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A Clinical Nurse Leader (CNL) practice development model to support integration of the CNL role into microsystem care delivery

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ABSTRACT

The Veterans Health Administration (VHA) Office of Nursing Services (ONS) was an early adopter of Clinical Nurse Leader (CNL) practice, generating some of the earliest pilot data of CNL practice effectiveness. In 2011 the VHA ONS CNL Implementation & Evaluation Service (CNL I&E) piloted a curriculum to facilitate CNL transition to effective practice at local VHA settings. In 2015, the CNL I&E and local VHA setting stakeholders collaborated to refine the program, based on lessons learned at the national and local level. The workgroup reviewed the literature to identify theoretical frameworks for CNL practice and practice development. The workgroup selected Benner et al.'s Novice-to-Expert model as the defining framework for CNL practice development, and Bender et al.'s CNL Practice Model as the defining framework for CNL practice integration. The selected frameworks were cross-walked against existing curriculum elements to identify and clarify additional practice development needs. The work generated key insights into: core stages of transition to effective practice; CNL progress and expectations for each stage; and organizational support structures necessary for CNL success at each stage. The refined CNL development model is a robust tool that can be applied to support consistent and effective integration of CNL practice into care delivery.

Introduction

The Clinical Nurse Leader (CNL) initiative was launched by the American Association of Colleges of Nursing (AACN) almost 20 years ago as an innovative education-practice initiative to educate and place into practice a masters prepared nurse with advanced competencies in clinical leadership, care environment management, and clinical outcomes management (American Association of Colleges of Nursing [AACN], 2007). The CNL education and role was specifically developed in response to the growing need for redesigned care delivery systems that are client centered and consistently generate quality outcomes (American Association of Colleges of Nursing, 2007). The Commission on Nurse Certification's CNL certification program was accredited in 2014, ensuring that CNL education program graduates are qualified to achieve outcomes-based practice in the clinical setting (aacn.nche/edu). Certified CNLs are increasingly enacting essential CNL competencies in formal CNL roles within diverse health systems across the country (Bender, Williams, & Su, 2016a). The current evidence supporting CNL practice is heterogeneous and relatively weak, but includes numerous documented improvements in nationally endorsed patient quality and safety outcomes, care service cost reduction and improved communication and collaboration across disciplines and with patients (Bender, 2014). Recent research has highlighted the fact that CNL integrated care delivery is not about placing an 'extra set of hands' into a dysfunctional care delivery system with hopes of solving entrenched care problems, but rather a systematic process that requires multilevel organizational

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input, significant resource allocation and commitment to care delivery redesign from leaders and practitioners across organizational levels to produce consistent care quality and safety outcomes (Bender, 2016a, 2016b). Programs that support the transition of CNLs into practice have been identified as a critical, but underspecified, systematic process to achieve practice success (Avolio & Williams, 2014). The purpose of this article is to describe the process of enhancing an existing curriculum to support CNL transition to practice with inclusion of a framework that acknowledges the developmental needs and trajectory of new CNLs.

Background

The Veterans Health Administration (VA) Office of Nursing Services (ONS) was an early adopter of the CNL role, starting with a pilot evaluation in 2004 in collaboration with American Association of Colleges of Nursing (AACN). The Veterans Affairs (VA) Tennessee Valley Healthcare System (TVHS) developed a CNL evaluation framework to measure financial, satisfaction, and quality outcomes of a pilot CNL implementation. The pilot evaluation demonstrated positive outcomes, including reduced re-admission rates, decreased length of stay, decreased patient falls, and increased patient and RN satisfaction (Stanley, Hoiting, Burton, Harris, & Norman, 2007). The nursing workforce of the Veterans Health Administration (VHA) includes over 400 CNLs with evidence of continuing growth in numbers, which represents approximately 10% of all certified CNLS. As of May 2017, the AACN CNL Directory (http://www.aacn.nche.edu/cnc/cnl-directory) included over 5400 nurses who have earned the credential through master's level education and national certification in the United States and Canada.

