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# PICU PALS: Peer Support to Boost Retention, Ease Transition, and Foster Culture for New Nurses

Gordon M. Gartrell PhD(c), RN, NEA-BC, CENP, CCRN, CEN, TCRN, CEN, CPEN  
&  
Colbie Baird BSN, RN, CCRN-P

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## Disclosures

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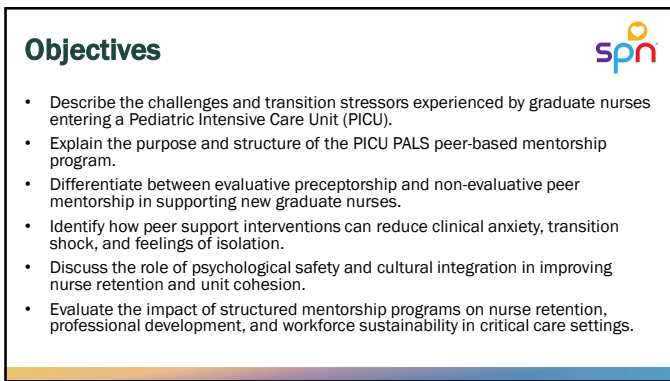
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**Objectives**

- Describe the challenges and transition stressors experienced by graduate nurses entering a Pediatric Intensive Care Unit (PICU).
- Explain the purpose and structure of the PICU PALS peer-based mentorship program.
- Differentiate between evaluative preceptorship and non-evaluative peer mentorship in supporting new graduate nurses.
- Identify how peer support interventions can reduce clinical anxiety, transition shock, and feelings of isolation.
- Discuss the role of psychological safety and cultural integration in improving nurse retention and unit cohesion.
- Evaluate the impact of structured mentorship programs on nurse retention, professional development, and workforce sustainability in critical care settings.

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### Imagine...



Day 3 in the PICU: A New Graduate Nurse's Reality



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### What Did you Hear?



- Anxiety
- Being Overwhelmed
- Self-Doubt
- Isolation
- Imposter Syndrome
- Fear
- Insecurity
- Pressure
- Emotional Exhaustion
- Rumination
- Vulnerability



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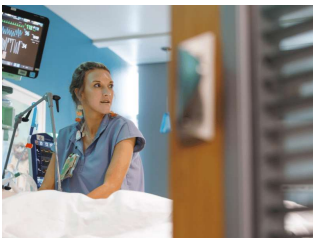
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### Anything Positive?



- Commitment
- Compassion
- Motivation
- Altruism
- Responsibility
- Vigilance
- Humility
- Situational Awareness
- Coachability
- Emotional Intelligence
- **Desire for Belonging**

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### Transitional Shock and the RN Graduate



- “Don’t know what they don’t know”
- “Drinking from a fire hydrant”
- “Fight, Flight, or Freeze”
  
- Typical Scenario for Entry to Practice RNs
- Emotionally Overwhelmed
- Cognitively Overloaded
- Afraid
- How do we aid them in overcoming this phenomena?

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### The Pediatric Intensive Care Unit at Children’s of Mississippi

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### Children’s of Mississippi – Pediatric ICU



- 32 Bed Blended Unit
- Sole Resource for Population
- Approximately 1600 Patients Annually
- Elevated Clinical Acuity – 4/111\*
- Highest Rate of Congenital Heart Disease
- Large Interdisciplinary Team
- Complex Parent Medical System

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### The Patients We Serve



- The Jackson, MS Metro Area
- Access to Care
- Primary/Preventive Medicine
- Medical Literacy Rates
- High Rate of Patients being Lost to Follow-Up
- Neonates – Adult Patients
- Rural State and Surrounding States




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### Various Conditions Seen and Managed



- |                               |                             |
|-------------------------------|-----------------------------|
| • Respiratory Failure/Disease | • Post-Op Surgical Patients |
| • Nonaccidental Trauma        | • Sepsis                    |
| • Transplant                  | • Burns                     |
| • Metabolic Diseases          | • Neglect                   |
| • Congenital Defects          | • Oncologic Patients        |
| • Neurosurgical Emergencies   | • Infectious Disease        |
| • Trauma                      | • Heart Failure/CHD         |
| • CRRT/Dialysis               | • ECMO                      |

