

Clinical Nurse Leader

PROFESSIONAL GRADUATE NURSING PROGRAM

HYBRID CURRICULUM STUDENTS AND CLINICAL IMMERSION PRECEPTORS HANDBOOK

AcademicYear 2024-2025 AcademicYear 2025-2026 AcademicYear 2026-2027



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Clinical Nurse Leader Faculty

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Clinical Nurse Leader (CNL) Definition and Role Description

The Clinical Nurse Leader or CNL®, is a master's educated nurse, prepared for practice across the continuum of care within any healthcare setting. The CNL was developed by the American Association of Colleges of Nursing (AACN) in collaboration with leaders from healthcare practice and education to address the critical need to improve the quality of patient care outcomes (AACN, 2013).

The CNL is a leader in the healthcare delivery system in all settings in which healthcare is delivered. CNL practice will vary across settings. The CNL is not one of administration or management. The CNL assumes accountability for patient-care outcomes through the assimilation and application of evidence-based information to design, implement, and evaluate patient-care processes and models of care delivery. The CNL is a provider and manager of care at the point of care to individuals and cohorts of patients anywhere healthcare is delivered. 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 Evidence
- Quality Improvement (AACN, 2013)

General Information

Students enrolled in these nursing courses are expected to adhere scrupulously to the Minimum Standards of Academic Integrity outlined in the UNMC Student Handbook under Standards of Student Academic performance. Cheating, academic misconduct, fabrication and plagiarism are viewed as serious matters and will lead to disciplinary action as described in the UNMC Student Handbook under Procedural Rules Relating to Student Discipline.

Students are required to be licensed as an RN in the state where they will be completing their clinical practicum experiences.

Students in advanced-level specialty courses and non-Advanced Practice Registered Nurse (APRN) tracks need practice experiences in healthcare settings where they can

engage with patients, families, populations, and other health professionals. Non-APRN students engaged in these experiences will not be providing direct care the same as an APRN. Examples might be:

- engaging with the quality/safety committee to assess outcomes in a unit or the system;
- · designing and implementing new policies;
- rounding and speaking with patients, families, and nurses regarding care, processes, etc.;
- meeting with the head of pharmacology regarding their decisions to change the formulary and how it will impact care;
- or meeting with the Nursing Practice Council to understand the issues, such as workforce shortages or how technologies might improve patient outcomes (AACN, 2023b).

Requirements Specific to Each Course

The specialty courses for the CNL are designed to build your skills, knowledge, and attitudes in leading and managing the lateral integration of care for individuals and patient cohorts through transitions in care. The clinical practicum hours for the role are woven within the specialty courses as indicated in the various course syllabi. Fundamental aspects of CNL practice include:

- Clinical leadership for patient-care practices and delivery, including the design, coordination, and evaluation of care for individuals, families, groups, and populations;
- Participation in identification and collection of care outcomes;
- Accountability for evaluation and improvement of point-of-care outcomes, including the synthesis of data and other evidence to evaluate and achieve optimal outcomes;
- Risk anticipation for individuals and cohorts of patients;
- Lateral integration of care for individuals and cohorts of patients
- Design and implementation of evidence-based practice(s);
- Team leadership, management and collaboration with other health professional team members;
- Information management or the use of information systems and technologies to improve healthcare outcomes;
- Stewardship and leveraging of human, environmental, and material resources; and,
- Advocacy for patients, communities, and the health professional team (AACN, 2013).

Information regarding all CNL courses, including clinical practicum experiences, is included in this packet. The clinical practicum/immersive experiences will result in a minimum of 600 clock hours.

Core courses are not listed in this document. Please refer to your faculty advisor and plan of study for the schedule of required legacy curriculum/new curriculum core courses.

Legacy Curriculum (to end Spring 2026)

NRSG 651B/851B Health Care Systems and Policy (1.5 didactic/1.5 clinical credits)

Course Description

Evaluation of health care systems and their effect on the health of populations. Emphasis will be on systems theory/thinking, case management, health policy and strategies, and the coalition building process to influence systems.

Course Objectives

- 1. Appraise the continuing development of health care systems and their effect on the health of aggregates.
- 2. Analyze the effectiveness (quality, access, cost) of the US current health care systems, the needed system, and other nation's systems.
- 3. Evaluate the relationship between health care policy and the system of health care delivery from an organizational, local, regional, and national perspective.
- 4. Lead in the development and analysis of health care policy through the coalition process.
- 5. Evaluate the ethical dimensions of health care policies in terms of the policy's effect on the health of populations.
- 6. Examine how personal values and commitment influence health care systems and the delivery of care to populations.

