



CNLsm Implementation Task Force Report March 2006

The following report provides an update of the activities of the CNLsm Implementation Task Force (ITF) and the CNL Evaluation Committee since the last report to the membership October 2005.

I. Education-Practice Partnerships

Currently, 90 schools of nursing and 188 health care institutions are collaborating to implement the CNL curriculum and role in the education and practice setting. An updated list of education–practice partnerships has been posted on the AACN website.

Based on information obtained in the Fall 2005, it is estimated that over 325 students are currently enrolled full-time in CNL programs and over 110 students are enrolled part-time.

II. CNL Certification Examination

Requests for proposal were sent to two test development firms. A proposal for the initial development of a certification exam has been sent to the AACN Finance Committee. The goal is to have a pilot test completed by December 2006 and the first administration of the CNL certification exam May-June 2007.

III. CNL Partners' Learning Network beginning with Monthly Teleconferences

The CNL Implementation Task Force has created a CNL Learning Network open to all education and practice partners. The purpose of the Learning Network is to provide regular, ongoing opportunities for all CNL initiative participants to share successes, learnings, and common questions. Monthly teleconferences with web-based support are being held. The first two calls were very well attended and included well over 150 individuals participating at 96 sites. Feedback on the first two calls also was extremely positive. The third teleconference is scheduled for Wednesday, March 15, 12:30 – 1:45 p.m. EST. The focus of the call will be “The Twelve Bed Hospital” presented by Joan Clark, Chief Nursing Officer, Baptist Hospital in Miami, and Rose Sherman, Dean, Florida Atlantic University.

Topics and format for future calls will be determined through evaluations by Network participants. Education and practice partners are encouraged to invite all individuals involved in the implementation of the CNL initiative, including faculty, staff nurses, administrators, etc. to participate in the call.

ADVANCING HIGHER EDUCATION IN NURSING

IV. CNL Listservs

In November 2005 two CNL listservs were established. All education and practice partner contacts were automatically registered into the first of these listservs. Currently, 555 individuals are participating in this listserv.

In response to a wonderful idea suggested by three CNL students at the University of Portland in Portland, OR, a second listserv has been established specifically for CNL students, graduates and individuals functioning in a CNL role. In November, an electronic message was sent to all education contacts asking them to forward the message and information to all CNL students. Currently, 116 students are participating in this listserv.

V. Partnership Meetings Scheduled for June 2006

Based on numerous conversations with CNL partnerships, feedback from our regional meetings, two partnership meetings have been scheduled for June 2006. All education and practice partners have been invited to attend one of the two meetings which are scheduled for June 1-2, 2006 in Denver, CO and June 15-16, 2006 in Cleveland, OH. Partners also are encouraged to invite all interested individuals participating in the implementation of the CNL initiative at the school or health care institution. The focus of the meetings will be implementing and sustaining the CNL role within the current healthcare delivery system.

VI. Other Current Activities/Work of the Implementation TF

- Development of a checklist of recommended clinical experiences for each of the 11 end-of-program competencies
- Description of Cross-Cutting Expectations for the CNL Graduate
- Statement on and criteria for post-master's CNL programs
- CNL Toolkit to be posted on AACN website
- Practice Model (steps to transformation) for practice partners similar to curriculum model for education partners
- Development of ways to broaden the exposure, knowledge, and understanding of the CNL work on a national level, as it relates to healthcare delivery, quality, and patient safety, in an effort to gain greater momentum, exposure, and access to funding.

VII. Evaluation of the CNL Initiative

The Evaluation Committee met twice since October 2005. Discussion focused on four areas of evaluation: practice outcomes, tracking CNL students and graduates, evaluation of education program outcomes and capturing the qualitative outcomes and stories:

A CNL Pilot Outcomes Study was conducted at the VA Tennessee Valley Healthcare System. The primary purposes of the study were to test data collection processes and the

definitions of the identified outcome variables. Data from existing peer reviewed performance improvement databases, three months pre- and post- the introduction of the CNL on several patient care units, were analyzed. Results of the pilot study were positive and only minor revisions to the definitions and processes have been made. The Evaluation Framework, which includes outcome measures in four categories (cost/fiscal benefits, customer satisfaction, quality/internal processes, and innovations), definitions, and data collection processes, will be disseminated to all CNL partnerships along with recommendations for evaluation initiatives at the individual practice sites.

The development of a CNL student/graduate database also is strongly recommended. Individual schools, participating in the CNL initiative, will be asked to establish an Access database which will include the names and contact information for all students and graduates of the CNL program. Schools will be asked to supply this information to AACN at specified times throughout the year. This will allow AACN to communicate with students and graduates regarding certification and future evaluation. The creation of a unique identifying number for each CNL student/graduate also was recommended.

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