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### How We Manage Care



- Large Multidisciplinary Team
- Availability of Consulting Services
- Constant Collaboration
- Elevated Parental Involvement
- Multitude of Ancillary Support Services
- Layered Clinical and Nursing Leadership




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## The Nurse Graduate Challenge

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### Nursing Graduates in the PICU



- Primary Source of Nursing Hires
- Environment requiring rapid skill and decision-making development
- Experience transition shock, anxiety, and self-doubt Struggle with prioritization, time management, and communication
- Risk of isolation and difficulty integrating into unit culture
- Highest vulnerability to burnout and early turnover (first 6–12 months)
- Need both clinical training and emotional/peer support
- Thrive with structured mentorship and strong onboarding supporty
- **Choose Pediatric Critical Care for a Reason**

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### Evidence of the Underlying Problem



- High Early Turnover
- Transition Shock
- Clinical Anxiety & Stress
- Burnout Risk
- Isolation & Poor Integration
- Gaps in Orientation
- Patient Safety Concerns
- Financial & Staffing Strain

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### Cultural and Social Barriers to Success



- Fear of speaking up
- Hierarchical unit culture
- Lack of psychological safety
- Feeling like an outsider
- Generational differences
- Communication gaps
- Implicit bias
- Limited peer connection
- Unclear social norms
- Exclusion from team dynamics

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### Operational Anxiety - Defined



- Fear of errors
- Overwhelmed
- Uncertainty
- Prioritization strain
- Emergency stress
- Cognitive overload



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### Identified Gap in Onboarding Models



- Focus on the Preceptor Relationship
- Preceptors = Evaluators
- Limited Formal Support Structures
- Lack of Longitudinal Staff Integration
- Finality of Nurse Graduate Orientation

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### The Problem



- New graduate nurses in the PICU experience significant transitional stress, anxiety, and social disconnection, all without structured peer support.
- These factors contribute to decreased retention and hinder professional integration.

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### Our Story



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### The PICU PALS Initiative

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### What is PICU PALS?



- **Peer Advocacy and Long-term Support**
- Non-Evaluative Peer Mentorship
- Partner with Recently Successful Graduates
- Informally Structured
- Non-prescriptive
- Relationship Development
- Cultural Unit Integration
- Relatable, Prosperous Guide




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### Theoretical Frameworks



#### Social Support Theory

- Emotional, Informational, Appraisal Support
- Stress Reduction
- Community

#### Brenner's Novice to Expert Model

- Starting Point
- Need Guided Support
- Theory → Practice

#### Psychological Safety

- Safety to Grow
- Open Communication
- Crucial for Knowledge Expansion

#### Communities of Practice

- Learning via Shared Experiences
- Belonging, Identity Generation
- Strengthens Unit Culture

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### Goals of the PICU PALS Program



#### Hard Goals:

- Improve Staff Satisfaction
- Decrease Annualized Staff Turnover
- Increase Nurse Graduate Retention Rates
- Minimize Nursing Vacancy Rate
- Increase Applicant Pool
- Decrease Cost of Nursing Staff Turnover

#### Soft Goals:

- Promote Cultural Unit Integration
- Reduce Nurse Graduate Anxiety
- Assist in Professional Identity Creation
- Increase Peer-to-Peer Collaboration
- Elevate PICU Culture

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## How PICU PALS is Unique



- Not the Peer vs. Preceptor Method
- Outcomes are Relationship Based, Not Competency Driven
- Longitudinal in Design without Hard Terminal Completion



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## Program Design

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## PICU PALS Structure



- Timeline
- Implementation
- Key Touchpoints
- Informal Check-ins

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### Mentor (Pal) Selection Criteria



- Clinical Expertise
- Strong Communication Skills
- High Emotional Intelligence
- Demonstrated Professionalism
- Cultural Humility
- Positive Role Modeling
- Peer-Respected
- Interest in Mentoring/Leadership




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### PICU Pal Mentor Onboarding



- Promote Active Listening
- Reinforce the Ideals of Psychological Safety
- Inclusivity and Diversity
- Open Communication
- Flexibility