NRSG 652B/852B: Organizational Improvements (2 didactic credits)

• No clinical practicum experiences in this course

Course Description

This course is designed to analyze change within organizational units and to apply knowledge of evidence-based leadership and management practice to improve outcomes at the microsystem level. The course provides a foundation in facilitating change through the measurement, evaluation, and improvement of care delivery.

Course Objectives

- 1. Apply leadership concepts in the design, delivery, and evaluation of care at the microsystem level.
- 2. Evaluate organizational processes conducive to excellence in care at the microsystem level.
- 3. Demonstrate successful change strategies.
- 4. Integrate informatics into the design, decision-making, and evaluation of outcomes.
- 5. Apply knowledge from improvement processes to the development and redesign of care at the microsystem level.

NRSG 654B/854B: Introduction to Health Informatics (3 didactic credits)

No clinical practicum experiences in this course

Course Description

An introduction to the analysis and evaluation of information needs and information systems in communities and health care organizations. Informatics knowledge, skills, and abilities necessary for clinical, administrative, and technical decision making will be emphasized. Clinical, financial, policy, legal, technical, and ethical issues concerning healthcare informatics will be discussed.

Course Objectives

- 1. Analyze local, state, and national informatics issues from the perspective of a systems leader and incorporate this knowledge into organizational decision making.
- 2. Apply knowledge of national requirements for clinical data representations, patient record guidelines, and privacy/security infrastructure to organizational decision-making.
- 3. Evaluate the capabilities of computerized information systems to provide patient sensitive data that support clinical practice and administrative decision making.
- 4. Differentiate interdisciplinary roles in the management of health data, information, and knowledge in support of a patient-centered health care system.
- 5. Apply information management/informatics concepts and terminology to facilitate communication among healthcare decision-makers, healthcare providers and information technology professionals, particularly in regard to formal decision making.

NRSG 655B/855B: Health Care Economics and Financial Management (2 didactic/1 clinical credit)

- Faculty directed clinical practicum experience (45 clock hours)
- Students complete a business proposal (organizational, marketing, and financial plan) targeting a new unit or project.

Course Description

Examination of health care economics, financial planning, analysis, and management with a focus on the role of the nurse leader/executive. Key issues explored include health care financing, relationship between finance, economics and quality, accounting principles, and ethics. Central to the course is the clinical application of key principles and methods of financial analysis, cost analysis, budgeting, and business planning.

Course Objectives

- 1. Analyze financial processes (programming, forecasting costs, budgeting, managing, and improving fiscal performance) and implications of economic principles in a public or private sector health care program or organization.
- 2. Determine the financial feasibility of a health care program, unit, or intervention, including costs, productivity, and breakeven analysis.
- 3. Examine ethical issues related to financial management, economic analysis, and the allocation of scarce resources.

- 4. Examine the health care economic environment, current financing and funding trends in health care and the implications for health care agencies/programs and nursing practice.
- 5. Design and present an effective business proposal, reflecting appropriate application of financial and economic data and processes.

6.

New Curriculum Courses (to start Fall 2024)

NRSG 610/810 – Pathophysiology for the Clinical Nurse Leader: 2 didactic credits (offered FALL semester)

Course Description

NRSG 610 provides students with an understanding of pathophysiology that will support clinical decision making about diagnosis and treatment of acute and chronic diseases. The course is comprised of two sections. In part I, the etiologic mechanisms of diseases, such as cellular injury, inflammation, healing, genetics, oncogenesis are discussed in Units 1 and 2 in Weeks 1-7. Each week clinical scenarios depicting cases that students are likely to encounter in their clinical placements and practice are discussed in synchronous class sessions. In part 2 during Weeks 7-17, the CNL students will apply the etiologic mechanisms to selected body systems by examining selected disease states and independently completing 2 written assignments via asynchronous participation.

Course Outcomes

- 1. Understand the pathophysiologic mechanisms which result from and contribute to the disease processes.
- 2. Understand the interrelationship and consequence of selected diseases to multiple body systems.
- 3. Integrate selected pathophysiologic principles into advanced nursing practice and clinical interventions.
- 4. Apply pathophysiologic principles to the action of selected therapeutic agents and interventions.

NRSG 611/811 – Pharmacology for the Clinical Nurse Leader: 2 didactic credits (offered SP semester)

Course Description

This course examines the clinical application of pharmacological principles, including pharmacokinetics and pharmacodynamics, from the perspective of the Clinical Nurse Leader. This course provides an integrated case study analysis of pharmacotherapeutic agents used in the treatment of illness and the promotion, maintenance, and restoration of wellness in diverse individuals across the lifespan.

