

Clinical Nurse Leader: Moving Toward the Future

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"Changing times are invitations for participation."

—Anne Wilson Schaefer¹

Professional nursing practice remains challenged by the multitude of issues posed by a transforming healthcare system. Ensuring delivery of quality, effective patient care demands flexibility and adaptability on the part of nursing to fully participate in the many changes occurring in its environment.

TIME FOR TRANSITION

In an attempt to create solutions for the growing threat of the nursing shortage and shape the future of healthcare leadership and practice, the American Association of Colleges of Nursing (AACN) developed a working paper describing a new role, that of clinical nurse leader. Released in May 2003, the paper proposes the creation of a new role for professional nursing.²

Two AACN task forces (Task Force on Education and Regulation for Professional Nursing Practice 1

and 2) have been working since 2001 to search for answers to the concerns facing the discipline of nursing. Task Force 1, which worked on developing new educational models, determined that a new role was needed to differentiate scope of practice and create new licensure, rather than differentiate current entry levels of nursing.³ Task Force 2 began work in 2002 and focused on nurse competencies that would be needed in the future. It was this task force that created the role of the clinical nurse leader and published a draft of the white paper.³

AACN held a stakeholder reaction panel before the release of the white paper, to gather reactions and critical feedback from the practice arena. One of the authors participated in the reaction panel (Ms Drenkard) and provided input into the development of the role. The reaction panel included nurse executives from major systems across the country and provided the AACN leadership with some reality testing, comments, and suggestions for change. Based on the feedback, additional revisions were made to the working draft. In October 2003, the AACN invited academic and practice partners to participate in a meeting of "thoughtful, collaborative, dialogue" between nurse educators and practice partners about the education and practice of the nurse of the future, and to prepare an initial plan for implementation.⁴ More than 200

participants attended the meeting, furthering the white paper interpretation.

The AACN's next steps⁵ include academic/practice partnerships to pilot both the curriculum and the role set of the clinical nurse leader role. In January 2004, the AACN board of directors passed several policy motions to guide the work of the association to "assure the highest quality nursing workforce for our nation's healthcare needs."⁵ These motions are included in Figure 1. In June 2004, AACN will convene a conference between nurse educators and practice partners committed to advancing the clinical nurse leader initiative. At this meeting, education-practice models and curriculum will be finalized, and an implementation timeline will be developed. AACN issued a request for proposals in April 2004 to identify education-practice partners interested in piloting a clinical nurse leader program.

THE ROLE OF THE CLINICAL NURSE LEADER

The AACN white paper² describes various elements that are crucial to the clinical nurse leader (CNL) role. The CNL is characterized as a "leader in the healthcare delivery system, not just the acute care setting."² The white paper also says the CNL "oversees the care coordination of a distinct group of patients and actively provides direct

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PROFESSIONAL ISSUES

These motions were acted upon in the aggregate and should not be considered in isolation.

- The AACN board of directors does not believe it is feasible and productive, at this point in time, to engage in efforts to differentiate the license for the current BSN and ADN graduates.
- The AACN board does not believe that the set of expectations, as outlined in the report of TFER2, can be achieved in a 4-year baccalaureate nursing experience.
- The Board of Directors supports continuation of baccalaureate nursing education, at a minimum, as the entry level for the professional registered nurse.
- The Board of Directors accepts the draft White Paper on the Role of the Clinical Nurse Leader, May 2003, as a working paper.
- AACN will continue to provide leadership and invest resources in the creation and evaluation of a new model, or models, of nursing practice and nursing education at the master's degree in nursing level that results in a new nursing professional (CNL).
- The new models to be created and evaluated will result in a new nursing professional for generalist practice, as described in the CNL paper, who is prepared at the master's level.
- The Board of Directors approved models as a starting point for model development.
- AACN will assume leadership and engage appropriate stakeholders to ensure development of a new legal scope of practice and credential for the new nursing professional as described in the CNL working paper.

Figure 1. Motions passed by the American Association of Colleges of Nursing (AACN) Board of Directors. (From AACN. *Talking points: AACN board decisions regarding the clinical nurse leader initiative*. Available at: www.aacn.nche.edu/NewNurse/TalkingPoints.htm. Accessed March 10, 2004. Reprinted with permission.)

patient care in complex situations. This clinician 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 healthcare professionals.⁵ Core competencies, knowledge, and role development for the CNL have been identified and are presented in Figure 2. The CNL role aspires to provide nurses who are

- prepared for clinical leadership,
- accountable for outcomes,
- willing to remain in the profession, and
- capable of managing complex systems of care.

At the meeting in January 2004, the AACN board confirmed "support for the creation of a new nurse role to enhance care delivery titled the Clinical Nurse Leader (CNL). The CNL is a generalist clinician with education at the master's degree level. This nurse leader must be prepared to bring a high level of clinical competence and knowledge to the point of care and to serve as a re-

source for the clinical nursing team."⁵ The CNL role will be implemented across all care settings. Although not a management role, the CNL will provide and manage care to individuals and populations with diverse and complex health needs. Serving as the clinical expert in a care setting, the CNL will coordinate and evaluate nursing care at the point of service.

EVOLVING CHALLENGES

As the conceptual framework of the task force moves into our practice settings, challenges and issues arise that will need to be addressed. The CNL role holds much promise, albeit with many unanswered questions. The role of the nurse executive will be to serve as a leader of the change process, helping resolve the unanswered questions, participating actively in the dialogue with their academic partners, and leading the way by experimenting and implementing new models of care. As nurse executives direct the path to implementation, several areas of inquiry require exploration.

