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I Have the CNL Power – Faculty Category

I am a Clinical Nurse Leader (CNL). I am an educator. I am a powerful CNL educator who educates CNL students! When we conceptualize student learners as the recipients of CNL “care,” the impact of the CNL educator is unmistakable. The nursing profession should herald the educator’s CNL skillset as the backbone of advanced nursing education because the CNL educator accesses and applies a powerful repertoire of skills that is far greater than employing basic educational principles. Indeed, the CNL educator uniquely integrates the CNL skill set within the culture of teaching and learning to synergistically transform advanced nursing education for student CNL learners.

Educational power lies in coordination. As a CNL educator, I perform “care” coordination for student CNL learners by juggling curriculum, competencies, and clinical settings. This requires an astute sensitivity to the needs and demands of sometimes competing alternatives to achieve the student preferences in their chosen role focus. For example, how can student CNL learners learn the CNL role when there are no CNL’s in the geographic region? Where some would say this is “impossible,” as a CNL educator, I enlist the power of distance learning to overcome geographic barriers to provide access to preceptors. Learners in our CNL program are assigned a Distance CNL Mentor located in a different state who guides their CNL role development. Another example of care coordination is helping student learners connect the dots between activities by coordinating learning experiences. “One and done” assignments that silo educational content and practicum experiences is not an acceptable perspective of learning experiences. Through my CNL perspective, I employ evidence based educational interventions to engage students in progressive assignments that continually link one learning component to another via deliberative scaffolding.

CNL educators are always vigilant to their contextual environment and selectively identify outcome measurement opportunities. Outcomes measurement is no stranger to me as a CNL educator as I am continually planning or assessing outcome measures to assess student competency, programmatic outcomes, and practicum facility assessments. As a CNL educator, I look for patterns and trends within evaluation measurements. I understand the power of multi-source validation and therefore triangulate data from multiple sources to assemble a complete picture before rendering decisions. Within our CNL program, I created recording templates that record multidimensional assessments on one form to observe data trends from different sources to create a more powerful interpretation of data than looking at a single source.

CNL educators powerfully orchestrate transitions of care as they progressively attend to the developmental stages of their CNL student learners. As a CNL educator, I understand that learning is not a linear process, and that leadership needs to be carefully nurtured. Armed with the CNL skill set, I have relinquished pernicious evaluation rubric anchors like “poor, fair, good and excellent.” Instead, I created a novice to expert evaluation rubric, where learners are allowed to be learners wherever they are in their role development. This simple transition honors and values competency-based achievement over individual grades.

Inter-professional communication and team leadership occur at all levels of the CNL educator role. CNL educators powerfully role model team collaboration and negotiation as they work with learners to acquire content and practicum experiences. As a CNL educator, I broker with clinical facilities, interdisciplinary preceptors, and help learners reflect on their experiences. I use direct and indirect experiences to instill critical reflection through writing and group discussions to highlight different perspectives in student observations about inter-professional communication and team leadership.

Risk assessment is always on CNL educators' dashboards. We ask, "what are the likelihood of risks" to learning, liability, and educational resources? Then we employ powerful interventions to eliminate or mitigate those risks to our learners and keep them from harm's way. One example of this is during practicum placement when we assess that the environment is not conducive to learning the CNL role.

Best practices based on evidence are implemented in CNL educators' teaching strategies, methods and materials. Discovery, integration, and application are key elements our CNL faculty inculcate into budding CNL students as they develop their role competencies. Furthermore, our CNL educators seek to create new and innovative opportunities for learning that can be tested. From a curricular perspective, our CNL educators embrace a powerful and inclusive approach to curriculum development and implementation that includes: 1) securing evidence from multiple sources about existing programs, trends and benefits of CNL education; 2) providing opportunities for open discussion among faculty and 3) seeking input from stakeholders.

CNL educators continually employ quality improvement measures to maximize the power of their interventions. To achieve CNL role competencies, learners must be prepared to think critically and creatively, speak and write cogently and clearly, solve problems, comprehend complex issues, and accept responsibility and accountability. Our CNL educators represent the relentless pursuit of excellence by promoting scholarship among our students.

CNL educators deliver care to their students and do so with one of the most powerful and comprehensive skill sets in nursing. To paraphrase AACN, CNL educators assume the accountability for student learner outcomes "through the assimilation and application of evidence-based information to design, implement, and evaluate [learner] processes and models of [educational] delivery" (AACN, 2014, p.4). If you use your CNL skillset to teach, you will have a fulfilling career where work is not only what you do, it is your power and passion!