Course Outcomes

- 1. Integrate knowledge of pharmacotherapeutics to improve health outcomes as a Clinical Nurse Leader.
- 2. Apply knowledge of pharmacotherapy to advanced nursing clinical scenarios.

- 3. Predict and recognize common beneficial and potentially harmful medication interactions.
- 4. Identify appropriate interventions for significant drug interactions.
- 5. Employ standards to analyze the consumer's health status in response to single or multiple medication regimens, being cognizant of physiologic and psychological signs of inadequate compliance.
- 6. Examine cultural, age and ethnopharmacological issues across the lifespan.
- 7. Consider ethical issues related to pharmacotherapeutics.
- 8. Critically analyze current research in pharmacotherapy and its translation into evidence-based standards of care.
- 9. Discuss the professional responsibilities, standards of practice, and legal requirements for the Clinical Nurse Leader as it relates to the medication administration process.

NRSG 612/812 – Advanced Health Assessment for the Clinical Nurse Leader: 2 credits (1.5 didactic/0.5 lab; offered SU semester)

Course Description

The purpose of this course is to increase knowledge and expertise for the acquisition of advanced clinical skills in assessing and maintaining the health of individuals across the life span. Independent modules, clinical lab and simulation will provide opportunities for students to develop advanced practice skills in history taking, physical examinations, and clinical reasoning.

Course Outcomes

- 1. Conduct health assessments, including advanced history taking and physical examinations, on individuals across the life span.
- 2. Implement clinical techniques and appropriate instruments to assess, emotional, developmental, and functional wellbeing of individuals and families across the life span.
- 3. Develop advanced skills in interviewing.
- 4. Develop advanced documentation skills.

New Curriculum Courses (to start Fall 2025)

NRSG 613/813 - Leading Care Systems for Clinical Nurse Leaders (2 didactic credits)/NRSG 614/814 - Leading Care Systems for Clinical Nurse Leaders: Clinical Immersion (3 credits; 180 Clock Hours of Clinical Immersion)

Course Description

This didactic/clinical course prepares students to conduct microsystem analyses and integrate identified quality/value-based improvement activities in a variety of clinical settings as a clinical nurse leader or nurse leader/manager. Emphasis is placed on developing leadership skills, analyzing systems to promote quality/value-based improvement, and lead change processes for improvement.

Course Objectives

- 1. Conduct a microsystem analysis using a quality improvement process, with consideration for economic and cost outcomes data and their relationship to clinical/patient outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and patient-centered care.
- 2. Develop and implement an evidence-based practice improvement project resulting in a change in policy or practice.
- 3. Analyze the potential impact of equity, financial, economic, and social justice issues on outcomes of care.
- 4. Analyze interprofessional (IP) patterns of communication, chain of command, and communication systems both internal and external to the microsystem that impact processes and outcomes of care.
- 5. Evaluate practices and outcomes of care based on possible economic drivers and cost savings.

NRSG 615/815 – Advanced Patient Care for Clinical Nurse Leaders (3 didactic credits) & NRSG 616/816 - Advanced Patient Care for Clinical Nurse Leaders: Clinical Immersion (3 credits; 180 Clock Hours of Clinical Immersion)

Course Description

This didactic/clinical course prepares students to provide direct patient care and/ or select and deploy the resources for clinical staff to provide direct patient care and care coordination in a chosen area of clinical focus. Coursework is completed in a health care environment that supports care coordination by identifying health care issues, engaging with interprofessionals and patients, and determining needed resources (e.g., financial, human, technology). Emphasis is placed on integrating new knowledge and skills in communication, care coordination, transitions in care, and lateral integration as a nurse leader.

Course Objectives

- 1. Engage in a professional organization or agency wide committee/task force, using appropriate communication skills to provide ideas, information, and feedback about issues.
- 2. Conduct an assessment of a patient cohort with complex or multiple health problems, identify clinical needs and gaps in care, identify the expected clinical pathway for this cohort of patients, and develop plans of care to improve patient outcomes, including coordination of care among providers and teams.
- 3. Conduct an analysis of an adverse and/or crisis event which includes a trend analysis, identification of root cause(s), and analysis of the outcome data, and develop an action plan related to the analysis and best evidence for improvement.
- 4. Evaluate individual patients for care coordination and lateral integration opportunities using advanced clinical knowledge and illness/disease management methods to improve patient outcomes.

