American Association *of* Colleges *of* Nursing

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Recommended

CNL Clinical Nurse Leader

PRACTICE EXPERIENCES

Recommended CNL Practice Experiences
May 2017

The Clinical Nurse Leader (CNL) skill set was originally described by an interprofessional panel of leaders in 2007 in response to the question: what do nurses need to be able to do to address the gaps in health care and to improve health outcomes and decrease costs? Over the last decade, schools of nursing have taken a variety of approaches to preparing CNLs in master's level programs that meet the competency and curricular expectations identified for this new role. When considering the clinical education of CNLs, practice experiences vary among nursing education programs. This variation may be due to type of program (e.g. post-BSN, RN-MSN, second degree MSN program), geographic location, and practice partnerships. CNL education programs prepare graduates to sit for the CNL Certification Examination administered by the Commission on Nurse Certification (CNC). As strategies and solutions for improving health outcomes and addressing gaps in health care are sought, obtaining the CNL credential is important to recognize the unique knowledge and skill set of these graduates. Only those who successfully attain CNC Certification are eligible to use the CNL credential.

This list of recommended CNL practice experiences is not all inclusive or exclusive. Nor are these experiences required. Rather the list includes those experiences that are deemed to be critical for preparing CNL graduates with the skills and knowledge needed to effectively perform in diverse practice settings and systems upon graduation. The list was developed by an Expert Panel comprised of CNL faculty, representatives from practice, and practicing CNLs. The AACN white paper on *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (2013) served as a foundation for the discussion and development of the recommended experiences. The draft list of practice experiences was validated through an online survey sent to all CNL program directors and to the CNL community through the online CNL Collaboration Community. Feedback from the survey was considered by the Expert Panel prior to finalizing the list of recommended practice experiences.

Some of these practice experiences/activities may be done virtually. However, every student should have practice experiences within a microsystem that allows him/her to engage with other health professionals and patients integrating these new skills and knowledge into practice. In addition, practice experiences in diverse settings, not only acute care settings, will help the student integrate the KSAs delineated in the AACN Master's *Essentials* and the CNL competencies (AACN, 2013) into his/her practice.

> A variety of experiences should include opportunities to integrate the student's new learning into practice. The total number of clinical hours should be determined by the CNL program faculty. However, each CNL student should complete a minimum of 400 clinical/practice hours as part of the education program. In addition to the clinical/practice experiences integrated throughout the education program, an extended practice immersion experience, prior to graduation, mentored by an experienced CNL or other appropriate clinicians/professionals, is critical to the effective integration of CNL practice into the healthcare delivery system. A minimum of 300 of the 400 total practice hours should be dedicated to the immersion experience(s).

The intensive immersion into CNL practice should provide the student with the opportunity to practice in a chosen healthcare environment(s) and to integrate into one's practice the knowledge, skills, and attitudes (KSAs) acquired throughout the CNL education experience. The integrative experience(s) should occur in a practice environment that allows for the full implementation of CNL practice. In addition, a strong interprofessional practice focus should be embedded into the experience. Ideally, the student should have the opportunity, either face-to-face or virtually, to be precepted or mentored by an experienced CNL. The immersion may be completed in one setting or in several settings with different preceptors depending upon the needs of the student. To provide the opportunity for the student to more fully engage with an interprofessional team and practice environment, and to implement new knowledge and skills into one's practice, it is recommended that the immersion experience(s) be designed over a 10- to 15-week period of time (AACN, 2013).

The graduate of a CNL program is prepared with the knowledge and skills focused on quality improvement, leadership, care coordination, interprofessional communication, evidence-based practice, change processes, and population risk assessment. The Expert Panel strongly recommends that each student, as part of the academic program, have the opportunity to conduct an evidence-based quality improvement project. The project may be conducted in conjunction with or as a part of a multiple site project or a larger change/quality improvement project in one system. In addition, the practice experiences identified here are deemed critical for the successful preparation of graduates in complex health systems and in diverse practice settings.

