

# ANSWERING THE QUESTION, “WHAT IS A CLINICAL NURSE LEADER?”: TRANSITION EXPERIENCE OF FOUR DIRECT-ENTRY MASTER'S STUDENTS

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Understanding the experience of students learning the clinical nurse leader (CNL) role can be useful for faculty, preceptors, staff nurses, and interdisciplinary team members who guide them. This article analyzes the experience of four direct-entry master's students in the first cohort to complete the CNL curriculum and to sit for the pilot CNL certification examination. Using action research methodology, the students worked with the clinical immersion practicum faculty and a writing consultant to develop the study purpose, collect and analyze data, and prepare a manuscript. The main theme that emerged was, answering the question, “what is a CNL?” Subthemes supporting the main theme involved coming to the edge, trusting the process, rounding the corner, and valuing becoming. The analysis confirmed the value the CNL offers as a new vision to nursing education and practice. The students offered suggestions for the CNL curriculum and practicum. (Index words: Clinical nurse leader; Nursing education; Participatory action research; Qualitative methods; Direct-entry master's in nursing; Immersion practicum) *J Prof Nurs 26:332–340, 2010. © 2010 Elsevier Inc. All rights reserved.*

**T**HIS ARTICLE DESCRIBES an action research project analyzing the transition of direct-entry master's students to the role of clinical nurse leader (CNL). As key participants in this project with support from faculty and a writing consultant, we chose to write this article in the first person because we wanted to share what we learned about the meaning of the nurse leader vision. We were the first cohort of direct-entry master's in nursing (DEMN) students to graduate from the CNL program at our university. We also were in the first cohort

to sit for the CNL certification examination. We were well aware that educators, nurse leaders, and staff nurses in local and national health care institutions were skeptical whether students from DEMN programs could meet the competencies required for the CNL role given their lack of clinical experience and accelerated program pace (Drenkard, 2004; AACN CNL regional meetings 2005 and 2006, personal communication; J. Stanley, Implementation Task Force meetings October 26, 2004, March 22, 2005, and November 1, 2006, personal communication). Understanding our experience may benefit future DEMN students in managing the challenges associated with learning a clinical role that is in evolution and assisting faculty, preceptors, and staff to develop more effective ways to guide them.

## Background

The CNL is an innovative advanced generalist role in nursing first proposed by the American Association of Colleges of Nursing (AACN, 2003) in a document, *White Paper on the Role of the Clinical Nurse Leader* (working paper). A series of national reports by the

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Institute of Medicine (IOM, 2000, 2001, 2004), Joint Commission on Accreditation of Health Care Organizations (JCAHO, 2002), and Robert Wood Johnson Foundation (Kimball & O'Neil, 2002) argued that current problems in the quality of patient care and a number of medical errors across the health care delivery system resulted from lack of care coordination, poor communication within the health care team, and outdated systems of care. A number of these reports called for changes in the education and clinical preparation of health care professionals (IOM, 2003; JCAHO, 2002). AACN proposed the new role of CNL as one response to this challenge for change (Bartels & Bednash, 2005; Long, 2004). The CNL is the first new role in nursing practice since the 1970s.

The goal of the CNL is to improve the process of patient care and the quality of care outcomes. To achieve this goal, the CNL functions as a leader in a clinical microsystem facilitating the lateral integration of client care services and working with the health care team in planning patient care (AACN, 2007). Currently, 61 colleges and universities offer a CNL program (AACN, July 10, 2008, <http://www.aacn.nche.edu/CNL/CNLWebLinks.htm>).

Our university initiated the CNL program in 2005 with several partner agencies as part of the AACN CNL pilot project. The CNL program was based on the curriculum, competencies, and preceptor guidelines drafted by the AACN Clinical Nurse Leader Implementation Task Force in 2005 and finalized in 2006 (AACN, 2006a, 2006b, 2006c). The DEMN program was a 2½-year program. The 1½ year of the program focused on meeting prelicensure outcomes and AACN baccalaureate essentials for nursing education (AACN, 1998). In the second year, the curriculum focused on meeting competencies for a specific practice area and the AACN master's essentials for advanced practice nursing (AACN, 1996). Students could elect nurse practitioner, nurse educator, or clinical practice leadership and, beginning 2005, CNL.

### Literature Review

We conducted a literature search using PubMed and EBSCOhost, including CINAHL, CINAHL Plus With Full Text, Academic Search Premier, Health Source: Nursing/Academic Edition, and Medline. An additional source was the AACN Web site, <http://www.aacn.nche.edu/CNL>. All searches were conducted through our university library using the search term *clinical nurse leader*. This search yielded a list of 127 articles. After excluding articles in non-U.S. journals and duplicate titles, a final set of 79 articles from 2003 to 2008, obtained through the university library, was used for the review.