NRSG 617/817 – Evaluating Care Systems for Clinical Nurse Leaders (3 didactic credits) & NRSG 618/818 - Evaluating Care Systems for Clinical Nurse Leaders: Clinical Immersion (4 [variable] credits; 240 Clock Hours of Clinical Immersion)

Course Description

This course is designed to promote personal effectiveness in the application of leadership skills and administrative knowledge with a global perspective and valuing diversity related to supporting, maintaining, and evaluating the mission of microsystem, mesosystem, and/or macrosystem health care organizations. Emphasis is on analyzing systems to promote communication, coordination, and transitions of care within interprofessional teams.

Course Objectives

- 1. Assess a system's resources, including human and physical resources, perform a gap analysis, prioritize the identified gaps/needs, and communicate these gaps/needs to appropriate stakeholders.
- 2. Evaluate the impact of communication patterns and systems related to diverse perspectives in the workplace.
- 3. Assess a system's processes for care transitions within and outside the system.
- 4. Present to leaders or other stakeholders outside of the academic setting regarding a healthcare issue or policy and/or recommendations for a change.
- 5. Present a recommendation regarding the use or implementation of an existing or new/emerging patient/healthcare technology.
- 6. Conduct a group health huddle and education class for a specified population of learners.

Clinical Requirements for all Clinical Practicum/Immersion Courses

A passing grade in the clinical practicum must be successfully achieved in order to pass the course. Regardless of the grades received on the papers and final examination, failure of the practicum automatically results in failure of the course.

Clinical preceptors and clinical settings will be arranged with the approval of the course faculty and require a UNMC contract for the student to be in their facility. The contract arrangements are made through the course faculty and the graduate program administrative assistant(s).

The preceptors are sent an overview of the courses and expectations for the precepted courses, but students are encouraged to clarify the course topics with the preceptor. At the beginning of each semester, the student, preceptor, and faculty member will discuss the clinical practicum plan and the student's own objectives. Students are representing the program while they collaborate with

clinical preceptors. As a guest at the clinical site, we encourage students to exemplify a professional manner.

The practicum grade will be determined by the final clinical evaluation, which will include the progress report of the preceptor at the end of the semester and by the evaluation from the course faculty.

Student Responsibilities:

- Prepare for each practicum experience by:
- Sharing weekly concepts/topics/assignments with the preceptor
- Sharing student's SMART goals for each semester
- Applying didactic content in the practicum setting
- Using sense-making and debriefing to analyze experiences
- Demonstrate active learning strategies by
- Appropriate use of printed and electronic leadership assessment resources (brought by student)
- Asking questions and high levels of engagement
- Identifying strengths and weaknesses, and being proactive in seeking learning opportunities
- Seek confirmation with the preceptor of any findings of which you may be unsure
- Ask for insights and assistance with new learning opportunities
- Demonstrate evidence of using the practicum experience for advanced learning
- Complete reflective writings about the clinical practicum experience and share with clinical practicum faculty
- Professional attire and comportment

Approved Activities for Documenting Course Clinical Practicum/Immersion Hours

Clinical practicum hours documentation will be kept using the course log form (see listed approved activities below) and result in a minimum of 600 clock hours at the conclusion of the program. Please discuss any additional activity considerations with the course coordinator if unsure as to what constitutes 'approved activities.'

- Performing additional reading(s) or learning beyond assigned course reading(s): (e-Learning modules; websites; YouTube; case studies; videos/DVDs; etc.)
- Searching/reviewing/developing policies and procedures
- Completing reflective writing
- Conducting literature searches
- Attending meetings (unit-based councils; conferences; workshops; nurse organizations; board purpose; conferences/workshops related to course and/or project, project stakeholders, etc.)
- Providing a health-care related presentation or service-learning activity support
- Completing job-related compliancy expectations (up to a maximum of 4 hours)
- Completing job-related orientation expectations (up to a maximum of 8 hours)

- Preparing for/conducting a professional interview (job-related; career advancement; related to course and/or project; up to a maximum of 3 hours)
- Working with stakeholders and interprofessionals on quality improvement projects
- Communicating practice/policy change in informal settings
- Leading a meeting
- Completing simulation activities
- Gathering data or working with others to interpret/present data
- · Determining availability and costs of resources for projects
- Evaluating practices and outcomes of care
- Engaging in a professional organization or agency wide committee/task force
- · Conducting analyses of adverse events
- Assessing a patient cohort
- Designing organized teaching/learning experiences
- Conducting a group health education class
- Evaluating patients for care coordination and transitions
- Designing, coordinating, and evaluating plans of care for a cohort of patients

<u>Self-assessments:</u> The student will complete a self-assessment at the mid-term and end of each semester. The clinical experiences should be reflected within this assessment and the hours for the semester and the total hours are to be documented for the records kept by the specialty.