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### Mentor vs. Preceptor Roles



**PICU Pal:**

- Informal, non-evaluative support role
- Focuses on emotional support, reassurance, and social integration
- Provides guidance through shared experience and lived transition insight
- Builds psychological safety, confidence, and sense of belonging
- Relationship is relational, ongoing, and centered on peer connection rather than evaluation

**Clinical Preceptor:**

- Formal, evaluative role within orientation
- Responsible for skill validation and competency assessment
- Focuses on clinical performance, safety, and progression toward independence
- Has authority to sign off competencies and provide formal feedback
- Relationship is structured, task-oriented, and time-limited

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### Orientee Experience Documentation



- Online, Digital Dashboard
- Provide Feedback Weekly
- Global Orientation Perspective
- Journaling for Transition to Practice
- Includes Competency Progression



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### Orientation Updates



- Monthly Meetings with Orientees and Leadership
- Progress Reviewed
- Ability to Meet Assigned Competencies Discussed
- Primarily Focused on Orientee Wellbeing
- Targeted Discussion on Cultural Integration
- Feedback from PICU Pal Mentor and Preceptor Utilized

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### Cultural Integration Activities



- PICU Pints
- PICUversary
- Critical Cares
- Interprofessional Governance Councils
- Holiday Parties
- Celebration of Special Events



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## Implementation Methodology and Evaluation

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### Study of Design



- Design: Mixed-methods program evaluation using a convergent approach to integrate quantitative outcomes and qualitative experiences
- Setting: Pediatric Intensive Care Unit (PICU), Children’s hospital setting
- Sample: Newly graduated registered nurses participating in PICU orientation and assigned PICU PALS peer mentors
- Duration: 12-month implementation and evaluation period

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### Quantitative Measures



- Rates of Retention
  - 6 Months
  - 12 Months
  - 18 Months
  - 24 Months
- Clinical Confidence Scales
- Employee Engagement Surveys

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### Qualitative Measures



- Orientation Updates
- Thematic Analysis
- Focus groups with new graduate nurses and peer mentors
- Open-ended survey responses exploring:
  - Transition experience
  - Perceived support and belonging
  - Program impact on stress and confidence

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## Initiative Results

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### Key Outcomes



- Reduced anxiety and transition shock
- Enhanced psychological safety
- Stronger unit integration
- Improved clinical confidence
- Positive mentor development
- Cultural and relational impact

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### Impact to Retention



- Increase Nurse Grad Retention by 35%
- Improved Intent to Stay
- Stronger Engagement and Commitment
- Elevated Peer to Peer Connection



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### Cultural and Social Impact



- Improved:
- Sense of Belonging
  - Unit Cohesion
  - Team Collaboration
  - Psychological Safety
  - Integration of Different Graduate Nurses

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### Psychological Safety Implications



- Accepting Environment
- Elimination of Inherent Fear
- Faster Integration into Unit Culture
- Improve Error Reporting
- Increased Level of Ownership
- Elevated Confidence and Collaboration

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**Qualitative Insights** 

- "Safe"
- "Seen and supported"
- "Not alone"
- "(Mentor) is a safe person"
- "part of the PICU team"
- "love my coworkers"
- "I only got through orientation because of my peers"
- "I felt welcomed"

**Qualitative Data**



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**Mentor Outcomes** 

- Portal for Leadership Develop
- Improved Professional Communication
- Emotional Intelligence
- Team Cohesion
- Enhanced Self-Awareness
- Formal Preceptor Training and Exposure

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**Discussion and Implications**

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### Why PICU PALS is Successful



- Dual Benefit Model
- Strong Mentorship Selection
- Relational Support
- Separation from Evaluation
- Improved Psychological Safety
- Flexibility and Voluntary

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### Alignment with COM Strategic Goals



- Workforce Excellence
- People-Centered Culture
- Quality and Patient Safety
- Professional Development
- Shared Governance
- Operational Sustainability
- Excellence in Education and Training

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### Overarching Organization Impact



- Nursing Workforce Stability
- Improved Organization Culture
- Superior Clinical Outcomes
- Increased Leadership Capacity
- Decrease Financial Burden
- Innovation in Workforce Development

