

Clinical Nurse Leader

SM

Frequently Asked Questions (FAQ)

Below are common questions related to the Clinical Nurse Leader initiative with corresponding answers.

Q: What is the Clinical Nurse Leader?

The Clinical Nurse Leader or CNL SM is a new nursing role being developed by AACN in collaboration with an array of leaders from the practice environment. Two AACN task forces were convened to identify (1) how to improve quality of patient care and (2) how to best prepare nurses with the competencies needed to thrive in the current and future health care systems. The CNL role emerged following research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvements strategies.

Q: What does a Clinical Nurse Leader do?

The CNL oversees the care coordination of a distinct group of patients and actively provides direct patient care in complex situations. This clinical leader 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. The clinician functions as part of an interdisciplinary team by communicating, planning, and implementing care directly with other health care professionals, including physicians, pharmacists, social workers, clinical nurse specialist and nurse practitioners. The CNL role is not one of administration or management. The CNL is a leader in the health care delivery system in all settings in which health care is delivered, not just the acute care setting. Implementation of this role will vary across settings. The CNL role is fully described in AACN's *Working Paper on the Role of the Clinical Nurse Leader* found online at <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>.

Q: Is the Clinical Nurse Leader needed in the health care system?

The need for the Clinical Nurse Leader was confirmed through discussions between AACN and health care leaders. Nurse executives state that this role has emerged in the practice setting and is being further developed on an ad hoc basis. Individuals to fill this role have been recruited opportunistically based on available clinicians with appropriate education and experience, personal characteristics, and self-selection. Stakeholders affirmed that need to produce these clinicians through a formal degree-granting program. In addition, reports released by the Institute of Medicine, Robert Wood Johnson Foundation and the American Hospital Association all cited the need to make changes in health care delivery and the education health professionals to improve patient outcomes.

Q: What is the educational preparation of a Clinical Nurse Leader?

The CNL is a generalist clinician with education at the master's degree level. Graduate education is necessary because the CNL must bring a high level of clinical competence and knowledge to the point of care and to serve as a resource for the nursing team. The master's degree with a major in nursing will prepare graduates for a generalist role.

Q: Can this new nurse role be achieved by making some changes in the current four-year baccalaureate curriculum?

The AACN Board has taken a position that the CNL must be educated at the master's degree level. Two AACN task forces have said the new role will require education *beyond* the current four-year baccalaureate program. See page 19-20 in *The Essentials of Baccalaureate Essentials for Professional Nursing Practice* (1998) for a reference on the possible future need to expand beyond the traditional four-year baccalaureate program.

Q: Will the CNL replace baccalaureate-prepared nurses and is AACN recommending that baccalaureate programs close?

No. At the January 2004 meeting, the AACN Board of Directors reaffirmed the organization's strong support of baccalaureate (BSN) nursing education. Though AACN recognizes that entry level nurses will continue to be prepared at the diploma and associate degree (ADN) levels, the organization supports the four-year baccalaureate degree as the minimum credential for professional nursing practice. AACN encourages differentiated nursing practice based on educational preparation and supports efforts to move ADN and diploma graduates into baccalaureate and graduate degree programs.

Q: How is Clinical Nurse Leader different from a Clinical Nurse Specialist or other advanced practice nurse?

The CNL is not prepared as an advanced practice nurse (APN) as currently defined. The CNL is a generalist in contrast with the specialized focus of the practice by clinical nurse specialists (CNS) and nurse practitioners. Advanced practice nurses are prepared with specialist education in a defined area of practice. The CNL and APN roles complement one another. For example, the CNL may call on the CNS to provide consultation when a specialist area of concern arises (i.e. when a patient does not respond to nursing care or therapeutics as expected). AACN in consultation with a select group of CNSs has developed a document, *The CNL-CNS Roles: Similarities, Differences, and Complementarities* that can be downloaded at <http://www.aacn.nche.edu/CNL/pdf/CNSComparisonTable.pdf>.

Q: What education-practice models have been developed to prepare the CNL for practice?

The AACN Board approved three educational models as the starting point for the development of programs to prepare the CNL. Models were developed to accommodate graduates of BSN programs, second-degree students and new high school graduates. All models culminate with a CNL-focused master's degree. For details on the models, see <http://www.acn.nche.edu/NewNurse/Models.pdf>.

Q: Will the development of education and practice models for the CNL include creating a new legal scope of practice and license?

Currently, AACN is collaborating to develop a certification examination and process to credential graduates of the CNL master's degree programs. Only individuals who graduate from a CNL master's degree program that meets the criteria delineated in the CNL curriculum framework and prepares individuals with the competencies identified in AACN's *Working Paper on the Role of the Clinical Nurse Leader* will be eligible to sit for this certification examination. Also, AACN will assume leadership and engage appropriate stakeholders to discuss the development of a new legal scope of practice and credential for the CNL. Otherwise we will only succeed in creating a more confusing way to become a registered nurse.

Q: Does this initiative involve an evaluation component?

Evaluating CNL outcomes is a critical component of this initiative. AACN is working with Dr. Linda Aiken and other experts in outcomes measurement to build evaluation criteria into the education-practice models. AACN has convened an Evaluation Committee to provide oversight and guidance to the Implementation Task Force in designing and implementing the evaluation component of the CNL project.

Q: What steps are being taken to move the CNL initiative forward?

AACN convened a meeting on June 16-17, 2004 with the 77 education-practice partnerships committed to piloting a CNL demonstration program. At this meeting, education-practice models and curricula were discussed, and an implementation timeline was developed. Since the meeting, the number of pilot programs has increased with 85 academic institutions and more than 165 practice sites now participating in this initiative. Five regional meetings, held January – April 2005, provided opportunities for all

partners working to implement the CNL initiative to network, discuss outstanding issues, raise questions, and obtain updates from the Implementation Task Force.

Q: *Is AACN seeking input and collaboration from stakeholder groups?*

A cooperative effort is necessary to ensure that the CNL is adequately prepared for practice and possesses a distinct legal scope of practice. AACN is in discussion with nursing leaders to create a separate credentialing process and is working with nurse executives and administrators to establish congruence between educational preparation and practice roles. AACN will keep members and other stakeholders apprised of its efforts to move the CNL project forward. The Board will continue to seek input from members and constituent groups interested in the initiative, including the National Council of State Boards of Nursing, American Organization of Nurse Executives, APN groups, certification bodies, and accreditation agencies among others.

Q: *Why is AACN leading the CNL initiative?*

AACN's role as a leader in nursing education encompasses the responsibility for developing, supporting and testing new models and approaches to improve nursing education and practice. To be successful, AACN will continue to use a consensus-building process as the CNL pilot programs take shape.

Q: *What is the connection between the CNL and the practice doctorate in nursing?*

Discussions about the practice doctorate in nursing have been occurring throughout the nursing education and practice arenas. In October 2004, AACN's membership endorsed the *Position Statement on the Practice Doctorate in Nursing* which recognizes the Doctor of Nursing Practice degrees as the highest level of preparation for clinical practice. (Read the position doctorate online at <http://www.aacn.nche.edu/DNP/pdf/DNP.pdf>). The CNL and practice doctorate initiatives are separate projects proceeding down different tracks. AACN realizes that the outcomes of either project will likely inform and shape the work of the other project.

Last Update: March 15, 2005

AACN document: <http://www.aacn.nche.edu/CNL/pdf/CNLFAQ.pdf>

ADVANCING HIGHER EDUCATION IN NURSING

One Dupont Circle NW, Suite 530 * Washington, DC 20036 * 202-463-6930 *tel* * 202-785-8320 *fax* * www.aacn.nche.edu