# MSN Coursecast Show Notes

## Episode 51: Role of the CNL (NR663)

Dr. Cari Simpson and Dr. Mariah Hockin discuss the Role of the CNL.

Transcript

DR. SIMPSON:

Hello everybody. My name is Dr. Cari Simpson, and I am an associate professor for the MSN accelerated track. Welcome to the NR663 podcasts. This is the first of three podcasts being conducted in the course. Today, our focus is on the role of the Clinical Nurse Leader, also known as the CNL. Now, before we start our discussion, I wanted to introduce my guest, Dr. Mariah Hockin, who is an assistant professor in the MSN, accelerated track. So, Dr. Hockin, would you come up and introduce yourself?

DR. HOCKIN:

Yes. Thank you so much for this opportunity. My professional background includes working as an acute care bedside nurse for eight years, serving as a Clinical Nurse Leader or CNL on a 40-bed general medical unit for five years. And a variety of teaching experiences, including clinical, online and face-to-face for various universities. I am so excited to be part of Chamberlain University and the accelerated track. And I received my CNL education through Grand Valley University in 2013 and my DNP from the University of Michigan in 2017. The clinical nurse leader or CNL, MSN, is such an inspirational role as it is so versatile and you have the ability to be a change agent for positive patient outcomes through leadership and enhance skills.

DR. SIMPSON:

Thank you so much for providing us that. We are so happy to have you with us on this podcast call today to support our students as they are determining the best ways to utilize their CNL role. So can you provide a brief summary of the clinical nurse leader role as defined by the AACN.

DR. HOCKIN:

The clinical nurse leader or CNL, is a master’s educated nurse, prepared for practice across the continuum of care within any health care setting. The role is actually fairly new to nursing, and a pilot of the CNL started in 2006. The CNL was developed by the American Association of Colleges of nurses, or the AACN, in collaboration with leaders from health care practice and education to address the critical need to improve the quality of patient care outcomes. The CNL is a generalist clinician with education at the master's degree level. This nurse leader must be prepared to bring a high level of clinical competence and knowledge to the point of care and to serve as a resource for the clinical nursing team, the CNL is a generalist, in contrast with the specialized focus of the practice by clinical nurse specialist and nurse practitioners. The CNL oversees the care coordination of a distinct group of patients and

actively provides direct patient care and complex situations. This clinician puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL collects and evaluates data on patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. This clinician functions as part of an interdisciplinary team by communicating, planning, and implementing care directly with other health care professionals. This includes physicians, pharmacists, social workers, clinical nurse specialists, and nurse practitioners. The CNL is a clinical leader at the point of care, who focuses on care coordination, outcomes measurement, transitions of care, interprofessional communication & team leadership, risk assessment, implementation of best practices based on the evidence, and quality improvement.

DR. SIMPSON:

Thank you so much, Dr. Hockin How would you differentiate this though, when you talk about the CNL versus the nurse executive? So how would that differentiate? Because sometimes when your leader, clinical nurse leader, sometimes I think it may be misconstrued with the nurse executive, so how would you differentiate that?

DR. HOCKIN:

Yes, certainly there are all types of leaders and nursing, but the CNL is certainly a leadership role. But unlike the executive specialty, the CNL has that strong clinical component. So really the CNL is that clinical expert who is out there working with patients and working with the nursing team. The CNL is not commonly found in management or upper-level administration positions. Although these roles are not totally ruled out for a CNL. But the CNL works at the microsystem level with patient cohorts and the interdisciplinary team.

DR. SIMPSON:

Wonderful! Share some statistics on how many CNLs are in the nation currently with employment and in employment settings.

DR. HOCKIN:

So, there are exactly 7,819 CNLs in the US since 2006 when the position was included. California has the largest number at 1267 CNLs, and Illinois is close behind California it 804. In 2019, 1175 candidates sat for this CNL exam. 77% of them passed the first time. Half of the total number of CNLs work in acute care inpatient settings. But other settings include different types of healthcare facilities, schools of nursing or universities, outpatient clinics or surgery, long-term care, community or public health, home health, physician practice, hospice, and nurse manage practice. So, you see CNL's in a variety of settings across the nation.

