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New Crew Nights: The Impact of a Nurse Leader Led Mentorship Series on Perceived Competency in the Novice Nurse

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**New Crew Nights: The Impact of a Nurse Leader Led Mentorship Series on Perceived
Competency in the Novice Nurse**

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing
Practice at the University of Kentucky

By

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Abstract

Background and Purpose: Nursing leaders across the United States are seeking to recruit and retain new graduate nurses as a national nursing shortage widens at an alarming pace. Healthcare systems are tasked to strengthen the skill set of novice nurses as they seek to meet the care needs of acutely ill patients and rebuild a skilled workforce for future years. This study evaluated the impact of a four-part mentorship series for novice nurses on perceived strengths in competency, communication, wellbeing, and teamwork.

Methods: In this quality improvement project with pre-intervention/post-intervention assessment, a sample (n=14) of medical surgical nurses with less than one year of nursing experience participated in a survey to evaluate the effectiveness of a nurse leader led mentorship series on four subdomains: clinical competency, communication, wellbeing, and teamwork.

Results: The four-part mentorship series titled “New Crew Nights” resulted in increased perceived strengths in three domains of skills: clinical competency ($p=.002$), communication ($p=.046$), and wellbeing ($p=.010$). The teamwork domain mean score improved (4.2 to 4.6) but did not show statistical significance ($p=.152$).

Discussion: Targeted mentorship sessions on critical skills needed to succeed in the nursing career had an impact on novice nurses. Participants in the program learned valuable tools to communicate in critical situations, give feedback to peers and leaders, trust their team, and care for themselves.

Conclusion: Nurse leaders can impact the perceived strength of novice nurses in navigating a challenging healthcare environment through mentorship. Effective mentorship can improve sense of team and self in novice nurses while also building clinical skills at the bedside.

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Dedication

To Dr. Jennifer Thomas, my leader, mentor, and now friend—I would not have been successful in this degree or in my role without your immense support, encouragement, and mentorship. Through personal and professional adversity, you believed in me to accomplish great things and invested your time in making sure I had the support to do so. Thank you for celebrating my strengths and pushing me to believe in my authentic self. You have had a profound impact not only on my career but also my life.

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Background and Significance

Problem Statement

There has never been a more critical time in healthcare to recruit, develop, and retain skilled healthcare professionals. With national turnover rates estimated at 38-40% (Haddad et al., 2022), healthcare systems are facing a rapid depletion of an experienced nursing workforce. As experienced nursing professionals seek other opportunities away from the bedside, novice nurses are tasked to learn in a rapidly changing healthcare environment while patient acuity continues to rise with advancements in medical technology allowing nurses to care for sicker patients than they have historically. Resources are limited in a post-pandemic healthcare world victim to supply chain interruptions, staffing vacancies, utilization of temporary staff, and budget restraints as organizations try to recover to a new normal. Novice nurses bring limited clinical experiences with them from their nursing education interrupted by healthcare policies that limited students learning at the bedside during the pandemic. Novice nurses often experience rapid orientation into a tumultuous healthcare climate predicated by staffing shortages that pressure quick orientation programs and transition to bedside. As they onboard, novice nurses lack direct support of tenured employees that once made-up inpatient nursing units that no longer exist in high quantities at the bedside.

According to Haddad et al. (2022), nurses make up 59% of the nation's healthcare professionals and the increase in turnover during the Covid-19 pandemic gained national attention. Lack of qualified professionals to care for patients leaves quality of patient care in question for providers, nurses, leaders, and patients themselves. Not only does nursing turnover negatively impact volume and clinical acumen of the workforce, but turnover is costing healthcare organizations financially. It is estimated that nursing turnover of novice employees (less than 1

year experience) costs organizations estimates of \$64,000 per employee (Haddad et al., 2022). In addition to the direct cost of hiring, onboarding, and losing an employee, healthcare organizations and patients alike are paying a higher cost related to nursing turnover. High turnover has been attributed to poor patient outcomes or adverse events in many recent studies post COVID-19 (Labrague, 2024). Additionally, presence of errors associated with missed nursing care or novice staff members negatively impacts nursing intent to stay with more errors being associated with higher unit turnover in a 2023 study (Choi & Jeong, 2023).