Two themes emerged from this review. The first theme generated a sense of urgency regarding the need to create new approaches to nursing education and nursing practice models. The second theme focused on the CNL first as a nursing practice innovation that would improve

patient care and second describing the subsequent development, implementation, dissemination, and evaluation of the CNL (Kotter, 1996). The majority of articles and presentations are descriptive, advancing ideas and actions associated with the evolution of the CNL from innovation to evaluation. A literature search of CINAHL and CINAHL Plus With Full Text using the limiter *research* resulted in six studies. Our literature review identified several additional research-based articles and presentations.

The current research examines the implementation and outcomes of the AACN CNL pilot project partnerships between academic institutions and clinical agencies (Stanhope & Turner, 2006; Stanley, Hoiting, Burton, Harris, & Norman, 2007) and evaluation of the CNL in practice (Harris, 2006; Hartranft, Garcia, & Adams, 2007; Smith & Dabbs, 2007; Smith, Manfredi, Hagos, Drummond-Huth, & Moore, 2006; Stanley et al., 2008), with few studies examining factors and experiences influencing CNL students and practitioners (Dzurec et al., 2006; Poulin-Tabor et al., 2008). In addition, student experiences have been shared anecdotally through presentations at national and regional AACN conferences (Danforth, Adams, & Nuss, 2006) and monthly AACN CNL teleconference (Beach, Gallofin-Morales, Quirk, & Ritchey, 2007; Brown, Brown, Pomrenke, & Roussel, 2007; Wiggins, 2007).

Little has been written about the experience of the first cohort to engage in the CNL immersion. This article presents an action research project exploring the experience of four direct-entry master's degree students making the transition to the new role, CNL. The study began in the first week of the students' CNL practicum when one of them made the comment, "I think we should present this [our experience] to others." (Marcy)

## Methods

### Design

The research design for this study is the mutual collaborative approach to action research described by Holter and Schwartz-Barcott (1993). Using this approach enabled us as students to be participants, researchers, and authors of our own work. A goal of the mutual collaborative approach is to gain phenomenological insight and understanding that can be shared with others by helping participants interpret and understand their experience. This methodology matched our goals: to analyze our experience to help direct-entry master's students anticipate the demands of second-degree CNL program and extend the understanding of staff nurses, nurse leaders, and faculty working with second-degree students in CNL programs.

Holter and Schwartz-Barcott (1993) outlined four characteristics of action research: collaboration, solution of practical problems, change in practice, and development of theory. The project was a collaboration that included us as key participants, our clinical faculty leader, and a writing consultant. The faculty member

provided support and mentoring and served as our consultant in qualitative research methods. The writing consultant assisted with data analysis and manuscript preparation. The practical problem in this project was developing an understanding of the transition experience of nonnurse to CNL. The practice change we wanted to address was to facilitate the CNL immersion practicum and transition experience for direct-entry master's students. Although this project did not develop a specific theory, the experiencing transitions theory described by Meleis, Sawyer, Im, Messias, and Schumacher (2000), specifically the situational type of transition described by Schumacher and Meleis (1994), is highly relevant. Transitions are processes, divided into nonlinear but progressive phases, that occur over a period often creating feelings of vulnerability, uncertainty, and anxiety (Schumacher & Meleis, 1994). The clinical immersion practicum required a transition that integrated a definition of self as professional person before entering nursing with a definition of self as nurse and, finally, a definition of self as CNL.

### Student Participants

Of 21 students eligible for the initial CNL program, 5 entered the program because we were convinced that the role of CNL would be interesting and challenging, and most importantly, it offered a different perspective to change nursing practice and the care of patients. Four of us completed the CNL immersion practicum in the fall of 2006, graduated in December, sat for the pilot CNL certification examination in January 2007, and became certified CNLs. The fifth student completed the program in 2007 and did not participate in the action research project.

As the study sample, we are all women aged 26–30 years at the start of the clinical immersion practicum. Table 1 shows baccalaureate and master's degrees prior to entering nursing, the nursing clinical areas prior to starting the CNL practicum, and the postmaster's area of clinical practice. The length of clinical practice prior to starting the CNL practicum was approximately 8 months for all participants.

Three of us selected a new clinical agency or a new practice area for the CNL immersion practicum. Practicum sites included medical–surgical and maternity units in community hospitals and a community health center. Clinical preceptors had master's degrees in nursing or administration. Their job titles and responsibilities

included executive director, clinical educator, lactation consultant, and clinical director.

### Data Collection Procedures

Data collection began at the first clinical immersion seminar in September 2006 and ended a year after completing the CNL program in December 2007. Data sources involved practicum-related reflective journals, faculty notes of seminar discussions, student reflections on their experience written after graduation, and transcripts of four analytic discussion sessions.

### Data Analysis

All participants contributed to content analysis and theme development. Each participant read and analyzed clinical journals, reflection pieces, and audiotape transcriptions, identifying key words and phrases, creating codes and themes, then discussing the findings. Emerging questions were discussed with ongoing analysis to arrive at a shared critical understanding of the data and the experience. Each theme was debated until all participants agreed and then compared and confirmed with the data.

