



Vol. 7 • Issue 7 • Page 17

Forging a New Role

New master's-prepared CNL program has roots in New Jersey

By Elissa Crocker

Managing an increasingly complex healthcare delivery system is but one of the many challenges facing healthcare educators and practitioners alike. Nursing professionals, however, have consistently risen to the occasion. Such is the case with the first master's-prepared role to be introduced in more than 35 years — the clinical nurse leader (CNL).

Designed to improve the quality of patient care by engaging highly skilled clinicians in outcomes-based practice and quality improvement strategies, the CNL is a collaborative endeavor led by the American Association of Colleges of Nursing (AACN) in conjunction with healthcare practitioners.<sup>1</sup>

"We believe this is the largest single effort being conducted at a national level that is focused on improving patient safety and the quality of patient care," Jolene Tornabeni, MA, RN, FACHE, FAAN, chair of AACN's CNL Implementation Task Force Committee, told *ADVANCE*. "The fact that this is being led by nursing makes it even more significant."

The effort is a unique partnership that currently includes 91 schools of nursing and 189 healthcare institutions, she said, noting that an estimated 200 CNLs will enter the workforce by the end of 2007.

The College of New Jersey School of Nursing has partnered with four major healthcare systems to birth this role: Hunterdon Healthcare System, Princeton HealthCare System (University Medical Center at Princeton), Saint Peter's University Hospital, New Brunswick, NJ, and Meridian Health System (which consists of Jersey Shore University Medical Center, Neptune, NJ, Ocean Medical Center, Brick, NJ, Riverview Medical Center, Red Bank, NJ, and K. Hovnanian Children's Hospital, Neptune, NJ).

### **Dispelling Some Myths**

But as a degree track in its infancy, the role can be misunderstood. So a good starting point in defining the CNL is to first dispel some of its misconceptions.

Although master's-prepared, the CNL is not an advanced practice role with prescriptive authority. Nor is the role a duplication or replacement of clinical nurse specialists (CNS), who function as expert practitioners within the context of a specific patient population.

Instead, CNLs are generalist point-of-care clinicians with a broad base of knowledge applicable in all healthcare settings. And while CNLs are clinicians and leaders, they're not administrators, bedside nurses or case managers.<sup>2</sup>

## CNL Job Description

Primarily unit or setting-based, the CNL is responsible for patient safety and quality outcomes for a cohort of patients. They are considered "lateral integrators" who facilitate interdisciplinary care coordination across the continuum of care by connecting diverse elements into a well-oiled and organized operation. CNLs usually develop patients' plans of care and may also provide education and expert care delivery.<sup>3</sup>

Skilled in collecting, measuring and interpreting clinical data, CNLs are immersed in evidence-based practice and are equipped to implement outcomes-based intervention and quality improvement strategies. Additional components include clinical informatics, emerging technology and principles of fiscally responsible healthcare delivery.<sup>3</sup>

Academically, the CNL curriculum focuses on three areas: nursing leadership, clinical outcomes management and care environment management. The AACN recommends 400-500 clinical contact hours with a minimum of 300-400 of these hours in full-time practice as a CNL.<sup>4</sup>

### Two Major Components

If the new role sounds complex, it is. In fact, Claire E. Lindberg, PhD, APRN,BC, chair of the division of Advanced Nursing Education and Practice at the College of New Jersey School of Nursing, said the school's curriculum was designed to incorporate the AACN's recommendations with two major threads woven throughout: evidence-based practice and complexity science.

Although evidence-based practice isn't new turf, complexity science may raise a few eyebrows. However, complexity science is central to understanding why this new nurse practitioner is necessary and how the role will operate.

"Complexity science recognizes that you can't always direct change in a linear manner," Lindberg said. "There are multiple interests in every system and you must be able to work with all those different elements to be effective."

Hence, the CNL will be expected to manage the myriad competing elements in today's healthcare environment, ultimately raising the bar with regard to patient safety and quality outcomes.

### A Lateral Integrator

As the chief nursing officer at Hunterdon Medical Center, Flemington, NJ, Linda Rusch, MS, APRN, CNAA, is an avid supporter of the new role.

"We see the CNL as a safety nurse — a lateral integrator — who can create a seamless continuum in care provision," she said. "Their role is to educate, facilitate, create systems and change systems."

Nurses selected for the program were recognized as leaders and respected by their colleagues as possessing conflict resolution skills and the ability to work well with interdisciplinary team members, she added.

To facilitate the transition from bedside point-of-care delivery to system care delivery, Rusch said, Hunterdon's CNL students are practicing 1 day a week in the role.

"They've also spent time walking in the shoes of many different department heads," she added.

To broaden their understanding of the big picture of hospital operations, the CNLs have interacted with financial analysts and hospital administrators, as well as managers in pharmacy, infection control, quality, safety, risk management and others.

Two of Hunterdon's CNL students are Jennifer Kareivis, BSN, RN, a staff nurse on a 48-bed med/surg unit; and Judd Strauss, BSN, RN, a staff nurse on a 27-bed telemetry unit. And if complexity science is a bit esoteric, these youthful up-and-comers are quick to offer metaphors with a contemporary perspective.

"I see the CNL as the air traffic controller," Strauss said. "Our role is to facilitate safety through communication with the patients, families, other nurses and doctors."

At the hub of this communication and coordination of care, the CNLs function as patient advocates, developing personal relationships and assisting with hospital as well as post-discharge issues.

And because even the most conscientious multiasker has difficulty juggling all the balls on a fast-paced med/surg unit, Kareivis likened the CNL's role to that of a CSI (crime scene investigator).

"Things can slip through the cracks and situations arise that I have to investigate," she said. "I do the leg work to find out what went wrong."

At the end of the investigation, in-service education or other steps may be necessary to improve patient care and safety, Kareivis added.

### **Another Perspective**

Kathleen Seneca, BSN, RN, BC, is a CNL student sponsored by University Medical Center at Princeton. With more than 20 years in the field, Seneca said she was interested in a master's degree track that would allow her to remain in the acute care-setting and provide unit-based support.

"The CNL program has made me so much more well-rounded," Seneca said. "It's also made me aware of nursing issues at a regional and national level."

Adding that her responsibilities will include ensuring quality outcomes, Seneca said education, safety and systems-change are key elements of the CNL's role. And while challenges are to be expected when forging any new path, she said hospital administrators — as well as physicians — are extremely supportive.

"The doctors are excited because they see the CNL as another pair of educated eyes looking out for their patients," she said.

### **Great Expectations**

With the College of New Jersey's first class of CNLs scheduled to graduate in August 2007, those involved have great expectations.

Choosing "hopefulness" to describe her attitude, Rusch said, "I believe this role will emerge as the one that makes

the difference in terms of safety."

As an educator, Lindberg said launching the pilot with students of this caliber and experience has been particularly rewarding. Describing the nurses as "powerhouses in terms of their direction," she said the group has bonded and work well together. But something else sets them apart.

"They have a great sense of humor," Lindberg said. "They've really been fun."

## References

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