The original goal of the VHA ONS was to implement the CNL role into all areas of nursing practice by 2016 (Williams, Avolio, Ott, & Miltner, 2016). In 2011, in support of CNL practice integration into VA settings across the national system, ONS brought together a core team of CNL and education subject matter experts to develop and implement a curriculum to support transition of new CNLs into practice within the VA context. The core team operated under the leadership of the ONS CNL Implementation and Evaluation Service (CNL I&E) which had been established as a centralized consultative service to support local VA nursing leaders in their efforts to implement and integrate CNL practice at their facilities (Williams et al., 2016). While the CNLs were mostly existing VA staff nurses who had chosen to complete their MSN degree in pursuit of the CNL role, the perspective of MSN entry-to-practice CNL graduates was included in the core team. This perspective was incorporated into the curriculum with the understanding that entry-to-practice CNLs would transition to practice via a modified process that also included attention to transition as a novice nurse. The core group recruited and engaged subject matter experts and practicing VA CNLs in the development of curriculum content, learning activities, and evaluation strategies. The CNL I&E assumed responsibility for review, revision, pilot testing, and full launch of a the new curriculum to support CNL transition to practice after it was developed by the core group.

The newly developed curriculum included five learning domains that emerged from review of the AACN CNL White Paper (American Association of Colleges of Nursing, 2007), which contained the then-current (in 2011) competencies and curriculum, and input by both CNLs and nursing leaders regarding identified learning needs of VA CNLs during early role implementation. The domains identified were: role differentiation; clinical outcomes management; care environment management; data management; and using evidence to guide practice (Avolio & Williams, 2014). The identified domains drove module content and activities to support learning. All content was uploaded to a virtual 'community of CNL practice' site for easy access (Avolio & Williams, 2014). CNLs across the system were able to access the program, complete learning modules, and receive access to virtual mentoring relationships as part of the self-paced curriculum. Prior to full release, portions of the curriculum were piloted and modifications were made to both content and format to address identified issues and concerns.

Efforts to refine CNL practice transition curriculum

Despite modification of the CNL practice transition curriculum based on the pilot feedback, utilization remained low and its value as a tool to support CNL practice transition in the VA was not fully realized or evident. In late 2014, a second workgroup comprised of practicing CNLs, Nurse Managers, and Nursing Administrators convened to revisit the previously developed VA CNL practice transition curriculum. To identify opportunities for content revision, the workgroup completed a crosswalk of existing content with the newly released CNL competencies (American Association of Colleges of Nursing, 2013) as well as a gap analysis between content and needs across the increasing diversity of CNL practice areas in the VHA system. In addition to minor content updates, the workgroup also identified that representation of a developmental framework in the orientation material for new CNLs was not sufficiently designated to guide expectations.

Workgroup consideration of available information revealed that the general expectation in many practice sites in the VA was that the new CNL should "hit the ground running" to fulfill leadership goals of short-term return on investment through rapid improvement of microsystem clinical performance indicators. New CNLs in the system were frequently reporting being overcome by the complexity of the demands of the clinical environment, and needing to know "where do I start?" When combined with the lack of a cohesive mental model among key stakeholders at local practice settings, new CNLs reported also struggling with the question of "how do I establish my role?" To survive in this challenging environment the new CNLs reported becoming focused on a singular specific issue that provided a "port in the storm" at the expense of being able to fully (1) assess the complexity of their assigned point of care microsystem, (2) establish a sufficient network of relationships, and (3) proactively contribute to role clarification.

Seasoned CNLs who had successfully established effective practice at the point of care understood the importance of laying the foundation for influential practice and the reality that this is best served by a deliberate process requiring time to grow as a CNL within the context of practice. All members of the workgroup recognized that the curricular content necessary to support successful transition to effective practice as a CNL in the VA clinical environment was, to a considerable degree, determined by the context of practice. An effective practice developmental framework would need to assist the new CNL in identifying and applying curricular content to their specific practice situation in a manner most appropriate to both the phase of their individual practice development and the phase of integration of CNL practice into point of care delivery.

Insights related to CNL practice transition

Three key concepts emerged as important to the developmental nature of CNL transition to effective practice in the VA system. The concepts are: (a) what it means to be a novice; (b) what is meant by CNL practice; and (c) why relationships are important to CNL practice integration at the point of care.