### Findings

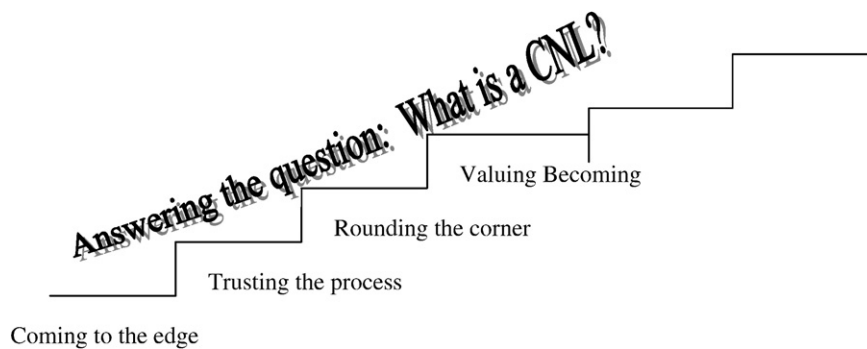
The dominant theme defining the CNL transition experience was answering the question, “what is a CNL?” The major theme incorporates a number of subthemes: coming to the edge, trusting the process, rounding the corner, and valuing becoming. Figure 1 depicts the relationship between the main theme and the subthemes as a series of steps. The stairs represent a process that involves moving up and down the ladder but always moving forward to answer the question, “what is a CNL?”

#### Answering the Question, “What Is a CNL?”

The process of answering the question began with the initial introduction to the CNL role and the decision to enter the CNL track. The theme extends beyond completion of the practicum to questions about how to prepare after graduation for assuming the CNL role in the future. Answering the question occurred over time through discussions in class and informal conversations with faculty, preceptors, and those among the group and explanation of the role to other nurses and colleagues. Most significant was the personal struggle to answer the question for ourselves. It was this internal analysis and

**Table 1.** Participants' Prenursing Education, Prepracticum Practice, and Post-master's Practice

Participant	Baccalaureate/Master's degree	Prepracticum practice	Post-master's practice
Emily	Biology	Medical–Surgical	Maternal–Child Certified lactation consultant
Danielle	Studio art Double minor: business and education	Outpatient dialysis	Outpatient dialysis
Kim	Communication sciences and disorders	Medical–Surgical telemetry	Medical–Surgical telemetry
Marcy	Microbiology/Public health	Systems consultant	Community health center



**Figure 1.** Transition process: what is a CNL?

self-definition that became central to our understanding of what it means to be a CNL.

Entering the immersion practicum was confusing and stressful; the competencies were clear; how to achieve them, given the newness of the role, was less clear. It was challenging to have everyone asking, “what is a CNL?” while also trying to explain about being a DEMN student who is both a novice nurse and a graduate student. How could we tell others who we were or what we needed when we did not really know ourselves. Everyone around us kept asking, “What are you doing?” “What is a CNL?” “Why are you doing this?” “How can you be a graduate student and an expert when you haven’t done any nursing?” What started as stressful eventually became helpful. Answering these questions demanded clarifying the goals and expectations for ourselves. Kim described the early days of her CNL practicum as being very bumpy:

The journey to becoming a CNL sometimes felt long and often bumpy. That is the hard part about being part of a new program. Sometimes no one knows the answer, and you have to blaze your own path.

Marcy shared the necessity of continually explaining what she was trying to achieve and how it was different from other nursing roles:

I was often confronted with explaining what a CNL is or why a CNL is different from a clinical nurse specialist. Nurses...would say, “Why is your program different? What makes it unique?”

The faculty and preceptors faced questions about the CNL program while also struggling to answer it for themselves. Although they were experts in their own areas of practice, the CNL was new for them and demanded that they be innovative in helping us find learning opportunities. Adding to the demand for innovation was the fact that DEMN students’ are different from postbaccalaureate nursing graduate students.

The CNL immersion practicum was in the second year of the DEMN graduate program; students have little to no experience in the role of professional nurse. DEMN students have knowledge and experience from a broad range of disciplines, bringing a diverse set of skills and perspectives to professional nursing practice. The combination of diverse backgrounds and limited nursing

expertise creates a challenge for faculty and preceptors attempting to integrate nontraditional graduate students learning a new role in clinical environments where nurses and members of the interdisciplinary team have little knowledge or understanding of either the CNL or second-degree students. Reviewing the AACN (2003) white paper and constantly checking the competencies, reading the limited literature, and talking about the vision and definition of the CNL were helpful, but no one had seen the role in action. What did the role look like in professional practice? What educational strategies were needed? Would the nursing staff and administration accept the role? To further complicate the learning process, each clinical setting had its own organizational structure, key players, and unit culture, requiring each preceptor and student to interpret and apply the CNL concepts in the context of the particular, and for the student, unfamiliar, environment.

