Examples of the kinds of materials you will find in each section are listed under the section headers below. These lists are not all-inclusive of the materials available in the toolkit.

**Introduction**

**The Eight-Stage Process to Creating Major Change:**

**Stage I. Establishing a Sense of Urgency**

- Institute of Medicine (IOM) Articles (1999-2004)
- Institute for Healthcare Improvement (IHI)
- Leapfrog Group for Patient Safety
- Agency for Healthcare Research & Quality (AHRQ)

**Stage II. Creating the Guiding Coalition**

- End of Program Competencies

**Stage III. Developing a Vision and Strategy**

- AACN National and Regional Meetings
- Plexus Institute Complexity Workshops
- Curriculum/Preceptor Workshops

**Stage IV. Communicating the Change Vision**

- VA Video
- AACN FAQ Sheets

**Stage V. Empowering Broad-Based Action**

- Job Description
- Performance Evaluation Tool for Practice Setting
- End of Program Competencies
- Comparison of CNL and Nurse Manager Roles
- Preceptor Role Guidelines
- Curriculum Development Framework
- Template for CNL Implementation in the Practice Setting
- AONE Guiding Principles / AACN Core Competencies
Stage VI. Generating Short-Term Wins

- Clark, J. et al, Developing the CNL Role in the 12 Bed Hospital Model
- AACN CNL Pilot Project Evaluation Indicators
- The CNL Role: A Pilot Evaluation by an Early Adopter

Stage VII. Consolidating Gains and Producing More Change

- Role of the Team Coordinator: INOVA health System
- Evaluation Framework and Cover Letter

Stage VIII. Anchoring New Approaches in the Culture

- Certification of CNL's
- CCNE Accreditation of CNL programs
- Master's Essentials
Introduction

The Eight-Stage Process to Creating Major Change:

Clinical Nurse LeaderSM
An Emerging Role for Nursing in the 21st Century

The CNL was developed by the American Association of Colleges of Nursing (AACN) in response to complexities of health care environments, the need to ensure safety and high standards at the point of service, as well as to meet diverse client and health care environment needs. The CNL is prepared as a master's prepared generalist accountable for clinical and health care environment outcomes. The Clinical Nurse Leader (CNL) is a leader across all settings at the microsystem level (patient unit, community zip code area, school setting, nursing home specific area, etc). The CNL oversees care coordination of a distinct group of patients, is a resource for clinical decision making and serves as a lateral integrator of care. This clinical leader puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL collects and evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. This clinician functions as part of an interdisciplinary team by communicating, planning, and implementing care directly with other health care professionals, including physicians, pharmacists, social workers, therapists, clinical nurse specialists, and nurse practitioners. The CNL is a leader in the health care delivery system across all settings in which health care is delivered, not just the acute care setting. Implementation of this role will vary across settings.

Competencies and clinical learning experiences for CNL students are specified for each of the following CNL role components: client advocate, member of a profession, team manager, information manager, systems analyst/risk anticipator, clinician, outcomes manager, educator, and life long learner. The CNL designs and directs care within a microsystem ensuring best practices are brought to the point of service and patients/clients receive timely cost efficient care. Lateral integration of services is key. The CNL is accountable for clinical and care environment outcomes as well as influencing work environments so as to increase nurse retention. The framework for the curriculum for the CNL includes the domains of leadership, clinical outcomes management, and care environment management. The curriculum guide can be accessed at www.aacn.nche.edu/CNL/pdf/draftcurriculumframework4-06.pdf. The CNL role is fully described in AACN's Working Paper on the Role of the Clinical Nurse Leader (2004).

Incorporating the CNL requires a transformation in practice. Specifics of the process of this transformation may be unique to each institution. Resistance is inherent in any major change so patience and perseverance are key leadership attributes in implementing this new role. Kotter (1996) suggests that the first four steps in the transformation process help defrost a hardened status quo. Phases five to seven introduce new practices. The last stage grounds the changes; makes them "stick."
Stage I. Establishing a Sense of Urgency

A. Examining the market and competitive realities.
B. Identifying and discussing crises (real and potential) problems to be addressed and major opportunities.
C. Avoiding complacency
D. Suggested References
   1. Presentations
      a. PowerPoints - AACN-CNL Web site
      b. Bednash, P. Changing the Face of Nursing
   2. Books/Articles
         Hallmarks brochure
      c. Agency for Healthcare Research and Quality (AHRQ): Nursing Research; Nurses at AHRQ: Research Funding; Tools and Resources
      d. AHRQ: Quality Tools News
      f. Beginning the Work: Implications for the Practice Environment Video Presentation by Dr. Gail Wolf
i. Institute for Healthcare Improvement (IHI) initiatives


n. Leapfrog Group for Patient Safety


Next, Stage II
Stage II. Creating the Guiding Coalition

A. Putting together a group with enough power to lead the change
B. Getting the group to work together as a team
C. Establishing academic-practice partnerships
D. Identifying outcomes-end points as targets of success
E. Suggested Reference