What it means to be a novice CNL

Traditional novice-to-expert developmental theory in nursing describes the novice as a beginner, with no experience. Strategies for initial development of the novice nurse focus on task components free of situational context, with emphasis on basic rules to guide task accomplishment (Benner, Tanner, & Chesla, 2009). While a generalized novice-to-expert framework could provide a solid conceptual basis for CNL transition to effective practice, the seasoned CNLs in the workgroup identified the unique challenge of being both an expert nurse and novice CNL at

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the same time. New CNLs attempting to operationalize practice at the point of care are frequently expert RNs, and have achieved end-program foundational competencies through academic preparation and clinical immersion. However, when an expert nurse transitions to the role of a CNL, that nurse actually has expertise in practicing as a nurse in the context of the clinical environment. The transitional challenge, it turns out, is not to establish expertise in nursing practice in a new role or context, but rather to develop expertise in a totally different perspective on nursing within the practice context.

What is meant by CNL Practice

In order to fully appreciate this transitional challenge to CNL practice it is important to work from a conceptual description of CNL practice. Research efforts have made advances in (a) conceptualizing CNL practice, and (b) empirically validating the conceptual model in a national sample of clinicians and administrators involved in CNL initiatives across the nation (Bender, Williams, Su, & Hites, 2017). The CNL practice model (see Fig. 1) represents CNL practice as the enactment of four continuous clinical leadership practices that include facilitating effective ongoing communication, strengthening professional relationships, creating and sustaining teams, and supporting staff engagement. Master's program end competencies are represented in the CNL practice model as part of the structuring of CNL practice within the clinical context, and therefore as tools that focus the enactment of continuous clinical leadership practices on specific context parameters of importance.

Why relationships are important to CNL practice integration at the point of care

Looking more closely at the four components of continuous clinical leadership practices suggests that relationships are critical to the ability of CNLs to influence point of care practice and improve microsystem outcomes. Relationships are built over time and with opportunities for engagement, and relationship building skills may need to be developed or refined. The seasoned CNLs in the workgroup reflected that the influential leadership of the CNL at the point of care is dependent upon initially establishing credibility and earning trust. As new CNLs, they needed the opportunity to initiate and nurture critical connections with multiple stakeholders across professions in order to facilitate eventual collegial partnering with all members of the health care team as the basis for team engagement and collective accountability. Examination of the impact of the CNL on patient and organizational outcomes suggests that the ability of the CNL to effectively promote change at the point of care also requires a strong partnership with the nurse manager and sufficient time and opportunity for role development and clarification within the context of the clinical microsystem (Bender, Williams, Su, & Hites, 2016b; Fethelkheir, 2016).

Reframing CNL practice development

Following a review and discussion of developmental frameworks and theories, the workgroup reached consensus to view CNL practice development through the lens of Patricia Benner's Novice to Expert framework. In this framework, five stages are described in the acquisition and development of a skill from novice to expert level of proficiency. The stages are novice, advanced beginner, competent, proficient, and expert. The stages represent changes in what the individual relies upon to perform the skill, how the individual perceives the situation within which the skill is performed, and the extent to which the individual engages in the situation (Benner et al., 2009). The consensus rationale for selecting this framework included the familiarity of the nursing community with the framework. In addition, facilitated discussion among work group members led to a shared view that CNL development over the initial year of practice as a CNL reflects staged phases in which (a) the nature of the tools a CNL might leverage to support growing influence and clinical leadership increases in complexity and scope, (b) responsiveness within increasing awareness of the complexity of the context evolves, and (c) the degree to which practice becomes integrated and embedded increases.

CNL development stages: crawl, stand, walk, run, and soar

Discussion of the commonly expressed expectation of the new CNL to "hit the ground running" because they are expert nurses lead to the realization that the new CNL needs to learn to walk, and even crawl, before they should be expected to run. This idea evolved through a creative brainstorming session into the initial designation of four stages of CNL practice development as "crawl", "stand", "walk", and "run". Each stage was envisioned to occur over a two to three month interval during the initial year of CNL practice. Workgroup discussion of the continued development and expanded impact of expert level CNL practice beyond organizational system boundaries lead to the designation of the fifth stage of CNL development as the "soar" phase. The acronym CSWR-Soar was adopted. The transition from crawling to soaring resonated with the CNL members of the workgroup as an accurate representation of moving from taking discrete steps of building the foundation for effective practice to the big picture perspective supporting leadership