Recommended Practice Experiences:

1) Conduct a microsystem analysis using a quality improvement process, e.g. 5 P process, including how the microsystem interfaces with the meso- and macrosystem. II-3, III-2

2) Identify clinical and cost outcomes and their relationship to clinical/patient outcomes that improve safety, effectiveness, timeliness, efficiency, quality and patient-centered care. II-4, III-10

Discussion: This activity should be conducted as part of the microsystem analysis. The microsystem or unit of analysis can be in any type of healthcare system or setting.

3) Assess a microsystem's resources, including human and physical resources, perform a gap analysis, prioritize the identified gaps/needs, and communicate these gaps/needs to appropriate stakeholders.

Discussion: This activity could be conducted virtually or could be part of the immersion and capstone project. However, even if this activity is done virtually every student should have practice experiences within a microsystem that allows him/her to engage with other health professionals and patients integrating these new skills and knowledge into practice.
II-4; III-1, 3, 4, 7, 10

4) Develop and conduct a change process to implement a new or revised EBP protocol/guideline.

    a. Identify a gap in care or a targeted care outcome for an at risk population, such as pain management, falls, or readiness for discharge.
    b. Compare existing practice protocols/guidelines for this at risk population or cohort to current best EBP protocols.
    c. Using EBP methodologies, lead a practice change to integrate a new or updated EBP protocol/guideline.
    d. Evaluate the impact of the change and the process used to implement this policy, including patient needs/outcomes and institutional/staff factors (e.g. capacity and satisfaction.) III-3, 4

Discussion: Activities a-d should be done sequentially as one experience.

5) Participate in the assessment of a practice guideline or practice process. Recommend how processes or policies should be changed. Using this analysis, participate in the change process which leads to the development of a change in policy, practice guideline, or process. III-7, IV-1

Discussion: This activity can be done as part of the immersion and a quality improvement project. Additional related experiences include providing the CNL student with the opportunity to:

- Lead the change process
- Present the recommendations for change or the outcomes of the change to appropriate audience(s).

6) In a practice setting, identify and analyze the potential impact of equity, financial, and social justice issues on outcomes of care. IV-1, 4, 6; VI-3

Discussion: If not possible to do in a practice setting, this activity can be done as a case study or simulation. This activity also can be done as part of the student's microsystem assessment; he/she should evaluate the health system or practice setting environment and identify potential equity, financial, and social justice issues. This can be conducted in a community or acute care setting.

7) Analyze actual and potential risks for a patient cohort or population within a specific care environment/setting. Based on this evaluation identify gaps in care and need for changes in practice. IV-7, 9; VIII-2

Discussion: The student should evaluate the risks of the patient population against the organization's priorities using the values and mission statements of the institution, other applicable care guidelines for the population and setting, and the ANA Nursing Standards of Care and the Code of Ethics. This can be done as part of the microsystem assessment of care.

8) Communicate to an audience in an informal setting (e.g. staff meeting in the microsystem, class) ideas or information regarding a practice issue, proposed policy change, etc. III-7, VII-3, IX-3

Discussion: It is critically imperative for every CNL student to have this experience. Engaging in this activity, having the opportunity to debrief and self-reflect, followed by additional or similar opportunities is important. Having the opportunity to present information, recommendations, etc. in an informal setting is an important learning opportunity prior to engaging in experience #9. The ability to effectively communicate with a variety of interprofessional and public audiences and in diverse settings is a hallmark of CNL practice and foundational to the CNL's success.

9) Observe role models engaging in communication and conflict resolution; analyze communication patterns, current processes, and outcomes. III-7

Discussion: The student needs opportunities to observe and analyze conflict management, strategies, communication patterns, etc. Ideally, the student will have the opportunity to engage in conflict management dialogue, which could be done using simulation.

10) Analyze interprofessional (IP) patterns of communication and chain of command both internal and external to the microsystem that impact processes and outcomes of care. II-2; III-7; VII-1, 3; IX-3

Discussion: This should be done as part of an assessment of a microsystem in order to understand communication patterns, how decisions/policies are made, how other health professionals get their information, and how IP team communication impacts processes and care outcomes. The student should also have one or more opportunities to engage in IP communication in a practice setting; this can be done during an IP team meeting or IP patient rounds (IPEC, 2016).

