Annual Assessment Report for Academic Programs

The University Assessment Team advocates for the enhancement of student learning through purposeful, meaningful, and feasible student-outcomes assessment practices. The Assessment Team seeks to collaborate with programs, departments, and units to ensure that effective assessment of student learning occurs across the University. To assist in meeting this goal, the Team requests that you complete this Annual Assessment Report form to document student learning in your program. A PDF version of this completed form will be posted to the Academic Affairs Assessment website. Please note that this Annual Assessment Report form should only be completed after you have an Assessment Plan for Academic Programs forms on file with the University Assessment Team. The plan is completed once and only updated when revisions have been made to components of the plan.

1. Degree Level and Program Name: MSN in Clinical Nurse Leader (CNL)

2. College/School: College of Health Professions and McAuley School of Nursing

3. Assessment Overview - Briefly share how student learning outcomes assessment is conducted within your program/department (e.g. number of outcomes, examples of assignments used, and frequency of assessment).

Five student learning outcomes are measured (with 1 measured each year) according to the MSON MSN Program Outcomes:
1. Professional role practice according to specialty competencies at the MSN level.
2. Translation of theoretical and conceptual knowledge into advanced nursing to promote health care quality and patient safety outcomes.
3. Integrate informatics, technology, and collaboration in the delivery of person-centered nursing for individuals and populations.
4. Engage in systems leadership with a focus on preventive care, policy development, and patient advocacy.
5. Integrate Jesuit and Mercy traditions in providing culturally-competent, compassionate, holistic, and person-centered care.

4. Student Learning Outcomes -Which student learning outcome(s) from the assessment plan filed with the University Assessment Team is/are being reported on in this report? Include the corresponding benchmark(s) for each outcome.

According to the MSN Program Assessment Plan on file, one outcome is being assessed this cycle. Student Outcome #2 MSN candidates will translate theoretical and conceptual knowledge into advanced nursing practice actions that promote optimal health care quality and patient safety outcomes. CNL MSN candidates are assessed in NUR 5940 during their CNL Clinical Immersion using the ePortfolio based on the CNL competencies. All candidates must earn a passing score in each rubric dimension area.

5. **Institutional Outcomes** - For which institutional outcome(s) do the reported student learning outcome(s) align?

x	I. Jesuit & Mercy Values
x	II. Diversity & Cultural Awareness
x	III. Critical Thinking & Problem Solving

x	IV. Communication
x	V. Professionalism
x	VI. Lifelong Learning

6. **Assessment Period:** Select the academic year for which you are reporting results (i.e. when data were collected):

2020-2021

7. **Results, Planned Actions, and/or Actions Taken** -Briefly summarize the assessment results, how they relate to benchmark(s), and how you are using them to enhance student learning and improve program quality.

Results are from W21 since course not taught in 21-22. Benchmark was achieved for the learning outcomes captured in the ePortfolio with 100% (2/2) earning a passing score on each dimension of the rubric. The aggregate overall score for the rubric was 95.25/100 (range 93-97.5). For all 9 CNL role aspects, all students clearly demonstrated competencies. Actions taken included adding CNL competencies document to ePortfolio to strengthen CNL competency demonstration since students use that assignment to document how they demonstrated each CNL competency for all 9 essentials.

Attachments:

NUR 5940 Syllabus W21_Julia Stocker-Schnei.docx

Sample NUR 5940 ePortfolio rubric_Julia Stocker-Schnei.docx

ePortfolio sample CNL Competencies_Julia Stocker-Schnei.pdf

University of Detroit Mercy
McAuley School of Nursing
CNL Program

Course Title: NUR 5940: CNL Clinical Immersion Experience

Time & Location: The class will meet virtually via blackboard collaborate ultra on Tuesdays 5:30-8:00 pm according to the following schedule: (subject to change). 1/19, 2/9, 3/2, 3/23, 4/20

Course Credit: 4 Credits: 1 didactic and 3 clinical (300-400 hours)

Faculty: Julia Stocker Schneider, PhD, RN, CNL
Associate Professor & Coordinator,
Nursing & Healthcare Leadership & Clinical Nurse Leader Programs
McAuley School of Nursing
Office: College of Health Professions, Room 225
Phone: (313) 993-1790
Email address: stockeju@udmercy.edu

COURSE DESCRIPTION
Built from the concepts and project established in NUR 5830, the clinical immersion experience will include a 300-400 hour mentored clinical immersion designed with the health system partner to provide an intensive immersion into the CNL role and practice expectations. The immersion experience will reflect the dynamic and unique attributes of each of the healthcare system partnership organizations in which the CNL will practice and provide the opportunity for the CNL to establish their role in the partnership organization with a strong interdisciplinary focus Through the immersion experience, the CNL student will demonstrate the ability to integrate knowledge and skills acquired throughout the didactic and clinical education experiences to include an understanding of accountability for practice outcomes, and the ability to practice interdependently and independently.

