WINDS OF CHANGE IN NURSING EDUCATION

Marietta Stanton
Editorial Board Member

I wanted to highlight changes that are occurring in nursing especially with regard to nursing education. One initiative which is gathering much support and adoption is a role proposed by the American Association of Colleges of Nursing (AACN). It is called the Clinical Nurse Leader (CNL). According to AACN, the role has been created in response to the Institute of Medicine’s landmark report, *To Err is Human: Building a Safer Health System*, which called on health care systems to reorient their efforts to reduce medical errors and improve patient safety. In addition AACN perceived that in nursing we have not succeeded in differentiating practice of RNs with different educational preparation. Numerous reports have shown that care provided to patients is not high quality. In addition AACN believes that the knowledge base for nurses has increased dramatically. Based on these three complex issues this new role was created. AACN appointed a task force to examine new educational models that would develop a “New Nurse” graduate, educated beyond a four year baccalaureate program with a new license and a new license and scope of practice.

In concept the CNL oversees the care coordination of a distinct group of patients and actively provides direct patient care in complex situations. This master’s degree prepared generalist clinician will put evidenced based practice into action to ensure that patients benefit from innovation in care delivery. The CNL will evaluate patient outcomes, assess cohort risk and has the decision making authority to change plans of care when necessary. The role will vary across settings and facilities. To support the creation of this new nursing role, AACN has launched a national project involving almost 90 education-practice partnerships in 35 states and Puerto Rico. Educational and service partners are working together to develop master’s programs to prepare CNL’s, integrate this nurse into the health care system and evaluate outcomes. Nurses from within the partner agency attend the program full-time and return there for an intense clinical experience during the program. This program has been implemented in many nursing schools across the country.

In addition to the CNL role, the AACN Educational Task Force has also called for a transformational change in the education required for professional nurses who practice at the most advanced levels of nursing practice. This new degree program will be the Doctorate of Nursing Practice (DNP). In essence these DNP programs will be the preparation for nurse practitioners, clinical specialists, nurse anesthetists, and midwives as well as nurse executives in the future. This transformation is supposed to occur in and around 2015. However, there are some schools that have already implemented a program preparing for this role. Although there has been much discussion about both roles and the changes in educational preparation, it does not appear to be a “what if” situation but more a “when “question. This truly has implications for all nurses but especially those nurses who work in rural areas. Access to quality educational preparation will truly be an issue. After attending the regional meeting on the DNP hosted by AACN, it became very apparent that many in our ranks are not aware of this paradigm shift in nursing education. For additional information on the CNL and DNP roles visit [http://www.aacn.nche.edu](http://www.aacn.nche.edu).