

CNL Regional Meetings Café Conversations

At each regional meeting small diverse groups of 5-7 people gathered around tables to visit the vision of the CNL and discuss how its implementation is now affecting, or will affect, their education and work settings. The following statements were posted to the large group to summarize points raised.

Washington, DC Regional Meeting, 1/27, 2005

- The CNL is *not* an Advanced Practice Nurse role
- Mentors and Managers may need to attend classes for orientation and adaptation
- Licensure: 2nd degree cannot sit for NCLEX until end of program
- Part-Time vs. Full Time student status is logistical issue
- Working with practice partners to select them (and assist in the tuition expense)
- Preceptors – workshops or joining (attending?) courses
- Pull out diversity/disparity content from Master’s level curriculum to apply to CNL curriculum
- Concerned about acceptance of graduates with 2nd degree entry in new leadership role, particularly by physicians
- How does this role relate to the practice doctorate – APN at doctorate level (?)
- Concern over whether experienced nurses in this new role who may fall back on old role
- Concern over “paying one’s dues” mentality
- With entry into licensure programs, assure involvement of Board of Nursing
- Need preceptors with clinical experience—variability needed
- Faculty needs assistance in supporting new role, since it is not a Nurse Manager role
- Look at all roles carefully. Avoid just designing the wheel before building the car.
- Who/What will pay for student preceptorship and education?
- Define/Redefine the meaning of “nurses at the bedside”—response at the point of care.
- Define role or change culture of the unit? Broad description, not just job description.
- Where are faculty resources to do this?

San Diego Regional Meeting, 2/17, 2005

- This is not a separate and new initiative; integrate this as one of developing initiatives such as Magnet Status, IOM report response, AONE Guiding Principles.
- Need for communication plan at sites

- Need to bring new generation into conversation
- Need to change work place so nurse can do what s/he is supposed to be doing
- CNL role to have a broad perspective on care
- Concern that it will get into politics and become mired –need to be astute and together will figure it out
- Should be budget-neutral
- Consider how to get buy-in by clinical partners
- Need to maintain collective dialogue
- Clarify vision of goal
- Dialogue with all staff who will work with CNL students
- Union concerns – where does CNL fit?
- Power of journaling by students as progress
- Need a “stump speech” to sell the CNL
- Flock approach to preceptors and include them in early CNL courses to orient them
- Want to know what indicators we will look at in evaluation plan
- Part Time issue, if on payroll
- Hear challenges from prospective students, faculty, and other disciplines.
- The CNL may look different in various settings

Making Sense of the Group Process and Complexity Theory	
Principles of Healthy Complex Systems	Clinical Nurse Leader
Richly connected (strong, empowered people) Abundant interaction	Connections with multiple initiatives. Main: our own passion and strength
Co-existence of order/disorder Healthy degree of diversity, difference	CF Uncertainty: nursing is used to getting things “right”. No answers, or unsure.
Self-organization – Emergence Small > Large effect	Started with small conversations

Atlanta Regional Meeting, 2/24, 2005

- Challenging to bring multiple partners together
- Agreed that would set vision, mission, goals
 - Going to bring in a consultant
 - How do you select pilot units and discriminate among appropriate quality for learning
 - How do you select graduates: ADNs in many managerial roles
- What if you have nurse managers without an MSN?
- Collaboration needed to get all groups together to discuss roles in order to decrease overlap
 - Need to teach nurses to communicate to make decisions and accept responsibility

- May require new job descriptions
- Excited; nursing can define the role and reclaim our role (status) and articulate this to colleagues
 - Important to decrease silos
 - Share between regions and other institutions
- Excited about the relationship between academia and service
- New Jersey invited all partnerships, all universities
- Importance in the use of language—importance of involving all disciplines
- Choosing preceptors – a team approach
- Importance of certification exam for establishing credibility
- University of S. Florida – has first class enrolled
 - Shadow nurses – identify opportunities to see what was missed if do not have a CNL
 - Work on budget for residencies
 - Identify data elements
 - Using evidence-based measures
- Philosophical to Practical: What brought us into the project? Who has data to help level of education mix?
- Look at RCAs and patient complaints

Boston Regional Meeting, 4/01/2005

- There are a number of RNs that currently have MSNs; need to look at developing post-master's certificate for the CNL
- As the CNL role gets out into the literature, need pre-CNL implementation metrics so can say it works or makes a difference
- Practice sites need support to help them move from implementing the role on one planned unit to multiple units
- Opening a new unit which provides opportunities to implement the new role. Need to change workforce and care delivery patterns, can not do the same things
- As role emerges an ongoing dialogue is necessary between education and practice
- Individuals have concerns that the CNL will overlap with the nurse manager role; therefore, need a document similar to the CNL-CNS comparison document
- Getting staff nurse buy-in requires an ongoing dialogue; how the role is actualized will be different in each setting. Need to listen to the staff nurse.
- Talked about how the role would be implemented in different settings
- The CNL needs to be flexible and adaptable in order to apply the same body of knowledge and skills in different settings
- Feel the evaluation needs to be quantitative and qualitative.
- If the CNL is called different titles this will lead to confusion. If there are subtle differences in the roles how can we convince others on the necessity for the CNL role?
- If the CNL is unit-based, he/she will develop significant expertise in one area of practice; then how will the relationship with the CNS be affected

- Need to package materials so individuals from other practice backgrounds and non-nursing understand; everyone involved in the project needs a 30 second “elevator speech.”

Chicago Regional Meeting April 13, 2005

- Focused on partnership involvement, how present the role/concept to CNSs. Feel some of the language is still murky. There is a continuum of education. Some people can't live with uncertainty and a lack of clarity.
- Discussed changing the practice environment and how we can help CNLs gain the skills needed. Also, focused on the role of preceptors for development of leaders. Providing staff with adjunct appointments in school of nursing
- A lack of consistency in the models implemented may create some confusion. However, portability, how does the role translate from one institution or setting to another. Some sites are not calling these individuals CNLs. WE are focusing on how we can keep a greater number of graduates in our state and in our institutions after graduation. We are offering loan repayment for the last semester and the payback will be one year.
- Must be a try and critical integration of education and practice. Taking a risk by creating a master's degree which is only 36 hours, seen as inequitable. Need to create a transitional system for new CNLs. They are “beginners” or novices in the role.
- Many health care institutions are struggling with the question how can we take them out of the practice setting even for a short period of time.
- Candidates for the CNL positions must be politically savvy.
- Nursing can not do this on our own. We need buy in from others, including AARP, Congress, medicine.
- Will this role reduce length of stay, risks, etc.? Frequently we (nursing) become over concerned with the process rather than the doing. We need to move forward.
- We need to be okay with ambiguity and to move forward. We are taking risks but we need to be okay with that and committed. How can we make this new role “jazzy?”