competencies for their professional and leadership development.

Waxman and Delucas (2014) gathered information from AONE members through two survey methodologies (a Survey Monkey and a convenience model) during the 2013 AONE conference. The 100 respondents identified the top five skills they considered essential for nurse leaders to be successful: communication, integrity, building teams, problem solving, and listening. The conclusion was that simulation is effective in educating and assessing leadership development skills through the real-life interactions of the scenarios, and that debriefing allows for self-reflection to check on one's perceptions. The top two qualities chosen were communication and integrity. These qualities are a few of the competencies and skills in which executive leaders need to be competent. Although, there are simulation scenarios that address some of the soft skills of leadership development, they are not specific to an effective and successful succession-planning program (Waxman & Delucas, 2015). As indicated earlier, there is a need for a more formalized program in health care organizations, ensuring a higher level of success in preparing the nurse executives of the future.

The role of simulation is to translate the elements of the competencies and characteristics of transformational leaders into actual management behaviors that will excite and inspire (Mette, 2015). Bass and Riggio (2007) identified these behaviors as charisma, inspiration, intellectual stimulation, and consideration of others; the ACNL has identified authenticity, strategy, gravitas, and resilience as executive behaviors to emulate (Leach et al., 2016). The survey conducted by Waxman and Delucas (2014) added behavioral characteristics that leaders should emulate, including integrity, team building, communication, adaptability, trustworthiness, listening, and negotiating, along with the ability to problem solve.

Leadership Development, Succession Planning, and Simulation

Groves (2007) conducted a study of 30 semi-structured interviews with CEOs and human resource executives across 15 best practice organizations to describe the content and delivery of their leadership development and succession planning practices. The purpose of the study was to determine whether it was feasible to integrate both leadership development with succession planning and best practices for achieving the desired outcomes. Groves noted that, although implementing a plan for action-learning projects, few CEOs were able to empirically evaluate the organization's talent management and leadership development effectiveness. Groves described action learning as project-based learning designed to fully engage potential new leaders with evaluation processes that differ across health care organizations. Some of the elements are similar to those of a simulation-based assessment, including observation and evaluation of projects, assignments, and behaviors throughout a specified period. Much of this type of evaluation process is included in the annual performance review rather than the in-the-moment process that simulation provides. Groves concluded that health care organizations may not be best served by utilizing internal programs, as it may inhibit a global and external perspective for evaluation of the leaders for executive nursing positions.

Framework Review of the Literature

Clapper (2010) engaged in a systematic review of literature regarding Knowles' adult learning theory and simulation. The term andragogy is associated with this theory and is defined as "the art and science of helping adults learn" (Knowles, 1968, as cited in Clapper, 2010, p. e7-e8). Also included in the study was a review of other learning theories as they relate to the motivational factors that make adults want to learn. The question reviewed was what will bring adult learners to the simulation experience, creating a clinical workforce that embraces lifelong

learning. The review explored the use of simulation as the modality for maintaining the clinical expertise for patient safety as a priority for healthcare organizations. Knowles' theory was originally based on the supposition that adult learners differed from pre-adult schooling, but was later revised (as cited in Clapper, 2010). Understanding the condition's that make adult learners want to learn is valuable in the clinical education and simulation world, as these learners are considered the most respected learners. Knowles contended the characteristics distinguishing the mature adult from the pre-adult learner included:

> (a) self directedness, (b) accumulated reservoir of experience that becomes a resource for learning, (c) readiness to learn and growing orientation to the development tasks of the learner's social roles, (d) appreciation of knowledge that is increasingly tied to application and problem centeredness, (e) internal motivation to learn, and (f) the need to know why something should be learned (Knowles, 1984, as cited in Clapper, 2010, e8).

Adult learning theory has been used in simulation training in conjunction with other theories and models, such as constructivist learning, brain-based learning, cognitive learning, experiential learning, and novice to expert (Rogers, 2007, as cited in Waxman & Telles, 2009). Over the years since adult learning theory was first introduced, refinement from many sources has tailored it to include understanding the increase in responsibilities and workloads, the emotional aspects of being involved in simulation training, the use of debriefing, and reflection on action (Clapper, 2010).

Project Overview

The evidence indicates that a correlation exists between leadership development and succession planning (Bass & Riggio, 2007; Kim, 2012; Stichler, 2008; Titzer et al., 2013; Trepanier & Crenshaw, 2013), simulation and leadership development (Bleich, 2015; Waxman

& Delucas, 2014), and simulation and succession planning (Waxman & Delucas, 2014), with very little evidence regarding a combination of the three evidence-based practices. The literature demonstrates that health care organizations are focusing on succession planning at the executive nurse level. Many organizations are utilizing evidence-based competencies from credible and reliable sources to inform the decision to promote candidates from within the organization or recruit from external sources (Stichler, 2008; Trepanier & Crenshaw, 2013). It is also evident that health care organizations are adopting simulation for leadership development, again using evidence-based competencies (Bleich, 2015; Waxman & Delucas, 2014).

There is a wealth of literature that supports clinical simulation and the need for a more innovative approach for academic educators. The impetus for this initiative comes from the IOM documents on patient safety, improving technology and innovation and integration of technology, and patient documentation to ensure improvement in quality outcomes (Grenier, Hetzel, & Carson, 2013). The pathway for ensuring both the implementation and success of the innovations can be directly correlated to the ability of the executive nurse leaders to embrace and lead the way.

The gap in an effective and successful succession planning process is a comprehensive, consistent, and effective plan that health care organizations can use and/or modify that does not require the time and resources needed to develop a succession plan on an individual organizational basis. The plan would encompass all three domains: leadership development, succession planning, and simulation, creating the behavioral scenarios and then utilizing the toolkit for implementation (see Appendix G). The resources available in the toolkit will be of value for the leader who is being considered for succession and/or promotion using the established competencies of AONE, CAC, and possibly others, with the methodology of

simulation for replicating and practicing the desired behaviors. Simulation scenarios provide the opportunity for creating a safe, non-threatening environment for debriefing and reflecting, within a group or individually, and have been found to be beneficial to learning.

This DNP project was designed to develop a process for leadership development for succession planning using simulation as a two-step process. The first was to develop three simulation scenarios for the CSA Leadership Repository based on a review of the literature and executive leadership competencies. Using evidence-based behaviors that demonstrate the attributes of the competencies, the scenarios were validated and beta tested with focus groups comprised of ELDNP students. The students provided feedback, and the scenarios were revised based on suggestions and modifications. The second step was to develop a toolkit for CSA, filling the gap identified by CSA for leadership development simulation scenarios for succession planning. The toolkit provides the process for implementation and evaluation to the participants who choose to follow the pathway created, including tools for measuring outcomes. (see Appendix H). This process could potentially lead to further work and involvement in the process post graduation.

Rationale

Conceptual Framework

Leadership and leadership development theories and frameworks are numerous. This project was guided using a conceptual framework comprised of: a) taxonomy of significant learning, b) Jeffries' simulation theory, and c) gravitas. Jean Watson's caring theory was reviewed, although not used, as Bloom's framework encompassed some of the elements of caring in his theory. Cotter (2014) spoke of the need for a succession planning framework that was also reviewed and utilized in creating the gravitas scenario.

Taxonomy of significant learning. The framework chosen to base this project on in achieving success for leadership development is the taxonomy of significant learning, which is an expansion of Bloom's 1956 taxonomy of educational objectives model (Fink, 2003). The numerous components of learning in this taxonomy cover the elements needed for implementation of this DNP project. Fink's dimensions include the development of character, leadership, and the ability to teach oneself (Kelley, 2006). The definition of significant learning, according to Fink (2003), is that which causes permanent change in the learner. The dimensions Fink (2003) described in the taxonomy of significant learning are:

- Foundational knowledge: To understand and remember phenomena and the conceptual ideas that are associated with the particular subject.
- Application: The ability to use the information in multiple ways. The specific action that relates to real-life situations is a significant component of this dimension.
- Integration: Correlates to interdisciplinary learning by having the ability to link one body of knowledge with another, drawing potential parallels from different viewpoints and disciplines. There is value in incorporating other ideas, people, or realms of life to create a strength or connection that may go unrecognized.
    - Human dimension: Incorporates leadership, ethics and character building, self-authorship, multicultural education, teamwork, citizenship, serving others and environmental ethics. The process includes the discovery on how to interact with others in a more effective way.
- Caring: Is not only about learning how to care for the subject, it includes recognizing the interactions on a more personal level with others. Developing new interests,

> creating energy, and enthusiasm for learning will facilitate recognizing and gaining new feelings, interests, and values from others.

Although, not identified as early as the work of Fink, the addition of caring for one's self is a critical element needed to advance the care of patients, as similarly identified by Watson's (2006) caring theory.

Learning how to learn is how to become a better lifelong learner. Pursuit of education or new learnings requires a level of self-directedness and inquisitiveness and requires getting to the *why*. It is important to learn how to ask the questions that lead to a deeper understanding of the subject and a more efficient and effective pathway to this goal (Kelley, 2006).

Fink (2003) recommended following Covey's seven habits of highly effective people as a guide to implement and achieve success for the dimensions. Fink's model (see Appendix I) allows for broadening in scope and interpretation to include simulation for leadership and management, aligning with the tenets of leadership development and the DNP project. Fink determined that overlapping the six dimensions was synergistic, representing significant learning when all worked together. Kelley (2006) stated:

> We can continue to follow traditional ways of teaching, repeating the same practices that we and others in our disciplines have used for years. Or we can dare to dream about doing something different, something special in our courses that would significantly improve the quality of student learning (p. 5).

Campbell and Daley (2013) reviewed Fink's (2003) six learning dimensions from the perspective of alignment with the educational and evaluative nature of simulation, identifying the need for foundational knowledge that equates with nursing content. Practicing scenarios in a safe environment provides a specific process for application. The synthesis of knowledge and the

science of nursing in conjunction with critical thinking allows for integration of decision making and priority setting. Collaborating with others to validate their skills as nursing professionals furnishes the human dimension. Caring from the heart and making connections exemplifies the art of nursing, as indicated in the writings of Jean Watson (2006). Learning how to learn through simulation relates to professional practice and the empowerment for lifelong learning. Simulation scenario debriefings also align well and could be easily integrated to Fink's learning goals to enhance the education and align Jeffries (2005) simulation framework and theory.

Jeffries simulation theory. Jeffries, Rodgers, and Adamson (2015), in a brief from the NLN Jefferies Simulation Theory monograph, described the contextual changes that have come about since the 2005, 2007, and 2012 framework was established and revised to evolve into the current theory (see Appendix J). The context addresses the circumstances and settings, with the resultant impact on the starting points for designing or evaluating simulation. Within the context, the goals and specific expectations or benchmarks should be addressed to inform the design of the simulation and implementation, including the mechanism for allocating resources, such as time and equipment.

In designing simulation scenarios, the specific learning objectives are critical, as are the activities, content, and the complexity of the problem to be solved. Briefing/debriefing strategies are included in this phase of the process. Once established and the experience of participating in a simulation has begun, attention must be paid to the environment, which should be learner centered, experiential, interactive, and collaborative (Jeffries et al., 2015). The partnership between the facilitator and participant is paramount to the success of the experience through suspending the reality and being able to *buy in* to the simulated situation. According to Jeffries et al. (2015), the stated outcomes fall into the categories of the participant, patient, and systems;

although, current literature focuses primarily on participant outcomes of reaction, learning, and behaviors. Participants have shown to exhibit more self-confidence, changes in knowledge, skills, and behaviors that transfer to other environments. Jeffries' simulation theory, although focused primarily on clinical simulation, the elements of the theory, and the framework of previous years, easily translates to the soft skill simulations that are a growing modality for enhancing leadership development and the skills required to survive and thrive in the current healthcare environment.

Aligning simulation and debriefing with Fink's taxonomy of significant learning and Jeffries simulation theory is a congruent educational and evaluative process that enhances and integrates the elements in a complementary manner. Simulation is defined as activities that mimic real-life environments, designed to demonstrate learning procedures, good clinical decisions, and use of critical thinking skills (Jeffries, 2005). In 2007, Jeffries and Rodgers brought forth a proposal for a theoretical framework for simulation incorporating a holistic, flexible, and multidimensional methodology to integrating simulation and nursing education. The advancement of Jeffries theoretical framework to theory enhances and clarifies the contextual elements to meet today's current environment. Simulation is an educational and evaluative tool that provides a framework for the theoretical and conceptual foundations that form the elements of nursing care (Campbell & Daley, 2013).

Gravitas. In creating scenarios, one of the behavior frameworks is gravitas, which aligns well with this domain. Bates (2013) defined three dimensions of executive presence or gravitas as style, substance, and character. Executive presence is the science of influence that is necessary for a leader to make an impact. Style is observable, it is the first impression you make, with decisions by others you may want to influence based on your image, mannerisms, and

interpersonal behavior. Substance is characterized by your demeanor, social presence, and gravitas. If present, the perception of leaders tends to be that they are wise, composed, strategic, and competent. Character refers more to your personal, internal values and traits, which tend to be less observable and characterized by integrity, discretion, courage, and optimism (Bates, 2013).

Watson (2006) promoted incorporating the relationship between administrative practices, economics, and caring, which have existed as conflicting entities, separating out the values in human caring. Incorporating the human caring theory into administrative practices aligns with the framework put forth for gravitas. Responsibilities of the nurse administrator in the caring model are to "(a) understand and communicate caring as a philosophy/ethic for organizational processes and structures and relationships, (b) develop skills of caring behaviors/presence in formal and informal relationships with individuals and groups, and (c) become a steward of caring-economics-cost" (Watson, 2006, p. 54).