CNL/Advanced-Level Clinical Experience Policies

- CONTINUING EDUCATION cannot be counted as clinical hours.
- 2. CONTRACTS AND PRECEPTOR CREDENTIALS FORM: A contract and preceptor credentials form must be in place with the student's workplace or preceptor's agency before the student may begin a clinical practicum experience in that organization.
- 3. DRESS CODE: Professional dress is expected for all clinical experiences. The student's identification card is to be clearly visible at all times.
- 4. EVALUATION: Students are evaluated through a variety of methods. These can include case studies (written and oral), midterm and final clinical practicum assessments, faculty observation of competency, Clinical Evaluation of Student Performance, skill demonstration, Student Self-Evaluations, and Clinical Logs.
- 5. STUDENT SELF-EVALUATIONS: At the beginning of every semester, students are expected to identify measurable SMART goals that are reflective of their personal goals for that semester. Students will be evaluating their progress toward meeting their objectives at mid-term and end of the semester.
- 6. COURSE FACULTY CLINICAL FACILITATION: Course faculty will facilitate clinical learning experiences throughout the CNL courses that contain clinical hours.
- 7. PRECEPTOR CLINICAL FACILITATION: Preceptors will facilitate leadership and

- practicum learning experiences throughout the courses that contain precepted clinical hours.
- 8. PRECEPTORSHIP ETIQUETTE: Preceptors are very generous in giving of their time and inviting students into their organizations. It is important, therefore, that your interactions with your preceptors show your gratitude for their efforts. Here are some basic guidelines for etiquette when communicating with your preceptor and other personnel in his/her organization.
 - Make sure your goals for the experience or day are as clear as possible so that your preceptor can assure that you have an optimal learning experience. Provide your preceptor with:
 - Your planned schedule of dates with him or her.
 - Your personal SMART goals.
 - o Information on how to contact you.
 - o Information about the course, the program, and how you will be evaluated.
 - Information on how to contact your course faculty and/or course coordinator.
 - When you start in the practice ask for a brief orientation and get the names of individuals you will be working most closely with. Remember the individual's names and always be polite to them; they will make your experience great or awful!
 - Always be on time and do not leave early. Call if you cannot attend or will be late.
 If you must leave early; have a reasonable explanation.
 - Dress appropriately. Wear nice street clothes that are clean and neat. DO NOT wear jeans, lots of perfume, or excess piercing. Wear your name tag. Attire should be clean and non-revealing.
 - Cell phone and pages should NOT ring in the clinical setting; if you must have them with you, put them on vibrate.
 - Always be grateful and thank your preceptors for the experience. It would be
 appropriate to send a brief thank you note to your preceptor. In any notes or
 communication of thanks try to describe some specific examples of experiences
 that were particularly useful, and if appropriate, acknowledge other individuals
 who were helpful and supportive of your learning.
- 9. HIPAA: Maintain HIPAA privacy compliance through safeguarding confidential information, accessing information only on a need-to-know basis, and ensuring the integrity of information.

National Certifying Exams

The Clinical Nurse Leader (CNL) Certification Program is managed by the Commission on Nurse Certification (CNC), an autonomous arm of AACN, and governed by the CNC Board of Commissioners. CNC recognizes individuals who have demonstrated professional standards and knowledge through CNL certification. The CNC Board of Commissioners and staff are solely responsible for the policies and administration of the CNL Certification Program https://www.aacnnursing.org/our-initiatives/education-practice/clinical-nurse-leader/cnl-certification

To be eligible to sit for the CNL Certification Exam, an individual must:

 Be in their last term or a graduate of a CNL master's or post-master's program, accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education, that prepares individuals with the competencies delineated in the AACN white paper <u>CNL Competencies and Curricular Expectations for Education</u> and Practice.

To be considered for full certification, a candidate must meet the following requirements:

- Registered Nurse licensure (The candidate will be ineligible if currently being disciplined by a state nursing board.)
- Submission of the candidates' Education Documentation Form by the CNL Program Director.

Certification will be awarded by CNC upon documentation and verification of RN licensure and submission of the CNL Education Program Documentation form by the CNL Program Director (AACN, 2023a).