11) Participate in a professional organization or agency wide committee/task force. III-7; VI-2, 4; VII-3

Discussion: This could include attending a meeting and analyzing the discussion. If the student's preceptor or mentor is a committee chair or member of an institutional committee, this experience can be integrated into the quality improvement project. To develop as leaders students need the opportunity to participate in organizational/agency committees or other decision-making processes.

12) Assess a microsystem's processes for care transitions within and outside the system, including communication patterns and mechanisms, coordination, safety, and outcomes. Assess for gaps and propose recommendations for change in the process(es). III-8, VII-7, IX-8

Discussion: This is a critical skill set for each CNL student to develop. In the immersion experience, the CNL student should be prepared with this skill set and take a leadership role in

assessing and overseeing processes for care transitions. This should include assessment of current processes, identification of gaps or needs for change, and coordination of care transitions.

13) Working with an IP team, design, coordinate, and evaluate plans of care for a cohort of patients, including plans for care coordination and transition within and outside the institution. III-8, VIII-2, IX-7

Discussion: The ability to work across settings/systems, to plan and oversee care transitions, and to ensure that care is coordinated, particularly for complex patients, is critical. As reimbursement policies transition to value-based and pay for performance models, the CNL should have the ability to contribute to or lead these processes.

14) Lead a multidisciplinary team meeting (e.g. huddle, team rounds). Including the client and/or family as part of the team meeting is recommended. VII-3, 1

Discussion: Although strongly recommended to be conducted in a practice setting, this can be done as a simulation or in a seminar with interprofessional students, preferably not actors. The CNL student should actively lead the IP team discussion. The student should be actively engaged in the meeting and communicate the CNL role or practice to others at the meeting.

15) Present to leaders or other stakeholders outside of the academic setting regarding a healthcare issue and/or recommendations for a change. III-7; IV-1, 7, 8; VI-3

Discussion: This practice experience can be part of the immersion or capstone quality improvement project. This also can be part of the institutional approval process. It is strongly recommended that every student have the opportunity to formally present verbally to an external audience. It is important for the student to present his/her ideas to individuals outside of the class, preferably to someone in a leadership position within the micro- or macro-system who can or needs to be involved in implementing change. This person also may be a public policy official, at a public forum, grand rounds, council meeting, or professional organization meeting.

16) Using patient information system data, assess relevant data, design and implement a plan of care for a cohort or select group of patients (e.g. CHF, stroke, or patients with a chronic disease, or at risk cohort of patients.) V-1, 2

Discussion: Aggregate data should be used to plan care including any recommended changes in practices, protocols, or patient or staff education. This activity, although not ideal, can be done in a classroom setting using cohort data (Cohort data can be obtained online) and an information manager to facilitate the exercise. The student/class should analyze and apply the data to a cohort of patients. The student also should apply this skill to his/her quality improvement change project, including evaluation of outcomes and displaying of data appropriately for the targeted audience.

17) Use an aggregate dataset to prepare report(s) and justify needs for select patient care improvements (e.g. falls, pressure ulcers, HAI). The report/presentation should include data

using differing displays (tables, graphs, charts) depending upon audience and type of data chosen. I-1, V-1, 4

Discussion: The CNL student should analyze the data against institutional and national benchmarks. The student should also identify any trends in the microsystem, institutional or national data. The report should identify changes in care delivery that could be made or further evaluated.

18) Evaluate practices and outcomes of care for potential cost savings.
   a. Within a microsystem, use existing data to evaluate practices and outcomes.
   b. Identify trends in outcomes, how the outcomes compare to national, state, and institutional data.
   c. Identify areas for potential cost savings and improved care outcomes.
   d. Develop a business case based on this assessment.
   e. Using appropriate graphics, present to the multidisciplinary team a cost-saving idea that improves clinical and financial outcomes. III-7

Discussion: This can be done as part of the student's quality improvement/change project. It is strongly recommended that this practice experience be conducted in a clinical setting; however it could be done as a stand-alone group project with students accessing sample data online to assess cost/value. The ability to access and analyze outcome data is central to the CNL role. It is important for students to do a financial assessment and translate into potential cost savings or cost avoidance. The case, including projected savings of the change, should be presented verbally or in writing to the CFO/CNO, or if done as a group project with virtual data, the student should have the opportunity to verbally present the business case as part of a simulation experience if it is not possible to do this in a practice setting.