Succession planning theoretical frameworks are harder to identify. Researchers acknowledge that a solid, formalized, deliberate, and systematic plan be utilized for organizational success. Succession planning has been described as the combination of replacement planning and the development of talent ("Chapter 1," n.d.).

In a presentation to Southern Business School, Cotter (2014) spoke about the benefits of a framework for succession planning. This strategic framework encompasses succession planning for retaining or hiring leaders, along with the core skills and special business *know-how* for maintaining business competiveness on key or core areas or positions. This is imperative in order to have candidates ready to move quickly into these positions, while minimizing the impact on the business. Cotter's focus was not necessarily on health care, but it can be correlated to

what health care organizations are looking for in their strategic leaders. Cotter promoted the concept of hiring from within to decrease the opportunity for corporate knowledge transferring to another organization.

AIM Statement

By June 1, 2017, I will develop, implement, and evaluate three simulation scenarios utilizing the CSA-validated, evidence-based scenario template for leadership development. The scenarios will be based primarily on the AONE competencies that align with the leadership competencies and behaviors that are appropriate for both hospital and ambulatory nurse leaders.

The work of this project focused on the creation of a leadership development program that includes three evidence-based validated scenarios designed for leadership roles, with a specific focus on effective and successful succession planning. Using facilitators to ensure active participation, simulation has gained more acceptance as a method for developing a learning situation that is more authentic, relevant, and lasting. Although, clinical simulation for health care and nursing has been used for over 15 years, there is a very small body of literature that supports simulation for leadership, leadership development, and succession planning. This project is in response to health care organizations' need to target recruiting efforts in hiring or sustaining a workforce of leaders for executive roles in the organization. There must be understanding and recognition of the need for a formalized plan for recruitment, succession planning, leadership development, and mentoring that utilizes evidence-based practices. Executive leaders need to be assured that executive nurse leader competencies required for the role are in place, with a credible plan for evaluation.

Section III. Methods

Context

The key stakeholders are the BOD and senior leadership in the health care organization, newly appointed executive nurse leaders with no prior experience at this level, and emerging executive nurse leaders who are currently not in executive leadership roles. The BOD and current C-suite leaders have different interests when it comes to implementing a program like this. Where emerging or new leaders are more interested in gaining the skills for promotion, the BOD is more concerned with the costs, ROI, and outcomes (see Appendix H, p. 10).

Awareness and openness for change can be determined from a risk assessment and mitigation plan framed from the perspective of turnover and retention of leaders in the organization. Utilizing a lens of effective succession planning is inherent in the identification and mitigation process. The specific areas of risk identified are instability of leadership (turnover rate), ineffective succession planning (retention rates), a culture of fear, and the inability to meet metrics.

Leadership transition and turnover rates are important issues due to the disruption in leadership and the costs of replacement. Morgan (2013) cited the current cost of leadership transitions for CEOs to be over $1 million, with turnover rates from 2010 to 2014 ranging from 16% to 20%. Morgan indicated that this trend will only increase over the next few years. It is no longer a question of if leadership turnover will occur, but when and what consequences will result from leadership turnover. Prevention, or at least reduction in the turnover of good leaders, can be achieved by mentoring and succession plans; yet, the reality remains that the majority of

leaders leave their positions as a result of unhappiness with their supervisor. Based on a survey of 400 respondents, Morgan reported that factors which affect retention included career advancement/growth (31%), supportive boss (26%), flexibility/life balance (22%), compensation/benefits (10%), colleagues (8%), and friendships (3%) (See Appendix K).

Leadership Instability

Leadership instability constitutes the highest level of risk vulnerability, as it relates to turnover rates and may lead to increased adverse events with continued negative impact on turnover in key roles, nonalignment of cultures changes with the mission and vision, and unmet metrics (Cooper 2016). Compliance and governance adherence becomes at risk with rapid and ongoing turnover. According to the American College of Healthcare Executives (ACHE. 2015), hospital CEO turnover rates range from 17% in 2012 to as high as 20% in 2013, with a fluctuation in the previous decade from 14% to 18%. These costs, along with the outlay of funds for punitive damages in malpractice suits, can impose a financial impact on the organization, especially for stand alone or smaller health care organizations.

Succession Planning

Effective succession planning has not been a priority in health care organizations, increasing the risk for leader turnover, a culture of fear, and the subsequent inability to meet metrics, all of which can lead to malpractice suits, loss of funding, and loss of reputation. The concerns include inadequately prepared leaders, a talent management program that does not meet the current needs of the organization, and a lack of understanding of the risk versus benefits of utilizing interim leaders during the transition period. Effective succession planning represents a culture shift that is broader and more comprehensive than previous practice and uses evidence-based practices documented in the literature (Griffith, 2012). The AHA (2008) defines leadership

succession planning as a deliberate process of selecting individuals from within the organization to mentor, coach, and groom to fill the upcoming vacancies at the senior executive level.

Culture of Fear

Culture of fear is the next level of vulnerability for the organization. The resultant behaviors associated with this can affect the quality and safety of patients and staff, union unrest, increase in absenteeism, and the inability to create highly reliable teams. Again, the result can be litigious concerns, loss of funding, fines, and staffing shortages. Accountability and justice are what we expect in the workplace (Marx, 2015). Although, all staff are educated in concepts of *just culture*, the ever-changing leadership changeovers have weakened the strength of this culture. Just culture is a system used to assess situations within organizations that allows for a fair and equitable review of behaviors that may not be desirable. The *Just Culture Algorithm* is the tool used to evaluate an event according to criteria that is standardized (Marx, 2015). The culture of an organization should be one that is open to reporting adverse events and risky situations, one that is open to speaking up concerning unsafe activities, and one that ensures all are held to the same level of accountability in a just manner. Such an environment contributes to a decrease in errors resulting in adverse outcomes and reckless behaviors that put the organization at a high level of risk (Marx, 2015).

Metrics Not Met

Metrics not met remains a critical element of the risk assessment process; although, improving the three other risk areas will influence this area, as well. Improving quality and patient safety and satisfaction metrics within health care has been a major focus over the past decade. According the National Practitioner Data Bank, the number of adverse actions related to nursing practice has nearly doubled from 2003 (12,289) to 2012 (22,741), with a similar increase

in medical malpractice reports from 483 to 711 (Cooper, 2016). Without the consistency of leaders with clinical and regulatory knowledge, the organization is at higher risk.

Interventions

As senior executives and BODs come to terms with the changing health care environment and the need for higher level competent nurse executives, reviewing the literature on turnover rates, executive competencies, and the impact on the health and safety of the patients, they look for strategies to mitigate the risk for the organization. The results of Kim's (2012) study to determine whether a successful internal annual performance assessing operational and financial performance was a strong and accurate determinant indicated that providing a program of effective succession planning can and should be at the center of the organization's business strategy for future success. Kim found that this would provide both a strong foundation for profitability and an improved operational presence for competitiveness in the health care marketplace (see Appendix L).

As indicated, improving hospital metrics for quality and patient safety can be a struggle for leaders. In 2011, Wheeler and Stoller (2011) identified that high-level leadership was necessary to foster effective teamwork and collaboration to realize a more significant execution of quality and patient safety initiatives. Studies reviewed assessed the impact of teamwork and communication that supported improvement in clinical outcomes. The review included specific characteristics of effective leaders and teams and teambuilding interventions (Wheeler & Stoller, 2011). Teams with the mutual goal of improving and restoring patient health must be effective and proficient in communicating and executing transitions seamlessly in a multidisciplinary environment. An example of a highly effective teambuilding course is Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), which was created through the

collaborative efforts of the U.S. Department of Defense and the Agency for Health Care Research and Quality (Wheeler & Stoller, 2011). Teaching methods include practice sessions (simulation), interactive learning, and coaching to develop sustainable competencies.

As Stichler (2008) so aptly stated, an effective leader is one "who can step out of the water and not leave a ripple" (p. 525), which is what an organization experiencing turnover is striving for as they search for a true leader who has been effectively nurtured, groomed, and grown to be the successor. This requires an effective leadership succession plan with a concise, standardized, evidence-based program using simulation as the methodology for educating and validating competency in the areas of strengthening judgment, professional understanding, and accountability (Bleich, 2015).

The DNP project intervention was to develop a process: creating a leadership development program for succession planning that includes three evidence-based validated behavioral scenarios. These scenarios were designed for nursing leadership roles with a specific focus on creating an effective succession plan. The scenarios were validated and beta tested with focus groups comprised of ELDNP students. The students provided feedback, and the scenarios were revised based on suggestions and modifications.

The second intervention was to develop a toolkit for CSA, filling the gap identified by CSA for leadership development simulation scenarios for succession planning. The toolkit provides the process for implementation and evaluation to the participants who choose to follow the pathway created, including tools for measuring outcomes (see Appendix H).

Gap

The gap identified through the literature search indicated the need for a formalized plan for recruitment, succession planning, leadership development, and mentoring that utilizes

evidence-based practice. A comprehensive analysis is shown in the intervention section of this paper.

The project plan was developed to show the various stages of simulation scenario production, validating, and testing. Originally, the plan would have been in the initial stages of implementation through ACNL's Executive Leadership Academy. Due to the change in implementation dates, this project's new goal is placement in the CSA leadership repository and submitted to WORLD-Institute for their programs. In addition, the creation of a toolkit was developed and reviewed for placement in the CSA repository.

SWOT Analysis

During the planning phase prior to development of the simulation scenarios, a SWOT analysis was performed identifying the strengths, weaknesses, opportunities, and threats to the development of and need for the scenarios (see Appendix M). Primary barriers included:

- The change in implementation date for ACNL's Executive Leadership Academy from February 2017 to February 2018 and the original site for creating the simulation scenarios.
- Timeline was difficult to determine due to lack of affiliation with a group to provide direction on the creation of the scenarios.
- Creating a survey required a modification in focus.
- Student (myself) was not affiliated with an organization other than ACNL and USF ELDNP for scenario development recommendations and testing.
- A new association initiated by Dr. Waxman came about on July 6, 2016 with WORLD-Institute. The work produced for CSA will also be submitted to WORLD-Institute.

The greatest opportunities included:

- Use of simulation to link with leadership development and succession planning as a new modality for driving recruitment and training leaders for organizational success.
- Using the CSA template to create simulation scenarios for new and emerging nurse executives.
- Scenarios have the ability to adjust for different levels of nurse leaders, such as managers or charge nurses.
- Development of a toolkit as an enhancement for the CSA leadership repository.
- Potential increase in CSA subscribers as more products are developed and made available.

Budget/Return on Investment

The project covered a 12-month period from June 2016 to June 2017. Surveys, scenario design, review, implementation, and evaluation were performed on my personal time and time budgeted for clinical hours through the DNP program. The actual amount of time needed was approximately 80 hours for each scenario design, implementation, and review. Research, design, and graphics time and costs are being absorbed by the DNP student. Costs were minimal and included all expenses for a professional conference and the use of a graphic artist for the toolkit. The ROI addresses cost savings for recruitment and turnover rates and use of interim leaders during search for new executive leaders (see Appendix N).

Responsibility/Communication Matrix

The strategic messaging plan depicts the pathway of a new nurse graduate to a chief nurse executive and how the use of simulation can be utilized throughout the journey to learn new skills and behaviors (see Appendix H, slide 13). With the recent increases in regulatory

oversight and the ACA requirements, improving metrics within health care has been a major focus. Enhanced leaderships skills are critical to facilitate a change, where emerging leaders and staff feel supported as they move towards the organizational goals of improving metrics (Andrews, Richard, Robinson, Celano, & Hallaron, 2012). The metrics include improving HCAHPS care experience scores, reducing the rate of 30-day readmissions, and improving workplace safety by reducing employee injuries, as well as retention of leaders and meeting budgetary targets. In the future, organizations can substitute the metrics that make sense for their specific needs (see Appendix H, pp. 51, 53).

The key stakeholders are the BOD and senior leadership in the health care organization, newly appointed executive nurse leaders with no prior experience at this level, and emerging executive nurse leaders who are currently not in executive leadership roles. The BOD and current C-suite leaders have different interests when it comes to implementing a program like this. Where emerging or new leaders are more interested in gaining the skills for promotion, the BOD is more concerned with the costs, ROI, and outcomes.

Key Messages

Key Message 1: An innovative approach for a new breed of effective leaders is needed to lead in the rapidly changing health care sector as a result of the ACA.

Supporting Message 1a: Professional governance as an empowering framework of replacing a shared governance model (Clavelle et al., 2016).

Supporting Message 1b: New skills – Accountability, professional, education, collateral relationships, and decision making skills need to be in place (Clavelle et al., 2016).

Supporting Message 1c: Many organizations do not have a solid or proven plan for promoting future leaders, instead use older models of promoting informal leaders from within without a formal of effective plan.

Key Message 2: Unique tools (toolkit): Creating an effective leadership succession plan with a concise, standardized evidence-based program, using simulation as the methodology, educating and validating competency for strengthening judgment, professional understanding, and accountability.

Supporting Message 2a: Innovative methodology to develop and practice leadership competencies (Waxman & Delucas, 2014).

Supporting Message 2b: Ensure high-level skills and behaviors through the use of simulation and debriefing (Waxman & Delucas, 2014).

Supporting message 2c: Mimic real-life situations proven for improving clinical outcomes (Waxman & Delucas, 2014).

Key Message 3: Evaluation and results are made available in the toolkit.

Supporting Message 3a: Audio and videography made available to participants.

Supporting Message 3b: Debriefing and feedback from observation group made available.

Supporting Message 3c: Coaching with mentor, three 1:1 sessions.