Evidence related to employee engagement and retention points towards intentional support given to new employees. New graduate nurses identify communication skills, conflict resolution skills, organization, and time management as key competencies needed for them to be successful in their new roles (Song and McCreary, 2020). New graduate nurses who experienced high levels of leadership support showed greater intention to stay than those who reported low levels of support (Khattak et al., 2021). Evidence reveals that novice nurses who do not feel supported or prepared for the work they are doing are more likely to leave organizations and even the profession (Lavoie-Tremblay et al., 2021).

Purpose and Objectives

The purpose of the project was to evaluate the impact of a targeted mentorship education series, titled “New Crew Nights” led by nurse leaders on perceived clinical competency and skills related to communication, teamwork, and wellbeing in novice medical surgical unit nurses. This project aimed to evaluate the effectiveness of the facility led program. The objectives of the existing program were as follows, 1) Recruit 20 nurses from inpatient medical surgical units to participate in mentorship series, 2) Measure perceived competency and strength in skills prior to the first mentorship session, 3) Conduct a 4-part mentorship series in Fall 2023 themed by current

evidence on the importance of clinical competency, communication, teamwork, and wellbeing, and 4) Measure perceived competency and strength in skills following completion of the mentorship sessions.

Quality Improvement Framework

The quality improvement framework used in this project was the Plan, Do, Study, Act (PDSA) Cycle framework. The PDSA framework places emphasis on breaking down smaller steps within a project to effectively evaluate each step's impact on the outcomes experienced. This is beneficial when testing small or large changes within healthcare and helps the project coordinator approach each step with intention and learning. The framework is carried out by the coordinator who identifies a plan to test a new process or procedure and the steps needed to take towards this test of change. Then the coordinator participates in the "do" portion of the project by carrying out the planned intervention and recording what is observed. In the "study" portion, project participants evaluate the outcomes and learning objectives of the project, determine which objectives were met, and whether or not the project met the goal. The "act" portion urges researchers to take what was learned and act on it in future interventions by either repeating a best practice or modifying the project to meet future needs (Agency for Healthcare Research and Quality, 2023).

This framework supported the project plan because of the emphasis at the end of the cycle to study successes and further recommend interventions based on what was learned. The PDSA emphasis on further interventions being identified as best practice helped nursing leaders at Norton Children's Hospital support new graduate nurses. "New Crew Nights" was planned prior to the intervention utilizing evidence and feedback for content created by leaders in the workforce development department at Norton Healthcare and education department staff at Norton Children's

Hospital. The “do” portion of the cycle was completed by Norton Healthcare, and the mentorship series was hosted in 4 parts over the course of 3 months in Fall 2023. The “study” portion was completed by studying what went well during the do cycle and what new graduate nurses perceived the program accomplished through a post-intervention survey. Data from this portion of the cycle will allow future program planning for the facility to be employee focused, navigating both the internal customers (new employees) and external customers (system leadership) of the project. The “act” portion of the cycle allowed the researcher to make educated recommendations on what should happen next, evaluating what should continue from the ‘do’ phase of the cycle.

Review of the Literature

PICOT Question & Search Methods

A literature search was conducted to identify and support the need for the project. The literature search aimed to answer the question, “*Do novice nurses with less than 2 years of experience (P) who participate in a guided mentorship series (I) show increased perceived clinical competency (O) post mentorship series compared to no intervention(C) measured over time frame of 3 months, 6 months, and 1 year post series (T)?*” This literature review was conducted via the CINAHL and PubMed databases, utilizing the following phrases and Boolean operations: “nurse retention*” AND “mentorship*” OR “new nurse*”. The search was narrowed down by selecting for peer reviewed, full-text availability, English language, and articles from 2020-2023. Articles related to general nursing retention were excluded and articles were reviewed for relevance related to leader led mentorship and transition to practice. After selection and exclusion criteria were applied, 135 articles resulted. Fifteen articles were selected for review for relevance to the PICOT question and significance to project aims.

Synthesis of Evidence

The literature demonstrated that new nurse retention is heavily impacted by job satisfaction, ease of transition to practice, and perceived support new nurses have in their roles (Hopkins et al., 2022; Mitchell and Maykut, 2021; Rose et al., 2023; Zhu et al., 2022). Literature also emphasized the importance of “transition shock” as a phenomenon that impacts novice nursing retention (Africa et al., 2023; Mitchell and Maykut, 2021; Feeg et al., 2022). Transition shock is described as surprising demands of the nursing role being a “shock” post nursing education for novice nurses (Mitchell and Maykut, 2021; Feeg et al., 2022; Zhu et al., 2022).