### Coming to the Edge

The subtheme coming to the edge was based on the writing by Logue (1996). The following lines are adapted from the original document and reflect not only the uncertainty and trepidation associated with entering the CNL practicum but the excitement and challenge in being among the first to enter the program.

Come to the edge!  
We might fall.  
COME TO THE EDGE.  
And they came,  
and he pushed,  
and they flew.

The newness and uncertainty raised a number of questions about what was needed to learn the role and the long-range potential for the role in local institutions. The questions centered on whether nursing staff and leadership would accept the role not only now but in the future. Would they be open to students trying to learn this new role? Would they be patient and willing to devote time and energy to helping? A major concern was whether nursing leadership and staff would accept DEMN students who had minimal experience in nursing practice trying to be CNLs. Could the faculty and preceptors get access to the type of experiences that would be needed to meet the competencies? The clinical immersion



practicum demanded that everyone be flexible, recognizing this as an opportunity to think differently about nursing practice and working together to create innovative learning opportunities.

Being the first CNL students required a commitment to the CNL vision, a sense of adventure, and a willingness to take risks. As Marcy recalled,

I always felt the CNL is different. As a nurse, I wanted to make a difference at the microsystem level...but I often felt like a pioneer delicately explaining why being a master's-prepared generalist was going to be valued....This was perhaps the most challenging aspect of my role. (Marcy)

Kim's comments reflect the concerns we had about our lack of experience preparing for a role that used the term *clinical expert*:

We had lots of questions ranging from what is a CNL to [how] was it possible to be a CNL who is expected to be a clinical expert when we were still novice nurses according to Patricia Benner's theory?

### Trusting the Process

Trusting the process provided the security and foundation for meeting the clinical demands and achieving the CNL competencies. Trusting the process meant believing that (a) faculty had helped us achieve the knowledge and skill needed for meeting the competencies, (b) the AACN was committed to the vision of the CNL as a catalyst for change, (c) faculty and preceptors would be cocreators of our learning experiences and provide ongoing support to our efforts, and (d) we would be successful.

We had a history of success in nursing. We had completed a rigorous, intense, accelerated prelicensure curriculum, passed the National Council on Licensure Examinations, and started professional careers as staff nurses. The next step was to immerse ourselves in a 336-hour intense clinical practicum, learning a new role from faculty, preceptors, and staff, whom we did not know and who did not know us and who did not have experience with the CNL role. Self-direction and self-advocacy were critical to trusting the process of learning and to developing the attributes and skills that would be needed as a CNL.

Emily, Danielle, and Kim described what learning self-advocacy meant for them and its importance to being a CNL.

While not specifically part of the competencies...I advocated for myself. Advocating for myself...has not been my strength...learning to become a CNL has helped me develop leadership skills and learning to stand up for what I believe is right. These skills are not only important for my career in nursing but are also important life skills; an unexpected result of my decision to become a CNL. (Emily)

I found it very challenging to meet the competencies...my preceptors looked at me as an undergraduate student nurse....They did not understand

that I was a graduate nurse with capabilities and education surpassing that of most undergraduate students. I was a nurse with education in critical thinking, evidence-based practice, health care policy, education, and much more. I realized I needed to make the most of my experience by taking my education in my own hands. (Danielle)

This was not the clinical I was used to...where were my fellow students...where was the clinical instructor who I had grown to count on? I felt alone...with a list of required competencies and not knowing how I could possibly complete them all. I began to see, pretty early on, that I was going to have to make my own connections and set up my own experiences. (Kim)

### Rounding the Corner

Comfort levels and feelings of competence increased as the practicum progressed. The nursing staff, nurse managers, and health care team began to recognize the value of the CNL role to them and to patient care. As a result, learning opportunities expanded and responsibilities increased, leading to "ah-ha moments" or turning points that resulted in a sense of accomplishment and moving from feelings of insecurity and uncertainty to confidence and action. Marcy shared a situation that led to her ah-ha moment and rounding the corner to feeling like a CNL.

After telling my preceptor that I was planning on revising my plan...she said, "Why change your plan?" My response, "Well I may fail and the plan is not supported by a mid-level staff member." She replied, "Well you are the CNL. You have evidence to support making the changes. You may fail, but you will never be effective if you are afraid to fail." For me, this was one of the most significant turning points in not only in my nursing career but my entire professional career. This is when I became a clinical nurse leader....I was the individual that was responsible for practicing evidence-based [nursing].

Danielle described her ah-ha moment as a time when others saw that she was able to improve a process for the staff and the patients:

I was very frustrated...although I knew that part of the CNL experience would involve leading and coordinating new programs...I felt like I was being used to accomplish something that was not possible....As it turned out, I was able to educate the rest of the staff so they were able to take over. My clinical preceptors finally recognized...that I was indeed doing something different in the CNL role.

