



The American Organization of Nurse Executives' Guiding Principles and American Association of Colleges of Nursing's Clinical Nurse Leader

A Lesson in Synergy

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The membership of the American Association of Colleges of Nursing, in partnership with its practice partners, has initiated a national effort to create a new nursing role that is more responsive to the realities of a complex, technologically advanced, ever-changing healthcare system. This new role is the clinical nurse leader. Nurses in this new role will be prepared at the master's level and will act as lateral integrators of care, patient advocates over the many components of the continuum, and information manager to the multiple disciplines involved in care. Practice and education partners are working together to define the curricu-

lum for this role and create a new care delivery model needed to maximize the skills of the clinical nurse leader and the other team members to achieve better patient outcomes. In this department, the authors describe the work of the American Organization of Nurse Executives in defining the nurse of the future. The description of the dynamic synergy and role differences between the nurse of the future and the clinical nurse leader role is also presented.

Rapid change and exploding complexity in healthcare abound. Initiatives on safety and quality, massive building projects with redesigned work flows and new technologies, health personnel shortages, faculty shortages, 45 million uninsured, epidemic/pandemic planning, and reimbursement issues flood online healthcare news updates daily. This constant change and complexity provide nurse leaders a plethora of opportunity on which to focus—sometimes coming in rapid-fire, 15-minute segments.

In 2001, the American Organization of Nurse Executives (AONE) published the *AONE Nursing Workforce Model* and has used it to facilitate discussions and guide thinking about the registered nurse workforce shortage. Using a systems model as the context, 6 domains to the workforce challenge were identified: legislation/regulation, delivery systems, technology, work environment, financing, and education. Using an environmental scanning approach, factors that cannot be controlled (eg, the aging population needing healthcare services) and factors that nurse executive leaders could influence or intervene were identified.

Using this model, the AONE board of directors began discussing the future registered nurse workforce. The board purposefully looked first at the work of delivering patient care in the future, then outlined the professional nursing role required to do that work, and, finally, considered the education needed to prepare the nurse for the envisioned future role. The board

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also looked at the interplay of the many factors and leverage points within the 6 domains of the workforce model, with special attention on technology and the care delivery systems. Questions such as “How is technology changing the work of the nurse and how will it change it even more for the future?” and “How are the changing behaviors, age distributions, and knowledge levels of our patients/clients altering the work of the nurse for the future?” drove discussions and planning. As discussions progressed from 2001 through 2003, it became clear that there would be no one specific care delivery model that would address workforce, technology, quality, and safety needs. At this time, the board authorized the AONE patient care delivery task force to further explore the issue. Beginning in 2003 and culminating in early 2004, the AONE board, with input from chapter leaders across the country, developed principles that nurse leaders could use either to frame the work they were doing or to initiate work in their organizations across the country. That phase of work resulted in the publication and dissemination of AONE’s *Guiding Principles for Future Patient Care Delivery* (known as the *Guiding Principles*) in early 2004.

AONE’s Guiding Principles for Future Patient Care Delivery

In the *Guiding Principles* (Figure 1), the centering focus remains the patients or clients and their social support system. The model creates a puzzle motif because, in complex adaptive systems, there are other pieces that will connect

to the model in ways that will be discovered in the future. The *Guiding Principles* include the following.

The Core of Nursing Is Knowledge and Caring

The actual work that nurses do will change, but core values will remain. Knowledge about the many aspects of care and emerging evidence will be crucial to professional nursing practice, even today and certainly in the future. Among the changes will be a decreased task focus, more innovation, and enhanced interdisciplinary team functioning.

The Care Is User Based

Care will be directed by, and in partnership with, the patient/client or population needs and will be respectful of the diversity of health belief models of all users. The care will move to and with the user rather than being institutionally based, and new arenas of care will evolve and are already evolving.