Successful transition to practice and nursing retention have been linked to quality preceptorship, support from qualified mentors and leaders, and a welcoming environment (Feeg et al., 2022; Gasper et al., 2022; Horvath and Carter, 2022; Mitchell and Maykut, 2021). In addition, perceived work readiness is linked to better nurse satisfaction and safer patient outcomes (Li et al., 2022; Hopkins et al., 2022; Rose et al., 2023). According to the literature, novice nurses do not have to prove initial competency to feel comfortable in their role, but they must perceive they have the aptitude and resources should they need them when performing clinical skills (Feeg et al., 2022).

Social leadership support and relationship building is a positive factor contributing to employee intent to stay (Cardiff et al., 2022; Horvath and Carter, 2022, Mitchell and Maykut, 2021). Leaders who support professional growth and cultivate a welcoming environment have more success in retaining staff (Cardiff et al., 2022; Horvath and Carter, 2022; Othman, 2022). Several studies link leader involvement in nurse retention strategies such as mentorship and 1:1 time with staff to improvement in nursing retention and transition to practice (Cardiff et al., 2023; Hopkins et al., 2022, Li et al., 2022; Zhu et al., 2022).

Knowledge Gap

Risk factors can be identified for new employees looking to leave the organization. Mentorship is a protective factor for turnover (Cardiff et al., 2023, Hopkins et al., 2022) and new nurses need much support. However, clear guidance on specific interventions leaders can use to impact new nurse transition is lacking. While evidence exists related to impacting nursing turnover and retention, evidence is not largely present in the subpopulation of novice nurse interventions to impact first year turnover rate. Evidence related to the success of specific programming on professional development, transition shock, and leader relationship is not available although evidence to identify those key themes is widely found. It is clear leaders must refocus on novice nurse transition to practice, but the “problem” is likely ahead of the evidence since the number of novice nurses on many inpatient nursing units is higher than the number of experienced nurses at this time.

Addressing the Gap

The evidence suggests programming should be focused on the experience of the new nurse to impact retention (Feeg et al., 2022, Hopkins et al., 2022; Li et al., 2022, Mitchell and Maykut, 2021; Zhu et al., 2022). This project aimed to contribute to the existing gap in literature by evaluating the effectiveness of a nurse leader led mentorship series on novice nurse competency and skills related to communication, teamwork, and wellbeing.

Methods

Study Design

The study employed a quality improvement design with a pre-intervention survey and post-intervention survey given to the same participants of the program.

Setting and Participants

The intervention took place at Norton Children’s Hospital in Louisville, KY. Norton Children’s Hospital (NCH) is a free standing 300 bed pediatric hospital in downtown Louisville. NCH is a part of the larger not-for-profit healthcare system, Norton Healthcare, and seeks to “be the region’s most comprehensive, strongest and preferred health care organization, setting the standard for quality and caring” according to their vision statement (Norton Healthcare, 2023). Norton Healthcare is a values-based organization, operating from six value statements: respect every person, set the standard for quality and caring, demonstrate stewardship of resources, succeed with integrity, and accept accountability for results. Participants were identified by nursing leadership who fit the criteria of “medical surgical nurses with less than 1 year of experience”. The intervention was carried out by Norton Healthcare leaders.

The project aligned with NCH’s strategic plan to increase nurse retention and employee well-being by providing mentorship, community, and a chance to build confidence and comradery in new nurses. In addition, investing in the skill set and competency of novice nurses directly supports the values to set the standard for quality and caring and succeed with integrity while also working to retain staff which augments the demonstrate stewardship of resources value.

Stakeholders

Key stakeholders for this project were present at every level of leadership at NCH. Engagement from the Chief Nursing Officer was necessary in gaining the appropriate approval and support to move forward with the study. In addition, the CNO identified nursing directors who were currently working on recruitment and retention as well as employee well-being. Support from these directors was important to align the project with current facility goals and plans, ensuring success not only for the intervention but also progress towards goals for the facility

benefit. The nursing education department was an important stakeholder for the intervention, helping to identify new graduate nurses who would benefit from the intervention. Lastly, buy-in from the inpatient medical surgical unit nursing managers contributed to success in gaining momentum and participation in the intervention. Financial support to pay employees who were involved was approved at the unit leadership level. Engaging those leaders in the project and its intended benefits to retention aided in gaining financial support from nursing leadership. Facility leadership is highly motivated to endorse projects that aim to address resiliency and wellbeing.