COURSE OBJECTIVES: Upon completion of this course, students will be able to:

Course Objective	Program Outcomes/ Objectives	MSN Essential	Evaluation
1. Integrate CNL competencies to deliver culturally competent, quality health care services within a microsystem.	1,2,5	IX-4, IX-7	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
2. Exercise effective leadership, critical thinking, interdisciplinary team relationships, and communication skills in the development and implementation of the CNL role.	3,4	II-1, II-4, II-6, II-7, VII-3, VII-4	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
3. Integrate professional nursing standards, values and accountability into role and	1,4	I-4, V-6, VI-3, VII-	Clinical Seminar & Online Participation

self-development as an advanced generalist nurse.		2, IX-7, IX-8	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
4. Utilize information technology and an evidence-based research approach to design and implement the CNL role in a microsystem.	2,3	II-7, IV-1, IV-4, IV-5, V-1	Clinical Activity Logs Self-Evaluation of CNL Competencies ePortfolio Final Presentation
5. Analyze the financial, sociopolitical and organizational forces of the health care environment that impact the CNL practice role.	2,4	II-3, II-4	Clinical Seminar & Online Participation Key Learning Reflection Blog Final Presentation
6. Demonstrate effective leadership, accountability, critical thinking, culturally competence and advocacy in the delivery of nursing care within a microsystem.	4,5	I-1, II-1, II-5, II-6, II-7, VIII-5, IX-3	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
7. Synthesize theory and knowledge of microsystem leadership nursing as a foundation for advanced decision-making.	2,4	II-1, II-4, IV-1, IV-4, IX-1	Clinical Seminar & Online Participation Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
8.			
9.			
10.			
11. Practice advanced generalist nursing reflec within moral, legal, and humanistic framew with a commitment to social justice.	1,5	I-4, III-7, III-8, VIII-1, IX-8,	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation
12. Utilize information technology and an evide based research approach to design, impler and evaluate a project that improves patient care in a health care system.	2,3	I-6, I-7, III-1, III-2, III-7, III-8, IV-1, IV-4, IV-5, V-2, VIII-3, IX-2, IX-7	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation

13. Utilize inter- and intra-disciplinary collaborat facilitate desired health outcomes for clients, populations, and systems.	2,3	VII-1 – VII-6	Clinical Activity Logs Key Learning Reflection Blog Self-Evaluation of CNL Competencies ePortfolio Final Presentation

Required Texts:

AACN. (2013). *Competencies and Curricular Expectations for Clinical Nurse LeaderSM Education and Practice*. Retrieved from: https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/CNL-Competencies-October-2013.pdf

Harris, J. L., Roussel, L., & Thomas, P. L. (Eds.). (2018). *Initiating and sustaining the clinical nurse leader role : a practical guide* (3rd ed.). Burlington, MA: Jones & Bartlett Learning. ISBN 978-1-284-11366-2.

King, C. R., Gerard, S. O., & Rapp, C. G. (2019). *Essential Knowledge for CNL & APRN Nurse Leaders*. New York: Springer Publishing Company. ISBN 978-0-8261-8361-3.

APA Style References:
All papers completed for the class must be completed using APA style format 7th edition. Please refer to and use information found on: https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/apa_changes_7th_edition.html You may also see https://udmercy.libguides.com/nursing/APA for mor information. Included on this page is a link to refworks. You are highly encouraged to use refworks, or a similar bibliographic program (e.g., Mendeley).

TEACHING METHODS
This course employs the following methodology: textbook and on-line assigned readings, independent research, classroom discussion, small group work, and written assignments. Students are expected to complete all assigned readings and assignments and attend scheduled virtual sessions in blackboard collaborate. Faculty monitors participation and directs discussion as needed and is available on-line to provide assistance. All on-line work is asynchronous, meaning that it is not necessary to be on-line at a specific time.

COURSE POLICIES
1. It is expected that students will attend to weekly asynchronous assignments according to the class schedule. You should notify the professor ahead of time regarding any extenuating circumstances that may keep you from doing so.
2. It is expected that students will fully prepare and participate in every weekly assignment.
3. The policies related to Academic Integrity as described in the University of Detroit Mercy Catalogue and the McAuley School of Nursing Graduate Student Handbook regarding academic and professional performance must be adhered to at all times. Failure to do so may result in probation and/or dismissal.

Grades are assigned in the DNP program in accordance with the policies in the Graduate/Doctoral Program Handbook.