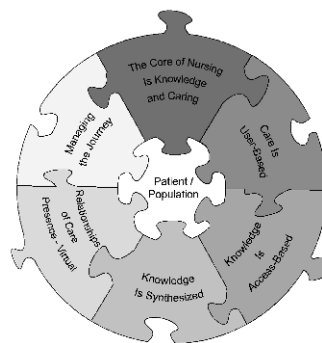
Knowledge Is Access Based

With the advances in point-of-service technologies, nurses will

be expected to access the latest information regarding the complex needs of their clients and patients, who will often present with multisystem and chronic conditions that interplay with acute episodes for which care is sought. Rather than nurses holding, in their personal recall, a specific and detailed body of knowledge, they will be expected to know how to access the needed information to expand their knowledge base in a “just-in-time,” evidence-based mode. The work of the nurse in the future will depend on information technology literacy and will move away from a process focus.

Knowledge Is Synthesized

Processing accessed knowledge will evolve the work of the nurse from critical thinking to “critical synthesis.” Synthesis occurs as the multiple knowledge factors accessed are analytically processed and applied to the various patient populations and individuals as nurses coordinate care across multiple levels, disciplines, and settings. It will move the knowledge work of nurses from



Nursing Care Across Provider Settings

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Figure 1. AONE’s guiding principles for future patient care delivery.



linear thinking processes to a multilateral system focus.

Relationships of Care and Virtual and/or Presence Based

The knowledge that is leveraged, synthesized, and used to provide care is grounded in relationships between the patient and the multidisciplinary team. The relationship will be multidisciplinary and include the full societal scope of generations, diversity, and interdependency. Relationships with patients will be dramatically altered by the increased application of technology, requiring that we further define the relationship context as being “virtual” or “physical” and knowing when each is required. In many cases, professional nurses will determine which is needed, at what time, and in what quantity.

Managing the Journey

The work of the nurse in the future will be to partner with patients/clients to manage their journey in accordance with their needs and desires and available resources. The nurse will serve as the coordinator and advocate at the highest level. The nurse will assist patients/clients and their support systems in navigating the increasingly complex and confusing healthcare journey.

The AONE board and the patient care delivery task force continue this work today by doing the following:

- Issuing the AONE position on the “Education of the Nurse of the Future” in April 2005. The AONE position states that “the educational preparation of

the Nurse of the Future will be at the baccalaureate level...[and] will prepare the Nurse of the Future to function as an equal partner, collaborator and manager of the complex patient care journey that is envisioned by AONE [and] given that the role in the future will be different, it is assumed that the baccalaureate curriculum will be re-framed.”¹

- Further expanding the *Guiding Principles* with operational definitions and an online toolkit for members to use in their own organizations.

Comparison of AONE and American Association of Colleges of Nursing Work—The Synergy

During 2000 to 2003 and simultaneous to the work of AONE, the American Association of Colleges of Nursing (AACN) was looking at the changes needed in the education and regulation for professional nursing practice.^{2,3} Tornabeni and colleagues Stanhope and Wiggins have previously described the evolution, focus, and vision of the Clinical Nurse Leader (CNL)^{4,5} role in this column. In mid-2004, AACN invited AONE to join the CNL implementation task force.

To guide the work of nurse executives and to provide a framework for logical response when asked “Are these 2 different roles or different names for the same role?” a side-by-side comparison of both initiatives was developed.

Table 1 is a detailed grid comparing various components of AONE’s *Guiding Principles for Future Patient Care Delivery* with the CNL Core Competencies and End of Program Competencies. The comparison grid illustrates the similarities and differences that can be used to

- understand areas of alignment;
- create the potential synergy between the 2 initiatives; and
- uncover gaps or potential absent areas of focus that could be helpful to both practicing executives designing future models and roles and educators preparing professionals for those roles.

The CNL role requires a nurse educated at the master’s level. The position of AONE calls for the nurse of the future to be educated at the baccalaureate level. A review of the CNL Core Competencies and End of Program Competencies gives a clear indication of where the differences lie in the 2 initiatives and why the difference in the educational preparation is required.