DR. SIMPSON:

And so, what I want to ask is just a few key points about your experiences. So, Dr. Hockin, can you give us a brief overview of your role as a CNL? So, talking about employment, maybe how it applies to your setting and leadership structure, as well as daily duties.

DR. HOCKIN:

Great. So, as I shared previously, I worked as a CNL on a 40 bed a general medical unit for five years. The hospital served a large rural area and can hold up to 400 inpatients. Each unit was comprised of a nurse manager and a CNL type role or resource clinician. Since I lived in a rural area, CNLs are not easy to find, so many of the resource clinicians had master's degrees and various specialties. I helped bring the CNL role to the hospital. And although each unit had a CNL role, again, not all of the people that were in that role were actually certified. So, we certainly - that highlights the need for more CNLs. As a CNL, I led patient rounds, followed up on complex cases, organize care meetings, and helped out at the bedside. I also oversaw all patient and staff education. I tracked unit level data such as patient falls, pressure injuries, catheter associated UTIs, central line associated bloodstream infections, and the H caps or patient satisfaction scores, among other types of data. If there was a variance in acceptable numbers, I would work with small teams of staff, nurses, or assistance to determine best course of action. In addition, I would also collaborate with other units, CNLs or resource clinicians to standardized best practices. I assisted in the development and updating of policy and procedure. At the organizational level. I participated in several hospital-wide committees and led several change projects and task forces both at the micro and macro system levels. At times there was some overlap with the unit management, and I assisted with employee disciplinary action, hiring, termination, and schedules. Although those items are not part of the traditional role of the CNL.

DR. SIMPSON:

Did you feel, and I'm just going to pose a question out of the blue, I just wanted your thoughts, do you believe acquiring your CNL made you more attractive for these roles?

DR. HOCKIN:

Yes, certainly, because this CNL has such a strong basis in improving patient outcomes and if you look in the literature, there's starting to be a great body of articles and resources that really prove that the CNL is making great strides in improving patient outcomes. I mean, the statistics are just overwhelming and the positive effect that CNLs make. And really because of my abilities and what I learned in my master's degree as a CNL and my experiences and my practicum, I really felt very confident and well-prepared in making these changes. And based on first by assessing the issue and getting to the root of the problem.

DR. SIMPSON:

Fantastic, I know that that's beneficial for the students to hear. Especially going through this program, as well as doing these practicums to support them in preparation for their certification. So, thank you so much for sharing that information. Dr. Hockin what do or did, because you are in a new setting, in the academic setting. But what did you like best about your role as the CNL? And also on the opposite end, what was maybe bothersome, or you did not like as much?

DR. HOCKIN:

Well, one of the best things about the role is the mix of direct versus indirect patient care activities. So

the CNL, as we mentioned earlier, is a formal leadership role, but very much has that direct patient contact and the mix of direct and indirect activity lends such a wide variety of job responsibilities. It is really nearly impossible to become bored in this role. And you're always doing something different depending on the needs of the patients and staff. With this said, you really must be very flexible and resilient due to the ever-changing nature of the role and the environment in which you work. And there really are not many things I didn't like about the role, to address your second question. Sometimes it was a bit frustrating when members of the interdisciplinary team did not agree with a recommended course of action for a patient. Because as the CNL, I was really working a lot to bring that team together to coordinate the care. And really the one that was leading those meetings and that dialogue. So, for instance, sometimes I would maybe request a referral for hospice or palliative care for a patient. And the physician would disagree that the patient would not need such a referral. So that can happen in any role really, when as a nurse, you feel the healthcare team could offer more, or recommend additional services for a patient. But again, really having strong communication and working with that interdisciplinary team is essential and can sometimes, because of that, be a little bit frustrating.

DR. SIMPSON:

And did you think that over time with your time with a team, especially physicians, other nurses, and other disciplines, that once they saw your ability to function in that rule, they came to more appreciate the CNL add what was offered in your experience?

DR. HOCKIN:

Yes, certainly as I worked more in the role I made more connections, fostered more relationships, really got to know a lot of the physicians. And so really in the position, that's a great point to make as time went on, I would have less and less resistant resistance from my recommendations because that team grew to trust me an to form those connections.