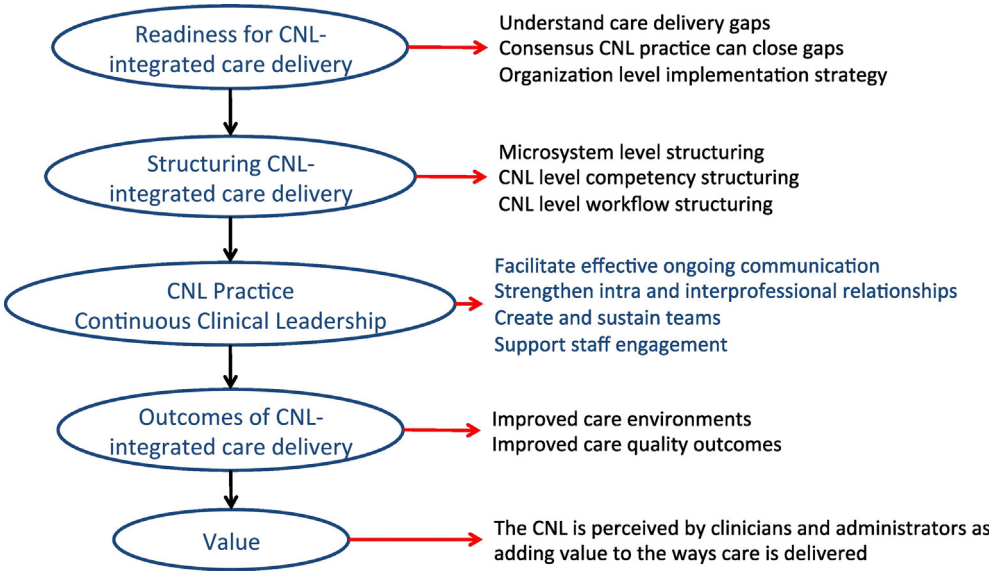

Fig. 1. The CNL practice model.

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and influence for collective practice. The representation provided by the "crawl-stand-walk-run" terminology also supported a clearer understanding of the developmental needs of a new CNL beyond the often conflicting implications of being considered an expert nurse and novice CNL at the same time.

Table 1 shows the linkage between the five phases of the CSWR-Soar CNL practice development model, the five stages of Benner's Novice to Expert framework, and our work delineating expressions of the 'fundamental aspects of CNL Practice' (American Association of Colleges of Nursing, 2013) that are appropriate at each novice-to-expert stage. During the "Crawl" phase of CNL practice development the expectations are primarily focused on developing a shared understanding of CNL practice and delineating practice activities. Practice activities during this phase are critical to building a foundation for practice influence and clinical leadership. During this initial phase the new CNL should have opportunity to strengthen communication and relationship building skills, to establish connections with key stakeholders such as members of the healthcare team, clinical educators, advanced practice specialists, quality and safety departments, logistics and supplies, etc., and to participate in activities designed to establish mutual understanding and expectations for CNL integration into point of care practice. The second phase of the CNL practice development model, or "Stand" phase, builds upon the foundation established during the "Crawl" phase and begins to evidence influence on point of care practice. Expectations foster emergence of the CNL as a resource through which point of care stakeholders gain a more robust understanding of the relationship between microsystem patterns and patient outcomes. During this phase the focus of CNL practice activities should become more responsive to specific needs identified through a microsystem assessment. The "Walk" phase, which is the third phase of CNL practice development in this model, includes expectations for impacting point of care practice patterns in order to address identified issues and improve outcomes. Fundamental aspects of CNL practice will become more apparent especially in the areas of risk anticipation, lateral integration, and evidence based practice. The fourth phase, which is characterized in the CNL practice development model as the "Run" phase, marks proficiency across the fundamental domains of CNL practice inclusive of team leadership, performance improvement, and growing accountability for microsystem outcomes. The value of CNL practice will become evident across multiple stakeholders and organizational sectors as the relationships between CNL practice and microsystem performance manifest. The final phase of CNL practice development in which the CNL is envisioned to "Soar" additionally affords opportunity for innovation, optimization of microsystem performance and reliability, as well as dissemination of CNL expertise and influence.