Study of the Intervention

Gap Analysis

Current state. Although, the literature shows there is a correlation between leadership development and simulation and leadership development and succession planning, there continues to be a gap between simulation, leadership development, and succession planning. As

indicated previously, understanding and perfecting those behaviors critical for success as an executive nurse leader are essential for both new and emerging nurse leaders. The soft skill leadership development modalities, such as simulation, that use the foundations of competencies from credible organizations, such as AONE and others, are becoming a more essential modality for ensuring success for these leaders. To date, no national or local data are available to support a comparison to substantiate this hypothesis. Formalized succession planning programs that use simulation as the basis for education and evaluation of prospective candidates are provided either locally or in segments through various leadership organizations.

Future state. The creation of the scenarios for leadership development and succession planning based on behaviors that align with competencies is the intervention I chose to explore. Three scenarios based on these criteria and information received from the Survey Monkey given to the membership of ACNL were used to inform the creation of the scenarios. The three were gravitas, authentic, and influence. The highest ranking behavior for gravitas is *genuinely demonstrate the essence of caring leadership*. An authentic leader needs to *build trust relationships*, while a leader with influence should *foster empowerment through engagement*.

Bridging the gap. Reviewing the evidence-based scenarios in the CSA repository, it is evident that simulation is well established as an educational and evaluative modality for clinical competencies. Currently there are 67 clinical scenarios and eight leadership scenarios that are available for use to CSA members.

In order to better understand what nursing leaders feel are the highest priority behaviors associated with executive competencies, a questionnaire through Survey Monkey was given to members at the ACNL annual program to validate the expectations and contributions of the membership in helping to inform this work. Participants were asked to rank the behaviors

associated with each competency from *most important* to *least important* (see Appendix K.

Assessment of the evidence-based scenarios was determined by feedback of the scenario demonstrations and conversations from members of multiple focus groups comprised of ELDNP students from USF Cohorts 6, 7, and 8. During the course of this program, there was not an opportunity to test in a real-life situation. Participants in the focus groups included managers, directors, senior executive directors, and chief nurse executives from various organizations. Creating simulation scenarios that mimic real-life situations leaders may face was the focus of this DNP project. These scenarios served as the vehicle to learn, to practice, and to become proficient in skills required for leadership in the rapidly changing health care environment.

Measures

An extensive literature review revealed a gap exists in the effective and successful succession planning process. This scholar held three focus groups with DNP students. The discussion not only included feedback on the simulation scenarios, they encompassed a brief review of the gap and the need for such a program to exist. Participants agreed that this would be a useful process to have available for prospective executive nurse leaders. What is needed is a comprehensive, consistent, and effective plan that health care organizations can use and/or modify that does not require the time and resources needed to develop a succession plan on an individual organizational basis. It would encompass all three domains, setting forth a plan for succession and promotion using the established competencies of AONE, CAC, and possibly others, with the methodology of simulation for replicating and practicing the desired behaviors. The toolkit that was developed will provide a template for imprinting succession planning as a necessary process for leadership development identifying the behaviors needed for advancement to executive nurse leader roles. Simulation scenarios provide the opportunity for creating a safe,

non-threatening environment for debriefing and reflecting, within the group or individually, as elements found to be beneficial to learning.

The approach for assessing completeness and accuracy of the interventions included scenario demonstrations and conversations with and feedback from multiple focus groups comprised of ELDNP students from USF. Participants' perceptions were noted and changes made based on the feedback received. Final determination of the success of the scenarios and toolkit will be assessed when end users who are members of CSA utilize the leadership scenarios when posted on the website. A guide in the form of a toolkit will also be available for members to use on the journey to drive their preparation for a higher level of credibility and readiness for an executive role. DeLucas (2013) initiated this work for the CSA after determining the top five soft skills her research uncovered.

Information and examples of initial self-assessment surveys is provided in the toolkit for an individual to determine the perception that the new or potential leader has on their own professional leadership skills. The initial self-assessment, depending on the model chosen, includes levels of confidence and competence prior to engaging in the scenarios. Some areas include the behaviors designated for the scenarios, which may include accountability, communication, change management, and understanding of team effectiveness and support. Each participant will complete a feedback form answering questions regarding the effectiveness of each simulation scenario completed. The survey is designed to determine whether leaders can differentiate any change in knowledge and be able to articulate examples gained for competence and confidence in the topics addressed in the simulation scenarios.

The post-survey questions include: Does this increased knowledge (from participating in the scenario) give you more confidence? If so, how will you model this behavior going forward?

The same questions will be asked regarding the participant's impression of their own competence after participating in the scenario (see Appendix H, pp. 26, 35). The primary effectiveness process was the review by the multilevel focus groups. Secondary outcomes will not be available until an individual or an organization utilizes these simulation scenarios and the individual is deemed ready to be promoted to an executive role. Concrete evidence will not exist to determine effectiveness until the program and toolkit are utilized.

The toolkit (see Appendix H) contains information regarding self-assessments, surveys for pre- and post-scenario assessment, one behavioral scenario, a debriefing tool, examples of mentoring programs, budget information, and a list of relevant articles. The toolkit and simulation scenarios are designed to fill a gap identified by CSA for leadership development and succession planning. The outcome measures of success for the toolkit and simulation scenarios will be the ability to replicate a consistent approach and line of thought in multiple circumstances for future usage. They must have the ability to be individualized based on the individual's profile, thus creating the building blocks for a successful succession plan.

Analysis

For participants who access and utilize both scenarios and the toolkit from CSA, the data analysis is based on the appropriateness and potential effectiveness of the simulation scenarios based on participant feedback pre- and post-surveys and information gleaned from debriefing sessions. Outcomes for the participant can be measured using a proposed measurement tool that can be individualized for the organization or potential candidate (see Appendix P).

Outcome measures for participants for this project will be the pre- and post-surveys conducted to evaluate whether senior leaders feel these scenarios would be of some value in promoting leaders in the organization. Gathering these data may take from six months to one

year, depending on the time allotted for the process. A recommendation for the journey will be to engage with a coach and/or mentor over time to determine specific areas of opportunity based on the organization's need and personal determination.

The analysis for this project drew upon inferences obtained by qualitative methods based on the literature review that identified the gap that exists between leadership development, succession planning, and simulation using scenarios as the methodology for educational and evaluation of an emerging nurse executive leader. Proven competencies from AONE (2015) provided the foundational approach to formulating scenarios to provide education, along with other sources, such as the competencies and attributes identified by CAC and other literature review sources, as well as the survey data obtained from the Survey Monkey distributed to members of ACNL at the Annual Program in February 2017. The survey's goal was to understand which of the top five AONE competencies and associated behaviors senior leaders felt are most valuable (see Appendix Q).

During the focus groups, pre- and post-surveys were administered to participants after completing the scenario modules, reviewing the scenarios, and/or debriefing in an attempt to improve the scenario topics and skills. Although, it would have been most beneficial to administer a survey prior to creating the simulation scenarios, the first scenario was administered and validated prior to the completion of the survey. The information gathered through this process was used to inform future scenario development for CSA, ACNL, WORLD-Institute, and potentially other organizations. The information gathered from these sources helped to inform the behaviors identified prior to creating the simulation scenarios. No other specific software was used for the analysis.

Ethical Considerations

The University of San Francisco Doctor of Nursing Practice Department approved the statement of determination as a non-research performance improvement project; therefore, it was considered exempt from Institutional Review Board approval (see Appendix R).

Section IV. Results

Program Evaluation and Outcomes

The evaluation for this plan was addressed in the analysis section of this paper. The analysis is based on information received from the three focus groups who evaluated the scenarios and the need for a succession planning toolkit. Process measures are important, as they are the evidence-based practices that facilitate an organization's efforts to systemize and standardize improvement efforts (Burton, 2017). The literature showed that promoting from within the pipeline is the most effective way to retain and develop leaders. (Stichler, 2008) indicates that outgoing leaders are not necessarily the best role models or effective as mentors. Placing managers in interim roles with no preparation does not provide consistency or standardization of competencies and behaviors. Kim (2012) indicated that an effective succession plan should be at the center of the organization's business strategy for future success in the competitive healthcare market (see Appendix H, pp. 51, 52, for sample evaluation grids).

One of the process measures to achieve success is the creation of an effective, standardized program to evaluate emerging nurse executives prior to promoting the candidate. The real-life role-playing simulation scenarios will provide a methodology for education and evaluation of the candidate. A secondary process measure is the creation of the toolkit, with an implementation plan that includes resources and a pathway to follow.

The outcome measures defined as the financial and quality measures that are concerning to an organization (Burton, 2017) will be assessed based on the success of the toolkit and simulation scenarios over time. Tracking the usage of the scenarios and toolkit through the CSA

website will help to determine whether there is interest in the program. Unintended consequence may be an increase in membership, which would be a positive outcome for CSA. Other intended or unintended consequences can be determined from a risk assessment and from the perspective of turnover and retention rates of leaders in the organization. An organization increases its risk in the instability of leadership (turnover rate), ineffective succession planning (retention rates), a culture of fear, and the inability to meet metrics. Financially, the impact to an organization can be costly. As indicated, CEO replacement costs are currently over $1 million, based on severance packages, cost of recruitment, and loss of the organizational intelligence and momentum. Although, a chief nursing officer and a chief nurse executive or chief operations officer will incur costs to the organization of approximately $500,000 (Morgan, 2013). These figures do not include the hiring of interim executives during the search phase of replacing the executives.

Opportunistic outcomes will be the association with WORLD-Institute, who will place the completed scenarios in their repository of work. Their mission is to "generate and test innovative models of leadership development that result in highly effective clinical leaders and to demonstrate the influence of mindful clinical leaders on clinical, workforce and organization outcomes" (WORLD-Institute, 2016, para. 2). The ACNL is moving forward with the Executive Leadership Academy to be implemented in February 2018. The DNP student will be creating scenarios for this project as the curriculum content and program are developed.

Contextual elements that align with the interventions and eventually the outcomes would include looking for improvements in hospital metrics for quality and patient safety, which are continually identified as a struggle for leaders. Wheeler and Stoller (2011) recognized that high-level leadership was needed to foster teamwork and collaboration regarding effective execution of quality and patient safety initiatives. The focus groups were able to address these issues and

concerns during debriefing and discussion sessions. Scenarios were changed based on information received from this process.

The initial improvement plan did not deviate significantly over time. Determining the framework was an evolving process that required extensive literature searches and self-education on the different theories prior to deciding on the one that appeared to most comprehensive for this project. Originally, the work of creating the scenarios would have been in collaboration with ACNL, as they developed their Executive Leadership Academy. The change in start date was a significant change of process for the DNP student. The loss of a team approach to development of simulation scenarios and the focus of ACNL required the student to approach the work from a different perspective, utilizing participants from USF cohorts as resources and for feedback. Originally, the student identified that at least one scenario would be specific to the ambulatory area, where nurse leaders play a different role in a different setting than in patient operations. The scenarios, when completed, have the elements needed for ambulatory nurse leaders, with different role playing opportunities to be developed internally based on senior leader and organizational needs. These changes did not have a significant impact on the final product. The student was able to develop a body of work that drives a higher level of competency if utilized along with assessment, coaching, and mentoring, which are elements identified in the toolkit. If the scenarios are used in isolation, the results may not be as significant if other tools are not utilized in conjunction.

Timelines for project implementation and validation are indicated on the Gantt chart (see Appendix S). The criteria are addressed in the individual scenarios, with the post-survey questions being the initial criteria used along with information garnered from the focus groups. Sustainability will be obtained through annual performance evaluations in the individual's

organization, with a goal of 5% improvement in all categories over the first year using aggregated data and self-evaluation. Retention will be measured at 1-, 5- and 10-year periods. Are the new nurse executives still in the organization? Have them been promoted to higher-level positions or have they moved on through involuntary actions? Maintaining compliance and showing improvement will be based on the individual organization's metrics and goals. Through these metrics, new or emerging nurse executives will be able to display their competence and confidence, and their leaders will have criteria to evaluate their progress. In reality, each organization can determine what metrics will be best for their evaluation process.

The DNP student may have the ability to follow the individuals that access and utilize the tools on the CSA website in the leadership repository, which will be explored and determined after completion of the project in its current form.

Section V. Discussion

Summary

The AIM statement that was the premise for the DNP project reads: By June 1, 2017, I will develop, implement, and evaluate three simulation scenarios utilizing the CSA-validated, evidence-based scenario template for leadership development. The scenarios are based primarily on the AONE competencies that align with the leadership competencies and behaviors that are beneficial for both hospital and ambulatory nurse leaders. The AIM statement was achieved for this project, with the exception of creating and piloting a simulation scenario in the ambulatory setting. In addition, a toolkit was developed to assist individuals and organizations on the pathway to a successful succession plan utilizing simulation scenarios.

Key Findings

The knowledge gleaned from the literature review indicated that there is not enough literature to make a true determination that supports simulation for both leadership development and succession planning. There is adequate literature on both succession planning and leadership development, leadership development, and simulation, but not all three domains as a viable methodology. What is known is that without a more competent and skilled level of nurse executives, there is risk to the organization on many fronts, including quality and patient safety, the care experience of patients, and higher costs of replacement. Senior leaders need to acknowledge and devise a formalized plan for recruitment, succession planning, leadership development, and mentoring that utilizes evidence-based practices. Changing to an effective, formalized succession plan is a culture change that is broader and more comprehensive (Griffith,

2012) and must be embraced and supported by senior leaders and BODs to prepare their organization for the rapidly evolving health care environment.

At this time, although there is not enough evidence to support a successful change that incorporates the three domains of leadership development for succession planning using simulation, there is evidence that exists for simulation of clinical situations, as evidenced by the outcomes related to higher skill levels of new nurses and managers, improved quality, safer patient care, and higher functioning teams and managers. TeamSTEPPS is an example of training that has become a standard in many organizations to create a culture of speaking up and developing highly effective teams. The training has both clinical and leadership development as goals in the curriculum.

The project goal was achieved. The outcomes and success for the participating CSA members will be determined once it has been placed in the CSA repository and used by CSA members.