Facilitators and Barriers

Using nursing educators and engaged leaders as “champions” for the project was a major facilitator. Nursing unit managers were early adopters of the intended benefit of the program and served as facilitators at the bedside level to speak highly of the program and its goals for participants.

Barriers to implementation included limited resources. While the nursing education department was a great resource for this project, they are highly utilized in the facility and in demand for many different things. Staffing challenges created barriers in getting full participation from nursing units with eligible staff. Staff were hesitant to disrupt their existing scheduled shifts to participate in the program at times.

Sample

The target population included nurses on medical surgical units (5th, 6th, 7th floor and float pool) with 1 year of nursing experience or less. Nurses who were new to the organization, but had more than 1-year total nursing experience, were excluded.

Procedures

IRB Approval

Prior to submitting the project to the Institutional Review Board (IRB), a letter of support and approval was obtained from the Chief Nursing Officer at the facility. An additional approval letter was obtained from the Norton Healthcare Research Council. The project proposal was then submitted to the University of Kentucky IRB for approval. As part of the IRB approval process, approval was gained to use existing pre-intervention data collected prior to the beginning of the DNP project and compare the data to post-intervention data collected by the coordinator.

Intervention, New Crew Nights

As part of existing employee engagement efforts at the facility, new graduate nurses participated in a four-part guided program, titled “New Crew Nights”, that addressed four major themes: role as a nurse, role on a team, role as self, and role in professional development. The project coordinator was involved in the development of the program in the capacity as an employee at the facility. The specific content for each session is outlined in Table 1. One session focused on facility identified gaps in competency and was focused on the role of a new nurse. The second session, role on a team, focused on leader relationship with participation from the inpatient unit managers in discussions about collaboration and giving/receiving peer to peer feedback. The third session addressed the role staff had in relation to wellbeing and resiliency as a nurse. The last session focused on growth and development opportunities available to new nurses as well as a graduation activity to promote peer to peer relationships after the sessions ended.

Measures and Instruments

Perceived skill competency was measured using a self-report questionnaire with questions developed from existing Norton Healthcare Competency Evaluation Plans (CEP). CEPs are an

internal tool used by Norton Healthcare to assess competency in identified clinical skills necessary for specific job roles. New employees are given the CEP on orientation to serve as a guide to skills they should have exposure to during that time. It is rare that orientees master skills in the CEP during the orientation time frame which was the reasoning behind using it as a guide to plan the intervention. The pre-intervention survey consisted of 31 questions with five demographic questions and 26 Likert scale statements (see Appendix A). The Likert scale statements asked staff to rate “how they feel” about specific skill statements with the ratings: (5) strongly agree, agree, neutral, disagree, and (1) strongly disagree. A higher score indicated higher perceived confidence in the skill statement. The skill statements were divided into four main domains: clinical competency, communication, wellbeing, and teamwork. The post-intervention survey was developed by the researcher to match the statements provided in the pre-intervention survey (see Appendix B). Two demographic questions were asked to allow the researcher to match the survey results to the pre-intervention survey and the same 26 Likert scale statements were utilized. In addition, the post-intervention survey included five open-ended question to illicit feedback from participants on future programming for novice nurses. Themes from the responses were analyzed by the researcher (see Table 2). The survey was created utilizing REDCap, a secure web application for building and managing surveys. Paper copies of both the pre-intervention survey and post-intervention survey were created for ease of use by participants who did not have access to computers during the program.

Data Collection and Analysis

Participants were given a paper copy of the survey in person at the beginning of the first session prior to beginning the program as part of existing employee engagement efforts at the facility. Participants used a four-digit employee identifier on the front of the survey packet to allow

the researcher to ensure post-intervention results could be matched anonymously to the pre-intervention data collected by Norton Healthcare. At project completion, participants were given an identical survey packet and asked to return it prior to leaving the session. Program participants also answered open-ended questions after each session to provide feedback for further program planning and improvement. The paper copy surveys were entered into the REDCap software by the project coordinator.

