MERCURY

Nursing Leadership and Clinical Practice Excellence Training Course

28 February – 4 March 2027
Kuala Lumpur (Malaysia)



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Nursing Leadership and Clinical Practice Excellence Training Course

Ref: 22_1081926 **Date:** 28 February – 4 March 2027 **Location:** Kuala Lumpur (Malaysia) **Fees:** 4600 Euro

The Nursing Leadership and Clinical Practice Excellence Training Course is a one-week practitioner course for nurse managers, unit supervisors, and clinical specialists guiding healthcare teams toward high-reliability patient care. Working through clinical governance frameworks, staffing models, and quality metrics, you complete a Clinical Nursing Leadership and Practice Governance Plan for your unit. This professional course is delivered by Mercury Training Center to strengthen healthcare leadership performance.

About This Course

Clinical units often struggle with inconsistent care standards, nurse retention pressures, and preventable patient complications. To benefit from this course, you must already supervise ward teams, coordinate bedside workflows, or audit clinical nursing protocols. Through structured unit exercises, you practice evaluating staffing acuity, standardizing shift handovers, and resolving root causes of adverse clinical events.

Who It Is For

- Professionals responsible for unit management, clinical rotas, and bedside care quality in inpatient wards
- Professionals responsible for emergency nursing workflows, triage standards, and rapid response team deployment
- Professionals responsible for surgical care pathways, pre-operative checklists, and post-anesthesia patient recovery standards
- Professionals responsible for clinical nursing education, nurse onboarding programs, and professional competency assessments

This course is not for newly qualified bedside nurses who require foundational clinical orientation, nor is it for senior hospital directors seeking high-level corporate financial governance instruction.

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Competencies You Will Build

- Acuity-Based Staffing: Calculating unit nurse-to-patient staffing ratios using patient acuity data and shift workload distribution models.
- Clinical Quality Governance: Tracking unit quality indicators including catheter-associated infections, pressure injuries, and inpatient falls to prevent adverse outcomes.
- Root Cause Analysis: Investigating clinical adverse incidents using fishbone diagrams and action plans to prevent failure-to-rescue occurrences.
- Shared Governance Leadership: Establishing unit practice councils that engage clinical nurses in evidence-based care decisions and procedural updates.
- Practice Standards Auditing: Reviewing admission nursing assessments and individualized nursing care plans against healthcare accreditation requirements.
- Transformational Team Communication: Resolving interprofessional conflicts and conducting structured shift handovers using standardized clinical communication methods.

What You Will Be Able to Do

By the end of the course you will be able to:

- From inpatient census and patient dependency scores, establish safe unit staffing rosters that match patient acuity levels.
- Given clinical incident notifications and failure-to-rescue reports, conduct a root cause analysis to develop actionable corrective measures.
- Using hospital quality dashboards and benchmark indicators, design targeted interventions to reduce inpatient pressure injuries and medication administration errors.
- From patient admission checklists and chart review criteria, audit individualized nursing care plans to verify complete documentation.
- Using shared governance models and structural empowerment guidelines, structure unit practice councils that sustain frontline nurse engagement.
- Given unexpected unit census surges and acuity shifts, reallocate clinical staff dynamically across shifts to maintain patient safety.

Course Content

Day 1: Clinical Leadership Foundations and Care Quality Governance

- AONL Nurse Leader Competencies and Bedside Leadership Roles
- ANCC Magnet Model Components for Transformational Leadership and Structural Empowerment
- Shared Clinical Governance Frameworks and Unit Practice Councils
- Clinical Quality Dashboards for Monitoring Inpatient Safety Metrics
- Standardized Interprofessional Communication and Conflict De-escalation Techniques

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Day 2: Acuity-Based Staffing and Operational Resource Management

- Patient Classification Systems and Acuity-Based Workload Assessment
- Shift Scheduling Models and Twenty-Four-Seven Coverage Optimization
- Skill-Mix Allocation for Registered Nurses and Support Personnel
- Surge Capacity Management and Dynamic Staff Reassignment Protocols
- Staff Retention Strategies and Burnout Mitigation in High-Stress Units