It has been documented that teams with the mutual goals of improving communication and outcomes can be aligned with the executive competencies, as well. Utilizing the soft skills, for example people skills, communication, emotional and social intelligence, gravitas, authenticity, and influence, empowers leaders to take the helm and move themselves and their organizations to become more effective and successful. This paper has reviewed numerous articles and studies that showed this to be true.

The process of providing an effective succession plan has been shown to be successful. Moving organizations from grass root efforts to a more standardized, proven methodology for evaluating new or emerging executive leaders becomes more appealing as the tools for implementing effective succession plans become more available and widely known. The CSA is

one way this can happen in California. At this time, two DNP students have contributed to the repository of leadership development scenarios; although, there are others in the pipeline that will also contribute to this body of work. The work that will be contributed to the WORLD-Institute's collaborative database will be utilized to advance leadership practices across the continuum, by putting developing research into evidence-based practice (WORLD-Institute, 2016).

Interpretation of Findings

The evidence indicated that a correlation exists between leadership development and succession planning (Bass & Riggio, 2007; Kim, 2012; Trepanier & Crenshaw, 2013), simulation and leadership development (Andrews et al., 2012; Waxman & Delucas, 2014), and simulation and succession planning (Waxman & Delucas, 2014), with very little evidence regarding a combination of the three evidence-based practices. The evidence demonstrated that health care organizations are focusing on succession planning at the executive nurse level, many of who are utilizing evidence-based competencies from credible and proven sources to inform the decision to promote or recruit candidates within the organization as a first choice or from external sources (Bass & Riggio, 2007; Stichler, 2008; Trepanier & Crenshaw, 2012). It is also evident that health care organizations are adopting simulation for leadership development, again using evidence-based competencies (Bleich, 2015; Waxman & Delucas, 2014).

The gap in the effective succession planning process is a comprehensive, consistent, and effective plan that health care organizations can use and/or modify that does not require the time and resources needed to develop a succession plan on an individual organizational basis. It would encompass all three domains, setting forth a plan for succession and promotion using the proven competencies of AONE and others, with the addition of simulation as an innovative

educational modality for replicating and practicing the desired behaviors. Utilizing the framework/perspective of professional governance will provide a platform to support nurse leaders on this journey. Simulation scenarios provide the opportunity for creating a safe, non-threatening environment for debriefing and reflecting, within the group or individually, as elements that have also proven to be beneficial to leadership development.

Limitations

The limitations of this project include changes in implementation date for ACNL's Executive Leadership Academy from February 2017 to February 2018. The original site for creating the simulation scenarios and timeline were difficult to determine due to lack of affiliation with a group to provide direction on the creation of the scenarios, and the scholar was not affiliated with an organization other than ACNL and USF ELDNP for scenario development recommendations and testing.

Challenges exist in implementing a succession plan program; the need to monitor and to be aware of what needs to be continually improved; follow through with the plan, which may lag due to resource allocation or motivation of the organization; and inconclusive evidence to strongly promote the use of simulation scenarios for leadership development, specifically for succession planning.

Conclusions

The need for efficient and effective succession planning is clear and can be accomplished by utilizing evidence-based simulation scenarios to identify and develop the nursing leaders of tomorrow. Mette (2015) stated, "Simulation has been positively associated with the development of transformational leadership skills" (p. 6). Identifying and improving skills and behaviors based on competencies with demonstrated effectiveness can provide health care organizations

with a more robust and prepared pool of leaders available for executive positions as transitions occur. The existing gap in the literature is the linkage of leadership competencies that drive the formation of effective succession planning, with the innovative educational modality of simulation that supports leadership development.

The three specific evidence-based behavioral simulations and the toolkit for implementation developed in this project provide a recommended methodology to identify and develop the necessary talent pool for succession. Posting these products in the CSA's repository for leadership development will allow study to determine if the identified link between simulation and leadership development is a key to successful succession planning.

Section VI. Other Information

Funding

The cost of implementing this project was absorbed by the DNP scholar, which included all costs incurred for printing, materials, snacks, editing and graphics art work, travel, and conferences (see Appendix T).

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Section VIII. Appendices

Appendix A

Letter of Support

California Simulation **Alliance**
a program of Health**Impact**

Letter of Support

This letter outlines the agreement between Health*Impact* and the California Simulation Alliance and Beth Eichenberger, Executive Leader Doctor of Nursing Practice student, University of San Francisco. In support of her doctoral project, Beth will create two interprofessional simulation scenarios for leadership development and a tool-kit that will be posted on the CSA website.

1. An online questionnaire for will be created by Beth and sent out to nurse leaders.
2. Beth will tabulate results of survey and develop scenarios based on the feedback.
3. CSA will provide Beth with a free individual subscription.
4. At the conclusion of the project, CSA will maintain control of the scenarios and the tool-kit for use with their subscribers.
5. Beth will seek feedback from fellow students for both scenarios and incorporate accordingly.

Signing below indicates agreement with the above information:

California Simulation Alliance; KT Waxman

KTWaxman _____ Date May 1, 2016

University of San Francisco ELDNP student Beth Eichenberger

Beth Eichenberger Date May 1, 2016

Appendix B

Evidence-Based Rating Scale

Level I	Experimental study/randomized controlled trial (RCT) or meta-analysis of RCT
Level II	Quasi-experimental study
Level III	Non-experimental study, qualitative study, or meta-synthesis
Level IV	Opinion of nationally recognized experts based on research evidence or expert consensus panel (systematic review, clinical practice guidelines)
Level V	Opinion of individual expert based on non-research evidence. (Includes case studies; literature review; organizational experience e.g., quality improvement and financial data; clinical expertise, or personal experience)

A High	Research	Consistent results with sufficient sample size, adequate control, and definitive conclusions; consistent recommendations based on extensive literature review that includes thoughtful reference to scientific evidence.
	Summative reviews	Well-defined, reproducible search strategies; consistent results with sufficient numbers of well-defined studies; criteria-based evaluation of overall scientific strength and quality of included studies; definitive conclusions.
	Organizational	Well-defined methods using a rigorous approach; consistent results with sufficient sample size; use of reliable and valid measures.
	Expert Opinion	Expertise has been clearly evident
B Good	Research	Reasonably consistent results, sufficient sample size, some control, with fairly definitive conclusion reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.
	Summative reviews	Reasonably thorough and appropriate search; reasonably consistent results with sufficient numbers of well-defined studies; evaluation of strengths and limitations of included studies; fairly definitive conclusions.
	Organizational	Well-defined methods; reasonably consistent results with sufficient numbers; use of reliable and valid measures; reasonably consistent recommendations
	Expert Opinion	Expertise has been clearly evident
C Low quality or major flaws	Research	Little evidence with inconsistent results, insufficient sample size, conclusions cannot be drawn undefined, poorly defined, or limited search strategies; insufficient evidence with inconsistent results; conclusions cannot be drawn
	Summative reviews Organizational	Undefined, or poorly defined methods; insufficient sample size; inconsistent results; undefined, poorly defined or measures that lack adequate reliability or validity
	Expert Opinion	Expertise has not been discernable or has been dubious
Newhouse R, Dearholt S, Poe S, Pugh LC, White K. Johns Hopkins Evidence-Based Practice Appraisal. The Johns Hopkins Hospital.		

Appendix C

Summary of Evidence

Author	Design Validity Methods	Results	Conclusion Pertinent to Findings (Strengths/Limitations)	Relevance to Care (Significance)	Evidence Rating
Leadership Development					
Clavelle et al., 2016	A comprehensive, deductive literature review and concept clarification of structural empowerment, shared governance, and related constructs. Summative review	The familiar concept and practice of shared governance that has been in existence for 40 years has evolved to the concept of a professional governance - included the attributes of accountability, professional obligation, collateral relationship, and effective decision making.	The four attributes of accountability, professional obligation, collateral relationship and effective decision making are necessary when attempting to improve nursing, client, and organizational outcomes that will ultimately advance the nursing profession. Strengths: This model promotes an autonomous nursing practice and the achievement of exemplary clinical outcomes. It creates clarity of the professional role that empowers nurses to own their practice, play an important and innovative role in the advancement of nursing in the healthcare arena. Limitations: Potential limitations are the promoters	Level IV	B

			of shared governance believing in the current status and not allowing the new professional governance model to fully move forward.		
Cummings et al., 2010	Multidisciplinary systematic review of 10 electronic databases; 53 studies for content analysis placed into six categories. Summative review	Higher job satisfaction was associated with leadership styles that focused on people and relationships. Resident, transformational, and consideration were elements thought to be important. Ten studies were reviewed and compared on managers who focused on tasks only and had lower job satisfaction.	Different approaches have different results/ outcomes. May be on the relational and task-focused leadership styles and outcomes for nurses and work environment emerged from the analysis. Transformational leadership development requires transformational and relational skills. Leadership that is task-focused alone is not sufficient to achieve optimum outcomes.	Level V	B
Herman et al., 2013	This study sought to identify strengths by position in nursing leadership. A voluntary anonymous poll was offered to members of ACNL utilizing the Leadership Practice Inventory (LPI) self-assessment survey and a variety of demographic questions to attempt to differentiate the strength of leadership practices across a wide range of nursing positions. The LPI-S was	It was determined that director level and above positions in nursing were strongest in leadership practices. Those at manager level and below needed additional leadership development. Challenging the Process and Inspiring a Shared Vision were identified as needing more education and training for all levels.	Conclusions that lower level, such as managers and lower levels, could benefit from additional education and training. Nurse leaders should become involved in professional organizations to enhance standards along with advocating for changes in the healthcare arena. The study response rate was adequate to make statistical determinations of data.	Level III	B

	distributed to 1,221 members; 22% responded (261). Organizational		Limitations included that there was no ability of researchers to select respondents, and thus it was unable to be determined whether this group felt more or less strongly about the questions asked.		
Hewlett, 2014	Study conducted involving 400 college-degreed professionals through 18 focus groups, 50 personal interviews, and 268 senior leaders. This study was conducted to determine the highest ranking leader factor for those who wanted to advance their career. Author discusses executive presence as a critical element of an executive leader's success. It may not be the presence of executive presence that gets one the promotions, but with a lack of this behavior, the process will be impeded. Summative review	The elements of executive presence include how to read the room or client, how to use silence to punctuate a speech, and finding the perfect outfit. You must display confidence, poise and authenticity - Gravitas	Implications for future research include education and training on the ability to get inspired, the display of authenticity vs conformity and actionable feedback from politically correct bosses who are intent on avoiding discussion, displaying the tangible behaviors and traits that come from the heart and are based on civility. The talent gap with respect to developing women and multicultural professionals into senior leaders traditionally explained as work/life balance issues or lack of sponsors, and may also be the impact of executive presence. Strengths: Better understanding of executive behaviors allows HR professionals and senior	Level V	C

			leaders to work more effectively to remove barriers and develop future leaders. Limitations: 56% of this group felt they are held to a stricter standard, compromising their ability to move up.		
Leadership Development & Simulation					
Bleich, 2015	Case studies, clinical scenarios, debriefing and peer evaluation used to strengthen clinical judgment to enhance leadership development opportunities. Organizational	Specific leadership programs can be developed to enhance leadership self awareness and skills development.	Strengths: Leadership at the point of care, intentionally designed, cost savings by adding to existing programs. Linked to competencies. Limitations: No real studies done, videos used.	Level V	C
Hsu et al., 2014	A randomized controlled trial with a convenience sample of 116 nurses in a medical center in Taiwan. Comparing traditional classroom lectures with scenario-based simulation on communication competency. Training included communication competencies in different arenas that nurses participate in. Summative Review	Independent raters scored the scenario-based simulation training as more effective than traditional didactic courses alone.	The introduction of simulation-based training as a model for nursing education has the potential to enhance communication and performance in clinical practice.	Level I	B

