. NR631 Week 8: Collaboration Café: Wrapping up CGE Part I (graded)

Wrapping up CGE Part I

You have reached the midpoint of your Executive CGE! It's time to reflect on what you have learned and how you have grown as a result of your learning and your practicum experience.

Identify several key takeaways you have from this course. Sometimes we call these AHA! Or lightbulb moments.

- Was there a point in the course where things began to become more clear?
- Was there a particular lesson or PM tool that you found particularly useful?
- How has what you have learned and experienced helped to better prepare you for your next role in leadership?

Share with the class some of these key moments as we prepare to continue the CGE in the next course.

PICOT: In obstetric patients delivering on the labor and delivery unit **(P)**, how does implementation of quantification of blood loss QBL for all deliveries **(I)** compared with the current use of visual estimation of blood loss (EBL) for all deliveries **(C)** affect timely recognition of postpartum hemorrhage and hemorrhage protocol activation **(O)** over a 6 month period **(T)**?

The midpoint of this Executive CGE experience has been transformative, shifting my perspective from clinical task execution to strategic project leadership. My primary AHA! moment came with the realization that clinical safety improvements, like transitioning from estimated blood loss (EBL) to quantitative blood loss (QBL) measurement, fail not because of clinical merit but because of organizational design. Managing the intricate stakeholder map of distinct groups, including informatics, anesthesia, quality, staff, and leadership, taught me that clinical change is fundamentally an exercise in interdisciplinary communication and sustained engagement.

The project management tool I found most critical was the Communication Plan. In the early stages of planning, I assumed stakeholders would naturally align once they saw the evidence, but the reality of managing a 6-month implementation required a structured, rigorous escalation and feedback framework. The Project Charter also provided the necessary organizational authority to maintain focus on our measurable objectives, such as achieving ≥95% QBL compliance, preventing scope creep when variations in provider practice inevitably arose.

This experience has profoundly prepared me for my next role by operationalizing the transition from practitioner to executive. I am no longer just designing a clinical protocol, but rather building a sustainable system of accountability, as demonstrated by the Critical Success Factors (CSFs) I developed for measuring competency and documentation accuracy. Navigating Kotter's 8-Step Change Model taught me how to generate the early momentum needed for long-term clinical transformation, and I now possess a concrete framework for driving, measuring, and sustaining organizational change in any future leadership capacity.