Course Clinical Requirements:

The number of required contact hours is a minimum of 300 hours. You are required to have 400 clinical hours (including NUR 5830 hours) to sit for CNL certification. Clinical hours will include time spent engaging in recommended practice experiences, demonstrating CNL competencies, and work with preceptor, microsystem leaders & team members, and microsystem patients and families. Time spent working on projects or initiatives such as those described in *Recommended CNL Practice Experiences* at the clinical site, virtually, or at home are included. Students may also pursue alternative experiences to gain clinical hours that may be completed virtually or offsite.

Schedule: The student and preceptor shall determine the student's specific schedule. Best practices for setting the student internship schedule includes determining desired activities from preceptor's schedule to meet objectives (and other leader's/mentor's schedules as appropriate), onsite/virtual needs for completing project, and personal availability.

Attendance: Students must attend and report to internship site in person or virtually according to the agreed upon schedule. If absence or lateness occurs, students must notify the facility preceptor before the scheduled starting time. Students will be required to make up absences incurred during this immersion experience, if necessary, to attain objectives and meet clinical hour requirements for the internship.

Regulations: Although the students are not employees, they are required to adhere to all personnel regulations of the health care organization to which they are assigned according to the AceMapp requirements for the site. Students may be asked to sign a confidentiality agreement with the participating organization. All students must also adhere to the policies described in the Graduate Student Handbook.

Site Visit: Each student will meet with the course faculty and their preceptor during the first few weeks of the course. The site visit will be conducted virtually and will involve review of the students plans to address clinical competencies. Students will keep faculty updated on a weekly basis via the online reflection logs on the course blackboard site. The student should inform the faculty of any issues that arise in a timely manner via email or phone. If necessary, a second site visit can be arranged.

Late Assignments:
Assignments submitted after the deadline will not receive full credit. If you are experiencing any extenuating circumstances that will prevent you from submitting your assignment on time, please notify the faculty member *before* the assignment becomes due.

GRADING SCALE

> 93%	A
90 - 92%	A-
87 - 89%	B+
83 - 86%	B
80 - 82%	B-
77 - 79%	C+
73 - 76%	C
70 - 72%	D
Less than 70%	F

GRADUATE PROGRAM GRADING SCALE AND GRADING POLICIES:
To achieve satisfactory academic progress leading to continued progression the student must maintain an aggregate grade of B (a University GPA of 3.00). The graduate nursing programs consider a grade below B- in any of the nursing courses to represent unsatisfactory academic

progress. Unsatisfactory academic progress may result in probation and/or dismissal as described below.
Students may be denied progression if they have not made satisfactory academic progress in their education. When a graduate nursing student's cumulative GPA falls below 3.0, she/he is placed on academic probation. When a student earns a grade of less than "B-" in any of the core nursing curriculum courses, that student is dismissed from the program.
In order to receive a graduate degree from the University of Detroit Mercy, a student must remain in good standing and maintain a cumulative GPA of 3.0. If a student has completed the requisite number of credit hours for his or her degree but he or she has failed to achieve a 3.0 cumulative GPA, he or she may take up to six additional hours in an attempt to establish the necessary 3.0 grade point average. Please refer to the graduate catalog for further information.

EVALUATION CRITERIA
Course deliverables and assignment weights towards course grade are noted below:

Participation	**25%**
Clinical Activity and Reflection Journals	**20%**
CNL Competencies	**10%**
ePortfolio	**25%**
Final Presentation	**20%**

Virtual Class Participation / On-line Participation **25%**
Students are expected to: 1) read and critically evaluate the assigned readings prior to each virtual class or during the asynchronous week, 2) attend and actively participate in virtual sessions conducted in blackboard collaborate ultra, and 3) complete asynchronous assignments during the week assigned (e.g. discussion boards, blogs, quizzes etc). All asynchronous assignments are due on Sunday end of day of the week assigned (weeks run Mon-Sun). During virtual meetings, students will discuss and reflect on clinical immersion experiences as well as readings and content with the class.

Clinical Activity & Reflection Journal **20%**
The clinical activity & reflection journals are submitted weekly via the journals area on Blackboard and should include: 1) date, 2) time spent for the given week (Mon-Sun), 3) cumulative total of clinical hours completed to date for the semester, 4) a brief statement of major activity (specifics of clinical competencies will be recorded separately in the competency log), and 5) a thoughtful reflection that describes key learnings or observations from the experiences and how they may contribute to professional development. Grading criteria for the log are as follows:

Succinct record of date, time, & major activities	25%
Current running tally of internship hours completed	15%
Brief thoughtful reflection on experience and activities, including key learnings or observations	40%
Adherence to guidelines (timeliness, accessibility, quality of writing, clear and succinct description of activities and reflection	20%

CNL Competencies **10%**
Each student will demonstrate and document completion of CNL competencies outlined in AACN *CNL Competencies and Curricular Expectations for Education and Practice*. http://www.aacnnursing.org/Portals/42/CNL/CNL-Competencies-October-2013.pdf Students will note date and activity completed to demonstrate each competency in the CNL Competency record. In effort to achieve competencies, students should focus on completing AACN