McAlearney, 2008	Three qualitative studies of leadership development taking place between September 2003 and December 2007. 200 standard semi-structured interview guides were used for individual interviews conducted with hospital and healthcare managers, academic experts, consultants, individuals representing associations and vendors, and participants of leadership development programs The question was, "What opportunities might exist to use leadership development programs to improve quality and efficiency? Summative Review	Four main opportunities were found to provide quality and efficiency in healthcare: 1) increasing the caliber and quality of the healthcare workforce, 2) improving efficiency in the organization's education and development activities, 3) reducing turnover and related expenses, and 4) focusing on organizational attention on specific strategic priorities elated to quality and efficiency.	Future research to study impact and use of leadership development programs in targeted initiates could improve quality and efficiencies Strengths: Leadership development improves the likelihood of success by linking quality and efficiency initiatives to leadership development programs. Limitations: Organizational change is difficult. Changing organizational activities and incentives to is highly challenging improve quality and efficiency.	Level III	B
Pollard & Wild, 2014	A literature review focused on key terms team communication, leadership, followership, simulation, learning, safety, and interprofessional education between the years 2010 and 2014. The purpose was to determine whether leadership and followership simulation exercises including debriefing could be used as a	At end of course, students could identify how these skills and attributes of leadership and followership could be used in classes and in their career. Students felt that participating in the activities was realistic and would be useful in their future practice.	A more successful, safe, and effective health care could be delivered with improved communication skills, awareness of team dynamics, and the impact on patient outcomes. Strengths: Low fidelity simulation exercises have demonstrated positive outcomes as a means	Level IV	B

	pedagogical/andragogical strategy in a BSN senior leadership program to facilitate team communication and situational awareness. Summative Review		facilitating the development of non clinical skills. Limitations: A negative comment that all nurses may not have the attributes of leadership.		
Shapira-Lishchinsky, 2012	This study reviewed nurse's ethical decision making in team simulations with the goal of identifying the benefits of simulations for authentic leadership. 50 nurses from 10 health institutions in central Israel divided into 10 teams participated. Qualitative data analysis based on grounded theory was applied using ATLAS. TI 5.0 software packages. 85% were women with a mean age of 38.48 years. Data collected in 2010. 50 simulation sessions of 45 minutes each were held. Summative review	Findings from simulations revealed that four main benefits were identified that reflect the basic components of authentic leadership: self-awareness, relational transparency, balanced information processing, and internalized moral perspective.	Data collected suggests that team-based simulation is beneficial to achieving authentic leadership among nurses. Strengths: Benefits included increased self-awareness, open and honest communication with other nurses, nurse willingness to objectively analyze and explore opinions before making a decision, and a higher level of ability to deal with ethical and religious dilemmas Limitations: Nurses lack the power to solve high level decisions. The nursing profession is lacking in education regarding decision making for ethical dilemmas.	Level III	C
Clark et al., 2015	Simulation was added to a well-established orientation project. 20 nurses were	Author identified a number of themes: role of charge nurse, self-learning, teamwork, and	Nurse managers should use simulation to develop transformational leadership,	Level V	B

	enrolled in the didactic orientation and 12 completed the simulation exercise on the deteriorating infant. The scenarios reflected the charge nurse role in three distinct interactions with patients, patients' parents, and other staff members. Organizational	meaning of leadership experience.	critical thinking, and clinical reasoning skills.		
Succession Planning					
Griffith, 2012	A literature review of 91 journal articles published between 1987 and 2010 in CINAHL and the Business Source Premier Database for 45 more full text articles. Researchers summarized and evaluated succession planning initiatives that exist for nursing. The sources were the internet and databases that provided information for this review. Summative review	Analysis revealed three concepts emerged: succession candidate, managerial competencies, programs that identified and prepared candidates for succession, and the I implementation processes of a succession plan.	Succession planning must exist as a continuum that starts with identification of promising students in high school. Strengths: Effective succession planning can offer a means of providing nursing education programs and healthcare organizations with a ready supply of nurse leaders who are qualified for their roles. Limitation: More research is needed to provide solid evidence to prove that succession planning is effective. Challenge exists in implementing a succession plan program, monitoring,	Level IV	C

			and being aware of what needs to be continually improved and following through with the suggestions.		
Kim, 2012	A study was conducted using the AHA Annual Survey. The study used a sample (2,065) hospitals) that were short-term general and acute care hospitals to identify those without succession planning and other hospital characteristics. Operational and financial performances were evaluated along with payer mix data. Organizational	Results indicated that providing a program of effective succession planning can and should be at the center of the organization's business strategy for future success, providing both a strong foundation for profitability and an improved operational presence for competitiveness in the healthcare marketplace.	The key to succession planning is related to a solid foundation of profitability. Strengths: Higher profitability facilitates a more robust succession planning. Having a succession plan may be related to improving services offered to patients that increase revenues and managing operating expenses. Limitations: Study relied on secondary data sets with quantitative information; although, qualitative data is not evident. The proportion of Medicare patients as a percentage of a given hospital is negatively associated with succession planning, although to a lesser degree than the Medicaid payer mix.	Level III	B
Trepanier & Crenshaw, 2013	A comprehensive review of nursing and business literature to explore the organizational benefits of succession planning in acute care hospitals identifying the	A strategic succession planning program offers many benefits to acute care hospitals in the areas of improved financial performance, higher retention	Limitations: Significant barriers exist: 1) candidate is more competent than the mentor; 2) time commitments to mentor, schedule, and allocate time for succession	Level III	C

	chief nurse executives the responsible party. Organizations with and without succession plans were examined and operational implications considered. Organizational	rates, and increased staff engagement.	planning; and 3) mentoring is crucial and the time element may cause loss of internal candidate. Strengths: A strategic succession planning program may offer many benefits to the acute care hospitals, including improved financial performance, better retention rates, and staff engagement. A formal program will help to provide strategic leadership continuity, operational effectiveness, and improved quality of care.		
Titzer et al., 2013	Five step systematic literature review of current literature supporting nurse manager succession planning. Articles published between 2007 and 2013, in English, peer-reviewed journals. Excluded executive nursing and development of current leaders. 156 articles were reviewed and evaluated according to inclusion and exclusion criteria. Summative review	Literature was summarized by four reviewers. Based on 100% agreement of all research team members, the common themes identified included nurse manager succession planning practices, common succession planning elements, outcomes and evaluation methods, and barriers to succession planning.	Strengths: Organizations that identify and then develop internal candidates show improved role retention, reduced turnover rates in managers, while decreasing replacement costs. Limitations: Resource allocation to be pro-active, deliberate in developing current and future nurse leaders is lacking despite knowing the clear benefits. Systematic evaluation of succession planning is limited.	Level IV	B

Succession Planning & Simulation					
Waxman & Delucas, 2014	Review of literature of simulation as a technique that replicates real life situations to improve safety and quality. Identified top 45 skills that are considered to be essential for nurse leaders to be successful. Information gathered via 2 survey methodologies at the 2013 AONE Conference. One was a Survey Monkey and the other a convenience model. 100 respondents participated. Simulations were done with University of San Francisco students using an evidence-based template. Summative review	Identification of top 5 skills that coincided with Robles' business executive report: communication, integrity was the top 2 with the other 3 being team building, listening and problem solving. Simulation provided a realistic experience for new and emerging nurse leaders in a safe environment.	Simulation is a proven and effective methodology for educating and assessing leadership development skills. Strengths: The use of debriefing after simulations allows time for reflection and checking one's perceptions. Limitations: Simulation for leadership development not widely used or accepted prior to this. It is an ongoing process to educate and utilize simulation in this manner.	Level IV	B
Leadership Development, Succession Planning, and Simulation					
Groves, 2007	Semi- structured interviews with 30 CEOs and human resource executives across 15 best practice organizations to describe the content and delivery of their leadership	Results indicated that best practice organizations integrate leadership development and succession planning effectively by the organization mentor network along with managerial	Strengths: The study offers empirical support for integrating leadership development and succession planning through utilization of managerial personnel.	Level III	C

	development and succession planning practices. Organizational	personnel to develop high potential candidates utilizing project-based learning experiences, exposure of candidates to multiple stakeholders - establishing a supportive organizational culture.	Limitations: Interview data drawn form a small number of executives from a single industry, which potentially limits the utility of this study.		
Theory Review					
Clapper, 2010	Systematic review of literature regarding adult learning theory and simulation. The question reviewed is what will bring adult learners to the simulation experience, creating a clinical workforce that embraces lifelong learning. Organizational	The results indicated that the answer to the success of a program such as this would likely be in the development packaging and facilitation methods of the instructional plan.	Strengths: Technology and the rapid sharing of information will expand job descriptions or create new jobs - requiring more clinical education. Limitations: The aging population, retirement of baby boomers, will result in 10,000 retirements a day. Conclusion: Understanding learning conditions that will retain more experienced workers.	Level V	B

Appendix D

Evidence Synthesis

Author	Rating	Sim*	LD**	SP***	LD/SP	LD/Sim	SP/Sim	LD/SP/ Sim	Theory	Syst. Review	Lit Review	Qualitative Study	RCT	Interviews	Survey
Clavelle et al., 2016	IV/B		X								X				
Cummings et al., 2010	V/B		X							X					
Herman et al., 2013	III/B		X												X
Hewlett, 2014	V/C		X											X	
Bleich, 2015	V/C					X						X			
Hsu et al., 2014	I/B					X							X		
McAlearney, 2008	III/B					X						X			
Pollard & Wild, 2014	IV/B					X					X				
Shapira-Lishchinsky, 2012	III/C					X						X			
Clark et al., 2015	V/B					X						X			
Griffith, 2012	IV/C			X							X				
Kim, 2012	III/B			X											X
Trepanier & Crenshaw, 2015	III/C			X							X				
Titzer et al., 2013	IV/B			X							X				
Waxman & Delucas, 2014	IV/B						X				X				
Groves, 2007	III/C							X						X	
Clapper, 2010	IV/B								X	X					

*Sim – Simulation
**LD – Leadership Development
***SP – Succession Planning

Appendix E

Crosswalk for Authentic Behaviors

Competency/Behavior Authenticity	AONE Executive Competency	ACNL ELA *Italics= early module development*	CAC Leadership Development Competencies – Expert Leader/Module Development	Articles/Other Reading
Leadership	Demonstrates reflective practice and an understanding that all leadership begins from within. Recognizes one's own method of decision making and the role of beliefs, values, and inferences	Demonstrates transparency. Align actions with clear personal values. Emulates EI. Builds trust relationships. Engages in self-awareness and reflective practice.	Mentors others to do the right thing, takes responsibility while giving credit to others for their success. (article) Role models courage and risk taking as authentic leader. A.6.3.1 – Builds effective networks and relationships by understanding self and others. *Facilitates consensus building.*	5 qualities: understand their purpose, practice solid values, leading with heart, establishing connected relationships, demonstrating self-discipline (George, 2015). An approach to leadership that emphasizes building the leader's legitimacy through honest relationship with followers, which values their input and are built on an ethical foundation (Wikipedia). AL as a theory (cleverism)

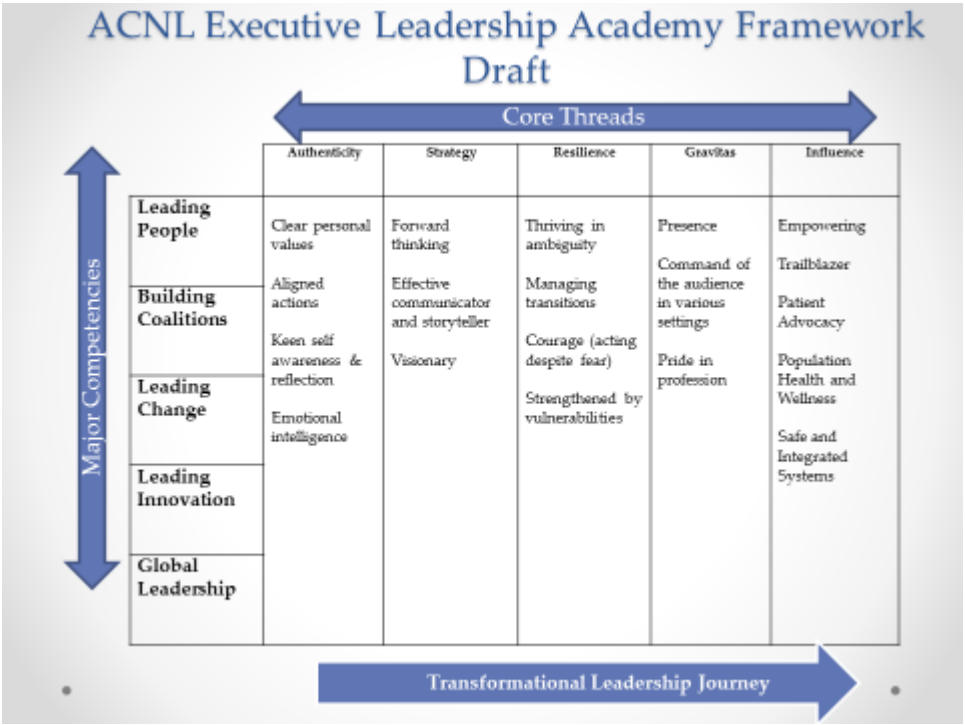
Communication & Relationship Management	*Facilitates consensus building*	*B. Encourages and supports a spirit of inquiry and evidence-based nursing practice by assuring adequacy of resources and by minimizing barriers. Inspires effective team performance and high performing teams. Creates an environment where diversity and divergent thinking flourish. CM reads situations quickly and steps up to conflicts, seeing them as opportunities.*	A.6.3 Establishes an environment that promotes trust and integrity through honest and factual communication. B.3 Eliminates systems factors that facilitate or interfere with effective communication. C.3 Committed to assure that the workplace environment is positive and supportive without disruptive intimidating or abusive behavior. Institutes personnel policies and programs that reflect safe and healthy work environments.	Real and genuine- people must adopt flexible styles that fit the situation and capabilities of teammates. They are coaches, mentors, inspiring and empowering to lead through difficult tasks without a lot of supervision (George, 2015). Positive people with truthful self-concepts who promote openness. Build trust and generate enthusiastic support from subordinates. Able to improve individual and team performance (Wikipedia).
Knowledge of Health Care Environment	Design feedback mechanisms by which to adapt practice-based upon outcomes from current processes. Supports a just culture (non-punitive) reporting environment, supporting a reward system for identifying unsafe practices.	*Designs and implements systems changes strategies that improve the care environment. Mobilizes world class, culturally diverse teams. Makes global cultural influence an enterprise-wide priority. Deepens the knowledge and understanding of others*		Chosen for high-level positions, as they are capable of coping with severe challenges (George 2015).

		regarding the culture and market implications in regions in which the organization operates or serves, and broadens the global mindset of all employees who may interact with co-workers, clients and vendors. Demonstrates high levels of cultural intelligence (CQ) (the capability to gather and manipulate information, draw inferences and enact behaviors in response to one's cultural setting).		
Professionalism	Holds self and others accountable for mutual professional expectation and outcomes. Role model standards of professional practice (clinical, educational, and leadership) for colleagues and constituents. Solicits and acts on feedback about personal strengths and weaknesses. Holds self and others accountable to comply with ethical standards of practice.	*Fosters self-organization among teams providing resources to support adaptive capacity. Systems A* *Establishes an environment that promotes trust and integrity through honest and factual communication.* *Actively pursues an increasingly diverse workforce that mirrors the increasing diversity seen in the population nurses serve. Ensures global leadership development is available to a diverse set*		Constantly growing, do not have a rigid view of themselves. Match behavior to context, essential EI factor (George 2015).

		of candidates for the succession pipeline. *Identifies the competencies required of current and future global leaders and develops the awareness and capability of others to achieve personal and organizational objectives as global leaders.*		
Business Skills	Support reward and recognition programs to enhance performance. Formulate programs to enhance work-life balance. Promote healthful work environments.	*Incorporates outcome data to support learning and a learning organization.* *Systems A* *Advocates for and prioritizes the ethical use of technology development and use.* *Promotes policies that incorporate ethical principles and standards for the use of health and information technologies.* *Systematically synthesizes evidence from nursing and other disciplines and translates this knowledge to enhance nursing practice and the ability of nurses to make judgments in the use of technology.*		Can make very difficult decisions, terminating people and going against the will of others (George 2015).