The Role of the Preceptor

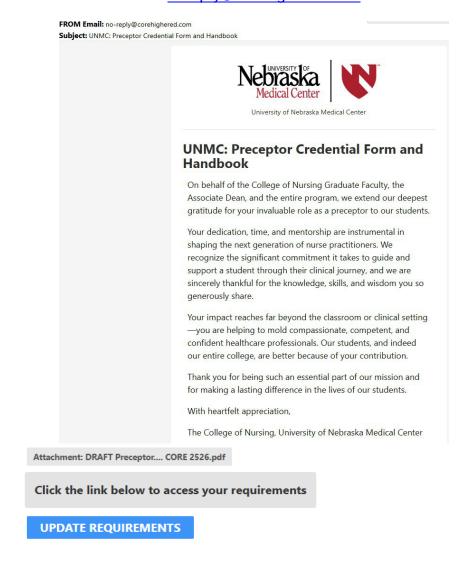
The College of Nursing Graduate Faculty would like to thank you for taking time to be a preceptor for one of our students. The role of the preceptor is important in shaping the development of a nurse practitioner. We recognize that it takes time to supervise a student, and we appreciate the additional time you give to each student. As the semester advances, the student will become more accomplished and require less supervision on your part and should begin to facilitate your client caseload.

Expectations of All Preceptors

- Review semester objectives and goals to facilitate clinical learning
- Review daily objectives to be discussed at the beginning of each clinical day
- Create a learning environment for the student and facilitate the critical thinking skills required of a student
- The preceptor is sent an email from sent an email from noreply@corehighered.com with a link to fill out our Preceptor Credential Form. When it is time to renew your license to practice, you will be sent another link with your prepopulated form, from the previous time, update any information and the expiration date.
- In the body of the email there is a link to complete the Clinical Preceptor Assessment/ Evaluation of Student Performance form at the end of the semester and return to the clinical instructor, via the link from noreply@corehighered.com.
- Please also add noreply@corehighered.com to your trusted email list to ensure emails do not end up in spam. Throughout the preceptorship, you will continue to receive emails from noreply@corehighered.com, including verification of hours reminders, mid-term and final-evaluation reminders.
- The University Of Nebraska Medical Center College Of Nursing is required by our accrediting agencies and the State Board of Nursing to document the credentials and professional experience of persons who serve as clinical preceptors with our students.

Preceptors must have an advanced practice degree (APRN, MD, DO, PA, LMHP, LP) and at least one-year experience at the advanced practice level. The Preceptor Credentials form is available to complete electronically. The link to access and complete the form electronically as it is listed below, via your email address. This form will be updated annually.

The preceptor is sent an email from sent an email from noreply@corehighered.com



LEADER Evaluation Tool

CNL Students: NRSG 613/614

LEAD Students: NRSG 620/621

Student Name: Academic Year_ Semester: Fall Spring Summer

Program Name: (circle one): Clinical Nurse Leader

LEADER

Concepts*

Nurse Leader/Executive

Emerging (50-80%)

Articulates professional identity, values and beliefs that guide one's advanced practice role.

Is professional, on time, courteous, appropriately dressed and has needed resources Bi-Weekly Self-Reflections & Bi-Weekly Self-Reflections & Bi-Weekly Self-Reflections & Dashboard Preceptor:

AACN Domain/ PLO (2021)

9, 10

CNL (2025)

10.2. 10.3

9.1, 9.3, 9.5 3.a <u>1.2:</u> 5 b.1; c.1-

AACN Concepts (2022)

1. The student came to the clinical rotation with individual clinical goals. Y / N 2. The student demonstrated safe and quality patient care throughout the clinical rotation. Y / N

Beginning (0-50%)

Articulates professional identity, values and beliefs that guide one's advanced practice role. Is professional, on time, courteous, appropriately dressed and has needed resources.

Professional Behavior/Citizenship

Purpose: The LEADER Evaluation Tool is designed to provide a formative and summative assessment of CNL/LEAD student performance, focusing on critical core behaviors essential for advanced-level nursing practice. Its purpose is to ensure consistent, progressive evaluation of clinical and didactic competencies, and professional growth.

Description: The evaluation is completed at the midterm (formative) and end (summative) of the clinical semester and follows the student throughout the identified didactic/clinical courses synthesizing input from faculty, preceptors, and student clinical experiences. Evaluation criteria are leveled from Beginning/Emerging/Competent according to didactic/clinical exemplars and the course mapping v/lth professional organization competencies.

Competent (80-100%)

Articulates professional identity, values and beliefs that guide one's advanced practice role.

Check one box per row summarizing LEADER performance for experiences common to the clinical/organization setting(s).

