To: Kayeh Tagavi  
      University Senate Council  

From: Jeannine Blackwell, Dean  
      The Graduate School  

Date: November 3, 2006  

At its meeting on November 3, 2006 the Graduate Council approved the proposal for a pilot program for a new track in the MSN, the Clinical Nurse Leader Track.
College/Department/Unit: = 0607-P005
Category: = New
Date for Council Review: = Oct 18 2006
Recommendation is: = Approve
Investigator: = William Witt
E-mail_Address = wwill@uky.edu
1_modifications: = In the curriculum section: the total hours for
Spring, Semester 4 should be "7" credits rather than "8".
2_considerations: =
3_contacts: =
4_additional_information: = This proposal for the Clinical Nurse Leader
(CNL) within the MS in Nursing degree program was developed by the Clinical
Nurse Steering Committee and a final curriculum completed in Feb, 2006.
The Master's Program Committee recommended approval on Feb 10, 2006. The
College of Nursing Graduate Faculty approved on Feb 10, 2006.

The CNL is a 36 credit program which would require 2 new courses (NUR 753
and NUR 754) and both of these courses were approved by the Graduate
Council Sept 21, 2006. A Change in course NUR 604 was also a part of the
CNL program request. NUR 604 changes were approved by the Graduate Council
on Sept 7.

I received comments of supporting the CNL program from two members of the
Life and Biomedical Sciences Sub-committee. I also support the
establishment of the CNL program. These were the only comments received.
MEMORANDUM

DATE: March 7, 2006

TO: David S. Watt, Ph.D.
    Associate Provost for Academic Affairs
    Chair, Health Care Colleges Council
    Deans, Department Chairs, Members of the University Senate

FROM: Carolyn A. Williams, PhD
      Dean, College of Nursing

      Juliann G. Sebastian, PhD
      Assistant Dean for Advanced Practice Nursing

SUBJECT: Pilot new track within the Master’s of Science in Nursing degree program:
         Clinical Nurse Leader (CNL)
         New Courses – NUR 753 and NUR 754
         Course Changes – NUR 900 and NUR 604

Faculty members in the College of Nursing have approved and submit for your approval
a request to pilot a new Clinical Nurse Leader track in the Masters of Science in
Nursing degree program in cooperation with the University of Kentucky Hospital.
This new track is consistent with a national initiative to introduce advanced
generalist nursing education at the masters degree level. The College of Nursing
is one of 90 groups of academic and clinical partners pilot testing this approach to
educating nurses at the graduate level to provide clinical leadership at the point of
care. The pilot project is a national initiative of the American Association of
Colleges of Nursing. This track will focus on clinical care provision with highly
complex patient populations at the point of care in a clinical unit, as well as
quality improvement and care coordination. The emphasis is not on nursing
management or administration. The partnership with the University of Kentucky
Hospital will provide a clinical environment in which students can learn the new
role and potentially be hired as Clinical Nurse Leaders upon graduation. The pilot
project will undergo both formative and summative evaluation. Potential students
will be told this is a pilot and will have the option of applying for an alternate
track within the MSN program based on eligibility and space availability. They
also will be provided the opportunity to enroll in one of the post-MSN Clinical
Scholar options following graduation if they decide to pursue advanced practice clinical specialization.

Effective Date:

Fall 2006

Rationale:

Because clinical care delivery at the point of care has become so complex, both in patient acuity and in the processes of care delivery, the American Association of Colleges of Nursing (AACN) in partnership with clinical organizations has concluded that addition of nurses prepared as generalists at the graduate level hold the potential to improve health outcomes. The AACN organized a national pilot program to develop, implement and evaluate graduate level clinical nurse leader tracks within masters of science in nursing degree programs in June, 2004. Both the U.S. Veterans Health Administration and the American Organization of Nurse Executives participate in the AACN Clinical Nurse Leader Implementation Task Force at the national level and have supported the need for this type of education and contributed to designing the national implementation plans. Ninety partnerships between schools of nursing and clinical agencies across the country are participating in designing and testing CNL tracks. The UK College of Nursing has participated in the national discussions and faculty members are now ready to pilot test a CNL track at UK.

This national initiative addresses the clinical complexity related to increasingly shorter lengths of stay for hospitalized individuals, rapid patient turnover and assuring patient safety. Those who are uninsured or underinsured often need help securing appropriate health services and care coordination to effectively navigate the care needed. Health promotion and disease management services demand high level understanding of behavioral, physiologic, and organizational sciences. While nurses prepared as specialists at the graduate level are highly effective working with specific patient populations, graduate level generalist knowledge is needed at the point of care for the multiple types of patients in hospital units, ambulatory clinics and long term care to name a few, and to provide clinical leadership for nurses working in these environments.

The Clinical Nurse Leader (CNL) is a generalist masters-prepared nurse who provides expert clinical care to unit-based clients. The CNL is responsible not only for direct patient care but for improving clinical or client/family outcomes and enhancing unit-level nursing practice. The CNL is a formal leader in implementing, facilitating, and assuring quality patient care on a nursing unit. Clinical nurse leaders will provide direct patient care and clinical leadership for quality improvement, and collaborate with others to develop interdisciplinary initiatives to assure patient safety.