Appendix F

AONE and ACNL Framework

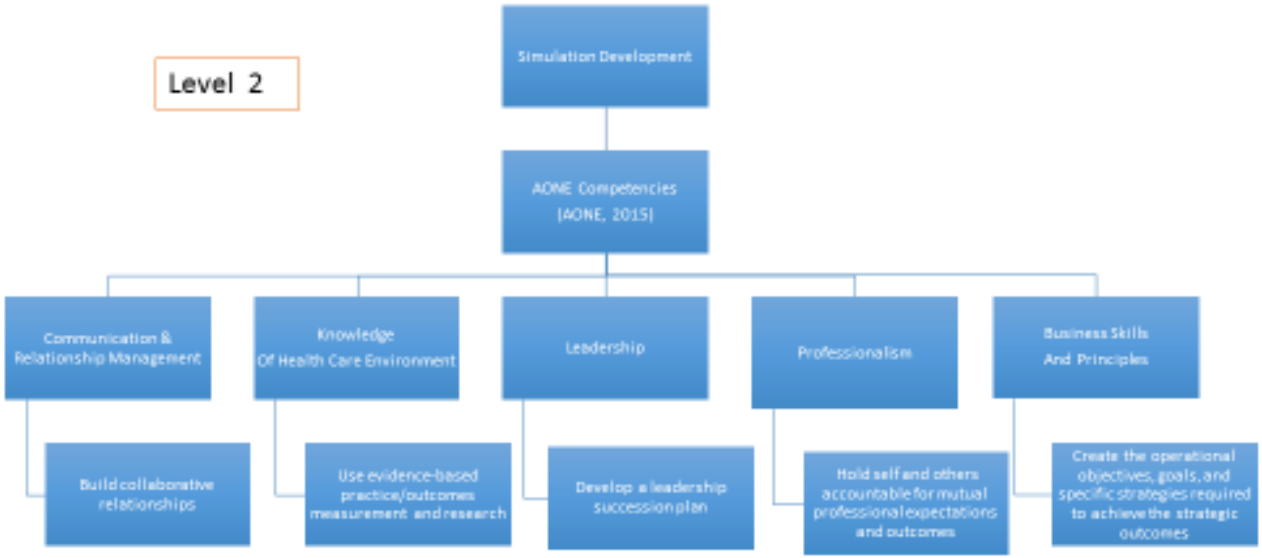


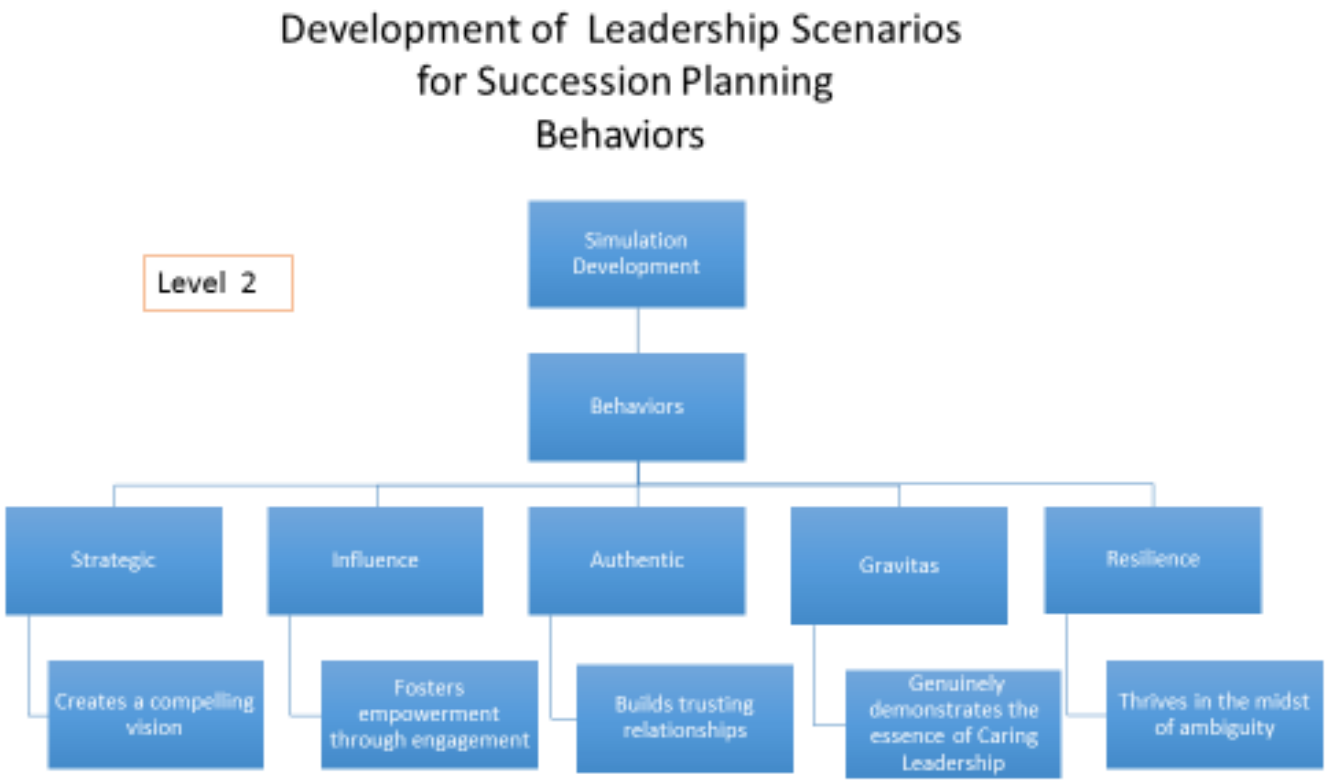
Appendix G

PBS Development of Leadership Scenarios for Succession Planning

Development of Leadership Scenarios for Succession Planning
Level 2
Simulation Development
Framework/Theory
Adult Learning
Gravitas
Fink Taxonomy of Significant Learning
Jeffries Simulation
Authentic
Widely used
Required element, not comprehensive
Encompasses all elements
Simulation
Required element, not comprehensive

Development of Leadership Scenarios for Succession Planning Competencies




Development of Leadership Scenarios
for Succession Planning
Behaviors
Level 2
Simulation Development
Behaviors
Strategic
Influence
Authentic
Gravitas
Resilience
Creates a compelling vision
Fosters empowerment through engagement
Builds trusting relationships
Genuinely demonstrates the essence of Caring Leadership
Thrives in the midst of ambiguity

Level 3

Development of Leadership Scenarios for Succession Planning Process
Create Surveys
Pre and Post Questionaires
Debriefing
Scenario Testing Process
Create Evaluation Criteria
Validation
Pilot
Redesign

Appendix H

Toolkit

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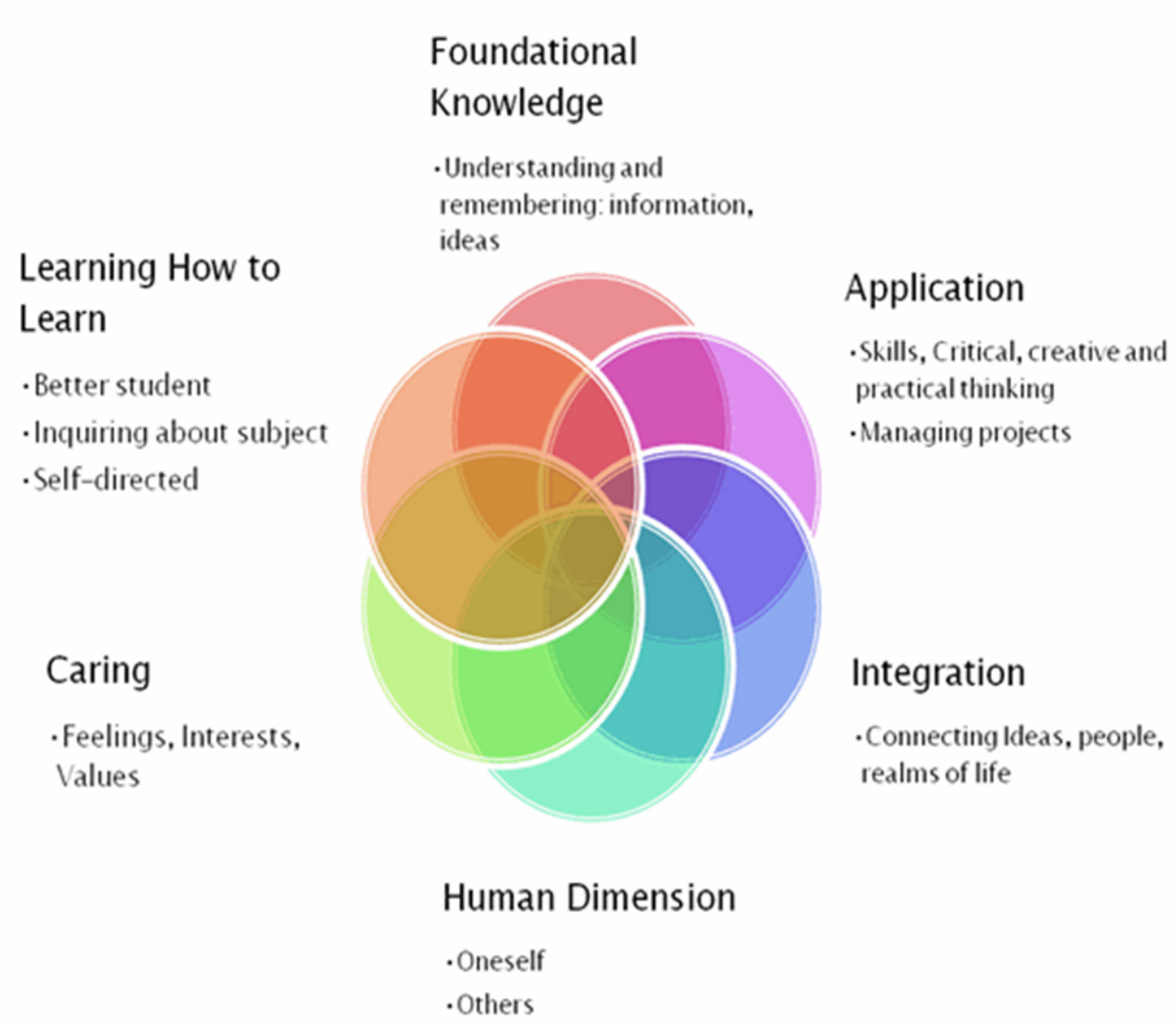
Appendix I

Fink's Taxonomy of Significant Learning



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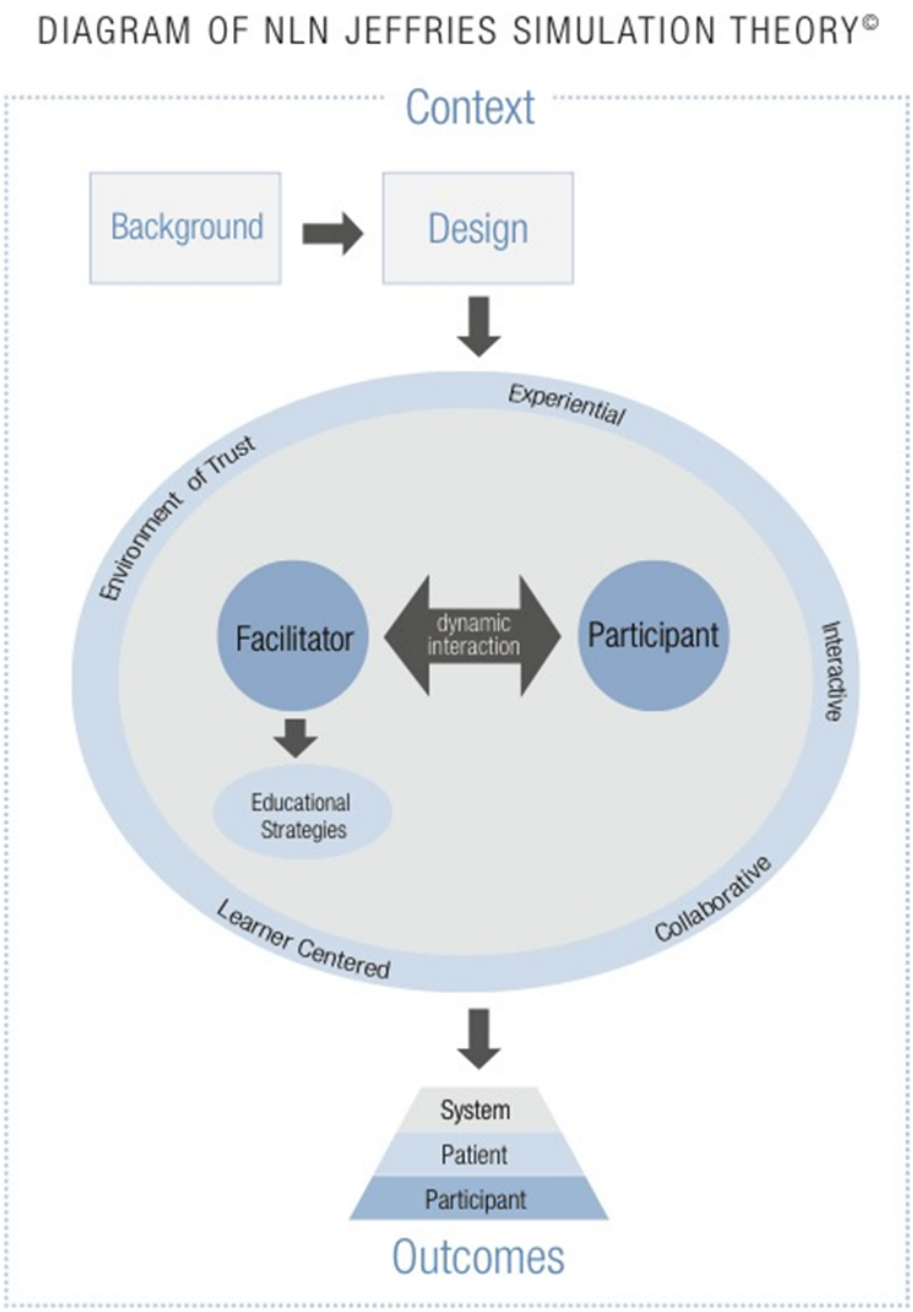
Appendix J