### Valuing Becoming

Completing the practicum and successfully passing the CNL certification examination ensured that we had the knowledge and many of the skills needed to be a successful CNL. We did not have the credibility or even

the self-assurance that came with being clinical experts. Valuing becoming, a process of continuing to grow professionally and develop clinical expertise and wisdom, is a stepping stone to establishing the credibility and self-assurance needed for entering a CNL position. Valuing becoming provides a space between the completion of our immersion experience and our readiness to step into the CNL role.

The lack of clinical experience was a major drawback to the CNL role and to being as effective as possible even in the student CNL role. We felt strongly, as did our preceptors and colleagues, that to be a CNL, one needed to be a clinical expert. Emily highlighted this as she compares her vision of a “true” CNL with her student experience.

I can't say that I acted as a true CNL in the way that I envision it working on the unit. I think this was related to the fact that I'm a new nurse, new to the specialty, and new to the hospital. To work around this, I found a specific topic and became an “expert” in that topic, that is, skin-to-skin contact.

The question of how much time one should spend in the staff nurse role before being ready to be a CNL is not clear. When asked, faculty and other experts had different answers. Some said a year; others said anywhere from 3 to 5 years. Benner (1984) in her analysis of novice to expert did not give a specific time line but implied that it is a lengthy process. Is it possible that our age, previous academic preparation and professional work experience, and having a graduate-level nursing education better prepare DEMN students for clinical practice, enabling graduates from these programs to move more efficiently and effectively from novice to expert? This is an area that needs further investigation.

After a year of professional practice after CNL certification, we feel at or near a point of readiness to becoming a beginning CNL, with qualifications: if we know we will be accepted as novice CNLs and if we receive extensive mentoring and ongoing support. The time needed in professional practice after completion of a CNL program may be a distinguishing feature between graduates of postbaccalaureate CNL programs and those from a direct-entry master's program in readiness to assume the CNL role and the level of support needed after entering the role.

Questions about the future of the CNL have yet to be answered. Will nurses in local agencies value this new role? Will the nursing leadership provide the support and advocacy this new role requires? Will staff nurses and nurse leaders accept graduates of a direct-entry master's program as CNLs without a history of 3 to 5 years of clinical experience? Perhaps Marcy's experience of being accepted as a leader in her agency can serve as a model for DEMN graduates and their nursing administrators. The community agency where Marcy worked after her practicum placed a value on her CNL skills, although she did not have a formal CNL title:

I have taken a new position in my agency as a program director. The agency recognizes and values

what I have to bring as a CNL, but they do not use the words *clinical nurse leader*. I think they will; there are an increasing number of [DEM] students coming along who can take on this role. It is just a matter of time.

In the following comments, Kim and Emily described the process of valuing becoming as they describe the meaning of the CNL immersion practicum and their plans to advocate for the CNL role in the future.

For me, the CNL immersion experience was the catalyst for change. It led to changes in me personally, as a nurse and as a leader. But it also led to a change in the leadership on the unit. We now have a CNL working with us to help us provide the best care to our patients, and I know that, even if just a little, I had something to do with that. The time I spent learning the role of the CNL made a believer out of me. For now, I will continue to gain experience as a novice nurse, but someday soon I know I will be implementing the AACN role of the CNL. (Kim)

I accepted a full-time staff RN position at my immersion site. My goal is to develop a certain comfort level as I fully learn the specialty as a staff RN and work my way toward a CNL position by taking on CNL roles and projects as a staff RN. At the start of my immersion experience, the CNL was completely foreign to the organization I was involved with; however, in time, I intend to help fully develop the CNL role at this organization. (Emily)

Over the course of the practicum, the answer to the question, “what is a CNL” became clearer and more resolute. However, the question remains as we continue to work with others in answering the question, “what is a CNL?” Conducting our analysis and writing this article are parts of this effort. At the end of this first year, the future of the CNL remains a question mark, for CNLs collectively and for us individually. As Emily noted, “there is still the level of uncertainty. We still don't really know how it's [CNL role], you know, going to work where we are.” Marcy described her ongoing effort to bring the CNL role into her agency:

I am not a CNL in my agency, but I am using all the skills I learned as a CNL and I continue to think like a CNL. The community health directors do not recognize the CNL as a role yet, but they do recognize the strengths we have.

From the beginning of the practicum, the preceptors supported us and the CNL role; they became even stronger advocates by the end. Danielle described hearing her preceptor publicly affirm her efforts as a CNL student:

My preceptor told the entire board that she was impressed with my work [during my practicum] and how I took the initiative to find my own way

during my clinical—my educational goals. She said this is what set the CNL students apart. I truly agreed with her—CNL students are a unique breed so-to-speak. We want to improve health care systems and improve patient outcomes. We have already done the work to become nurses. We pursued graduate education in the CNL track to go one step further...to learn about systems management, financial considerations, nursing leadership, and improved bedside care. My preceptor's words really made me feel good. It was nice to know that she could explain that we were different from the rest—not better—but different.

