LEADE

Faculty must ensure students understand how to use AI technologies appropriately, as this is in the best interest of future nurses and their future patients.

Machine learning (ML) is a subset of AI that refers to the use of computer algorithms to turn empirical data into usable models (Edgar & Manz, 2017). ML is a system's ability to acquire and integrate knowledge through large-scale observations (Woolf, 2009). As more data is integrated, the system improves and "self-learns" over time.

Deep learning (DL) is a subset of ML with profound learning capabilities from massive amounts of data, designed with multiple layers of artificial neural networks, a concept based on how the human brain processes data (Sarker, 2021). Along with speech-to-text translation and image recognition, DL is also incorporated into LLMs. An LLM such as ChatGPT is a language-based model trained on massive amounts of data to understand and generate natural human language text. This generated textual information is getting increasingly accurate at portraying human-like conversations and interactions.

Lifelong learning

While these terms might be new or unfamiliar, hopefully they remind you of one of the most exciting parts of nursing: being a lifelong learner. It's important that this concept of ongoing learning is taught early on and throughout nursing education programs so that nurses learn how to seek the latest research on evidence-based practice and consider how they will apply that to their nursing practice.

Nursing faculty demonstrate their own commitment to lifelong learning not only by teaching the fundamentals of nursing, but also by incorporating evolving technologies, including AI, in the dynamic health care environments where their nursing students will soon be. Therefore, it's important to understand where LLMs come from, how they can

"maintains competence through ongoing learning and application of knowledge in nursing practice" (NCSBN, 2021). This approach to continuing education also enables future nurses to develop their own ideas on how to advance patient care and improve health outcomes.

The values and ethics of nursing

While teaching students the clinical aspects of nursing and how to navigate new technology, it helps to emphasize the ethical principles of nursing that prevail throughout all nursing practice. One of these ethical principles is autonomy, or the freedom to choose, and corresponds with being a patient advocate. Provision 3 of the Code of Ethics for Nurses states that the nurse promotes, advocates for and protects the rights, health and safety of the patient (ANA, 2015).

Another ethical principle is nonmaleficence, or "do no harm." AI should not be harmful but should support the principle of beneficence or "doing good." Patient safety is predominant in nursing care, and nurses play a fundamental role in upholding this essential principle through the planning, implementation and delivery of safe nursing care.

While providing quality, patient-centered care, nurses often make difficult decisions and must account for numerous patient-specific factors. Along with assessing values and professional ethics, these complex decisions can be broken down with objective tools, such as the

Recommendations:

While these challenges may make some instructors not want to use LLMs at all, it's important to address them with thoughtful discussion, collaboration and openness, as LLMs and other AI technologies are already becoming more ubiquitous and readily available. Faculty must ensure students understand how to use an LLM and other AI technologies appropriately, as this is in the best interest of future nurses and their future patients. These are some recommendations to help address LLMs and AI in academic policies and procedures, as well as to incorporate into the curriculum.

- **Keep curricula up to date.** Ensure it equips future nurses to handle emerging technologies, and safely integrate those technologies to support patient-centered,

The proliferation of telehealth and virtual nursing services continues well beyond the COVID-19 pandemic. As both are integrated into practice, the

Initial Development

In 2022, the Washington state legislature passed Substitute Senate Bill 5693 to create a grant program for nurses who precept nursing students. The Washington state legislature provided three million dollars for the Washington State Board of Nursing (WABON) to manage a grant program to incentivize nurses to precept nursing students in health care settings. The intention is to provide yearly funds for the preceptor grant program. The preceptor stipends have ranged from $750 to $1,000 and are currently $850. A preceptor can receive reimbursement for up to two precepting experiences per term. Each precepting experience needs to be at least 80 hours to qualify for reimbursement. The goals of the preceptorship grant program are to reduce a shortage of health care settings for students to complete their clinical experience hours and to bring more nursing graduates into the Washington state workforce.

The first priority was to determine the eligibility requirements for the grant. The nursing education Washington Administrative Code (WAC) 246-840-533 for preceptor requirements was a guide used for policy development and eligibility requirements. The policy needed to be congruent with the requirements for precepting nursing students in Washington state. The grant program launched in October 2022.

Eligible participants were practical nurse, associate, baccalaureate and advanced practice registered nurse (APRN) students. RN-BSN programs, refresher programs and out-of-state nursing programs were not eligible to participate. At the beginning of the grant program, payment was offered for the last clinical preceptorship course in the prelicensure nursing programs and the first clinical course for APRNs. Potential submissions were estimated by reviewing data for the current numbers of nursing students in all nursing educational programs in Washington. The information assisted in estimating potential numbers of grants reimbursements that may be submitted.

Collaboration with the accounting department was a critical component in developing systems to reimburse preceptors accurately and efficiently. The nursing preceptor obtains a personal statewide vendor number through the Office of Financial Management. The preceptor team provides the accounting department documentation of grant number, preceptorships dates and vendor number for payment processing. The preceptor is paid with a warrant or a direct deposit for the grant amount within eight to 10 weeks.