NLN Jeffries (2016) Simulation Theory



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Appendix K

Risk Matrix and Mitigation Plan

Risk Matrix for Lack of Effective Succession Plan

Consequence						
	Catastrophic	Brand	Imminent jeopardy	Death	Permanent Harm	Loss of Funding
	Major	Trust		External oversight	Tortuous Litigation	Loss of Reuptation
	Moderate	Inability to hire	Fear	Governance	Negligent Hiring	Cost of repalcement
	Minor	Increase in leader turnover	Communication	Corporate intelligence	Negligent Retention	Union unrest
	Negligible			Interim leaders	Abenteeism	Pyschosocial
		Rare	Unlikely	Possible	Likely	Almost Certain
				Likelihood		

Mitigation Plan for Risk and Gap Analysis: Succession Planning Plan

Area of Concerns	Mitigation for Succession Planning Plan
Succession Planning	Develop a Succession plan as a continuous process, not a one-time event ID key business challenges for the organization Create a leadership profile to address challenges and success metrics Link key leadership positions to competencies and desired qualities for the role Assess gap between current and future needs of organization Plan for assessing the identified candidates Creation of transition plans Develop internal talent if appropriate candidates are available Develop a formal mentor program for coaching, guidance and evaluation of plan and mentee Creation of formal evaluation plan for tracking, documenting, and monitoring Visible and involved senior leader sponsorship Create formal plan for interim leaders Develop specific criteria for performance goals, behaviors and other needs prior to hiring
Leadership Instability	Ongoing compliance/legal concerns issues that are part of mitigation plan Identify legal requirements need to be met as part of plan Attract, motivate and retain talent Managing and mitigating risk Improving operational and cost efficiency Develop new business opportunities Create a more secure and prosperous operating environment
Culture of Fear	Perform a cultural assessment within the organization (may be internal or contract external) Address cultural alignment, Focus on change management plan- implement, monitor and reassess at specific intervals Identify areas of concern- should include physicians, leaders, staff Communication Align to mission and vision Quality and patient safety concerns Policies and procedures Implement TeamSTEPPS- from IHI for clinical and leadership development
Metrics	Develop survey readiness educational plan utilizing criteria The Joint Commission and State Continual survey readiness Critical Events training with simulation for clinical skill practice education and evaluation Leadership development simulation scenarios for competencies

Appendix L

Market Strategies

Definition	Advantages	Disadvantages
Alliance - formation of a formal relationship - CSA	• Fill in gaps for leadership development scenarios - succession planning • Creates a more comprehensive leadership library • Reduces need for home grown succession planning programs in the market • Appeals to a niche market of CEOs, BODs, new and emerging nurse executives • Shared risk with CSA, member base already established	• Competitors that hinder success: (a) individual organization's recruitment plans (b) those organizations that promote from within (c) many managers are placed in interim roles with no preparation (d) professional organizations with home grown leadership development programs • Simulation not a focus or element of the program
Internal venture -establishment of a niche entity within CSA to enhance leadership development library	• Using existing resources of CSA members • Use existing repository of leadership development scenarios • Use established format for creating new scenarios • Access to other resources, programs that could stimulate interest in simulation	• Mixed record of success due to lack of membership to CSA and therefore lack of access to repository • Lack of access to other resources that could provide education regarding importance of simulation

Gitner, Duncan, & Swayne, 2013

Appendix M

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
Links the domains of leadership development, succession planning, and simulation can bring about a higher level of effective succession planning for health care organization.	Undefined organizational support at this time.	Use of simulation to link with leadership development and succession planning as a new modality for driving recruitment and training leaders for organizational success.	Loss of support from ACNL due to change in implementation start time.
Potential to provide organizations a formal succession plan with measureable outcomes and behaviors.	Newly identified linkage between domains not supported by the literature.	A methodology that will provide the mentee with specific goals and behaviors that are measurable and able to provide concrete evaluation for mentee and senior leader, assuring an effective success plan.	Difficulty in gaining support for testing scenarios.
Aligns emerging executive leader with tools for success in the pursuit of a higher role.	Testing groups are not from a single organization	Currently, there is no standardized leadership development or succession plan in the ambulatory arena. The proposed methodology could provide this for clinics' EDs and other outpatient venues.	Lack of organizational resources for a specific success plan, which includes talent management, as well as the leadership development and evaluations that need to take place to be successful.
Effective succession planning is a business strategy that is action-oriented and strategic.	The whole project does not have a specific organizational base to draw from.	Using the CSA template to create simulation scenarios for new and emerging nurse executives, will also have the ability to adjust for different levels of nurse leaders such as managers or charge nurses.	Competition exists from several organization: KP, CAC, AONE, and ACNL, all have or are planning on creating an executive leadership program
	The pipeline for recruiting new leaders is not well established in many organizations		

Appendix N

Return on Investment

Table 1. Cost Improvement and Avoidance Analysis

Issue	Assumption	Year 1	Year 2	Year 3	Cost Avoidance
Cost Benefit/ Avoidance for Organization	**Cost per CNE from outside source**	**Cost savings 1st year**	**Cost savings 2nd year**	**Cost savings 3rd year**	**ROI for organizations over 3 years**
The use of succession plan toolkit from CSA to improve retention and decrease turnover	Current national turnover rates average for CNE is 35% annually Replacement costs per CNE $500,000 Cost avoidance attributed to use of SP toolkit estimated at 25% ($125,000) Consulting fees increase 20% in year 2 and 25% in year 3. CSA subscription is for silver level organization ($525/yr), to increase 5% annually.	One implementation with consult $125,000 - $10,000 - $525 = $114,475 One implementation without consult $125,000 - $525 = $124,475	One implementation with consult $125,000 - $12,000 - $551 = $112,449 One implementation without consult $125,000 - $551 = $124,449	One implementation with consult $125,000 - $15,000 - $579 = $109,421 One implementation without consult $125,000 - $579 = $124,421	Cost avoidance per year with consult $114,475 (1st) $112,449 (2nd) $109,421 (3rd) Cost avoidance per year without consult $124,475(1st) $124,449 (2nd) $124,421 (3rd)

Table 2. Improvement Benefit Analysis and Return on Investment for CSA: Incremental Projections

Issue	Assumption	Activity	Benefit to CSA	Increase Revenue
Current CSA subscriber costs: Individual $125 in CA, $400 out of state $450 outside USA Hospital and academic organizations a. Bronze-$350 (4 subscriptions) b. Silver-$550 (6 subscriptions) c. Gold- $750 (8 subscriptions) d. Platinum-$950 (10 subscriptions)	Increased leadership development scenarios in repository will attract more subscribers without increasing costs Cost of subscriptions will increase 5%/year	Incremental increase in individual subscription by 10/year and organization subscriptions by 1/year at each level	Increase revenue for 10 CA subscribers = $1,250 Increase revenue organization and academia @ a. $350 b. $550 c. $750 d. $950	In first year potential increase based on activity assumption: $3,300 2nd year $3,465 3rd year $3,638 Total for 3 years $10,403
Toolkit for Succession planning offered as an additional product @ $1,000	2 x Toolkit purchases/year with 25% to author= $750	Increase by 2 toolkit purchases each year = $1,500	Increase revenue to CSA and potential increase in subscribers	In first year potential increase based on activity assumption: $1,500 2nd year $3,000 3rd year $4,500 Total for 3 years = $9,000

Table 3. ROI for DNP Student

ROI DNP Student		Investment			Final
If DNP student offers consulting fees, the cost of implementation can be realized in year three	DNP student cost recapture by year 3	$17,600-$10,000 = (7,600)	$24,000-8150 = $15,850-7600 = **($8,250)**	$45,000-$9,000 = $36,000 + $8,250 = **($44,250)**	$44,250 revenue for DNP student

Table 4. ROI – CNE Replacement

Cost of CNE turnover	Replacement costs	Estimate up to $500,000
Cost of Interim Executive Leaders	Used to stabilize or as placeholder	Loss estimate
$500,000 CNE Salary - $250,000/annual	Estimated at $60,000 a month plus living expenses	$500,000/6 months $250,000/annual salary
	$60,000/month x 6 months $360,000	$500,000 - $125,000 (6 month salary) = $375,000 loss to organization over 6 months

Appendix O

Comprehensive Message Strategy

Messaging Strategy for Succession Planning Simulation Plan			
Stakeholders	***CEO/BOD***	***New CNE***	***Emerging CNE***
Key Concerns	Recruitment costs Decrease turnover Preserve org intel Reputation ROI Outcomes Reimbursements Regulatory	Clinical outcomes Improve metrics Proving worth Skills/behaviors Org culture Culture fit Regulatory Commitment	Proving worth Skill validation Executive behaviors Executive coach Mentor Developing programs Clinical outcomes

Communication Plan:

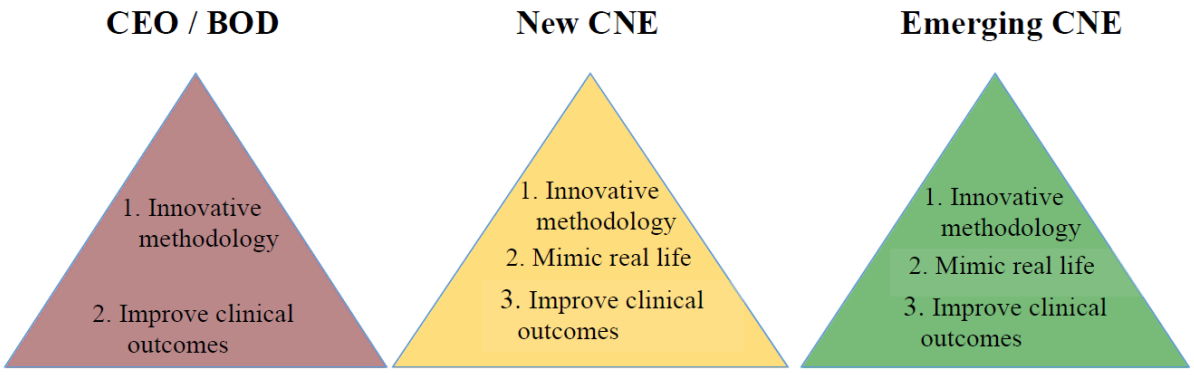
Key Messages 1: Innovative Approach

CEO/ BOD	***New CNE***	***Emerging CNE***
1. Executive summary	1.Prof org conference	1.Exec leader academy
2. Town hall	2. Exec leader academy	2. Webinars
3. Hosted seminar	3. DVD	3. Professional org
4. Trade journal	4. Newsletter	4. U-tube
5. BOD retreat	5. Webex	

1. Professional governance
2. New skills
3. Proven plan

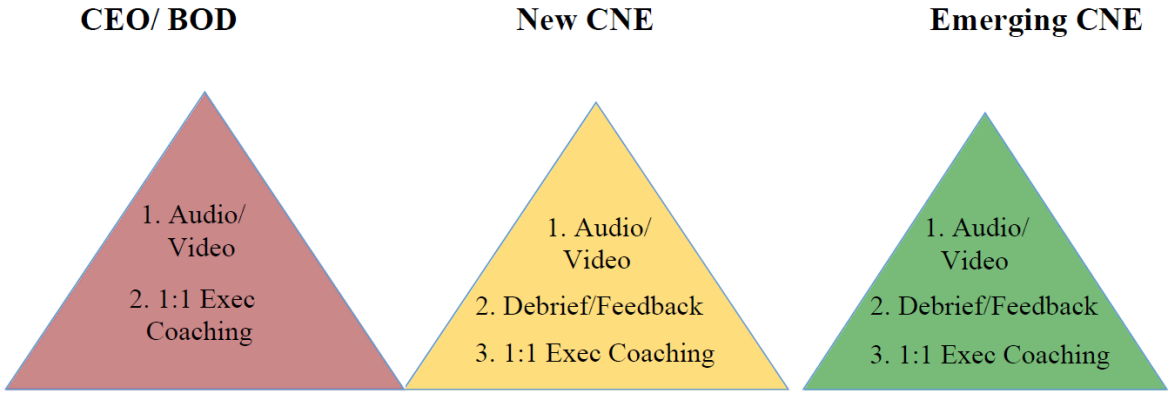
Key Messages 2: Unique Tools - Simulation Toolkit

1. Innovative methodology
2. Mimic real life
3. Improve clinical outcomes



Key Messages 2: Evaluation/ Results

1. Audio/ Video
2. Debrief / Feedback
3. 1:1 Exec Coaching



Timeline Elements:

Timeline Steps:

