

Regional CNL Meetings

Issues/Questions Raised During Discussion Groups

In early regional meetings some small groups were asked to express concerns over issues and ask questions of the leadership about implementing the CNL program. Their responses are listed below by topic.

Practice

- Nurses must stand strong collectively
- Salary – how do we determine it?
- Too much emphasis on role and scope of practice; focus on improving patient outcomes—not on role
- Mentoring—where can we find it?
- Mentoring model – PhD dissertation committee
- Who will supervise the CNL?
- Where will jobs be for CNLs? What obligations do we have to inform students?
- Is the model too institutionally oriented? What about greater community focus?
- Where will market/place these nurses with new system knowledge skills?
- How can we help create an environment where new CNLs will be supported?

Issues/Innovations

- Desire a discussion board with some focused conversation
- We need creative funding; Grant funds for practice delivery
- Need to reach rural hospitals
- Clinical partners may have difficulty releasing students for FT course work
- Professional association for CNL
 - A supportive “home”
 - Discussion board for students across sites
- Regional networks for CNL implementation
- Staffing ratios standards in California—a challenge
- Will CNL have 2nd license?
- Where are we going with the title question?
- Who will determine organization that certifies?
- Interface with complexity science—is there more innovation possible here?
- Noah Principle: no prizes for complaining about rain; only prizes for building the ark.
- Innovative use of technology to access new info about patients
- More clarity needed on short term evaluation to help establish informed basis for role
- OPT Model

CNL Curriculum and Student-related Concerns

- Organizational commitment is KEY
- Is there a practice requirement for admission?
- 2nd degree program—course work offered in blocks
- Managing clinical aspect of program:

- Contract with students to prepare them for “assured role” in institution
- How do we increase perceived value of the role?
- Percentage pursuing 2nd degree route?
- When we are done building curricula with major change and when should we be done?
- How can we make it work for part-time students?
- 2nd degree students may have significant leadership experience
- Give thought to type of Master’s
- Associate to Master’s opportunities allows more latitude, course hours to play with
- Building in compliance with essentials for Master’s
- If pathophysiology, pharmacology, health assessment are included as courses, this would facilitate later movement to doctorate of CNS, NP roles
- Should programs be FT or PT?
- Need for flexible scheduling of courses
- Should programs be open to new nursing graduates?
- School nurse CNLs
- Integrating in honors program
- Immersion options
- Cohort from beginning to end
- Hospital stipends – 40 paid for 20 hours work
- Initial students only from partner facilities
- Emphasis/knowledge requirement – why different?
- 15-month curriculum – an issue; will require a change in thinking
- Concern around the term “generalist”:
 - Doing same thing over and over and expecting different results
 - At Dartmouth it is an issue in getting students interested because it is too vague and the generalist vs. specialist issue
- Pre-characteristics of someone who comes to program