19) Conduct an analysis of an adverse, event which includes a trend analysis, identification of a serious event and root cause(s), and analysis of the outcome data.

Discussion: This should be done separate from the student's microsystem analysis. The analysis should include identification of barriers and facilitators within the organization related to the identified issue. Write an action plan related to the analysis and best evidence. This practice related activity can be done using simulation. III-1, 3, 4

20) Work with a quality improvement team or designee to engage in designing and/or implementing a process for improving patient safety.

Discussion: This practice experience can be done in a variety of settings and is strongly recommended. The activity could be done in conjunction with the student's quality improvement project. III-1, 3, 4, 5

21) Present a recommendation regarding the use or implementation of an existing or new/emerging patient/healthcare technology. V-3, 6

Discussion: This should include the analysis based on available evidence of the impact of a patient/healthcare technology on the process of care, cost of care, safety, and environment considering appropriate stakeholders (i.e. patient, family/caregiver, nurse, other providers, and the healthcare system).

22) Conduct an assessment of a patient cohort with complex or multiple health problems, identify clinical needs and gaps in care, and develop plans of care to improve patient outcomes, including coordination of care among providers and teams. Content regarding the relevant pathophysiology, pharmacology, and health assessment should be integrated into the assessment. Identify the expected clinical pathway for this cohort of patients. VIII- 2, 3; IX-10, 14

Discussion: The CNL student should have the opportunity to integrate graduate level content in pathophysiology, pharmacology, and health assessment into his/her practice. The assessment should include the expected outcomes and goals for the cohort of patients, appropriate nursing assessment and nursing interventions, appropriate laboratory/ diagnostic studies that would be ordered, relevant pharmacologic agents used, recommended consults, nutritional needs of the cohort, and patient/family educational needs. The CNL student also should identify needed resources and possible gaps/omissions in care as well as make recommendations that ensure that the best evidence is included in the appropriate Clinical Care Pathway.

23) Evaluate individual patients for care coordination and lateral integration opportunities using advanced clinical knowledge and illness/disease management methods to improve patient outcomes (Example early identification of a clinical change should be communicated to the healthcare team with potential plan of care recommendations (e.g. early referral to certified diabetes educator and/or nutritionist of a patient admitted with a diagnosis of stroke and an elevated hemoglobin A1C). Social Determinants of Health should be evaluated and addressed if appropriate in the care coordination plan.

Discussion: Care coordination and lateral integration are key activities of CNL practice. The CNL is uniquely prepared with advanced nursing knowledge and illness/disease management methods. The CNL student should have the opportunity to integrate graduate level content in pathophysiology, pharmacology, and health assessment into his/her practice. These activities should be accomplished during the immersion experience and reinforced through simulation.

24) Conduct a group health education class/session for a patient or healthcare staff cohort.
   a. Develop a health education plan for a microsystem-specific issue common to multiple clients/patients or staff.
   b. Review and select or create an education module directed at patients or staff that addresses the specific issue/need.
   c. Provide an education intervention based on identification of a need at the point of care. Intervention can be for patients, families, caregivers, or professional team.
   d. Implement and evaluate the health education plan, evaluating the role of the team, the teaching learning methods used, the patient or staff interactions, the expected and actual outcomes, including health status changes and/or changes in care outcomes. III-7, VIII-7

Discussion: Identifying the need for planning and implementing group education sessions is an important component of the CNL's practice. This activity can be a component of identifying and addressing patient cohort risks or implementation of a quality improvement project, or change in practice guidelines.

References

AACN (2013). Competencies and Curricular Expectations for Clinical Nurse Leaders Education and Practice. Accessed at http://www.aacn.nche.edu/publications/white-papers/cnl.

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