1. First to hear, accept, and implement plan
2. Align with CEO once plan is presented/accepted
3. Start preparing while still in current role

Appendix P

Outcome Measurement

Measurement Outcomes after Simulation Scenario for Succession Planning

Measure	Outcome - Timeframe	Method of Evaluation
Promotion to executive role	Within 6 months of completion	1:1 review at 6 months
Ability to exhibit learned behaviors from scenarios	45 days, 90 days	45 day review with learner and mentor or leader
Increase in confidence	90 days	
Increase in competence of executive leadership competencies	90, 180, annual	Learner to provide evidence through project, presentation, or evidence-based written document
Retention	1 year, 3 years, 5 years	Learner to remain in communication with leader
Performance evaluation improvement	Annual improvement by 5%	Learner to review with leader
Metric stabilization • People Pulse • HCAHPS • Patient Safety • Quality • Financial Targets • Regulatory Surveys	Monthly and annually • 10% annual • 3% per quarter • 10% annual (Never events • 10% annual • 3% monthly • When appropriate	Learner to review with leader Data to be pushed out from organization
Fit for organizational culture	Monthly and annually	Learner to review with leader Feedback from staff and leaders
Cost savings for replacement	90 days and annually	Executive leaders

Appendix Q

ACNL Survey and Demographics

Table 1. ACNL Behavior Survey Demographics

Category	%	Category	%	Category	%
Age		Years as RN		Years in leadership management	
20 – 25 years	0.00	0 – 5 years	1.40	0 – 5 years	29.20
26 – 30 years	1.39	6 – 10 years	8.30	6 – 10 years	15.30
31 – 35 years	12.5	11 – 15 years	19.40	11 – 15 years	15.30
36 – 40 years	9.72	16 – 20 years	4.20	16 – 20 years	12.50
41 – 45 years	9.72	21 – 25 years	15.30	21 – 25 years	6.90
46 – 50 years	9.72	26 – 30 years	6.90	26 – 30 years	15.30
>50 years	56.94	>31 years	44.40	>31 years	5.60
Degree		Leadership Level		Gender	
ADN	2.78	Emerging	31.00	Female	95.80
BSN	18.10	Experienced	39.00	Male	4.17
MSN	49.60	Expert	31.00		
APRN	2.78				
Doctorate	20.8				
Other	6.90				

Table 2. Behavior Results (Ranking 1 – 5, high to low)

Behavior	Trait	Rank	Trait	Rank	Trait	Rank	Trait	Rank	Trait	Rank
Authenticity	Demonstrates transparency	5	Aligns actions w clear personal values	4	Emulates emotional intelligence	3	Builds trust relationships	1	Engages in self-awareness and reflective practices	2
Strategy	Communicates effectively to followers	2	Creates a compelling vision	1	Evaluates external and internal information to design strategic initiatives	3	Applies complexity science and systems to thinking to develop a strategic plan	3	Aligns objectives and actions with strategy to obtain desired outcomes	4
Resilience	Exhibits flexibility during times of uncertainty	3	Displays courage under stressful circumstances	2	Manages self and situations during transitions of change	4	Recognizes own vulnerabilities to encourage engagement	5	Thrives in the midst of ambiguity	1
Gravitas	Models leadership presence	3	Takes command of audience in various settings	4	Genuinely demonstrates the essence of caring leadership	1	Expresses pride in the nursing profession by creating value and engagement	5	Leads from an inspirational core	2
Influence	Develops integrated processes and systems to deliver safe care	3	Aims to deliver on our commitment and advocate for healthy communities	5	Leads and advocates for patient centric decision making	2	Serves as a trailblazer and innovative change agent	4	Fosters empowerment through engagement	1

Appendix R

IRB Statement of Determination

UNIVERSITY OF SAN FRANCISCO School of Nursing and Health Professions

DNP Statement of Non-Research Determination Form

Student Name: Beth Eichenberger_

Title of Project: Creation of Leadership Development simulation scenarios based on AONE competencies for leadership advancement and succession planning.

Brief Description of Project: The goal of this project will be to develop new leadership simulation scenarios for the California Simulation Alliance (CSA). The focus will be on the leaders who have been chosen for advancement or succession by senior leaders in their organization. This will include the nurse leaders in the ambulatory setting where simulation for leadership development is even less prevalent than in the inpatient arena. The impetus for this is the changing world of healthcare as a result of the Accountable Care Act and the emergence of population health as a critical element of the changes that are required under this plan.

A) Aim Statement: By June 1, 2017 I will develop, implement and evaluate–three to five simulation scenarios utilizing the CSA evidence-based scenario template for leadership development. The scenarios will be based on the AONE competencies and include at least one from the ambulatory arena.

B) Description of Intervention: In order to facilitate this project and create simulation scenarios that have relevance and value for organizations, I will create a survey whose goal will be to understand which of the top five AONE competencies do senior leaders feel are most valuable. From data collected, I will then create simulation scenarios that will be tested, validated and changed where appropriate for both inpatient and ambulatory leaders. Included in this process will be both a pre-briefing and post debriefing of participants. Preliminary testing will take place with students from DNP, NP and Master's programs through USF and other organizations such as ACNL.

C) How will this intervention change practice? This intervention will be able to be used by senior leaders to evaluate readiness for leader advancement, succession planning and a more standardized approach to leadership development across the continuum. Currently the ambulatory leaders do not have competencies available through professional nurse leadership organizations. Operationalizing the learnings will be addressed throughout this process.

D) Outcome measurements: Pre and post surveys will be conducted to evaluate whether senior leaders felt these scenarios would be of some value in promoting leaders in the organization. Thee survey will also be designed to determine whether leaders can differentiate between feedback, offering advice and debriefing as tools for

simulation evaluation.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	X	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	

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If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	X	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):

Signature of Student: Beth Richberger **DATE** 4/19/2016

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

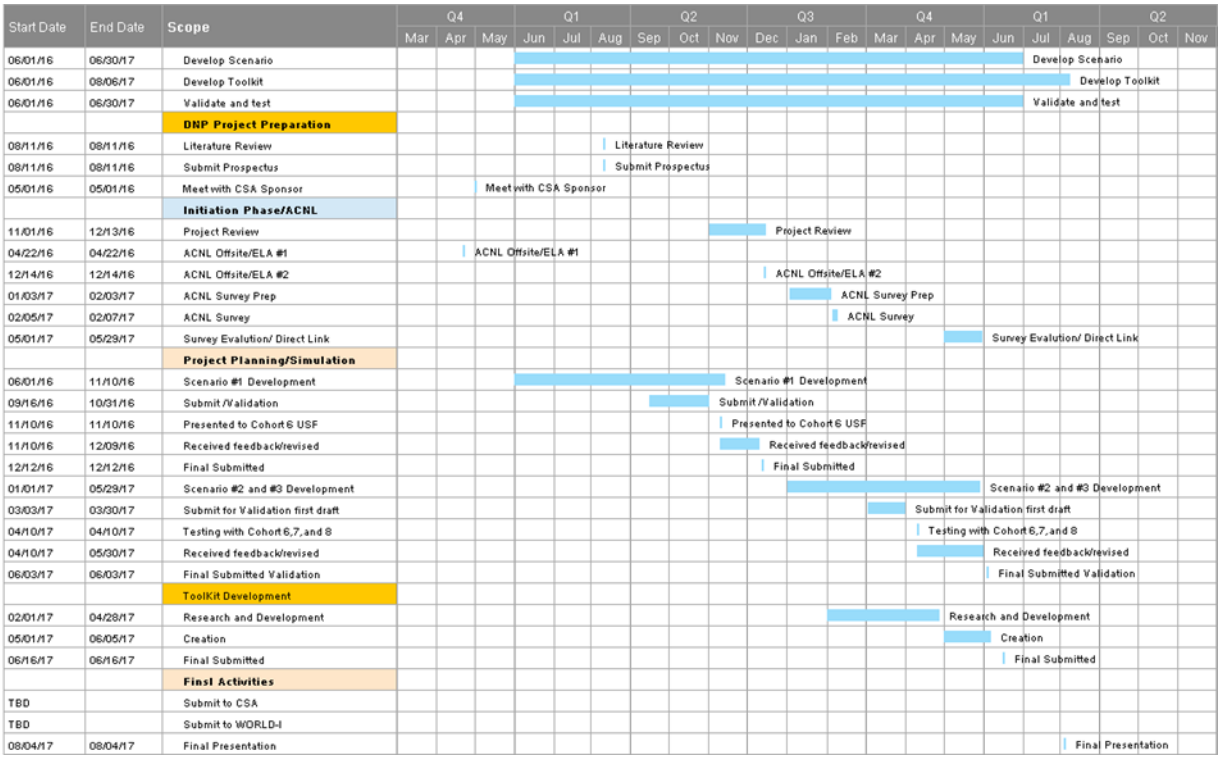
Signature of Supervising Faculty Member (Chair):

DATE

Appendix S

GANTT Chart

Figure 1. Project Timeline / GANTT Chart



Appendix T

Budget/Proposal/Actual/ROI

Table 1. Proposed Maximum Budget Costs for Implementation

Cost Element	Activity	Time commitment	Cost per unit	Start Up Cost	Annual costs post start up
Survey costs	Proposed survey is Transformational Leadership Survey and Survey Monkey	Initial startup cost	N/A	Cost for survey is estimated at $500 initial	$100 if test of change determines survey modification
Administrative assistance	Communications, mailings, formatting, graphics, etc, stamps, printing	Initial and ongoing need	TBD	Estimated Costs - $500 will be based on amount of time needed - estimate $25/hr as DNP student is not affiliated with an organization for support and amount of office supplies and mailings	Materials and time will decrease by 75%
Software	Will require purchase of software and statistician for analysis - including data collection and analysis	Initial and ongoing only if needed	$2,500	Estimated costs are unknown at this time, but could be up to $2,500, as DNP student is not affiliated with an organization for support	$0 unless changes or upgrades are required
Testing venues	May include costs of managers from facilities to participate, time off from work travel	2 hours per session	Cost of managers or directors and CNE time to participate ($2,000 per session if local travel is involved) Manager = $200 Director = $275 CNE = $400 Travel $1,000 In house $1,000	DNP student will be relying on venues for testing that may require reimbursement for time of staff to participate - unknown at this time. Estimate $2,500	Costs will remain the same unless salaries or time allotted increases
Attendance at conferences for DNP student	ACNL annual program to present my project/scenarios	4 days	Conference $700 Room/night $279 Food/day $100 Travel $1,000	$2,500 - includes conference, room, travel and food	Same as initial unless conference or travel costs increase

			Total = $2,500		
Attendance at organizations or committee meetings to present simulation scenarios	Travel to present program or market to organizations	TBD	$100 if local travel $1,000 if travel is required Food $100/day Hotel $250/night	$1,000	Determined per travel request
Cost of developing simulation surveys		80 hours for first scenario 40 hours for second and third scenario	DNP student time at $25.00	$4,000.	50% reduction for future scenario development
			Total startup costs	**$17,600**	
			Total for years 2, 3		**$8,150**

Table 2. Actual Budget Cost

Cost Element	Activity	Time commitment	Cost per unit	Start Up Cost	Annual costs post start up
Survey costs	Not used for project-individual to assume cost	N/A	N/A	$0	$0
Administrative assistance	Communications, mailings, formatting, graphics, etc, stamps, printing	Initial and ongoing need, will be absorbed by DNP student	TBD	Costs incurred Office supplies $100 Graphics $500. Formatting $200 **Total $800**	Materials and time will decrease by 75%
Software	Not used for project	N/A	$0	$0	$0
Testing venues	May include costs of managers from facilities to participate, time off from work travel	2 hours per session	Cost of managers or directors and CNE time to participate - ELDNP students piloted scenarios - Snacks were $100	DNP student did not rely on venues for testing **$100**	Costs will only increase if future scenarios are tested in other venues (see proposed costs)
Attendance at conferences for DNP student	ACNL annual program to present my project/scenarios	4 days	Conference $700 Room/night $279 Food/day $100 Travel $1,000 Total = $2500	Absorbed by DNP student **$2,500**	Same as initial unless conference costs increase or travel
Attendance at organizations or committee meetings to present simulation scenarios	Travel to present program or market to organizations	TBD	Local travel only, no overnight expenses, travel costs absorbed by DNP student	Absorbed by DNP student **$100.00**	Determined per travel request
Cost of developing simulation surveys and toolkit		80 hours per scenario 120 hours for toolkit	DNP student time will be in kind	Cost absorbed by student	Cost absorbed by DNP student for future scenario development
			Total startup costs	**$3,500** plus time	
			Total for years 2, 3	**$2,600 includes conference and travel**	All costs will be absorbed by student

Table 3. Return on Investment CSA and DNP Student

Benefit	Cost per CNE from outside source	Cost of implementation and consulting services 1st year	Cost savings of implementation and consulting services 2nd year	Cost savings for implementation and consulting Services 3rd year	ROI for organizations over 3 years
The use of Succession Plan Toolkit from CSA to improve retention and decrease turnover	$500,000 (consulting services) CSA group membership. Assumptions include increase consulting fees and increase in group CSA membership	$500,000 - $10,000 - $525 = $489,475 For one implementation with consult	$500,000 - $12,000 - $551 = $487,449 For implementation with consult for 2 facilities	$500,000 - $15,000 - $579 = $484,421 For implementation with consult for 3 facilities	$484,421 over 3 year period
ROI DNP Student		Investment			Final
If DNP student offers consulting fees, the cost of implementation can be realized in year three	DNP student cost recoup by year	$17,600 - $10,000 = ($7,600)	$24,000 - $8150 = $15,850 - $7,600 = $8,250	$45,000 - $9,000 = $36,000 + $8,250 = $44,250	$44,250 revenue for DNP student