To be honest, when I announced this theme at last year’s NTI I didn’t know if it would be compelling enough to bring about the kind of real change that would benefit our patients, their families and ourselves. I wasn’t 100 percent sure it would inspire us.

Why did I worry? Once again, our community of exceptional nurses rose to the occasion. You never hesitated to step forward and inspire all of us, as individuals and as a community.

All year you’ve been sharing how you stepped forward. You took on unhealthy work environments. You prevented adverse patient outcomes. You focused on your personal health or went back to school. You became certified. However you stepped forward, you stayed true to your professional and personal integrity.

Stepping forward means taking deliberate action, being crystal clear about what we stand for. A lot of times, it means we need to cut through frustration and fear to take on the issues that really matter.

I’ve learned that when I’m clear about what I expect of myself, I can summon up courage I
didn’t know I had. I can have a crucial conversation to end disrespectful behavior. And I can speak with confidence in front of 6,000 nursing colleagues. Now there’s something I’ve learned a lot about this year!

What compels us to take on these scary things? I’m convinced it’s because we want to make things better. To help others and improve our teams, our hospitals and even nursing itself.

Today, stepping forward doesn’t usually mean tweaking. It means transforming. Pushing into the zone of what could be, instead of what is. Every one of you who told me how you stepped forward said you shifted from a mindset of limitation and doubt, to one of possibility.

Did you see our Facebook post a couple of months ago about how a team in North Carolina was covered by the evening news because of how they stepped forward? That post got more than 600 likes and some lively comments. They weren’t all positive either.

What this team did was just one of many success stories from AACN’s Clinical Scene Investigator (CSI) Academy. Our AACN community invested $1.25 million in this national 16-month program, so teams of nurses could step forward to learn and develop leadership skills that result in better patient safety, ensure better outcomes and improve the financial bottom line. If you visit the CSI Academy Innovation Database at www.aacn.org/csi, you’ll see detailed information about the projects and the tools they developed.

That CSI team learned something that I also learned this year. I’m more surefooted after I pause. Pause? Seriously!

“OK, Vicki. You just said we need to step forward boldly. Now you’re saying we need to wait.”

I know. It sounds counterintuitive. Our work environments are crazy, and we never have enough time to get things done. But, I’m serious. Pause can be a very effective tool to help us make headway in fulfilling the promise we’ve made to our patients and their families.

Pause is the discipline of centering myself on a goal, so I can understand the environmental factors that are likely to facilitate or hinder achieving the goal. In other words, pause means stopping to take stock before I act.

Kevin Cashman is a leadership expert who writes about this in his book “The Pause Principle.” He says that we live in a world that is increasingly volatile, unpredictable, complex and ambiguous. I’ve heard others call that turbulence. But if we let ourselves become consumed by the turbulence, we become paralyzed. On the other hand, we can become free and inspired if we recognize that turbulent environments offer endless opportunities to create something new and better. For me, turbulence shakes things up and inspires me to action.

The CSI team in North Carolina refused to become paralyzed. They paused and saw the possibility in making early progressive mobility the standard of care for their unit. Their vision was to improve their patients’ experience and outcomes. They developed understanding by learning and anticipating what the project would require. And they shared that understanding with their colleagues.

They brought clarity to the project by sharing its purpose of designing a protocol that made it clear when and how it would be appropriate to move patients. And with practice, skilled communication and the positive energy that comes from the optimism of possibility, they became agile at implementing the protocol.

The more I think about pause, the more I realize the many forms it can take. For example, all of us being here today with AACN as our professional community can step back, breathe and learn in ways we could never do alone. If my community goes away, I lose the strength and power of our numbers. My profession will not advance. And I won’t have the resources my community creates.

I believe we have an ethical obligation to spend time at the bedside with our patients and their families.

Gladys Campbell, one of our past presidents, says that what nurses do falls into three categories: Routine. Responsive. Strategic. Administering medications could be an example of routine. Engaging the ethics team in decision making about an end-of-life situation might be an example of responsive. Strategic is when we think, plan and solve problems.
And guess which one goes away when we’re too busy? That’s right. The strategic part. Our time to pause gets tossed right out the window.

Have you ever heard people talk about “nonproductive time”? That’s what a lot of organizations call nurses’ strategic time. But take a closer look. Innovations and best practices come from organizations that understand strategic time. Strategic time that allows nurses to pause is productive time. The 42 hospitals in the CSI Academy agreed that bedside clinicians would have dedicated time to pause, so they could do the work that leads to lasting transformation.