Necessary organization support structures for CNL practice development

The workgroup also identified an important consideration of aligning the development model with what is known about the structural supports needed to ensure CNL practice success. As noted earlier, the workgroup identified the validated model for CNL practice (see Fig. 1) as an explanatory pathway of CNL-integrated care delivery that starts with ensuring organizational readiness for change, identifies critical structuring elements of CNL-integrated care delivery, and delineates the CNL-specific practices that are hypothesized mechanisms of action for achieving improved care environments and patient outcomes. The explanatory model also highlights the value of CNL practice as perceived by clinicians and administrators as an important overall indicator of CNL

Table 1
CNL development stages.

CNL practice development model stage	Alignment with novice-to-expert framework	Expression of fundamental aspects of CNL practice at each development stage
Crawl (C)	Novice	• Connections with key stakeholders • Team involvement • Participation in rounding • Seeking feedback • Clarifying expectations • Personal development planning • Join national/regional CNL organizations
• Understanding context for practice development • Building foundation of credibility as clinical expert • Initiating dialogue and relationship building • Establishing trust • Developing shared understandings/expectations • Laying out the roadmap for microsystem, CNL practice integration, and personal/professional development	• Practical experiences in situated setting • Enter situations in open and appreciative manner • Learn to recognize important elements	
Stand (S)	Advanced beginner	• Microsystem assessment • Provide EBP resources and facilitate dialogue • Safety & patient-centered coaching • Establish transparency with respect to microsystem performance indicators • Active networking in CNL organizations
• Understanding how CNL practice influences microsystem • Understanding relationships between elements in the microsystem and microsystem outcomes • Fostering relationships and staff engagement	• Can determine appropriate perspective • Organizational abilities • Develop rules and actions to devise a plan	
Walk (W)	Competent	• Risk assessment • Lateral integration • Evidence based practice • Coaching role in microsystem improvement & staff engagement • Engagement in national activities
• Developing shared accountability for microsystem clinical outcomes • Making meaning out of data and information • Applying foundational information and skills to making a difference in the microsystem	• Discriminate between situations • Know important focus • Decision making using evidence • Skilled engagement in transitions	
Run (R)	Proficient	• Team leadership • Performance improvement • Accountability • EBP as way of practice • Interprofessional collaboration
• Leveraging relationships to maximize microsystem clinical outcomes • Applying meaning of data and information to influence microsystem patterns of care and practice	• Recognizes whole patterns • Intimate knowledge of relevant aspects of situations, processes leads to responsive actions	
Soar	Expert	• Innovation • Optimization of performance reliability • Dissemination of expertise • Health care advocacy • Leadership in national activities
• Validating practice outcomes • Explicating how CNL integrated care delivery influences organizational performance • Expanding collective accountability beyond microsystem and immediate context	• See the big picture • Anticipate trajectories • Expanded "peripheral vision" • "Skill of involvement"	

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success. The workgroup used the five domains of the CNL practice model illustrated in Fig. 1, as well as key clinical insights, to identify necessary structural supports for the stages of CNL practice development.

Table 2 summarizes the alignment of the stages of the CNL development model with the domains of the CNL practice model and the necessary support structures for each stage of practice development. Practice setting leaders should initially establish shared expectations to promote understanding of CNL practice as the first step towards successful CNL integration. During the "crawl" phase of development, networking opportunities with key partners and visibility across hospital sectors facilitate familiarity with the CNL and CNL practice in action. As practice develops during the "Stand" phase, the consistent workflow and point of care presence of the CNL should become apparent through exposure to unit functions and opportunity for involvement in problem solving. Resources to supplement CNL leadership skills and support practice development also become apparent and should be supported. As the CNL embeds more fully into the fabric of the microsystem and their influence on the point of care unit becomes more apparent in the "walk" phase of development, openness to change and resources to support change projects, such as time and access to data and materials, become more important, as do opportunities for regular consultation with leadership. The CNL who has developed to the "run" stage has fully embedded themselves into the fabric of the microsystem through consistent enactment of core CNL practices-facilitating communication, building relationships, building and sustaining teams, and supporting staff engagement. With growing expertise to support the "soar" phase, project completion and dissemination at the local, regional, and national level help to show the value of CNL practice to clinicians and administrators, and spur further improvement and care delivery optimization. The expert CNL manifesting the "soar" phase of development is engaged in measuring outcomes and actively contributing to the development of learning organizations and problem-solving communities.

