

Question: How do the AONE's work on the Nurse of the Future and the AACN's work on the development of the Clinical Nurse Leader [CNL] role 'partner'?

- As the table below illustrates, the AACN CNL role embodies many of the key points within the AONE Guiding Principles for the Nurse of the Future. The CNL is clearly a knowledge worker and the role aligns with the AONE's Guiding Principles.
- In addition:
 - The CNL employs skills and competencies gained through additional master's level education to align managing the journey of the patient with strong evidence-based practice. These skills and competencies include a strengthened knowledge of healthcare financing and quality, safety, and statistical processes.
 - The CNL works with groups of nurses to manage cohorts of patients with specific sensitivity to the cohort's nursing sensitive outcomes, patient outcomes, and safety and quality goals.
- The CNL is one example of the 'Nurse of the Future' but at a master's level of education and therefore with enriched skill sets to add value through improving clinical and cost outcomes.
- Moving to the work of the Nurse of the Future is a necessity; using the CNL role is at this point optional.

AONE Guiding Principles for Future Patient Care Delivery

<i>AONE Guiding Principle</i>	<i>Essence of the AONE Guiding Principle</i>	<i>Relation to AACN CNL Core Competency / Assumption</i>	<i>Relation to AACN CNL End of Program Competencies</i>
The Core of Nursing is Knowledge and Caring.	<p>The actual work that nurses do will change, but core values will remain.</p> <ul style="list-style-type: none"> ➤ Decreased task focus ➤ Innovation is key ➤ Career/work life ➤ Multidisciplinary change 	<ul style="list-style-type: none"> ➤ Intelligent and creative leadership ➤ Member of profession 	<ul style="list-style-type: none"> ➤ Assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting recognizing the influence of the meso and macrosystems on the microsystem
The Care is User-based	<p>Care will be directed by, and in partnership with, the patient/client or population</p>	<ul style="list-style-type: none"> ➤ Care for individuals / co-horts / populations ➤ Focus is outcomes of patient 	<ul style="list-style-type: none"> ➤ Communicates effectively to achieve quality client outcomes and lateral

	<p>needs and will be respectful of the diversity of health belief models of all users.</p> <ul style="list-style-type: none"> ➤ Directed by the client populations ➤ Diverse ➤ “Patient” driven ➤ Not institutional based ➤ Care moves to and with the user ➤ New arenas for care 	<p>populations</p> <ul style="list-style-type: none"> ➤ Client-centered, interdisciplinary practice ➤ Maximizing client care and client decision making ➤ Social justice, addressing disparities in health care ➤ Assessment (Core Competency) ➤ Human Diversity (Core Competency) 	<p>integration of care for a cohort of clients</p>
<p>Knowledge is Access Based</p>	<p>The knowledge base of the nurse will shift from “knowing” a specific body of knowledge to “knowing how to access” the evolving knowledge base to support the needs of those for whom care is managed.</p> <ul style="list-style-type: none"> ➤ Knowing how to access ➤ Knowledge is evolving ➤ Information literacy is key ➤ Away from process focus 	<ul style="list-style-type: none"> ➤ Unrelenting demand for evidence ➤ Skill in knowledge acquisition ➤ Seeks/applies evidence to challenge current practices ➤ Cannot know all / use of information technology ➤ Information systems are key / Common language 	<ul style="list-style-type: none"> ➤ Actively pursues new knowledge and skills as the CNL role, needs of clients and the health care system evolve. ➤ Uses information systems and technology at the point of care to improve health care outcomes. ➤ Participates in systems review to critically evaluate and anticipate risks to client safety to improve quality of client care delivery.
<p>Knowledge is Synthesized</p>	<p>The processing of accessed knowledge will shift the work of the nurse from critical thinking to “critical synthesis”. Synthesis occurs as care is coordinated across multiple levels/disciplines/settings.</p> <ul style="list-style-type: none"> ➤ Critical synthesis ➤ Across levels / disciplines / settings / no walls 	<ul style="list-style-type: none"> ➤ Across all settings ➤ Assimilation and application of research-based information ➤ Critical thinking (Core Competency) ➤ Knowledge: Health Promotion, Risk Reduction, Disease Prevention (Core competency) 	<ul style="list-style-type: none"> ➤ Assimilates and applies research-based information to design, implement and evaluate client plans of care. ➤ Synthesizes data, information and knowledge to evaluate and achieve optimal client and care environment outcomes.