Recommended CNL Practice Experiences http://www.aacnnursing.org/Portals/42/CNL/AACN-CNL-Clinical-Experiences-2017.pdf

ePortfolio **25%**

Each student will create an electronic CNL professional portfolio to document and showcase professional development, CNL competencies, educational preparation, and areas of achievement (consider items that highlight your competency). The ePortfolio will be created Using the ePortfolio tool in blackboard. The ePortfolio is an opportunity for you to creatively display your competencies and specialized skills that set you apart as a nursing leader and CNL. It is encouraged that you use an accessible and engaging layout to properly showcase your expertise. Major content should be visible from the ePortfolio without the reader needing to download content (paste content vs. attach to accomplish this). It is encouraged that you incorporate pictures and multimedia content (such as PowerPoint or video content) where appropriate regarding any projects you have completed that you wish to highlight.

Minimally, the ePortfolio should include the following content: landing page, professional credentials & certifications, career goals & professional philosophy, resume, CNL competencies (organized by CNL role aspects). Consider showcasing and attaching as artifacts your 5-P assessment as an example of microsystem assessment (from NUR 5830), microsystem improvement storyboard (from NUR 5830), projects worked on during clinical immersion experience, and additional artifacts to showcase examples of major projects or accomplishments. Please see evaluation criteria below:

Landing page (intro to your eportfolio, include links or tabs to various sections of your e-Portfolio	5%
Professional credentials (& certification, if applicable)	5%
Career goals & professional philosophy	5%
Resume	20%
CNL competencies http://www.aacnnursing.org/Portals/42/CNL/CNL-Competencies-October-2013.pdf (organized according to CNL role aspects (p. 38) noted below. Describe overall competencies related to each role aspect and highlight major projects and accomplishments. Attach them (such as 5P Assessment, immersion project,).	
1. Clinician (designer/coordinator/integrator/evaluator of care to individuals, families, groups, communities, and populations)	5%
2. Outcomes Manager (synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes)	5%
3. Client Advocate (ensures patients, families, communities are well informed. The CNL is an informed leader for improving care; serves as an advocate for the profession and the interprofessional healthcare team).	5%
4. Educator (Uses appropriate teaching principles and strategies and current information, materials and technologies to teach clients, groups, and healthcare professionals)	5%
5. Information Manager (able to use information systems and technology that put knowledge at the point of care to improve health care outcomes)	5%
6. Systems Analyst/Risk Anticipator (able to participate in systems review to improve care delivery, anticipate risks & prevent medical errors).	5%

7. Team Manager (able to properly delegate & manage nursing team resources [human & fiscal], and serve as interdisciplinary team leader and member)	5%
8. Member of a Profession (accountable for ongoing acquisition of knowledge and skis to effect change in health care practice and outcomes and for the profession)	5%
9. Lifelong learner (Recognized the need and actively pursues new knowledge and skills as CNL role and needs of the healthcare system evolves)	5%
ePortfolio accessibility, appeal, professional appearance, ability to provide a useful snapshot of your professional identity	20%

Final Presentation **20%**

Each student will present a 20-minute oral summary of their clinical immersion experience via a PowerPoint presentation. Content should concentrate on the clinical immersion experience, the CNL competencies, and the action steps planned to fully engage the CNL role.

Overview of Microsystem (organize by 5P)	15%
Description of Preceptor and how you saw the CNL role implemented there	10%
Describe major practice experiences and activities towards achieving competencies	40%
Major student learnings during CNL immersion	15%
Presentation skills, clarity, organization, speaking presence, powerpoint (approx. 15 slides), response to questions	20%

Student Support Resources: University of Detroit Mercy has a wide array of support services available for free to all students. We encourage all members of the community to be aware of this list of student support resources—including contact information for reporting incidents or concerns. Students can also refer to the webpage for Current Students. COVID-related concerns, about yourself or anyone else, should be reported through the COVID referral form.

Technology Recommendations: University of Detroit Mercy Information Technology Services (ITS) posts current recommendations for student technology needs—including hardware, software, and internet connectivity—on their website.

Important Announcements: Important messages will be communicated through Blackboard and/or emailed to your Detroit Mercy email address.

Instructional Continuity and Class Cancellation: Instructional continuity refers to the continuation of instruction during unforeseen campus closure or instructor absence. Should the need to cancel a class session occur, students will be contacted through Blackboard and/or their Detroit Mercy email address. The following procedures will be in place to ensure continuity of instruction in this course: an announcement will be placed on the blackboard course site and students will be emailed. Students are responsible for all course material provided through this instructional continuity plan.