Putting it all together

The frameworks identified by the workgroup ensured that the revised CNL development model aligned with current validated frameworks for both nursing practice development in general and CNL practice in particular. Benner et al.'s (Benner et al., 2009) Novice-to-Expert framework provided a consistent pattern for CNL development, from Crawl to Soar. Bender et al.'s (Bender et al., 2017) validated CNL Practice Model provided appropriate readiness and structuring considerations in the development model to promote full scope of CNL practice. The selected frameworks, thus provided a solid foundation for articulating necessary CNL development structures and processes, and helped to delineate the organizational support structures needed for successful CNL transition to practice. Fig. 2 summarizes the CNL practice development model stages by time frame, highlighting the expectations for CNL practice at each developmental stage. This figure guides the use of the learning modules and activities in the revised CNL transition curriculum and helps new CNLs and practice setting leadership identify learning needs and professional development opportunities.

A visual tool, intended for use by new CNLs to judge their own progress in developing effective CNL practice, was introduced by one of the workgroup members. This tool, (see Fig. 3) illustrates the stages and milestones of the CSWR-Soar CNL development model. The visualization of milestones is appealing to CNLs wanting to judge their own progress and may also be useful for viewing CNL practice development in a more standardized way as an adjunct to meaningful use of the curricular content.

Summary and implications

The VHA was one of the earliest adopters of CNL practice. VHA nursing leaders identified a need for resources and support to facilitate the

Table 2
CNL practice support needs.

CNL practice development model stage	Alignment with CNL practice model	Necessary support structures
Crawl (novice)	Readiness: Create understanding that CNL can close care gaps Structuring: Microsystem presence, building CNL workflow Practice: Build relationships	• Agreement on CNL expectations within hospital, department, unit • Establish and promote staff understanding of the CNL role prior to CNL's arrival • Networking opportunities and collaboration for nursing staff and other disciplines to understand CNL practice • Provide visibility of the CNL at regular meetings, hospital meetings, social services, medical services, pharmacy, etc. • CNL given appropriate work space
Stand (advanced beginner)	Readiness: Understand care gaps, CNL Implementation strategy Structuring: Microsystem accountability for CNL competencies Practice: Relationships, effective communication	• Articulate CNL expectations to staff • CNL exposure to all functions occurring in the unit that center on patient outcomes • Promote opportunities for involvement in problem solving and change • Ensure consistent CNL workflow, do not pull CNL 'out of the role' • Provide resources, training for CNL such as Stephen R. Covey Leadership skills • Provide supportive cues to the CNL as needed, help develop CNL goals and standards for the unit
Walk (competent)	Structuring: Microsystem accountability for CNL competencies and consistent workflow Practice: Relationships, communication, building teams	• Leadership meetings with CNLs at regular intervals and be available as needed • Provide Resources for development, implementation and maintenance of CNL projects • Be open minded to change • Encourage opportunities
Run (proficient)	Practice: Relationships, communication, building teams, supporting staff engagement Outcomes: improve care environment	• Support CNL professional development • Full CNL practice accountability structure in place • Actively disseminate CNL-facilitated improvement to micro, meso and macro system clinicians and leadership • Recognize CNL achievements
Soar (expert)	Practice: Continuous clinical leadership Outcomes: Improved environments and quality outcomes Value: CNL perceived by clinicians and administrators as adding value to the ways care is delivered	• Measure CNL outcomes: environment and patient quality outcomes • Provide opportunities for lifetime growth and learning