	<ul style="list-style-type: none"> ➤ Accessed based on patient/consumer needs ➤ Away from a linear process to multi-lateral system focus (complex adaptive systems) ➤ Technology drivers 		
Relationships of Care	<p>Our knowledge and the care provided are grounded in the relationships with our patients/clients/populations. The relationship will be multidisciplinary and include the full societal scope of generations, diversity, and interdependency.</p> <ul style="list-style-type: none"> ➤ Grounded in relationships with patients / clients / populations ➤ Multidisciplinary ➤ Societal scope ➤ Informs practice ➤ Defined in the context of how other disciplines care 	<ul style="list-style-type: none"> ➤ Coordinating, delegating, supervising the care/ health care team ➤ Systems level ➤ Communications (Core Competency) ➤ Technology & Resource Management (Core Competency) ➤ Illness & Disease Management (Core Competency) ➤ Global Healthcare (Core Competency) 	<ul style="list-style-type: none"> ➤ Effects change through advocacy for the profession, interdisciplinary health care team and the client ➤ Properly delegates and utilizes the nursing team resources [human and fiscal] and serves as a leader and partner in the interdisciplinary health care team.
The “Virtual” and the “Presence” Relationship of Care	<p>The relationships will be dramatically changed by the increased application of technology, causing us to further define the relationship context as being “virtual” or “physical presence” and knowing when each is required.</p> <ul style="list-style-type: none"> ➤ Non-traditional settings ➤ Focus is desired outcomes ➤ Aspects of care when not present ➤ Virtual tools (new and evolving) 	<ul style="list-style-type: none"> ➤ All settings ➤ Role varies across settings ➤ Accountable for outcomes ➤ Provider / Manager of care at the point of care ➤ Develop / Sustain relationships using varied/distance technologies ➤ Information & care technologies (Core Competency) 	

	<ul style="list-style-type: none"> ➤ Guard the value of the human relationship 		
Managing the Journey	<p>The work of the nurse in the future will be to partner with the patient/client to manage their journey in accordance with their needs and desires and available resources.</p> <ul style="list-style-type: none"> ➤ Work of nursing is managing the journey ➤ Coordinator and advocate at the highest level ➤ Navigating complexity and confusion of healthcare ➤ When done well will have results that demonstrate economic value and measurable evidence 	<ul style="list-style-type: none"> ➤ Provider and manager of care ➤ Practice is at system level ➤ Measured by improving clinical – cost outcomes (individuals and groups) ➤ Advocate for clients / communities effecting disparities ➤ Fiscal stewardship / accountability for cost effective use of resources ➤ Work with populations / strategies to address disparities / prelude to policy at system level. ➤ Ethics (Core Competency) ➤ Health Systems / Policy (Core Competency) 	<ul style="list-style-type: none"> ➤ Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client-centered. ➤ Uses appropriate teaching/learning principles and strategies as well as current information, materials and technologies to facilitate the learning of clients, groups and other health care professionals.
		<p>Role Development:</p> <ul style="list-style-type: none"> ➤ Provider / Manager of Care ➤ Designer / Manager / Coordinator of Care ➤ Member of Profession 	

Assumptions. The AONE Guiding Principles for the Work of the Nurses are grounded in the following assumptions:

1. In 2010, we will not have enough healthcare workers to deliver care using the same models that we use today.
2. We must first define the work of the future, then the roles needed to do that work, and then the education that is required to create the role to do the work.
3. We will be dependent on technology to assist us in achieving safe patient care that is provided with measurable quality.

4. We cannot wait until we have all the answers. We must begin to experiment and act now.
5. We ground our planning in the science of complex adaptive systems, with an emphasis on systems thinking.
6. Dramatic change, revolutionary thinking is imperative.
7. The delivery models for the future will require that we work collaboratively in multidisciplinary teams.

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Comparison table developed by Donna Herrin, Senior Vice President, and Corporate Nurse Executive, Methodist Healthcare, Memphis, TN.