Disability and Accessibility Support Services: If you require an accommodation due to a documented disability, pregnancy, emergency medical condition, or require special arrangements in case of a building evacuation, please contact Laura Bagdady, Assistant Director of Disability & Accessibility Support Services, at bagdadlm@udmercy.edu or 313-993-1158. You must be registered with Disability & Accessibility Support Services (DAS) and faculty must receive official notification from their office before accommodations can be implemented. It is important for students to be proactive in this process by requesting their accommodations

before the start of every semester. If you feel your accommodations are not being honored in the classroom setting, please contact DAS.

Title IX: Sexual violence and sexual harassment are contrary to our core values and have no place at the University of Detroit Mercy. In accordance with Title IX and related laws, Detroit Mercy prohibits sex and gender-based discrimination including discrimination toward pregnant/parenting students. If you experience sexual violence or sexual harassment that limits your ability to participate in this course or any other Detroit Mercy program or activity, there are resources and options available. Please be aware that I am not a confidential resource, and that I will need to disclose alleged incidents of sex or gender-based discrimination to the university's Office of Title IX. You may also contact the Title IX Coordinator directly by calling 313.993.1802 or emailing titleix@udmercy.edu to learn about supportive measures and options that are available to students alleging or alleged to have engaged in sex or gender-based discrimination.

Reporting Bias-Motivated Incidents: University of Detroit Mercy is committed to fostering a diverse and inclusive environment for students, faculty, and staff. Acts of intolerance, discrimination, or harassment due to age, ancestry, color, disability, gender, gender identity, national origin, race, religious belief, sexual orientation, or veteran status are not tolerated (Discrimination and Harassment Prevention Policy) and should be reported by contacting the Dean of Students.

Compliance with Student Policies: University of Detroit Mercy students are expected to be familiar with and comply with student-related policies and practices, including those found in the Detroit Mercy Student Handbook. The Student Handbook also contains contact information for the Dean of Students and the Dean of each College/School.

Academic Integrity: As members of an academic community engaged in the pursuit of truth and with a special concern for values, University of Detroit Mercy students must conform to the highest standard of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of their own efforts. Among the most serious academic offensives is plagiarism, submitting the ideas or work of another source without acknowledgment or documentation. The consequences of plagiarism or any act of academic dishonesty may range from failure in a course to dismissal from the university.

CHP HONOR CODE: Students in the College of Health Professions at the University of Detroit Mercy are expected to exhibit behaviors that epitomize academic, professional and personal integrity. They are committed to the traditions of the Sisters of Mercy and the Society of Jesus that emphasize values, respect for others, and academic excellence. Adherence to such high standards is necessary to ensure quality in education and clinical care in all College of Health Professions programs. A student's acceptance into a program of the College of Health Professions is conditional upon signing an affirmation of the Honor Code. To view the entire Honor Code copy and paste this link in your browser and scroll to Honor Code: https://healthprofessions.udmercy.edu/about/pph.php

Graduate Academic Integrity Statement By signing this form or checking "Agree" below, I acknowledge and accept the following terms and conditions:

1. To adhere strictly to the honor code policy, which means I will not cheat in any way, nor share any answers or information related to this assignment with any of my peers,
2. I am a properly registered student in this class and not completing this assignment in place of and for the benefit of another person, and

I understand that academic misconduct can result in failure of this class and potential dismissal from the MSON and the University if any of the above statements are found to be untrue.

Course copyright: All course materials students receive or have online access to are protected by copyright laws. Students may use course materials and make copies for their own use as needed, but unauthorized distribution and/or uploading of materials without the instructor's express permission is strictly prohibited. Students who engage in the unauthorized distribution of copyrighted materials may be held in violation of the Student Code of Conduct, and/or liable under Federal and State laws. In addition, distributing completed essays, labs, homework, exams, quizzes, or other assignments constitutes a violation of the Student Conduct policy.

Religious Observances: It is the policy of University of Detroit Mercy to respect the faith and religious obligations of each student. Students with exams and classes that conflict with their religious observances should notify their instructor at the beginning of the semester in order to work out a mutually agreeable alternative. Please note that, regardless of whether an absence is "excused" or "unexcused," the student is responsible for all missed course content and activities.

Blackboard: In this course we will be using Blackboard for assignments, activities, and/or discussion. Students should have regular access to Blackboard and their Detroit Mercy email. The use of student data in Blackboard conforms to the Family and Educational Rights and Policy Act (FERPA) and information policies of University of Detroit Mercy. Downloading the Blackboard mobile app will also allow you to view content and participate in courses on an iOS or Android mobile device.

Recording of Class Sessions: Video/audio recordings of class sessions (face-to-face or online) may be recorded for the benefit of students in the class. Recordings will be shared via platforms with access limited to other members of the class. I will attain consent from students if recordings of student comments or images will be shared with a broader audience.