All pre and post surveys were able to be matched via unique identifiers. Data from the pre-test and post-test were analyzed using inferential statistics through paired t-tests to compare the average scores on perceived skills pre and post intervention to determine if the intervention was effective. Statistical data was analyzed using SPSS software and an alpha value of 0.05 to determine statistical significance. Descriptive statistics were used to define demographic information of the participants. The researcher analyzed open ended feedback responses by theme.

Results

Demographics

Fourteen nurses completed the pre-intervention survey and 14 nurses completed the post-survey. Total program attendance per session ranged from 12-16 participants. Participants were primarily female (85.7%), identified race as Caucasian (78.6%), and had a mean of 6 months nursing experience. Seven participants identified their age as 22-25 years old while two identified 18-21 years old, three identified 26-29 years old, and one participant identified in the 30-33 and 37-40 years old categories.

Findings

Likert scale survey questions were broken into four domains: clinical competency, communication, wellbeing, and teamwork. The mean score for all four domains increased from

pre-intervention to post-intervention. Mean scores for three domains increased at a statistically significant level; the mean score for clinical competency improved from 3.8 to 4.6 ($p = .002$), communication from 4.0 to 4.4 ($p = .046$), and wellbeing from 4.2 to 4.6 ($p = .010$). The teamwork domain mean improved from 4.4 to 4.7 but did not increase to a statistically significant level ($p = .152$), likely because the pre-intervention mean was high at baseline indicating sense of teamwork at the facility was strong prior to the program (see Table 3).

Responses to open-ended questions in the post-intervention survey were reviewed to identify themes (see Table 4). Participants wrote words of appreciation for the program citing “perfect timing in my career” and “I loved getting to know other new staff”. Participants cited favorite sessions that varied evenly among the four sessions with feedback about why they enjoyed the session. Several enjoyed the opportunity to refine emergency preparedness skills while others spoke about the value of the experienced nurse panel time where participants could “relate to nurses who have been doing this a long time” and “talk about how to stay in this career longer and take care of myself”. Almost all participants cited the time being the only thing they would change about the course, providing valuable feedback that moving the time up one hour would better accommodate staffing and work schedules.

Discussion

The project was focused on evaluating the effectiveness of a mentorship series, New Crew Nights, guided by nursing leaders on novice nurses perceived skill competency and strengths in key skills necessary for success within a tumultuous healthcare climate. Participant’s perceived clinical competency, communication, wellbeing, and teamwork improved following attendance to the mentorship series. These results in addition to the open-ended feedback participants

provided confirmed that nurse leader led mentorship can have an important impact on novice staff.

The term “circling back” was referenced throughout the program to describe the intention behind nurse leaders gathering the specific sample group back for more targeted education and professional development after novice staff had been practicing at the bedside independently. This term was used by several program facilitators to acknowledge that the orientation process and timeline can feel rushed or incohesive to new staff who are attempting to learn new skills and tasks while being immersed in a stressful pediatric healthcare environment. While many of the program participants voiced being aware of the various resources available to them at the bedside, the small cohort size allowed for more one to one mentorship with leaders and educators that strengthened the trust and relationship for future interactions at the bedside.

Notably, many of the program participants were currently experiencing their first “fall/winter surge” in respiratory cases seen at the children’s hospital. Many of the participants voiced anecdotally how fearful they were to navigate the winter busy season as new staff. During the first skills session, “role as a nurse,” staff simulated a respiratory rapid response event that turned into a code 300 event. Staff were able to verbalize fears with each other and work through questions they had with the nursing education staff. Several staff voiced a deeper understanding of the team dynamics at play during an emergency response which met the intended goal of the session. One participant commented that they felt they spent so much time on the “tasks in nursing” and not enough time on the “thinking in nursing”. The first session was able to effectively integrate both.

The session focused on “role on a team” was profoundly impactful for the participants and facilitators. Nursing unit leaders gathered to participate in trust building activities with their unit

staff participating in the program. Partnering with the Norton Healthcare Center for Professional Growth and Development, staff identified stages of change on a team and stages of team building and how to work through conflicts that arise at different stages of the process. Most notably, at the end of the session, staff and leaders were encouraged to share “one thing I wish my staff” or “one thing I wish my leader” knew about them. Staff shared how they felt about their nursing unit, without blame to the leader, candidly talking about the experience of trying to fit in a new environment. Leaders shared how deeply they cared about what staff were struggling with and how they wished staff knew how hard they were trying to work through barriers and challenges. This session provided an opportunity for leaders and staff to connect in a way that isn’t possible during the normal work day on the unit.