DR. SIMPSON:

So, thinking about your experience as a CNL student, what advice might you have for the CNL student that is currently in the program? And also, what might be some great resources them to refer to? Were there specific websites like the AACN, any journals, just some ideas from that perspective as well?

DR. HOCKIN:

Certainly. So, I would treat any type of practicum experience as a job interview. So, because the CNL has quite a few practicum hours, 432 required to sit for the for the exam, you are really spending a lot of time in that clinical setting on the unit with the manager with hopefully another CNL or a CNL type role. So always putting your best foot forward in the practicum setting is very important. Even if you think, 'Gosh, I never want to work here!' The people that you're working alongside in your practicum experience are great references and potential employers may contact them for a referral. So, it actually just so happened that soon after I graduated, my mentor moved out of the area and her position became available. And so, the unit manager and staff actually sought me out and offered me the job on the spot. So, I think that goes along to say, really, you can make such an impression in the site that you

are doing your practicum time. And it's just so important to have that professional face at all times. So, in addition, making the most of your time during practicum. So, if there's something that you're particularly interested in, such as, maybe you're interested in committee work, maybe you're really interested in learning how patient rounds work and you've never lead rounds... Let your mentor know so they can accommodate your time. At the end of my practicum experience, I was attending committees. I was taking away action assignments from those committees and working on them independently during my practicum time. At the end of my practicum experience, I was also leading interdisciplinary rounds, with my mentor there of course, but that was a great experience for me to not only lead rounds, but to lead any kind of meeting is more challenging than it initially seems. So leading things like multidisciplinary rounds, getting involved in committees, jumping in and helping the nurses at the bedside, those are all great experiences and definitely make sure that you're making the most of your time. If you have questions, don't be afraid to ask. Ask your mentor, ask that unit manager, get to know the staff. And if you're asked to participate in a small project, jump at the chance to do. Again, this can all, this all counts towards that 432 hours. And the more engaged and involved you become an immersed in that role, the better experience that you're going to have to take with you. Not only for taking that CNL exam, but also for applying it to your practice once you are in the setting. So again, the more experience you can gain, the better off you will be in real practice is the summary of that. So, there's some really great resources for the CNL, one resource is the AACN website, and that is simply AACNursing.org/CNL. Within that website you'll find frequently asked questions, you'll find information discussing the role of the CNL, there's the CNL competencies, there's the white paper that is the original document for all of the details and components of the CNL, there's a great document that shares, and it actually has a table, that shares what is the difference between a clinical nurse specialist and a clinical nurse leader. Because sometimes those roles can be a little muddy to some people. And while they work alongside each other and collaborate, often, that CNS role is really focused at the macro system level, whereas the CNL is focused at the micro system. But there are several components of those positions that are very similar. So that's a great document to check out. There's also a subscription that students can pay for if you choose with the test bank, a practice test bank of questions for the exam. There is exam information, exam dates, and locations, once you get to that point and we'll be sharing additional information on exam specific details in future podcasts and also within your courses once you get to that point. But it's a great thing to the checkout. Another wonderful resource is the Clinical Nurse Leader Association. That's the CNLA, and the website for that is simply CNLAassociation.org. And that has some great resources to get involved in the role. They actually have a mentorship program that as a new CNL you can request to have a mentor, a CNL mentor. You can also sign up to be a mentor after you have some experience within practice. They have fantastic resources to journal articles and updates on the CNL role and how it's working throughout the nation. And it's just a really cool association, professional association to be involved in. So those are the two main resources that I wanted to just highlight and encourage you if you haven't already visit the AACN website and also check out the CNLA because a pretty neat stuff going on there as well. So, thank you so much for the opportunity to share more about the role and my personal experience serving as a CNL.

DR. SIMPSON:

Well, this is a wonderful resource for the students as they are transitioning, as they're working on their practicum planning, also to support them just kind of giving an understanding as you did the differences with the CNL versus what would be a nurse executive. Also, what I believe was very paramount was the sharing of your experiences, Dr. Hockin, the pros, the cons, some of the things that we run into always with developing a collaboration, it really does take time building, team-building, and not to give up on that opportunity to develop the team, as you mentioned. So, I really appreciate you taking the time today to provide this great information about the role of the CNL to the students. And I'm sure they will appreciate it too. Thank you so much for joining us today.

DR. HOCKIN:

Thank you.