HIPAA Requirements: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. For course assignments that use patient data or clinical practicum, it is essential to use safeguards to de-identify and prevent the use or disclosure of protected health information. Please refer to your student handbook for more specific guidelines.

On-Line Programs: Due to continual changes at the state level impacting nursing practice and education, it is the responsibility of all students in an on-line graduate nursing program to confirm if the program meets specific licensure requirements in the student's state of residence. Students may contact the applicable licensing board at https://www.ncsbn.org/contact-bon.htm

Nur 5940 Weekly Topical Outline*

Week	Topics	Assignments
Week 1 1/19	CNL Role, Competencies, Certification Exam Overview ***Virtual Session 5:30 – 8 pm**	
Week 2 1/25-1/31	Horizontal Leadership	
Week 3 2/1-2/7	Healthcare Advocacy	
Week 4 2/9	Implementation of the CNL Role ***Virtual Session 5:30 – 8 pm**	
Week 5 2/15-2/21	Lateral Integration of Care Services	
Week 6 2/22-2/28	Patient Assessment Illness/Disease Management	
Week 7 3/2	Health Promotion and Disease Prevention & Injury Reduction/Prevention Management ***Virtual Session 5:30 – 8 pm**	
Week 8 3/8-3/14	Ethics Healthcare Policy	
Week 9 3/15-3/21	Knowledge Management Health Systems/Organizations	
Week 10 3/23	Healthcare Finance and Economics ***Virtual Session 5:30 – 8 pm**	
Week 11 3/29-4/4	Quality Improvement & Safety	
Week 12 4/5-4/11	Evidence-Based Practice	
Week 13 4/12-4/18	Interprofessional Communication & Collaboration Team Coordination	
Week 14 4/20	Healthcare Informatics Presentations ***Virtual Session 5:30 – 8 pm**	• Presentation PowerPoint due 4/19 • Final entry of clinical activity log due 4/26
		• CNL Competencies Record due 4/26 ePortfolio due 4/26

*Subject to change. Please see blackboard for current readings

NUR 5940 ePortfolio Rubric

	Points Possible	Points Received	Comments
Landing page (intro to your eportfolio, include links or tabs to various sections of your e-Portfolio	5	4.5	Clean, professional looking with links to other parts of your ePortfolio.
Professional Credentials (& certification if applicable)	5	4	Not on a separate page, but included in your resume, though your resume should include your licensure as a Registered Nurse.
Career goals & professional philosophy	5	5	Clearly articulated overall statement and philosophy that supports your role as a CNL.
Resume	20	18	Nice resume that highlights your experience and skills as a CNL. I would add RN license as indicated above. I may be remembering incorrectly, but I was thinking you were in a CPL residency type role until you complete your education and certification. If that is true, I would include that level of experience, if not disregard. You may wish to highlight your immersion experience though when seeking a CNL position.
CNL competencies http://www.aacnnursing.org/Portals/42/CNL/CNL-Competencies-October-2013.pdf (organized according to CNL role aspects (p. 38) noted below. Describe overall competencies related to each role aspect and highlight major projects and accomplishments. Attach them (such as 5P Assessment, immersion project,).			

1. Clinician (designer/coordinator/integrator/evaluator of care to individuals, families, groups, communities, and populations)	5	5	Nice description and supporting artifact
2. Outcomes Manager (synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes)	5	5	Nice articulation of the role with examples. Nice cluster of supporting artifacts.
3. Client Advocate (ensures patients, families, communities are well informed. The CNL is an informed leader for improving care; serves as an advocate for the profession and the interprofessional healthcare team).	5	4.5	Excellent description of the client advocate role. I know these are all things that you have done. Be sure that you are also showing your competencies in this area.
4. Educator (Uses appropriate teaching principles and strategies and current information, materials and technologies to teach clients, groups, and healthcare professionals)	5	5	Nice description of the competency, including a project where you demonstrated the competency.
5. Information Manager (able to use information systems and technology that put knowledge at the point of care to improve health care outcomes)	5	5	Nice description and examples. Be sure to reference the artifact you have included.
6. Systems Analyst/Risk Anticipator (able to participate in systems review to improve care delivery, anticipate risks & prevent medical errors).	5	5	Excellent description including how you demonstrated the competency.
7. Team Manager (able to properly delegate & manage nursing team resources [human & fiscal], and serve as interdisciplinary team leader and member)	5	5	Well done
8. Member of a Profession (accountable for ongoing acquisition of knowledge and skis to effect change in health care practice and outcomes and for the profession)	5	5	Nice discussion of the role and your engagement.
9. Lifelong learner (Recognized the need and actively pursues new knowledge and skills as CNL role and needs of the healthcare system evolves)	5	5	Nice description of your learning journey
ePortfolio accessibility, appeal, professional appearance, ability to provide a useful snapshot of your professional identity	20	17	Accessible, appealing, though would be even better with some pictures (I understand that was challenging)

CNL Competencies

Clinician

Microsystem Assessment

The CNL coordinates, oversees and manages care at the point of care to patient across a lifespan. A responsibility of a clinician is to understand the microsystem that you are working within. A CNL should perform a comprehensive microsystem assessment to provide the context for problem identification and action. You need to become the expert regarding the patient populations within the microsystem and understand the roles of the professionals working to care for those patients. Microsystems have a culture that is the result of various patterns and processes in place. A clinician needs to understand these pattern and processes to understand the culture. Part of this culture is defining the purpose of the microsystem.