Participants indicated that the third session, role as self, was the most impactful for them at the graduation ceremony. Participants got to interact with various NCH staff that had differing levels of experience and to ask questions about resiliency, self-care, and longevity in a difficult career. Dually impactful for the participants and the panel, the camaraderie shared in the room was palpable. It was clear the impact of sensing “you are not alone” for a novice nurse. At graduation and the final team building session, the atmosphere was light and fun as many participants had formed bonds over the course of the series and were excited to spend time together.

The significance of the findings related to New Crew Nights aids in leader understanding of strategies that may work to onboard, train, and retain novice nurses in today’s healthcare climate. The impact both in the mean scores and subjective feedback gathered by participants clearly point to the intervention having value for this population of new staff. Notably, when referencing the pre-intervention mean scores, most participants began the program ranking themselves high in confidence of the skill domains. While some of the high scores can be attributed

to self-report bias, it illuminates a challenge leaders may have when onboarding new staff who are seemingly confident in their skill set at surface level but with further exploration identify much room to grow. For example, this phenomenon was observed in the intervention where participants rated themselves as highly confident in running a code 300 event pre-program but were unable to successfully do so in simulation. This observation in the data also indicates the importance of dedicated mentorship time spent with staff who may have already “succeeded” off orientation by passing skills check offs and simulations. The observation that staff may not be as confident as they thought they were is an important observation for leaders and healthcare organizations to note. While overconfidence is usually seen in a negative light, it is important to note that even though participants scored highly confident pre-program, they remained open to the intervention suggesting that they saw the value in developing their skills and themselves.

Implications for Practice

Nursing leaders have identified the challenges new graduates are experiencing in transition to practice, quality care, and safe patient care (Graf et al., 2020). Lacking competency in critical thinking, skills, time management, and effective communication can lead to poor patient outcomes and decreased patient safety (Becker et al., 2019). The results of this study highlight that novice nurses need more support developing those “soft” skills throughout the first year of their career. While orientation programs are robust and may suffice clinically, novice staff are entering the nursing profession with a deficit in other skills needed to succeed clinically and professionally. While emphasis on clinical competency should remain at the forefront of nursing orientation, the impact of supplemental programming on communication, teamwork, and wellbeing cannot be understated. While some may assume that staff in crisis may be upset about not knowing how to perform a specific nursing skill, trends in the literature point to the shock of the role being the

ultimate pain point for novice staff who struggle to navigate difficult conversations and team/leader dynamics as they join a healthcare team.

Organizations should prioritize time for leaders to spend getting to know their teams by giving leaders intentional time away from their normal work duties. Successful transition to practice is associated with positive intent to stay. The effort nursing leaders place on transition to practice will benefit them and their unit long term. Nursing leaders need facility support both in time commitment and financial commitment to invest more one to one time with staff developing them into the professional nurses who can be successful on their nursing units. This one to one time promotes staff development, develops leaders, and promotes staff to leader relationships which will benefit future encounters and interactions.

Limitations

Challenges with receiving approval for the study within the organization using the initial proposed instrument were experienced, creating the need for the project coordinator to create an instrument that had not been tested or validated in the research setting. While important feedback was gathered related to the organization's goals, the validity and reliability of the tool used in this study was not established which limited the generalizability of the findings.

A small sample size was also a limitation for this project. While the small sample size in one way aided the personal connection in the course, it is hard to generalize about a population with a small sample size. A larger sample size would have allowed for more learning related to what novice nurses may be struggling with in different areas. To keep the small cohort atmosphere, two or three cohorts participating in the project simultaneously might have aided in receiving more data points for comparison.

Finally, the timing of the project provided limitations to the leaders involved in the project. Leaders could have potentially identified more staff to participate with a longer project time frame. Planning the project implementation window for a longer time period would have allowed for a larger sample size.

