

Clinical Nurse Leader (CNL®) **Frequently Asked Questions**

Below are common questions related to the Clinical Nurse Leader initiative with corresponding answers. If you have additional questions that you would like answered, please send them to jstanley@aacn.nche.edu.

Q: What is the Clinical Nurse Leader?

The Clinical Nurse Leader is an emerging nursing role developed by the American Association of Colleges of Nursing (AACN) in collaboration with an array of leaders from the practice environment. Two AACN task forces were convened to identify (1) how to improve the quality of patient care and (2) how to best prepare nurses with the competencies needed to thrive in the current and future healthcare system. The Clinical Nurse Leader role emerged following several years of research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement strategies. CNL® is a unique credential that recognizes certified Clinical Nurse Leaders.

Q: What does a CNL do?

The CNL oversees the lateral integration of care for a distinct group of patients and may actively provide direct patient care in complex situations. The CNL 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. This clinician functions as part of an interprofessional team by communicating, planning, and implementing care directly with other healthcare professionals, including physicians, pharmacists, social workers, clinical nurse specialists and nurse practitioners. The CNL role is not one of administration or management. The CNL is a leader in healthcare delivery across all settings, not just in acute care. Implementation of this role will vary across settings. The CNL role is fully described in AACN's white paper on *The Education and Role of the Clinical Nurse Leader* (2007) found online at <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.htm>.

Q: Is the CNL needed in the healthcare system?

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

ADVANCING HIGHER EDUCATION IN NURSING

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

The CNL is an advanced 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 an advanced role. For a list of CNL programs currently accepting students, see <http://www.aacn.nche.edu/CNL/cnlweblinks.htm>.

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.

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

No. At their January 2004 meeting, the AACN Board of Directors reaffirmed the organization's strong support for baccalaureate 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 a Clinical Nurse Leader different from a Clinical Nurse Specialist or other advanced practice nurse?

The CNL is not prepared as an advanced practice registered nurse (APRN) as the APRN is currently defined. Advanced practice nurses, including clinical nurse specialists (CNSs) and nurse practitioners (NPs), are prepared with specialist education in a defined area of practice. The CNL and APRN roles complement one another and bring unique expertise to the healthcare team. 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 leading 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 and second-degree students. Since that time, additional models have developed to accommodate ADN graduates (RN to MSN) and MSN graduates with a post-master's certificate. All models culminate with a CNL-focused master's degree or post-master's certificate.

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

AACN, in collaboration with practice partners, public consumers, and a professional test development agency, has created a certification examination and process to credential graduates of the CNL master's degree programs. The Commission on Nurse Certificationsm (CNC) was established in 2007 to manage and oversee the certification of CNLs. The CNC is an autonomous arm of AACN and is governed by its own Board of Directors, comprised of representatives from the education setting, practice setting, working CNLs, and consumers.

Q: Who is eligible to sit for the CNL Certification Examination?

Only individuals who graduate from a CNL or similar master's degree program in nursing that meets the criteria delineated in the CNL Curriculum Framework and prepares individuals with the competencies identified in AACN's white paper on *The Education and Role of the Clinical Nurse Leader* (2007) are eligible to sit for this certification examination. Those who successfully complete and pass the CNL Certification Examination and have received their license to practice as a registered nurse by passing the NCLEX exam will earn the CNL credential.

Q: How do I arrange for my CNL program graduates to take the CNL Certification Examination?

CNL program graduates will take the CNL Certification Examination at their school of nursing or at a local testing center upon graduation. Students can find the application materials online at <http://www.aacn.nche.edu/cnl/certification>. All students and faculty interested in CNL Certification should read the *CNL[®] Certification Examination Handbook* at <http://www.aacn.nche.edu/CNL/pdf/CertExamHndbk.pdf>. To learn more and to register your school of nursing as a CNL Certification Exam location, please contact CNC Director Tracy Loftly at tlofty@aacn.nche.edu.

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. In 2004, the AACN Board appointed the CNL Implementation Task Force, comprised of education and practice representatives, to oversee the implementation of the CNL initiative. From 2004–2007, numerous and diverse activities were undertaken. 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. Two more regional meetings were held in June 2006 to provide informational and collaborative opportunities for the education and practice partners involved in the CNL Initiative.

In Spring 2007, the AACN Board appointed the CNL Steering Committee, also comprised of education and practice representatives, to elevate visibility and sustainability of the CNL advanced generalist role's impact on patient care outcomes and oversee the continued implementation of the CNL initiative. With 117 education partners and 220 practice partners, the CNL initiative continues to be active with regular teleconferences and webinars, an active CNL student/graduate listserve, and regular partner presentations at regional and national meetings

through the Department of Veteran's Affairs and other nursing organizations. Cathy Rick, CNO of the Department of Veteran's Affairs, has committed to implementing the CNL role in all VA Medical Centers by the year 2016, propelling both interest and action within the practice setting. AACN has also engaged former CNO Linda Rusch, an early adopter of the CNL role, to serve as the CNL resource course for both educational and practice leaders. To find out more about the services available, see <http://www.aacn.nche.edu/cnl/research-coach>.

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

A cooperative effort between education and practice is necessary to ensure that the CNL is prepared for practice and possesses a distinct scope of practice. The CNL Steering Committee appointed by the AACN Board includes representatives of both academia and practice. Representatives from the American Organization of Nurse Executives (AONE) and the U.S. Department of Veterans Affairs are actively participating with AACN on this initiative. AACN continues to work collaboratively 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 this initiative, including the National Council of State Boards of Nursing and other nursing organizations, including those representing APRNs, certification, and accreditation, 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. AACN will continue to use a consensus-building process as the CNL programs continue to evolve. From 2004-2007, the AACN CNL Implementation Task Force oversaw the implementation of the CNL initiative in nursing programs and practice settings across the country. In Spring 2007, the CNL Steering Committee was charged with continued oversight of the CNL initiative by providing guidance, resources, and collaborative opportunities for all interested stakeholders. See <http://www.aacn.nche.edu/about-aacn/committees-task-force>.

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 degree as a terminal degree and the highest level of preparation for specialty clinical practice. Read the position statement online at <http://www.aacn.nche.edu/DNP/pdf/DNP.pdf>. The CNL and practice doctorate initiatives are separate but complementary projects. AACN recognizes that the outcomes of either project inform and shape the work of the other project.

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