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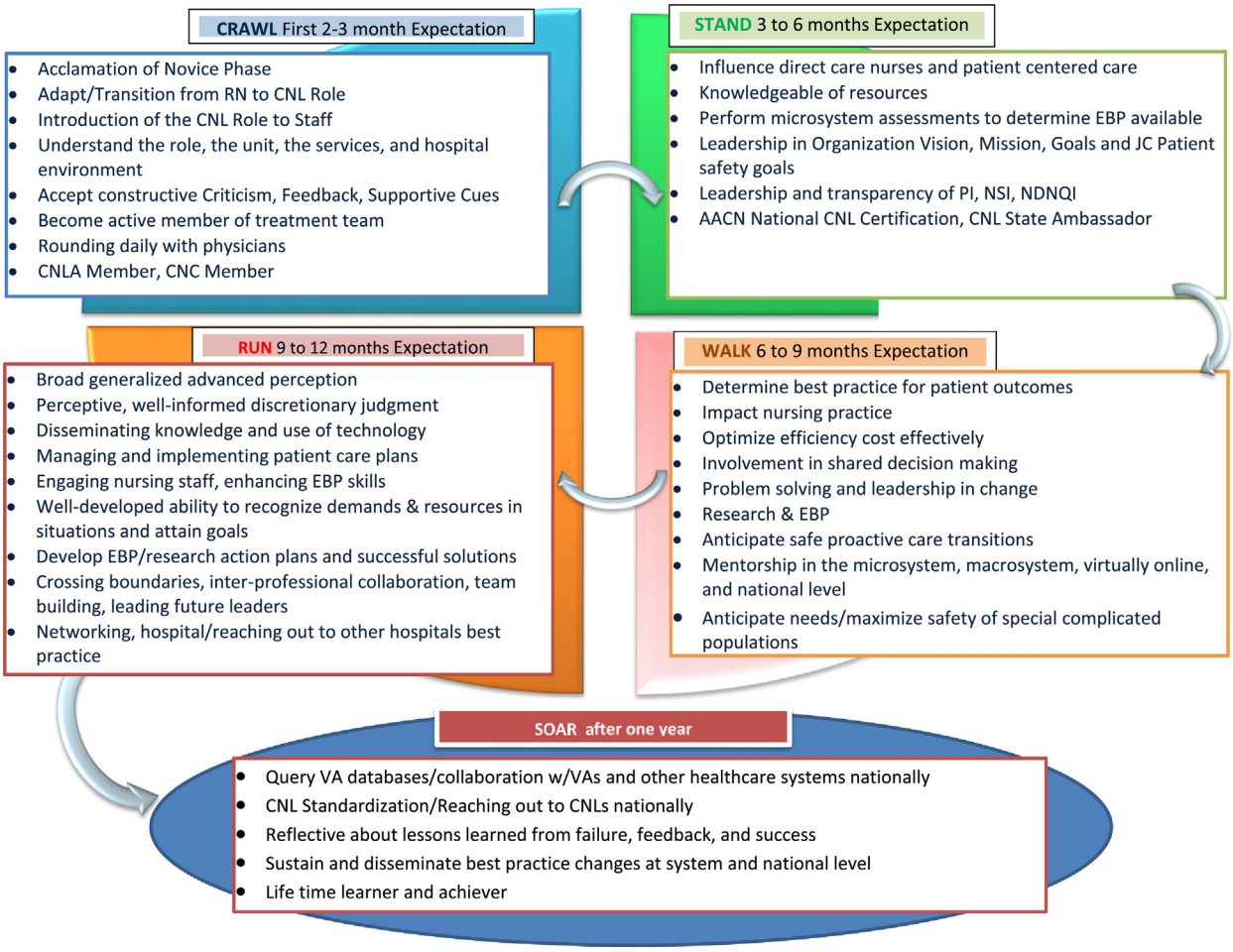

Fig. 2. The CNL practice development model.

integration of CNLs into practice, which resulted in the formation of a national level CNL Implementation and Evaluation Service in 2011. The ONS CNL I&E Service launched an online, virtual CNL practice transition curriculum in 2011. Subsequently, there was a realization that the developmental aspects of CNL transition needed to be made more explicit in the curriculum to help guide learning activities and support formulating reasonable expectations for development and practice over time. A key insight was that the new CNLs who were Master's educated,