Communication Plan

Beyond Nurse Residency Programs:
What More Can We Do?

P ractice-ready new graduate nurses (NGN) have been described as novices who transition into the nursing role smoothly and quickly (Mizra, 2019). But often, the transition is neither smooth nor swift. Orientation to the department is guided by an experienced preceptor paired with an NGN. The preceptor oversees the development of the NGN's competencies necessary to provide safe care in the specific practice setting. Ideally, the orientation and support of a preceptor will prepare the NGN for the real-world expectations of the nurse. All too often this support is not enough, and the NGN leaves their first job as a professional nurse disappointed and disillusioned. To address the many challenges faced by NGNs, developing transition to practice nurse residency programs (NRP) has been recommended for more than two decades (FON, 2011).

The purpose of an NRP is to support NGN transition into practice by providing sustained support and continued nurse competency development in the professional role. Since established, NRPs have demonstrated powerful results enhancing NGN confidence, competence, organization and prioritization skills, job satisfaction and enjoyment of work. NRPs are also reported to positively impact NGN retention, with some programs reporting increases in 12-month retention by as much as 20% (Goode et al., 2013; Spector et al., 2015). With the cost of RN turnover estimated to be $88,000 for each RN (Bae, 2022), improving NGN retention directly impacts an organization's financial health. As the COVID-19 pandemic unfolded, hospitals saw elevated rates of nurse burnout (Moll et al., 2022) and nurse turnover (NSI, 2024). These changes and others in health care have escalated the need for NGNs and increased the need for supportive programs to assure success of the NGN transition to practice.

The 12-month transition to practice NRP at Emory Healthcare is accredited by the Commission on Collegiate Nursing Education and supports 450–500 NGNs annually. In the NRP, nurses attend a four-hour seminar each month with a wide range of topics. The program educators employ active learning strategies for optimal engagement and reflective practice for continued professional growth. The NRP is offered in tandem with departmental orientation where nurses hired into specialty areas like critical care, emergency department and oncology attend specialty residency programs contemporaneously with the 12-month NRP. At the department level, nurses are oriented to their role by an experienced preceptor and their progress is assessed using a competency-based approach.

The typical preceptor model matches one orientee with one experienced nurse who is a qualified preceptor. In 2022 the increased turnover of experienced nurses caused by the COVID-19 pandemic left our organization with an amplified demand for NGNs and fewer experienced preceptors to prepare them. An innovative model for group orientation was

> At the department level, nurses are oriented to their role by an experienced preceptor and their progress is assessed using a competency-based approach.

proposed to accelerate the onboarding of NGNs and enhance preceptor support. The Emory Nursing Group Orientation to Accelerate and Guide Excellence (ENGAGE) program enables a small group of NGNs to be oriented by one preceptor. This model allows one preceptor to support more than one NGN at a time, with two to four orientees in each group (McDermott, 2023).

The ENGAGE model hinges on the preceptor being free from a patient assignment so they can fully focus on teaching a group of orientees to accelerate clinical learning. With support from the ENGAGE program coordinator, each unit piloting the new model develops a curriculum for the orientation plan. The preceptor leads clinical conferences and skill labs, provides competency assessments and performs biweekly performance evaluations. For hands-on patient care experiences, the preceptor collaborates with direct care nurses to facilitate learning. The ENGAGE preceptor applies the principles for competency-based education (AACN, 2023) to progress the NGN from foundational skills to total patient management.

This promising, innovative solution has been implemented on 14 units across three hospitals. The pilot departments include medical surgical units, critical care, emergency department, and women's health, with a total of 48 preceptors and 166 NGN participants. Nursing units employing the new preceptor model have seen preceptor satisfaction increase by 23% while orientee satisfaction with preceptors has also increased. Contract labor costs have decreased on ENGAGE units as clinical RN turnover has slowed and several departments have reported a decrease in the length of orientation following the implementation of ENGAGE.

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Annual Report Program Update: Benchmarks for Nursing Education Programs

Because of their missions of public protection, boards of nursing (BONs) approve their nursing education programs, meaning that the programs must meet minimal state standards established by the BON in order to operate (Spector et al., 2018). As a part of this approval process, most BONs require an annual report of all their programs. In 2020, NCSBN established the Annual Report Program for BONs where NCSBN collects these data for participating BONs; currently, 33 BONs are participating. The survey consists of 50 questions which are either demographic in nature or measure evidence-based quality indicators of the nursing program.

The quality indicators were determined after an expert panel reviewed data from the literature and three national NCSBN studies (Spector et al., 2020). It is important for faculty to know that first-time NCLEX® pass rates are lagging indicators, in that other standards have not been met before the pass rates decrease. Therefore, if we can identify program weaknesses   outcomes (NCLEX pass rates, etc.) plummet, the programs can make improvements and prevent a fall in outcomes and approval status.

How can programs best identify these weaknesses? NCSBN's staff analyzes NCSBN

published Assessing the Impact of the COVID-19 Pandemic on Nursing Education: A National Study of Prelicensure RN Programs, a mixed-methods longitudinal study focused on prelicensure registered nurse (RN) students entering the core of their didactic and