The student met the clinical course outcomes at the end of the semester experience. Pass / No Pass

	Usantipolard Identifies the importance of self-reflection on strengths and opportunities for growth. Identifies SMART Goals. Shares goals with preceptor. Refines as directed.	Identifies strategies to enhance self-reflection on strengths and opportunities for growth. Shares strategies with preceptor. Utilizes and evaluates identified SMART goals biweelty. Shares progress with preceptor.	Engages in reflective practice personally and promotes reflective practice with team members. Demonstrates ability to use SMART goals in advanced level role attainment.			10.2, 10.3	2	
	Weekly Clinical Hours Log	Weekly Clinical Hours Log	Weekly Clinical Hours Log		9, 10	9.1, 9.3, 9.5	3.a 1.2:	5
	Develops a Clinical Log template including a projected plan for clock hour completion per week. Determines leadership meeting attendance with preceptor.	Documentation Documents approved clinical activities weekly based on preceptor input of meeting attendance. Clinical Log hour barometer. Week 5 (~ 60 hours achieved); Week 10 (~ 120 hours achieved); & Weeks 15 - 17 (180 hours achieved). Chief of the weekly achieved in the weekly 15 - 17 (180 hours achieved).	Documentation Submits completed Clinical Log demonstrating 180 clock hours of approved activities.			10.2, 10.3	b.1; c.1- 2	
Environment Knowledge &	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper		1, 2, 10	1.1, 1.2, 1.3	1.a 1-10 1.b.1-5	6, 7
Clinical Principles* Course Outcome #1: Conduct a microsystem analysis using a quality improvement process, with consideration for economic and cost	With guidance from the preceptor, identifies an actual or potential risk for a selected patient/population cohort within a specific microsystem.	Under the guidance of the preceptor, conducts a thorough analysis of an actual or potential risk for a selected patient/population cohort within a specific microsystem.	Completes and submits the Cause-and-Effect Improvement Paper/Fishbone Diagram of the clinical microsystem by the due date resulting in a grade of 83% or higher (Component of the Clinical Microsystem Analysis Paper).			2.3, 2.4, 2.5, 2.9 10.1, 10.3	1.c.1-6 1.d.1 and 2 1.e.1 1.f.1-10 1.g	
outcomes data and their relationship to clinical/patient outcomes that improve safety, effectiveness, timeliness, efficiency, quality and patients, entered care.	Under the guidance of the preceptor, uses systems theory in the assessment, design, delivery, and evaluation of an identified health care microsystem.	Under the guidance of the preceptor, utilizes the 5 P's and selected workbook as the guiding tool.	Completes and submits the final Microsystems Analysis Paper by the due date resulting in a grade of 83% or higher.		1, 2, 10	1.1, 1.2, 1.3 2.3, 2.4, 2.5, 2.9 10.1, 10.3	1.a 1-10 1.b.1-5 1.c.1-6 1.d.1 and 2 1.e.1 1.f.1-10 1.g	6, 7
#2: Develop and implement an evidence-based practice improvement project resulting in a change in policy or practice. FYI: The core curriculum courses NRSG 602 and/or NRSG 651B and NRSG 653 and/or 633 and/or 633 and/or	Based on the Fishbone Diagram analysis, identifies gaps in care and the need for practice improvement resulting in a change in policy or practice.	Under the guidance of the preceptor, selects a gap in care and develops a proposed evidence-based practice improvement change in policy or practice (PDSA & SDSA).	Develop and propose/implement the PDSA & SDSA by the due date resulting in a grade of 83% or higher (Component of the Clinical Microsystem Analysis Paper).		1, 2, 10	1.1, 1.2, 1.3 2.3, 2.4, 2.5, 2.9 10.1, 10.3	1.a 1-10 1.b.1-5 1.c.1-6 1.d.1 and 2 1.e.1 1.f.1-10 1.g	6, 7