Conclusion

It has never been more important for leaders and healthcare organizations to prioritize the support given to new nurses. High quality patient care depends on organizations recruiting the best talent but more importantly training and retaining qualified staff. Investing in soft skill development will benefit organizations for years to come. Guided mentorship in key areas of clinical competency, communication, wellbeing, and teamwork is an effective approach to improving new nurse confidence in these skills. This study successfully demonstrated the positive impact “New Crew Nights” had on novice nurses and illustrated the need for intentional programming to retain new staff. Further research should continue to explore the needs of novice staff and how nurse leaders can implement interventions to support successful transition to practice.

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Table 1: New Crew Nights Content

<p>Role as a Nurse</p>	<p><i>Simulation activity of rapid response activation, escalation to CODE 300:</i></p> <ul style="list-style-type: none"> • negative outcome simulation modeled with poor communication and poor team dynamics • staff group learning session after demonstration • staff led re-run of simulation with error prevention strategies <p><i>Skills Stations</i></p> <ul style="list-style-type: none"> • central line bundle, fluid and electrolyte management, communication <p><i>Meet and Greet Cohort Dinner</i></p>
<p>Role on a Team</p>	<p><i>Trust Building with Professional Development Group:</i></p> <ul style="list-style-type: none"> • Trust presentation with team members and cycles of change for team dynamics using Tuckman’s 5 Stages of Team Development • Leader and staff reflection circle and discussion
<p>Role as Self</p>	<p><i>Resiliency Panel and Presentation:</i></p> <ul style="list-style-type: none"> • Question and Answer session with experienced nurses with differing levels of expertise and backgrounds. • Topics explored: decompressing after work, asking for help, mental health resources, stories about bedside nursing, best memories
<p>Role in Professional Development</p>	<p><i>Transition to Practice Presentation:</i></p> <ul style="list-style-type: none"> • Professional development opportunity presentation for next steps • Cohort celebration with stakeholders offering words of encouragement, graduation activity off campus to bowling with nurse leaders and cohort

Table 2. New Crew Nights Participants (n=14)

Demographic	Mean (SD) or n (%)
<i>Age</i>	
18-21	2 (14.3%)
22-25	7 (50%)
26-29	3 (21.4%)
30-33	1 (7.1%)
37-40	1 (7.1%)
<i>Gender</i>	
Female	12 (85.7%)
Male	2 (14.3%)
<i>Race</i>	
White/Caucasian	11 (78.6%)
Black or African American	1 (7.1%)
Hispanic or Latino	1 (7.1%)
More than 1 race	1 (7.1%)
<i>How many months of RN experience?</i>	6.18 (2.127)

Table 3. Four Skill Domains Pre and Post Intervention (n=14)

	Pre-intervention <i>mean</i> (SD)	Post-intervention <i>mean</i> (SD)	<i>p</i>
<i>Clinical Confidence</i>	3.8 (0.5)	4.6 (0.4)	.002
<i>Communication</i>	4.0 (0.7)	4.4 (0.3)	.046
<i>Wellbeing</i>	4.2 (0.4)	4.6 (0.4)	.010
<i>Teamwork</i>	4.4 (0.5)	4.7 (0.5)	.152

Table 4: Feedback from Participants

<i>Question</i>	<i>Significant Responses</i>
<i>“What was your biggest takeaway or A-Ha moment from attending?”</i>	<ul style="list-style-type: none"> • “It is ok to be new and not the top nurse right now” • “What I’m feeling is normal and it’s ok to be overwhelmed” • “I’m not alone” (x3) • “The comradery I felt among the group was so impactful”
<i>“What was your favorite course (session) and what made it your favorite?”</i>	<ul style="list-style-type: none"> • “Role as a nurse because of the simulation activity” (x4) • “Role as self because I felt safe to talk about issues I’m having” • “Role on a team because I enjoyed connecting to my leader” (x2) • “Role on a team because I learned a lot about trust building”
<i>“What could improve about this course?”</i>	<ul style="list-style-type: none"> • “The timing made it hard for staffing, maybe move to 3p-7p from 4p-8p” (x7)
<i>“Any other comments you want to add?”</i>	<ul style="list-style-type: none"> • “I really enjoyed this course, and thought it was great for my first year in nursing!” • “I loved this so much, I feel more connected and included than ever” • “This was so supportive of my nursing practice, thank you for including me in the program” • “I want to help with future programs for new nurses” • “Continue this! It was so impactful”

Appendix A: Perceived Skills Pre-Intervention Survey

New Crew Nights Evaluation Pre Survey

Please complete the survey below.