Finally, Marcy summed up our experience:

We believe in the clinical nurse leader role and its potential to bring a new vision to nursing education and practice....The CNL will help push the nursing profession to look at nursing as a master's entry-level position. We are one of the only health-care-related fields that does not require a master's degree to practice. I think the critical-thinking skills of a CNL will show the nursing world that a master's degree needs to be part of the education...no matter what you happen to be doing at that moment, you are always wearing the shoes of the CNL.

## Discussion

The dominant theme, answering the question, “what is a CNL?” implies a continuing process, not a completed journey. Becoming a CNL is a process that requires the student to promote, nurture, test, explain, reexplain, examine, and evaluate the role throughout the transition from student to practitioner. Although the major focus of this article is on the CNL immersion experience, the knowledge and expertise from previous academic degrees and professional roles and the nursing knowledge and skills achieved in the first year and a half of the direct-entry master's program laid the foundation for achieving the CNL certification.

We feel we were pioneers. We entered a new program to learn a new role before there were role models to demonstrate how the role should be enacted, before there were faculty experts to teach the role, before there were preceptors to explain and demonstrate the role, not only to us but also to their nurse colleagues and the health care team. The evolution of our understanding of the CNL emerged from answering the questions of others. In answering them, we answered ourselves. Answering the question as students is different from answering the question in practice, and the answers will vary according to the providers, the needs of the patients or clients, and the environment.

## Recommendations

This project was to be a foundation for making recommendations to help future students and their mentors in the transitional process of student to CNL.

Our university made substantial changes in the curriculum after we completed the CNL program. The DEMN curriculum was decreased to 2 years, with less repetition of prelicensure content and more emphasis on graduate learning. All DEMN students are now eligible to sit for CNL certification at the completion of the program. The CNL concepts and competencies are integrated throughout the 2 years, beginning with the first course (Tracy, Shippee-Rice, DiNapoli, & Saltzberg, 2007). The new curriculum adds more theory and clinical focus on quality improvement, patient populations, evidence-based practice, and health care systems thinking, with particular emphasis on leadership and changing practice at the microsystem level.

Our experience reinforced the need for better preparation of CNL immersion preceptors. The preceptors who guided us were outstanding and absolutely critical to our success. They were willing to struggle with us and be mentors as we all learned to answer the question, “what is a CNL?” They needed a stronger orientation to the CNL role and competencies, but they also needed an orientation to direct-entry master's students and what we brought to this immersion practicum that was different from the traditional postbaccalaureate CNL nursing student. A further need was a closer collaboration and involvement between preceptors and faculty before and during the practicum. Nurses need to be better informed about the level of nursing knowledge and clinical hours DEMN students have as a foundation for the CNL role. Of special importance is the critical role clinical faculty in the prelicensure clinical courses play as advocates for the DEMN and CNL program in supporting and valuing the direct-entry master's model of education. Nurses had little experience with the direct-entry master's model of nursing education and seriously questioned whether students who graduate with a master's degree in “only 2 years” can be clinically competent as nurses let alone CNLs. Credibility was one of the biggest challenges we faced; we needed the faculty throughout the DEMN curriculum to be advocates first for this model of nursing education then as a model for CNL education.

## Limitations

This collaborative research effort has a number of limitations. The data are limited to our experience, and we are a small number from a single educational institution. Therefore, we cannot claim generalizability of our experience. However, we do claim credibility in that it is highly likely that what we experienced will resonate with others who have been pioneers in the CNL movement. A further limitation of this study is the timeline of our experience. Students in CNL programs subsequent to this first venture may have very different experiences based on the progress and experience of faculty and the continued growth of the CNL role, bringing the advent of preceptors who themselves are CNLs.

## Summary

The CNL continues to evolve at the national level and in local academic and health care institutions. Increasing numbers of second-degree students, postbaccalaureate and graduate nurses, and nurses in RN to master's-degree programs are graduating from CNL programs, taking the certification examination, and earning the right to be called CNLs. Eighty-three second-degree nursing students and nurses were the first certified clinical nurse leaders in 2007 (Email communication, Annie Alesandrini, March 16, 2007). Three years later, the number of certified clinical nurse leaders is over 1000 (<http://www.aacn.nche.edu/CNC/pdf/DirectoryAlpha2010.pdf>). The potential for this role to improve nursing practice and patient care and generate a new vision of nursing education has been explicated clearly (Bartels & Bednash, 2005; Long, 2004; Tornabeni, Stanhope, & Wiggins, 2006; Wiggins, 2004). Evaluation results indicate that a CNL can make a difference in the quality and cost-effectiveness of patient care by decreasing patient length of stay, decreasing rates of falls with injury and pressure ulcers, increasing patient satisfaction, and improving physician–nurse collaboration (Hartranft et al., 2007; Smith & Dabbs, 2007; Smith et al., 2006; Stanley et al., 2008; Wiggins, 2008). Data on successful implementation of the role across various settings and identification of the factors supporting successful implementation are emerging in journals (Poulin-Tabor et al., 2008; Rusch & Blakewell-Sachs, 2007) and via AACN teleconferences (Davis, Edwards, Lee, Odom, & Fox, 2008; Wiggins & Clark, 2008). More research on the effectiveness of the CNL and factors influencing successful implementation is needed.