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### Scalability



- Successful in any Clinical Setting
- Replicable for Any Size Team
- Ambulatory
- Procedural
- Acute Care
- Adult/Peds

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### Lessons Learned and Future Directions

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### Research Limitations



- Single Site Study
- Self-Reported Measures
- Sample Size Considerations
- Retroactive Evaluation

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### Lessons Learned



- Baseline Employee Engagement
- Early Investment in Cultural Integration
- Leadership Support Imperative
- Intentionality is Necessary
- Peer Support is a Critical Driver in Confidence Building
- Results Span Beyond Retention Rates

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### Future Directions of PICU PALS



- Nurse Residency Integration
- Shared Governance Incorporation
- Interprofessional Team Expansion
- Standardized Mentor Training
- Expansion into Other Clinical Settings
- Specific Outcome Tracking - Long-term

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### Current State – PICU at COM



- Waiting List of Applicants
- Increase Graduate Interest
- Top Employee Engagement Scores
- Elevated Leadership Scores
- Decreased Orientation Attrition
- Superior Clinical Outcomes
- Beacon Designated – AACN
- **Pediatric Nurse Excellence Award – Diamond**




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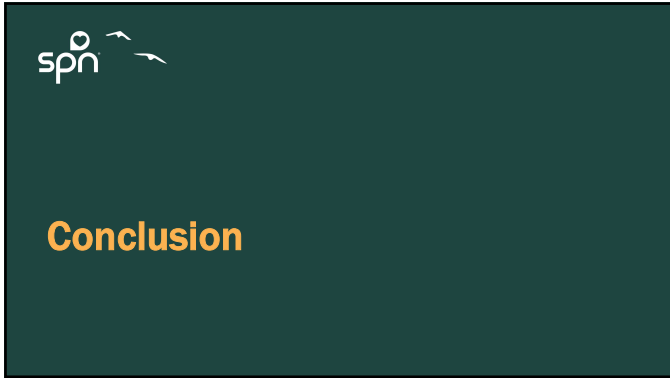
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**Key Takeaways** 

- Structured peer-based mentorship significantly improves retention of new graduate nurses in the PICU setting.
- Non-evaluative peer support reduces clinical anxiety, transition shock, and feelings of isolation during onboarding.
- Intentional focus on psychological safety and cultural integration strengthens unit cohesion and inclusivity.
- Early, consistent mentor engagement enhances new nurse confidence, competence, and professional identity formation.
- Peer mentors also benefit through leadership development, improved communication skills, and increased job satisfaction.
- PICU PALS is a scalable, low-cost workforce strategy with the potential to improve both nurse well-being and patient care sustainability in high-acuity environments.

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**Final Thought...** 

PICU PALS demonstrates that when new graduate nurses are intentionally supported through structured, non-evaluative peer connection, the transition into high-acuity practice becomes not only more survivable—but more sustainable.

By embedding psychological safety, cultural integration, and relational mentorship into the fabric of onboarding, we are not simply improving retention metrics; we are actively shaping a resilient, confident, and connected critical care workforce prepared to thrive in the complexity of pediatric intensive care.

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## Acknowledgements



- PICU Staff
- COM Executive Leadership
- University of Mississippi – IRB
- University of Mississippi Medical Center – School of Nursing

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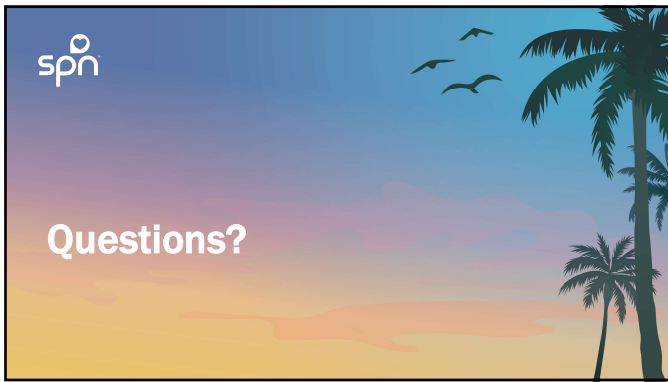
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