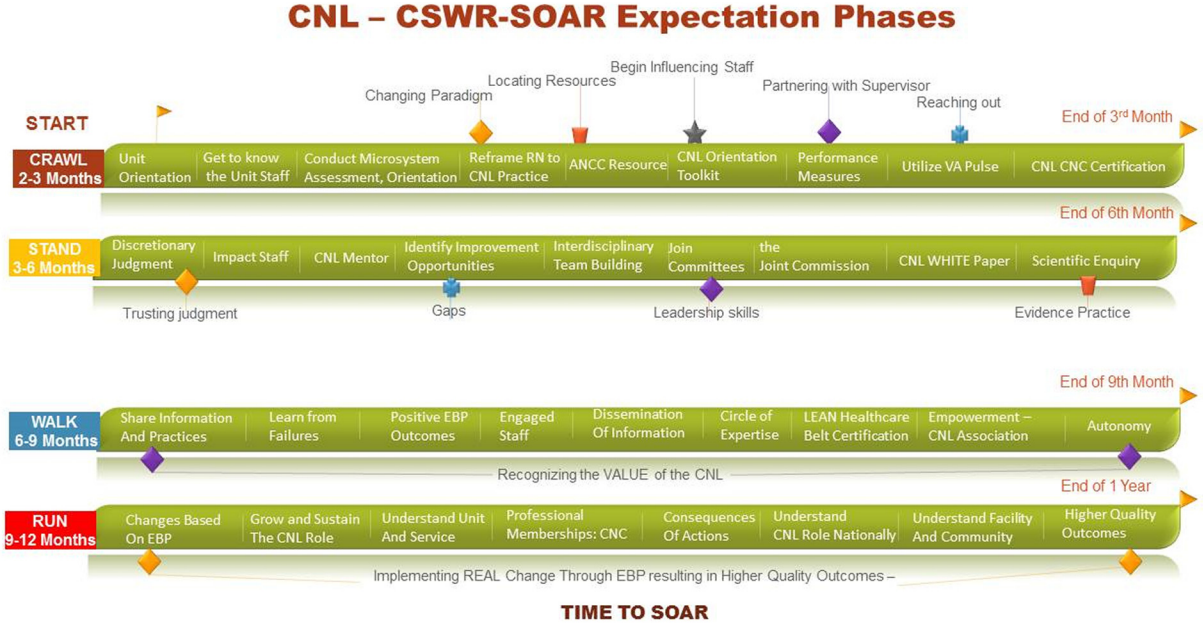

Fig. 3. CNL CSWR-soar expectation phases.

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expert nurses were expected to "hit the ground running" as CNLs. What was not visible at first was the fact that CNLs starting in new CNL roles were once again in the novice stage of their practice; their education and clinical expertise did not transfer 'seamlessly' to the new CNL role. Without this understanding, it was noted that CNL practice could easily falter, and limit the full scope of practice integration. National and local VHA CNL stakeholders leveraged this insight into a project that aimed to revise and expand the existing CNL practice transition curriculum into a role development model that was consistent with existing professional definitions of CNL practice and that would insure attention to CNL practice development for all CNL graduates entering the CNL role. In 2015, a core workgroup aligned the curriculum with two solid frameworks representing practice development and practice integration, articulated practice development structures and processes that aligned with the frameworks, and delineated organization support structures needed for successful CNL transition to practice. The result is an explicit model that delineates five stages of CNL development during which both the CNL and the practice microsystem transition to CNL integrated practice.

It is important to note that, while the idea for incorporating a developmental framework into the existing curriculum for new CNLs arose from the unique challenge of being an expert RN while at the same time being a novice CNL, the framework for development of CNL practice remains useful to entry-to-practice CNLs but may need modification to address the developmental needs of new CNLs who are also novice nurses. This may apply to CNLs that have graduated from an accelerated Masters-entry Model C program, or experienced nurses that are transitioning to CNL practice in different contexts with difference patient populations than those with which they are accustomed to working. We believe this framework is robust enough to support individual CNL development as well as to guide consistent integration of CNLs into health care delivery, no matter their starting point. It will be important to test these claims with future evaluation of the framework at the VA and elsewhere. Currently the framework is available online with open access to any VA stakeholders for use as a resource to support CNL practice integration.

Disclosures

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