A question remaining to be answered is whether the characteristics, abilities, and skills graduates from different educational backgrounds bring to the role make a difference in the success, achievement, outcomes, or practice models implemented in practice. Documenting the outcomes of graduates from direct-entry or second-degree master's, postmaster's, postbaccalaureate, and RN-to-master's programs will allow educators and administrators to create specific educational and clinical learning experiences designed to maximize the strengths students from these different models bring to the CNL role and facilitate a more effective entry into practice.

Finally, educators and practice partners will need to assess whether the role of the CNL is a circumscribed role or if the knowledge, skills, and understanding obtained through the CNL education is a foundation all nurses should have to maximize the knowledge work of nursing, regardless of role. As students and nurses who have not practiced in the role of CNL, we continue to question whether our preparation for being a CNL is specific to a formal role or whether our educational preparation for the CNL role better prepared us as professional nurses with a skill set and practice philosophy that translates to improved practice and patient care, regardless of formal

role or title. As graduates advocating for CNL education and for implementation of the role in clinical practice, we will continue to ask and answer the question, “what is a CNL?” keeping in mind the caution by M. Bleich (personal communication, January 20, 2008).

In our quest for evidence-based practice, we must remember that our overdependence on evidence could have a deleterious effect on our desire and need for innovation. Innovation, by its very nature, means a willingness to act without evidence but rather to move forward using broad principles. In any innovative nursing venture, there is a danger in our discipline of trying to become too prescriptive, too fast because of our desire to routinize our complex professional lives. Be careful of that tendency. Being a reflective practitioner means staying open to the possibilities that innovation can bring about.

## References

- American Association of Colleges of Nursing. (1996). *The essentials of master's education for advanced practice nursing*. Washington, DC: American Association of Colleges of Nursing.
- American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: American Association of Colleges of Nursing.
- American Association of Colleges of Nursing. (2003). *Working paper: The role of the clinical nurse leader*. Washington, DC: American Association of Colleges of Nursing (working paper).
- American Association of Colleges of Nursing. (2006a). CNL end of program competencies required clinical experiences. Available at: <http://www.aacn.nche.edu/CNL/tkstage5.htm>.
- American Association of Colleges of Nursing. (2006b). Clinical nurse leader (CNL) preceptor guidelines. Available at: <http://www.aacn.nche.edu/CNL/tkstage5.htm>.
- American Association of Colleges of Nursing. (2006c). Preparing graduates for practice as a clinical nurse leader: Draft curriculum framework. Available at: <http://www.aacn.nche.edu/CNL/tkstage5.htm>.
- American Association of Colleges of Nursing. (2007). White paper on the education and role of the clinical nurse leader. Retrieved February, 2007, from <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>.
- Bartels, J. E., & Bednash, G. (2005). Answering the call for quality nursing care and patient safety: A new model for nursing education. *Nursing Administration Quarterly*, 29, 5–13.
- Beach, T., Gallofin-Morales, P., Quirk, R. L., & Ritchey, E. (2007). Panel discussion: Transitioning to the CNL role. Retrieved October 17, 2007, from <http://www.aacn.nche.edu/CNL/teleconf.htm>.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley Publishing.
- Brown, A., Brown, S., Pomrenke, R., & Roussel, L. (2007). CNLs in education and practice. Retrieved December 12, 2007, from American Association of Colleges of Nursing Web site: <http://www.aacn.nche.edu/CNL/teleconf.htm>.
- Danforth, C., Adams, N., & Nuss, B. (2006). Implementing the clinical nurse leader in practice. *Panel presented at the CNL Partner Conference of the American Association of Colleges of Nursing, Cleveland Ohio*.