Nurses in organizations that value time to pause can analyze why their patients aren’t safe and outcomes aren’t optimal. They can research better approaches and engage colleagues to implement them. It seems to me that’s awfully productive time. And I think our patients would agree. But where does strategic time come from?

I’m a patient safety and outcomes administrator in a community hospital system, and we’ve been hit by financial challenges like everyone else. Yet I’ve learned an effective pause can be brief. A five-minute huddle at the start of a shift. Or a mid-shift huddle to evaluate staffing based on changes in patient conditions. Daily multidisciplinary rounds are a reality in more and more hospitals. Why not every hospital?

Spending a minute or two the right way helps us stay flexible. Did you see a column titled “The Pause” in February’s Critical Care Nurse? It’s about how the University of Virginia’s (UVA’s) trauma team pauses when a patient dies. One day, after a young woman didn’t respond to 45 minutes of resuscitation, team members did what they usually did. They buried their emotions and went on to the next patient, without acknowledging the death.

Jonathan Bartels, who wrote the column, stepped forward, inspired by UVA’s Compassionate Care Initiative. The next time someone died, he asked everyone to stay in the room and share the moment of grief and loss. For a minute or so, each team member, in his or her own way, silently recognized the lost human life. This was someone’s mother, father, sibling or child. Someone who loved and was loved. They recognized the passing and also honored the team’s efforts. Jonathan says the pause, in its own way, breathes life back into what can seem like an airless, emotionless room. The team bears witness to the reality of loss and the acceptance of that reality.

How often do you hear about a best practice and sigh? “I sure wish we could do that.” Or “That’s sure not going to happen here.” Sometimes a sense of resignation and paralysis can become our default response. Why can’t we default to a sense of possibility?

I know it’s overwhelming when we look too far into the future. But the journey to reach a goal looks a lot more manageable if we break down the steps into smaller pieces. Do you remember when the Institute for Healthcare Improvement (IHI) challenged us to achieve a goal of zero CLABSIs? At first, I thought the people at IHI were silly. No way for that to happen. Our patients are too sick. As long as we use central lines, we’ll have CLABSIs.

Then we all started using care bundles that broke things down step by step, and look at how many units are reporting zero CLABSIs. For months at a time. Even years. We all started thinking in terms of possibility, instead of what some call downward-spiral thinking. Our work is too important to be distracted by why something’s not possible.

When our words and actions radiate possibility, instead of resignation, we leave a trail of energy that’s contagious. People notice us for the right reasons. Henry Cloud calls these words and actions our wake. I hadn’t really thought about this concept until I read his book. Now I can’t stop thinking about it, because I know I leave a wake every time I step forward.

One person’s wake may seem insignificant and transient at a single moment in time. But there’s a cumulative impact, so wakes add up to a legacy that can be a gift. Or it can be baggage. So it’s not just about how fast we make something happen, but how our actions impact others. And we won’t know about our impact unless we pause with a spirit of self-awareness.

I asked each of my kids if there’s someone who has had a big impact on their lives. In my mind I started rehearsing how I’d respond when they said it was me. Imagine my surprise when both of them said, “Pa-Paw.” That’s my dad. It threw me for a second, but I got the message. My dad didn’t set out to be a legacy. He didn’t finish college or write articles. But he’s always been there. Steady as he goes, setting a good example with integrity and good humor. Even this past year while he’s battling stage 4 colon cancer.
That's a lot like nurses, isn't it? We don't set out to be legacies. We're always there with integrity and good humor. Especially when we step forward to help others deal with very serious health issues. That steadiness is our wake and our cumulative legacy. It's why year after year Gallup polls show nurses as the most trusted professionals.

Just like in our Step Forward art, we're often someone's bridge between darkness and light. We're all going to be remembered for something. Don't you wonder what your legacy will be? How about your unit? What will its legacy be when someone receives care there?

What will AACN's legacy be? To individual nurses. To patients and their families. And to healthcare.

As you leave today you'll receive a pouch with a compass. It's a small token from me to remind you of the things we've talked about. About staying focused on our true north—our patients and their families. Stepping forward to take on what we can reasonably manage. Pausing for a position check. Looking back at our wake as nurses and citizens of the AACN community.

The saying is true: If not us, who? If not now, when? AACN is the community of exceptional nurses, and we are that community. We're the ones who will step forward to redefine what safe patient care and optimal outcomes look like. We'll do it, because patients and their families rely on us at the most vulnerable times of their lives. We drive excellence because it is ours to do, and nothing less is acceptable.

Readings

AACN Clinical Scene Investigator Academy. www.aacn.org/csi.