The CNL assumes accountability for healthcare outcomes for groups of clients. The role is focused on providing the lateral integration in healthcare provider settings that is needed to augment care. This lateral integration has been truncated and fractionalized by shortened lengths of stay, moves to ambulatory settings, and care delivery processes that enhance “siloes” multidisciplinary approaches. Both the nurse of the future and the CNL will use and access knowledge in new

Table 1. Comparison of AONE and AACN Initiatives

AONE Guiding Principle*	Essence of the AONE Guiding Principle*	Relation to AACN CNL Core Competency/Assumption	Relation to AACN CNL End of Program Competencies
The core of nursing is knowledge and caring.	The actual work that nurses do will change, but core values will remain. <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 mesosystems and macrosystems on the microsystem
The care is user-based	Care will be directed by, and in partnership with, the patient/client or population needs and will be respectful of the diversity of health belief models of all users. <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 	<ul style="list-style-type: none"> • Care for individuals/cohorts/populations • Focus is outcomes of patient populations • Client-centered, interdisciplinary practice • Maximizing client care and client decision making • Social justice, addressing disparities in healthcare • Assessment (core competency) • Human diversity (core competency) 	<ul style="list-style-type: none"> • Communicates effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients
Knowledge is access based	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. <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 healthcare system evolve. • Uses information systems and technology at the point of care to improve healthcare outcomes. • Participates in systems review to critically evaluate and anticipate risks to client safety to improve quality of client care delivery.
Knowledge is synthesized	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. <ul style="list-style-type: none"> • Critical synthesis • Across levels/disciplines/settings/no walls • Accessed based on patient/consumer needs • Away from a linear process to multilateral system focus (complex adaptive systems) • Technology drivers 	<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.
Relationships of care	Our knowledge and the care provided are grounded in the relationships with our patients/clients/populations.	<ul style="list-style-type: none"> • Coordinating, delegating, supervising the care/healthcare team • Systems level 	<ul style="list-style-type: none"> • Effects change through advocacy for the profession, interdisciplinary healthcare team, and the client

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Table 1. Continued

AONE Guiding Principle*	Essence of the AONE Guiding Principle*	Relation to AACN CNL Core Competency/Assumption	Relation to AACN CNL End of Program Competencies
The "virtual" and the "presence" relationship of care	<p>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 <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"> • Nontraditional settings • Focus is desired outcomes • Aspects of care when not present • Virtual tools (new and evolving) • Guard the value of the human relationship 	<ul style="list-style-type: none"> • Communications (core competency) • Technology and resource management (core competency) • Illness and disease management (core competency) • Global healthcare (core competency) <ul style="list-style-type: none"> • All settings • Role varies across settings • Accountable for outcomes (core competency) • Provider/Manager of care at the point of care • Develop/Sustain relationships using varied/distance technologies • Information and care technologies 	<ul style="list-style-type: none"> • Properly delegates and uses the nursing team resources (human and fiscal) and serves as a leader and partner in the interdisciplinary healthcare team.
Managing the journey	<p>The work of the nurse in the future will be to partner with patients/clients 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) <p>Role development:</p> <ul style="list-style-type: none"> • Provider/Manager of care • Designer/Manager/Coordinator of care • Member of profession 	<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 healthcare professionals.

AONE indicates American Organization of Nurse Executives; AACN, American Association of Colleges of Nursing; CNL, Clinical Nurse Leader. *Reprinted with permission from the American Organization of Nurse Executives. Copyright 2004, American Organization of Nurse Executives.



The CNL will be skilled in the use of evidence-based practice, a skill that will be fine-tuned through the clinical immersion portion of their educational process. The role has been structured in such a way as to maximize clinical leadership at the point of care, allow for the changes in nursing practice overall as discussed in AONE's *Guiding Principles*, and provide additional clinical leadership that is value added for organizations because of the impacts on patient outcomes, quality, and safety.

Summary

The AACN CNL role embodies many of the key points envisioned within the AONE *Guiding Principles for the Nurse of the Future*. The CNL is clearly a knowledge worker, and the role aligns with AONE's *Guiding Principles*.

The CNL uses skills and competencies gained through additional education to align managing the journey of the patient with strong evidence-based practice. The skills and competencies used by the CNL to achieve this include a more robust knowledge of healthcare financing and quality, safety, and statistical processes. In addition, the CNL works with groups of nurses to manage cohorts of patients with specific sensitivity to the cohort's nurse-sensitive outcomes, patient outcomes, and safety and quality goals.

Moving professional nursing work of the future as delineated in AONE's *Guiding Principles for Future Patient Care Delivery* is a necessity. At this point, using the CNL role remains an option—an exciting option being explored and initiated by more than 175 practice partners in the

United States at the time of this writing.

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