602B <u>prepare</u> the graduate student at the beginning level.								
Assessment of	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper		2, 3	2.2, 2.3, 2.4, 2.5	1.a.1-10 1.3.1	1, 3, 4, 8
Populations* Course Outcome #5: Evaluate practices and outcomes of care based on possible economic drivers and cost savings. FYI: The core curriculum course	Access and review the appropriate guiding workbook for one's assigned clinical microsystem (www.clinicalmicrosystem.or 3) to provoke thinking about information needed to improve a microsystem	Under the guidance of the preceptor, assess/explore the clinical microsystem using the 5P's to assist one's understanding of the unique clinical microsystem.	In evaluating practices and outcomes of care based on discoveries, list actions to consider in redesigning services related to economic drivers and cost savings (Component of the Clinical Microsystem Analysis Paper).			3.1, 3.3, 3.4, 3.5		
NRSG 604 prepares the graduate student at the beginning level. For the CNL student, NRSG 610, 611, & 612 prepares the CNL student.								
Dedicated and Ethical Use of	Professional Behavior/Citizenship	Professional Behavior/Citizenship	Professional Behavior/Citizenship		3, 8	3.1, 3.5 8.1, 8.2, 8.3,	1.a 1-10 1.e.1	2, 8
Informatics & Healthcare Technologies* • FYI: The core curriculum courses NRSG 602 and/or NRSG 654B prepare the graduate student at the beginning level.	Under the guidance of the preceptor, uses informatics processes and technologies in an ethical manner to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and professional and regulatory standards.	Under the guidance of the preceptor, uses informatics processes and technologies in an ethical manner to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and professional and regulatory standards.	Under the guidance of the preceptor, uses informatics processes and technologies in an ethical manner to manage and improve the delivery of safe, high-quality, and efficient health care services in accordance with best practice and professional and regulatory standards.			8.1, 8.2, 8.3, 8.5	1.g.1 2.c.1-3	
Effective Communication* Course Outcome #4: Analyze interprofessional (IP) patterns of communication, chain of command, and communication systems both	Clinical Microsystem Analysis Paper Communicates effectively with the interprofessional clinical microsystem team to establish relationships and understand climate and culture.	Clinical Microsystem Analysis Paper Under the guidance of the preceptor in the clinical microsystem and use of the 5 P's and workbook, identifies specific, or appropriate, interprofessional team members.	Clinical Microsystem Analysis Paper • Under the guidance of the preceptor in the clinical microsystem and use of the 5 P's and workbook, administers identified surveys to specific, or appropriate, interprofessional		2, 3, 6	2.2, 2.5, 2.9 3.1, 3.4 6.1, 6.2, 6.3	1.e.1 1.f.4 2.b.1-5	2
Systems boar						1		
internal and external to the microsystem that impact processes and outcomes of care.	0	0	team members (MindTools; Relational Coordination Map; Components of the Clinical Microsystem Analysis Paper).					
FYI: The core curriculum courses NRSG 601/699, NRSG 602, and/or NRSG 603B prepare the graduate student at the beginning level.			п					
Resource Management*	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper	Clinical Microsystem Analysis Paper		7	7.1, 7.2, 7.3	1.a 1-10 1.e.1	8
Course Outcome #3: Analyze the potential impact of equity, financial, economic, and social justice issues on outcomes of care.	Access and review the appropriate guiding workbook for one's assigned clinical microsystem (www.clinicalmicrosystem or g) to provoke thinking about information needed to improve a microsystem	Under the guidance of the preceptor, assesses the clinical microsystem using Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis Tool.	Based on the clinical microsystem SWOT Analysis, summarizes the potential impact of equity, financial, economic, and social justice issues on outcomps of care (Component of the Clinical Microsystem Analysis				1.g.1 2.c.1-3	
FYI: The core curriculum courses NRSG 602 and/or NRSG 655B	0		Paper).					

*KEY:

L=Leadership (including The Leader Within, Personal Development, Professional Identity, Professionalism, & Self-Reflection)

E=Environment Knowledge and Clinical Principles (including Evidence-Based Practice, Outcomes Measurement, Quality Improvement, Risk Assessment, Safety, Systems-Based Practice, Managing Evaluating Systems, & Health Care Policy)
A=Assessment of Populations (including Care Coordination, Transitions of Care, Lateral Integration of Care, & 3 Pa for the CNL)

D= Dedicated and Ethical Use of Informatics & Healthcare Technologies (including Information Management or the use of Information Systems and Technologies to Improve Healthcare Outcomes)

E=Effective Communication/ & Relationship Building (including Interprofessional Collaboration, Team Leadership, & Patient/Team Education)

R=Resource Management (including Disaster Mgt., Human Resources, & Business Skills & Principles)

MIDTERM SITE VISIT & FORMATIVE EVALUATION
Faculty Comments:
acting Comments.
Preceptor Comments:
Student Strengths:
Students Areas for Improvement/Growth:
Faculty Signature: Date:
(I have reviewed the Midherm Evaluation with the Student and Preceptor)
Preceptor Signature: Date:
(I have reviewed the Midtern Evaluation with the Student and Faculty)
Student Signature: Date:
() have read and discussed the Midderm Evaluation with my Facuity and Preceptor)
Student Self-Evaluation Comments: How are you progressing towards your goals?
I not us I not hotherson'th rounter I on Roans.
What are 3-5 areas of strength?
What are 3.5 areas for improvement and plan for improvement?
How would you describe your working relationship with your preceptor so far? Please include examples of how they support your learning, provide feedback, and involve you in projects/process improvement/process creation, and other leadership activities.
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