Thank you!

-
- 1) Please list the first two letters of the street you live on and the year were born.
- _____
-
- 2) What is your age?
- 18-21
 - 22-25
 - 26-29
 - 30-33
 - 33-36
 - 37-40
 - 41 and over
-
- 3) What is your gender?
- Male
 - Female
 - Non Binary
 - Prefer not to Answer
-
- 4) Which of the following best describes your race?
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - More than 1 race
 - Native Hawaiian or Other Pacific Islander
 - White/Caucasian
 - Prefer not to answer
-
- 5) How many months of RN experience do you have?
- _____

The following statements are about how you feel about specific skills. Please read each statement carefully and use the scale provided to rate each item.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
6) I would be confident leading a code blue event if I was the primary nurse for the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I am confident I can be a resource in a code 300 event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I am confident that I would call a rapid response even if the doctor told me not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9)					

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I am confident I could administer a fluid bolus to a patient during an emergency using push pull technique. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) I know where to find help when I need it during my shift. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) I am confident asking a peer to help me when I am struggling with a skill or task. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) I feel confident obtaining labs via heel stick, finger stick, and venous stick depending on developmental age. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) I am an effective communicator. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) I feel comfortable giving feedback to my coworkers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) I feel comfortable giving feedback to a leader. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) I feel comfortable approaching a leader with a concern. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) I am a team player. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) If my peer is doing something that frustrates me, I feel confident I can share that with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) I know how to give effective feedback to someone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20) I know what things to do to take care of my mental and emotional wellbeing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21) I am resilient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22) I know the resources available to me if I need emotional support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23) I am emotionally intelligent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24) I am fulfilled in my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25) I have an understanding of what work life integration means. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26) I know ways to add joy into my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27) I feel a part of a larger picture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28) I feel a part of a team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29) | | | | | |

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I am knowledgeable about growth opportunities available to me at work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30) I want to grow my career. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31) I want to get involved at my workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Appendix B: Perceived Skills Post-Intervention Survey

Page 1

New Crew Nights Evaluation Post Survey

Please complete the survey below.

Thank you!

- 1) Please list the first two letters of the street you live on and the year were born.

- 2) Please select the courses you attended. (Select All that Apply).

- New Crew Night 1: Role as a Nurse
 New Crew Night 2: Role on a Team
 New Crew Night 3: Role as Self
 New Crew Night 4: Role on Team NCH

The following statements are about how you feel about specific skills. Please read each statement carefully and use the scale provided to rate each item.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
3) I would be confident leading a code blue event if I was the primary nurse for the patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) I am confident I can be a resource in a code 300 event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I am confident that I would call a rapid response even if the doctor told me not to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) I am confident I could administer a fluid bolus to a patient during an emergency using push pull technique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) I know where to find help when I need it during my shift.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) I am confident asking a peer to help me when I am struggling with a skill or task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) I feel confident obtaining labs via heel stick, finger stick, and venous stick depending on developmental age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) I am an effective communicator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) I feel comfortable giving feedback to my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) I feel comfortable giving feedback to a leader.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13)					

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel comfortable approaching a leader with a concern. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) I am a team player. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) If my peer is doing something that frustrates me, I feel confident I can share that with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) I know how to give effective feedback to someone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) I know what things to do to take care of my mental and emotional wellbeing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) I am resilient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) I know the resources available to me if I need emotional support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20) I am emotionally intelligent. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21) I am fulfilled in my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22) I have an understanding of what work life integration means. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23) I know ways to add joy into my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24) I feel a part of a larger picture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25) I feel a part of a team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26) I am knowledgeable about growth opportunities available to me at work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27) I want to grow my career. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28) I want to get involved at my workplace. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

-
- 29) What was your biggest takeaway or "A-Ha Moment" from attending New Crew Nights?
- _____
-
- 30) What was your favorite course (Role as Nurse, Role on a Team, Role as Self, Role on Team NCH) and what made it your favorite?
- _____
-
- 31) What is one thing you will change in your clinical practice after this course?
- _____
-
- 32) What could improve about this course?
- _____
-
- 33) Any other comments you would like to share with us?
- _____