Day 3: Patient Safety, Clinical Auditing, and Adverse Event Investigation

- Failure-to-Rescue Identification Protocols and Rapid Response Triggers
- Root Cause Analysis Methodologies for Clinical Sentinel Events
- Risk Reduction Action Plans and Event Reporting Deadlines
- Admission Nursing Assessment Auditing and Documentation Standards
- Individualized Nursing Care Plan Verification Against Clinical Guidelines

Day 4: Evidence-Based Practice and Practice Excellence Models

- ANCC Pathway to Excellence Practice Standards for Work Environments
- Evidence-Based Practice Integration into Bedside Nursing Protocols
- Clinical Indicator Monitoring for Pressure Injury and Fall Prevention
- Central Line and Catheter-Associated Infection Control Metrics
- Competency Validation Frameworks for Clinical Nurse Onboarding

Day 5: Clinical Leadership Practice and Governance Plan Finalization

- Exercise on Unit Staffing Roster Optimization under Sudden Acuity Surges
- Exercise on Root Cause Analysis and Corrective Plan for a Medication Fall
- Exercise on Designing a Unit Practice Council Charter and Quality Dashboard
- Exercise on Clinical Chart Auditing for Nursing Care Plan Completeness
- Finalization of the Clinical Nursing Leadership and Practice Governance Plan

Case Studies and Exercises

These suggested activities provide practical application of nursing leadership principles across operational environments:

- Case study: An inpatient medical ward facing elevated fall rates and high staff turnover where you restructure shift handover protocols and implement safety huddles.
- Case study: An ambulatory surgical center experiencing delayed recovery room discharges where you analyze staffing ratios and redesign patient flow checklists.
- Exercise: A sudden inpatient acuity surge in an intensive care unit where you reassign nursing competencies and balance nurse-to-patient workloads.
- Exercise: A clinical unit adverse event review where you complete a full root cause analysis and produce a thirty-day risk mitigation plan.

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What You Take Back

The Clinical Nursing Leadership and Practice Governance Plan equips you to audit shift workflows, optimize nurse scheduling, and improve clinical quality metrics during your first month back at work. You will use it to standardize admission documentation, direct root cause investigations, and establish active shared governance councils across your hospital units.

- Unit acuity assessment model and shift roster allocation template
- Clinical adverse event root cause analysis and risk reduction action framework
- Individualized nursing care plan audit checklist and quality score sheet
- Shared governance unit council operational charter and meeting protocol

Quick Answers FAQ

What background is required for the Nursing Leadership and Clinical Practice Excellence Training Course?

You need prior supervisory or clinical coordination experience in a healthcare environment, such as managing ward assignments, guiding bedside nurses, or monitoring care protocols. Familiarity with basic clinical documentation and hospital workflows ensures you can participate fully in the operational exercises.

How does this course differ from general hospital management training?

General healthcare management training addresses facility administration, corporate budgeting, and hospital marketing. This course focuses specifically on frontline nursing unit operations, acuity-based nurse staffing, shared governance frameworks, clinical safety auditing, and evidence-based bedside practice excellence.

Why is acuity-based nurse staffing critical in nursing leadership and clinical practice excellence?

Acuity-based staffing aligns nursing care hours directly with patient illness severity and required interventions rather than simple headcounts. This prevents nurse burnout, minimizes missed nursing care, and reduces patient complications such as hospital-acquired infections and inpatient falls.

What work product do you take back from the Nursing Leadership and Clinical Practice Excellence Training Course?

You take back a completed Clinical Nursing Leadership and Practice Governance Plan. This operational portfolio includes unit staffing calculation tools, clinical audit checklists, a root cause analysis template, and a unit practice council governance framework ready for hospital implementation.

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For Your Manager

This course prepares your team member to lead clinical units with operational discipline, regulatory readiness, and measurable quality outcomes. Returning with a completed Clinical Nursing Leadership and Practice Governance Plan, they will immediately apply acuity-based staffing calculations, audit bedside care documentation, and lead root cause reviews that minimize adverse clinical events across your healthcare facility.