

Implementing a New Nursing Role — the Clinical Nurse Leader — for Improved Patient Care Outcomes January 2007

Final CNL Implementation TF Report
March 21, 2007 CNL Teleconference

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Questions?

Please email any questions to jstanley@aacn.nche.edu before, during or after the teleconference.

February 2007

- Final Report accepted by AACN Board of Directors
- *Working Paper on the Clinical Nurse Leader Role (2003)* approved as *White Paper on the Education and Role of the Clinical Nurse Leader (2007)*

Includes:

- Competencies and description of CNL role
- Curriculum Framework & program criteria
- End-of program competencies & Required clinical experiences

Final Report of CNL ITF

- Background and evolution of CNL role
- CNL Implementation TF
 - Charge
 - CNL Implementation Processes
- Partnership members
 - 1st RFP in March '04 – 79 schools & 136 healthcare practice organizations
 - Present 1/07 – 93 schools & 191 healthcare organizations; in 35 states & 1 territory, high magnet participation



Key communication strategies and face to face activities included:

- June '04 Partnership meeting
- January – April 2005: 5 regional meetings
- August '05-- CNL Faculty Development Workshop hosted by Kansas University and co-sponsored with Plexus Association
- November '05 -- 2 listservs
 - * CNL student/graduate listserv 180 participants
 - Partnership listserv 477 participants
- January '06 -- Monthly teleconferences
- June '06 -- 2 CNL conferences, 1st CNL grads and students participated.

Tools and Products to Support Change Efforts Include:

- Curriculum Framework
- End-of-Program competencies & Required Clinical Experiences
- Comparison of CNL and CNS roles
- How You Know A CNL when you See one!
- CNL Tool Kit – resources for practice & education as partnerships work to implement CNL
- Practice Template for Change



Dissemination of information about the role include:

- Multiple presentations at both local and national meetings
- Numerous articles
- JONA Bimonthly column in '06 and '07 titled:

Clinical Nurse Leader: The Evolution of a Revolution



Evaluation Work Includes:

- Standardized Evaluation Framework:
 - 4 domains
 - Financial
 - Patient satisfaction
 - Quality/internal processes
 - Innovations
- Pilot conducted at VA Tennessee Valley Healthcare System (2006)
 - Positive outcomes in just 3 months



Ongoing & Future Evaluation Activities

- 4 partnerships are replicating evaluation at 8 healthcare facilities: acute community hospital, for-profit, and academic medical center
- Student-Graduate database: surveys will be sent out 6-9 months post-graduation to both graduates and supervisors
 - Data re: education programs, preparation, roles working
 - Contributions to health care delivery

Pilot CNL Certification Examination TM

- Goal – create a unique credential for graduates of CNL graduate programs
- Pilot exam was administered in November/December 2006
- Administered at schools; Web-based
- Multiple choice and simulation/case-based components – have to successfully pass both
- 123 individuals from 12 schools sat for exam
 - Congratulations to the 83 newly certified CNLs!!!
 - 93% passed one or both components of the exam
 - Multiple Choice, 85% pass rate
 - Simulation test more challenging, 75% pass rate

Pilot CNL Certification Examination

TM

- First regular administration of exam April/May 2007

- New Eligibility Criteria

- Testing Window

April 23 – May 11 : Application Deadline April 10

May 12 – May 25: Application Deadline May 2

Future Testing Windows:

August 2007

November-December 2007

Lessons Learned

- Magnitude and complexity of national pilot initiative both huge and challenging
- Size and energy of initiative created enormous opportunities for innovation and change
- Initiative believed to be the largest joint education/practice initiative designed to improve quality and safety of patient care
- Purposeful and explicit partnership of nursing education/practice radically different than previous efforts to address practice issues.
- Effectiveness of this partnership approach holds promise of putting nursing at forefront of making lasting changes & to advance role of nursing profession in revolutionizing patient care delivery.

Lessons Learned (cont.)

- Important to establish clear parameters and milestones but flexibility in how to get there
- Outcomes are both qualitative and quantitative
Important to capture both
- Numerous, exciting stories emerging from practice & education partners! Collecting data and doing journals are key!
- Disseminating “success stories” from variety of early adopters needed to diffuse learning and sustain momentum
- Systematic analysis of education & practice outcomes necessary in next phase

Lessons Learned (cont.)

- Sustaining partnership critical: Ongoing participation of faculty, preceptors, staff nurses, CNO's, other disciplines, needed
- Faculty development critical to meeting program outcomes & graduating CNLs with a new vision
- Partnerships between academia & practice have enriched the initiative and are essential for success
- Broader partnership communication and forums needed: practice, academic, professional/specialty organizations and other stakeholders

Lessons Learned (cont.)

- CNO must be champion of initiative (leadership, clarity, courage, perseverance)
- Preceptor/mentoring/support programs to provide CNL role clarity and sustainability
- Success with recruiting students has varied
 - Several schools started with small 1st class to introduce role & increase community interest
 - Others have an abundance of applicants & have admitted 3rd cohort

Lessons Learned (cont.)

- **Curriculum**

- Practice in the CNL role critical (**minimum** 300 hrs in the Immersion Experience)
- Graduate level content in health assessment, pharmacology, physiology/pathophysiology required but 3 separate courses recommended
- Rationale:
 - Practice partners reporting need for strong background in these areas
 - 3 courses facilitates future transition of master's graduates to DNP advanced nursing specialty programs.



Lessons Learned (cont.)

- Students & new graduates need ongoing support from each other, faculty and practice mentors –

“Support from my director was key for my role to succeed”

“The CNL should never be short-changed on clinical education experience--this is what has made my program so valuable to me.”

“This is your time to learn. No one will expect you to be an expert...if they do, don't be afraid to set them straight.”

“We each ended up developing a routine that worked in our particular area. My big focus seemed to be on patient safety issues and resource for the staff. I love the role and could spend more time describing it”

Recommendations in 4 Broad Areas

1. Creation of a CNL Steering Committee with representation from education & practice

- To elevate CNL visibility & sustainability in healthcare setting
- Expand dissemination of outcomes
- Support existing & development of new partnerships



Recommendations

2. Undertake systematic evaluation of education & patient care outcomes of CNL initiative
3. Provide consultation to those academic/practice sites seeking to implement CNL initiative
4. Maintain & expand CNL Certification = unique credential for graduates.

New CNL Steering Committee appointed by AACN President:

Chair - Terry Misener, PhD, RN, Dean, University of Portland

Practice:

Joan Shinkus Clark, RN, MSN, CNAA, BC, *AONE Representative*

James Harris, DSN, RN, MBA, APRN, Chief Nursing Officer, VA Tennessee Valley Healthcare System, *VA representative*

Jolene Tornabeni, MA, RN, FACHE, FAAN

Marge Wiggins, MBA, RN, Maine Medical Center

Kathleen Johnson, RN, BSN, MBA, Providence Medical Center

Education:

Judith Fitzgerald Miller, PhD, RN, FAAN, Marquette University

Ola Fox, DNS, RN, Spring Hill College

Michael Bleich, RN, PhD, FAAN, University of Kansas

Janet Allan, PhD, RN, CS, FAAN, University of Maryland, *Board Liaison*

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