- Davis, A., Edwards, B., Lee, T., Odum, E.I., & Fox, O. (2008). *Transitioning from CNL student to CNL practitioner*. Retrieved from American Association Colleges of Nursing Web site, July 16, 2008.
- Drenkard, K. N. (2004). The clinical nurse leader: A response from practice. *Journal of Professional Nursing, 20*, 89–96.
- Dzurec, L. C., Allchin, L., Engler, A. J., Szarlan, J., Polifroni, E. C., & Brewer, T. (2006). Toward a qualified yes: personal characteristics of postbaccalaureate students and implementation of the clinical nurse leader role. *Journal of Professional Nursing, 22*, 15–22.
- Harris, J. (2006). CNL Pilot Evaluation: Evaluation indicators. Presented at the American Association of Colleges of Nursing CNL Partnership Meeting. Cleveland, OH, June 15, 2006. Available at: <http://www.aacn.nche.edu/CNL/JunPrtMtgs.htm#606>.
- Hartranft, S. R., Garcia, T., & Adams, N. (2007). Realizing the anticipated effects of the clinical nurse leader. *Journal of Nursing Administration, 37*, 261–263.
- Holter, I. M. & Schwartz-Barcott, D. (1993). Action research: What is it? How long has it been used and how can it be used in nursing? *Journal of Advanced Nursing, 18*, 298–304.
- Institute of Medicine, Committee on Quality of Health Care in America. (2000). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.
- Institute of Medicine, Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm. A new health system for the 21st century*. Washington, DC: The National Academies Press.
- Institute of Medicine, Committee on Health Professions Education Summit. (2003). *Health professions education: A bridge to quality*. Washington, DC: The National Academies Press.
- Institute of Medicine, Committee on Work Environment. (2004). *Keeping patients safe: Transforming the work environment of nurses*. Washington, DC: The National Academies Press.
- Joint Commission on Accreditation of Healthcare Organizations (2002). *Healthcare at the crossroads, Strategies for addressing the evolving nursing crisis*. Chicago, IL: Joint Commission on Accreditation of Health Care Organizations.
- Kimball, B., & O'Neil, E. (2002). *Health care's human crisis. The American nursing shortage*. Princeton, NJ: The Robert Wood Johnson Foundation.
- Kotter, J. P. (1996). *Leading change*. Boston: Harvard Business School Press.
- Logue, C. (1996). *Selected poems*. London: Faber and Faber.
- Long, K. (2004). Preparing nurses for the 21st century: Reenvisioning nursing education and practice. *Journal of Professional Education, 20*, 82–88.
- Meleis, A. I., Sawyer, L. M., Im, E. -O., Messias, D. K. H., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*, 12–28.
- Poulin-Tabor, D., Quirk, R. L., Wilson, L., Orff, S., Gallant, P., Swan, N., et al. (2008). Pioneering a new role: The beginning, current practice and future of the clinical nurse leader. *Journal of Nursing Management, 16*, 623–628.
- Rusch, L., & Blakewell-Sachs, S. (2007). The CNL: A gateway to better care? *Nursing Management, 38*, 32, 34, 36–37.
- Schumacher, K. L. & Meleis, A. I. (1994). Transitions: A central concept in nursing. *Image Journal of Nursing Scholarship, 26*, 119–127.
- Smith, D. S., & Dabbs, M. T. (2007). Transforming the care delivery model in preparation for the clinical nurse leader. *Journal of Nursing Administration, 37*, 157–160.
- Smith, S. L., Manfredi, T., Hagos, O., Drummond-Huth, B., & Moore, P. D. (2006). Application of the clinical nurse leader role in an acute care delivery model. *Journal of Nursing Administration, 36*, 29–33.
- Stanhope, M., & Turner, L. P. (2006). Diffusion of the clinical nurse leader innovation. *Journal of Nursing Administration, 36*, 385–389.
- Stanley, J. M., Gannon, J., Gobant, J., Hartranft, S., Adams, N., Mayes, C., et al. (2008). The clinical nurse leader: A catalyst for improving quality and patient safety. *Journal of Nursing Management, 16*, 614–622.
- Stanley, J. M., Hoiting, T., Burton, D., Harris, J., & Norman, L. (2007). Implementing innovation through education–practice partnerships. *Nursing Outlook, 55*, 67–73.
- Tornabeni, J., Stanhope, M., & Wiggins, M. (2006). The CNL vision. *Journal of Nursing Administration, 36*, 103–108.
- Tracy, S. M., Shippee-Rice, R., DiNapoli, P. P., & Saltzberg, C. (2007). The helical model: Creating a lived CNL curriculum. Presented at the Masters' Education Conference of the American Association of Colleges of Nursing, Albuquerque, New Mexico.
- Wiggins, M. (2004). Health care today: The perfect storm. Presented at the Clinical Nurse Leader Implementation Conference, Washington, DC. Available at: <http://www.aacn.nche.edu/CNL/ImpPPTPresentations.htm>.
- Wiggins, M. S. (2007). Clinical immersion & the CNL student. Retrieved February 21, 2007, from American Association of Colleges of Nursing Web site: <http://www.aacn.nche.edu/CNL/teleconf.htm>.
- Wiggins, M. S. (2008). The future of health care: Epilogue to the “Perfect Storm”. Presented at CNL Partnership Conference of the American Association of Colleges of Nursing, Tucson, AZ. Available at: <http://www.aacn.nche.edu/CNL/pastconf.htm>.
- Wiggins, M. S., & Clark, J. S. (2008). Preparing the practice environment for the CNL. Teleconference retrieved May 22, 2008, from the American Association of Colleges of Nursing Web site: <http://www.aacn.nche.edu/CNL/teleconf.htm>.