DO WE NEED A NEW ROLE?

It appears ironic amid our current nursing shortage, a situation in which we do not have enough staff to fill existing positions, that we are discussing the creation of another nursing role. However, there are those who would emphatically state that it is exactly the convergence of these and other internal and external factors that provide an opportune time for the development of a new provider of nursing care.

Nurse executives face daily struggles in their attempts to staff clinical units with competent, qualified registered nurses who are accountable for a full range of patient interventions and associated practice outcomes. Our current work environments are fraught with numerous challenges that affect the quality, safety, and effectiveness of patient

<p>Core Competencies Critical thinking Communication Assessment Nursing technology and resource management</p> <p>Core Knowledge Health promotion, risk reduction, and disease prevention Illness and disease management Information and healthcare technologies Human diversity Global healthcare Healthcare systems and policy</p> <p>Role Development Provider and manager of care Designer, manager, or coordinator of care Member of a profession</p>
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Figure 2. Core competencies, core knowledge, and role development of the clinical nurse leader. (From AACN. *Working paper on the role of the clinical nurse leader*. Available at: www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm. Accessed March 10, 2004. Reprinted with permission.)

care. High staff vacancy and turnover rates reflect the growing level of frustration of bedside caregivers. A compelling case can be made for a generalist clinician prepared at the master's level to help focus on and promote the clinical, financial, utilization, and quality elements of the day-to-day practice of the staff nurse.

The potential for both duplication and fragmentation of care poses additional challenges to addressing role clarity and practice differentiation. The ultimate success of the CNL will be dependent on the design of the position and its application at the patient's bedside. During implementation, role clarity between the CNL and other advanced practice nurses must be defined. The potential for duplication and confusion of role sets must be minimized in the current environment of cost containment. Although the concept of

the CNL role may not be perfected yet, it offers the opportunity for dialogue among our colleagues in academia and service—a dialogue that is critical to its successful implementation.

The CNL role creates an opportunity for new care models and care team configurations in every delivery setting. The nurse executive needs to be a leader in the development, implementation, and evaluation of these approaches. Working closely with academic partners in pilot projects may help close the gap between curriculum and actual practice expectations of the clinical nurse.

EDUCATIONAL PREPARATION

After reviewing the Baccalaureate Essentials for Professional Nursing Practice⁶ document, the AACN determined that changes in the current 4-year baccalaureate curriculum would not adequately prepare the CNL for the role that is needed. As a result, the AACN Task Forces stated that the new role will require education beyond the 4-year baccalaureate program, at the master's level.

Is it necessary to have another masters'-prepared practitioner? One of the major challenges for the pilot projects will be to differentiate the advanced practice nurse's role in each setting. The translation of the assumptions and competencies of the CNL into daily operational performance will be a critical piece. As a generalist, the CNL will have a broader scope of practice than clinical nurse specialists or nurse practitioners. With current studies examining the impact of education on clinical outcomes,⁷ the assumption that increased educational preparation of the nurse positively affects patient outcomes can be tested further through the evaluation of these pilot programs.

MODEL OF CARE DESIGN AND COST

The implementation of the CNL role in various health delivery settings

PROFESSIONAL ISSUES

provides nurse leaders with an opportunity to design new models of nursing care in a cost-effective manner. It is unlikely that current cost infrastructures could support the additional role set of the CNL as an "add-on" position. Models will need to be developed that completely recreate the care team using the CNL role as its foundation. Care models such as the ones designed by the University of Pittsburgh Medical Center and Inova Health System have demonstrated cost neutrality, and in some cases, cost benefit from a similar practice role.

Cost evaluation and return on investment methodologies must be developed to validate that the CNL role improves patient outcomes with the concomitant effect of lowered costs. Several cost avoidance strategies may be captured from lower lengths of stay, lower cost per case, and improved retention rates of registered nurses. It is essential that the pilot projects include measurements to evaluate the cost and quality of care as a part of the implementation plan. The chief nurse executives will need to play an integral part in the development of these economic evaluation methods.

SUMMARY

The discipline of nursing is at a crossroads. Numerous internal and external drivers, including the growing nursing shortage, decreasing reimbursement, the aging of the population, and increasing demand for nursing care, have created a unique and deeply complex situation. The time has come for creating the space for the development of solutions. The AACN's white paper serves as an attempt to offer a resolution. Will the CNL role be what the profession needs to move to the next practice level? What is required to ensure its fulfillment?

Working together as a community of nurse leaders will be essential to the success of this or any other innovative attempt to change the practice of nursing in our care set-

PROFESSIONAL ISSUES

tings. Identifying stakeholders with the influence and courage to initiate the necessary changes to nursing practice is a key first step. Nursing associations, practice partners, academic institutions, and providers of healthcare must all be willing to come to the table to participate in this effort. Leaders in nursing must be willing to create spaces for dialogue and decision making. We may all not agree on the details of the CNL role or even the fact that we need one. But we must all engage in the conversation in an effort to find a solution. By considering the proposal and the subsequent pilot programs as a "work in progress," nursing as a discipline will learn to be more comfortable living with the ambiguity and uncertainty as we systematically and scientifically find a better way to serve our patients.

In her book *Turning to One Another*,⁸ Margaret Wheatley attempts to identify the elements needed to

change the world. She recommends asking "what's possible," not "what's wrong?" In her summary poem, Wheatley shares, "There is no greater power than a community discovering what it cares about."^{8(p. 145)} Nurses care about their ability to have an impact and deliver quality patient care. We encourage you to join the dialogue and take an active role as a participant in the community of nurses moving forward toward the future.

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