It is essential to understand the microsystem and to use evidence to design and direct system improvements that address trends in quality and safety and promote a culture of continuous quality improvement within the system.

When coordinating care, the CNL is responsible for care transitions. They must evaluate patient handoffs and transitions of care to improve outcomes. This transition of care occurs when a patient is transferring from the emergency department to the inpatient floor and when a patient is discharges. There are many areas in these points of transition that can result in gaps in care and poor outcomes. The CNL is tasked to close these gaps and ensure smooth transitions of patient care from one setting to another.

Outcomes Manager

Reduction of Contrast Induced Nephropathy

Outcomes Management - Fishbone Diagram

Data to identify gaps and support decisions

The CNL is responsible for managing patient outcomes. They utilize data to evaluate and achieve optimal patient outcomes. They do this by interpreting trends and patterns in quantitative and qualitative data to evaluate outcomes of care within a microsystem. This data is

compared to other recognized benchmarks at a state, regional or national level. Examples of this includes data related to hospital acquired injuries, code blue data, door to balloon time for STEMI patients and contrast induced nephropathy in percutaneous coronary interventions. The CNL must use performance measures to assess and improve the delivery of evidence-based practices and promote that demonstrate delivery of higher levels of care.

The CNL is a leader and implementer of change process at the microsystem level. The must apply improvement science theory and methods in performance measurement and quality improvement processes. Once an area for improvement has been identified, the CNL is responsible to use evidence-based research to plan, implement and evaluate practice changes within the microsystem to improve patient outcomes.

The CNL must evaluation all causative factors when evaluating poor outcomes. There are typically multiple factors contributing to a negative outcome. The CNL must identify and assess all of these factors to adequately put systems in place to prevent the negative outcome from happening again. This occurs through learning from defect tools, root cause analysis meetings and mortality reviews.

Client Advocate

The CNL plays an essential role in ensuring that patients and their families are involved in the care planning and decision-making process. They must ensure the patients and the families have the knowledge required to make decisions effecting their care. Finally, they must act as a patient advocate for patients to receive quality, safe and patient-centered care.

The CNL advocates at the point of care during daily interdisciplinary rounds. When leading the interdisciplinary teams, the CNL ensures the patients are informed and involved in their care plan. They advocate for them to receive the highest level of care. This can be through simple interventions of obtaining specialty beds to prevent skin breakdown or complex interventions when planning family meeting with multiple providers present to discuss goals of care.

The CNL also advocates for patients on the macrosystem level. They attend meetings with other members of senior leadership to address nursing sensitive indicators from a macrosystem perspective. They advocate for operational changes to improve patient experience. They also support bedside nursing staff at these meeting and advocate that they have to tool and supplies necessary to overcome barriers to providing best practice. An example of this is the nursing quality and practice meeting and the falls committee. The CNL groups at these meetings advocated for more mobility equipment available on the unit for staff. Improving patient mobility strategies is not only beneficial for patients, but it also keeps staff safe

only beneficial for patients, but it also keeps staff safe when they are mobilizing their patients. They are less likely to injure themselves when they have the appropriate equipment. The CNL is instrumental in advocating for patients, bedside nursing staff and the nursing profession.

Educator

Bedside Mobility Assessment Tool

The CNL is an educator who utilizes leadership skills to teach, coach, and mentor other members of the healthcare team. Educators need to utilize and apply the best available evidence from nursing and other sciences as the foundation for practices. They use evidence in developing and implementing teaching and coaching strategies to promote and preserve health and health lifestyles in patient populations.

Early mobility is an essential tool in minimizing complications related to hospitalization. Early mobility has been shown to decrease delirium, reduce the incidence of hospital acquired pneumonia, decrease the incidence of DVT, reduce the risk of pressure injury, increase the bowel motility and ultimately reduce falls. It is important that staff members know how to mobilize their patients in a way that is safe for them and the patient. The Bedside Mobility Assessment Tool is one tool that staff can use to determine the safest method to mobilize their patients. A portion of my clinical experience was to provide education including real life scenarios on how to implement the BMAT when assessing their patient's mobility status.