1. Implementation Task Force
   a. Curriculum guide
   b. CNL End of Program Competencies & Required Clinical Experiences

2. University and Practice site partnership executive steering committees

3. Articles


4. Presentations


Stage III. Developing a Vision and Strategy

A. Creating and articulating a common vision to help direct the change effort.

B. Developing strategies for achieving that vision.

C. Avoiding the status quo

D. Suggested References

1. Articles


j. Plexus Institute - *New to Complexity*
   This is a set of resources for "newcomers to complexity" found on the
   Plexus Institute website. It includes a complexity science primer,
   recommended resources, "complexity aides" stories, and leadership
   principles.

   Part 1: The nursing shortage is a lack of creative and systemic thinking.*
   Journal of Nursing Administration, 34(4), 163-166.

l. Tornabeni, J., & Miller, J.F. (2008). The power of partnership to shape the
   future of nursing: the evolution of the clinical nurse leader. Journal of
   Nursing Management, (16), 608-613.

   Journal of Nursing Administration, 36(3), 103-108.

   Complexity Science for Health Care Leaders.* Dallas, TX: VHA, Inc.,
   This is an introductory handbook for healthcare professionals. It covers
   key concepts, learning resources, case stories and application principles.

2. Presentations


      How, The CNL*
      - Attachment 1: Nursing Care Delivery Model Survey
      - Attachment 2: Care Management Inventory

      - Attachment: AONE Guiding Principles Compared to the CNL

3. **AACN National and Regional meetings**

   a. 2005 Regional Meeting Presentations

4. Curriculum/preceptor workshop, co-sponsored with the Plexus Institute, Kansas
   City:
   - **Agenda**
   - **Presentations**
Stage IV. Communicating the Change Vision

A. Using every vehicle possible to constantly communicate the new vision and strategies

B. Having the guiding coalition role model the behavior expected of others

C. Emphasizing the expected positive outcomes

D. Forming practice agency task force to analyze/recommend system changes

E. Suggested References
   1. AACN Web site
   2. AONE Joins Clinical Nurse Leader Implementation Task Force
   3. Journal Articles

4. Clinical Nurse Leader DVD (Department of Veteran's Affairs), a 15 minute video about the implementation of the CNL in the Veteran's Affairs Health Care System

5. AACN FAQ sheets

Stage V. Empowering Broad-Based Action

A. Getting rid of obstacles

B. Changing systems or structures that undermine the change vision

C. Encouraging risk taking and nontraditional ideas, activities, and actions

D. Suggested References


2. Job Description: one example of an acute care job description from Maine Medical Center

3. Performance Evaluation Tool for the Practice Setting: Cross-Setting expectations for the CNL Graduate (How Will You Know One When You See One)

4. CNL End of Program Competencies & Required Clinical Experiences

5. CNL End of Program Competencies Checklist


7. Preceptor Role Guidelines

8. Curriculum development framework

9. "Template for CNL Implementation in the Practice Setting" (Jolene Tornabeni & Gail Wolfe)

10. Examples from the practice arena

11. AACN Clinical Nurse Leader Pilot Project Evaluation Indicators

12. Comparison document: AONE Guiding Principles compared to AACN Core Competencies

13. Articles


14. Presentations


   - Attachment: Best Practices
Stage VI. Generating Short-Term Wins

A. Planning for visible improvements in performance, or "wins"

B. Enabling wins to take place

C. Visibly recognizing and rewarding people who made the wins possible

D. Dealing with the troublesome

E. Suggested References

1. Articles


2. Presentations

3. AACN Clinical Nurse Leader Pilot Project Evaluation Indicators

4. The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter

5. CNL Unit Assessments: Examples from the University of South Florida College of Nursing
   a. Daily Unit Assessment
   b. Monthly Unit Assessment
Stage VII. Consolidating Gains and Producing More Change

A. Using increased credibility to change all systems, structures, and policies that do not fit together and do not fit the transformation vision.

B. Hiring, promoting, and developing people who can implement the change vision.

C. Reinvigorating the process with new projects, themes, and change agents.

D. Suggested References

1. Articles


2. Presentations
   a. Drenkard, K (2003). Role of the Team Coordinator: INOVA Health System

3. Resource Material
   a. Preceptor Role Guidelines
   b. Evaluation Framework and Cover Letter
Stage VIII. Anchoring New Approaches in the Culture

A. Creating better performance through customer- and productivity-oriented behaviors, more and better leadership, and more effective management.

B. Articulating the connections between new behaviors and organizational success.

C. Developing means to ensure leadership development and succession.

D. Suggested References

1. Articles

2. Certification of CNLs

3. CCNE Accreditation of CNL programs - In process

4. Master's Essentials

Previous, Stage VII