Information Manager

Readmission Rate Reduction in Heart Failure

One of the aspects of the CNL role is information manager. They are able to use technology at the point of care that puts information and knowledge at the point of care. They use this information and knowledge to improve outcomes and provide in the moment feedback and training. An example of this is the chlorohexidine bathing for patients with central lines and foleys. The CNL is able to instant generate a report that determines if these patients have received their CHG bath. If they have not, they can immediately provide feedback to the nurse and tech caring for the patient and they can either give the bath or update their documentation. They are able to address the problem immediately and improve care as opposed to identifying the problem the next day and then following up with staff potential a week later on their next shift. This allows the CNL to promote a culture of continuous quality improvement. The electronic medical record has been vital in helping to provide information at the point of care delivery.

Systems Analyst/Risk Anticipator

Systems Analyst/Risk Anticipator

Learning from Defects Tools

A role of the Clinical Nurse Leader is a system analyst or risk anticipator. They must evaluate poor or unexpected outcome to determine the multiple factors that caused the unanticipated outcome to occur. The CNL must apply just culture to anticipate, intervene and decrease risk. My clinical experience allowed me to review multiple learning from defects, a root cause analysis and a mortality review. When an error or poor outcome occurs, it is the CNLs responsibility to evaluate all the possible factors that contributed to the outcome and then to develop and implement practice or operational changes to prevent the negative outcome from happening again. A frequent example of this is a medication error. The CNL must evaluate what contributing factors caused the error. They must determine if the outcome is the result of human errors, at-risk behavior or reckless behavior to appropriately guide their coaching strategies.

Team Manager

Interdisciplinary Rounds Team Nursing Implementation

The Clinical Nurse Leader serves and a team leader in multiple interdisciplinary groups. The assume a leadership role with a focus of delivering high quality patient-centered care. They collaborate with healthcare professionals, including physicians, advanced practice providers, nurse managers and beside staff to plan and implement patient-centered care. They collaborate and lead multidisciplinary team members to facilitate transitions across care setting to support patients and families and reduce avoidable readmissions and to improve care outcomes. This is demonstrated best through the CNL lead implementation of interdisciplinary rounds. The CNL leads a team of physicians, APPs, care managers, social workers and bedside staff to coordinate patient care needs and plan for discharge. They also identify a patient's daily goals of care and long team goals of care.

Due to staffing shortages during the COVID surge, there was a need to restructure the nursing model of care. The CNL was instrumental in leading a team to develop and implement this team nursing care approach. The CNL worked across multiple disciplinary groups to support coordination of care and lead the team of staff nurses to best support patient care during this challenging time.

With the coordination of care the CNL must provide leadership to promote health, facilitate self-care management and prevent patient decline or progression to a higher level of care. This includes early identification of patient deterioration and addressing goals of care early in patients with high mortality risk scores.

Member of a Profession

Nursing as a profession is a large umbrella with many different nursing professions underneath it. There are many different types of nurses and areas of expertise to pursue. Clinical nurse leadership is one of these areas under the large umbrella that always has patient centered care at the center of it. The CNL is an important part of the care team and the microsystem as a whole. My clinical and work experiences have taught me this role has been implemented in different ways all over the country. It is important to continue to educate patients and other healthcare professionals about the role of the CNL and how that role can be implemented to improve patient outcomes. The CNL must advocate for the value and role of the Clinical Nurse Leader as a leader and member of the interprofessional healthcare team. I was able to attend the CNL research symposium. The workshop demonstrated to me the importance of networking with professional in other areas of the country. There was benefit in learning how the CNL role was implemented and received in other hospital system so that we can all continue to learn and grow from each other. Being a part of this profession helps to effect change in practice and outcomes. The CNL must advocate for the integration of the CNL role within care delivery systems and create and understanding among healthcare team members of similarities and differences in roles of the CNL and other nursing team members.

Lifelong Learner

One of the greatest benefits of a master's program or continuing education of any kind is that identifies additional areas for professional growth and lifelong learning. The CNL program and the clinical immersion experience has already sparked by interest in learning more about the change process and effectively utilizing different quality databases to drive and influence change. For example, there are opportunities to train as a green belt six sigma and work on improvement methodology. There are opportunities to pursue advanced data abstraction and effectively evaluate statistics to identify gaps, improve care and sustain change. Additionally, with the constant changes in healthcare and technology there is always a need for continuing education. The CNL needs to be the content expert of their patient population. Additionally, there is increased focus on knowledge about the patient care experience and self-care for employees. Finally, the COVID-19 pandemic has demonstrated that there will always be new things to learn and new ways to expand and stretch our roles. Professional growth and lifelong learning must also include incorporating the values of social justice to address healthcare disparities and bridge cultural linguistic barriers to improve practice and promote quality outcomes.