The curriculum for this track is 36 credits in length, thereby constituting a program change from the current MSN program that requires a minimum of 40 credits. The MSN program currently offers specialty tracks that prepare students as clinical nurse
specialists or nurse practitioners. Faculty concluded that generalist level graduate preparation could be provided within a 36 credit curriculum, consistent with the approach recommended by the American Association of Colleges of Nursing CNL Implementation Task Force.

Both formative and summative evaluations will be conducted as part of the pilot test and changes will be proposed as necessary through the normal University processes. Potential students have been and will continue to be informed that this is a pilot program. Students who decide they prefer to opt out of the generalist CNL track may apply to take the additional specialist courses which will prepare them for board certification as either clinical nurse specialists or nurse practitioners.

The proposed curriculum includes two courses from the Doctor of Nursing Practice program, NUR 900 “Process of Nursing Leadership” and NUR 901 “Nursing Leadership Through Effective Use of Self”. Approval is requested for awarding graduate credit for these two courses for students in this track. Addition of the Clinical Nurse Leader track also will require adding two courses, NUR 753 and NUR 754, and modifying two existing courses, NUR 900 and NUR 604. The new courses and modifications to existing courses are described below.

Curriculum

The curriculum for the proposed Clinical Nurse Leader pilot track is attached.

Proposed New Courses

NUR 753 – Nursing Therapeutics and Clinical Outcomes (5 credits; 3 didactic, 2 clinical)

In this course, students will focus on common clinical problems encountered on the nursing unit and on promoting optimal clinical outcomes for patients/families. Students will use evidence to select and improve clinical guidelines for patient care delivery. Students will recognize roles of the various members of the multidisciplinary team and will be able to coordinate and monitor care based on role responsibilities. Students will learn methods of measuring clinical outcomes and apply these to the nursing unit. Students will learn methods of quality improvement including variance analysis, continuous quality improvement techniques, and how to use teamwork to promote quality outcomes.

NUR 754 – Clinical Nurse Leader Practicum (4 credits clinical)

In this course, students will have the opportunity to practice as a clinical nurse leader (CNL) with precepted supervision from either a person in the CNL role or advanced practice nurses who practice in specific subsets of the role (e.g. the APN who is responsible for unit level quality management).
Proposed Course Changes

NUR 900 – Process of Nursing Leadership (current credit hour distribution: 3 credits; 2 credits seminar, 1 credit clinical; proposed credit hours 2-3 variable credits)

Faculty propose changing this to a variable credit course, for 2-3 credits. Students in the Clinical Nurse Leader MSN track would be required to take 2 credits of seminar. Students in the Doctor of Nursing Practice program in which the course is currently required, would continue taking the course for 3 credits. This will allow CNL Masters students to learn the leadership content necessary for their curriculum while preserving the clinical credit needed for the DNP students. None of the seminar content will change, although students in the two groups will be asked to orient their assignments toward their individual programs of study.

NUR 604 – Leadership in Advanced Practice Nursing (current credit hour distribution: 3 credits; proposed credit hours 2-3 variable credits)

Faculty propose modifying the credit hour distribution for this course from 3 credits to 2-3 credits. Students in the other MSN specialty tracks are required to take the course for three credits. Students in the CNL track would be required to take the course for two credits, focusing on generalist nursing leadership content. These students would not complete course modules and in-class work related to advanced practice nursing issues, certification and regulation, since those areas of the course would not apply to them. Course faculty will arrange the modules and class schedule to make permit CNL students to complete two credit hours of the course. The specific course objectives which CNL students would be expected to complete are described in the major course change form that is attached.

Thank you for your consideration of this proposal.
**UNIVERSITY SENATE REVIEW AND CONSULTATION SUMMARY SHEET**

**Proposal Titles:**
1. Clinical Nurse Leader Track, Masters of Science in Nursing degree program
2. New courses, NUR 753 and NUR 754
3. Course changes, NUR 900 and NUR 604

Name/email/phone for proposal contact: *Juliann G. Sebastian, PhD*
*Assistant Dean for Advanced Practice Nursing*
*3-3304; jgseba00@uky.edu*

**Instruction:** To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

<table>
<thead>
<tr>
<th>Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)</th>
<th>Contact person Name (phone/email)</th>
<th>Consequences of Review</th>
<th>Date of Proposal Review</th>
<th>Review Summary Attached? (yes or no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Nurse Leader Steering Committee</td>
<td>Dr. Sharon Barton CNL Steering Committee Chair 3-6650 <a href="mailto:Sjbart1@uky.edu">Sjbart1@uky.edu</a></td>
<td>Final planning completed</td>
<td>Dec. 19, 2005</td>
<td>Yes, minutes attached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final curriculum distributed for email approval</td>
<td>Feb. 8, 2006</td>
<td>No objections submitted by email</td>
</tr>
<tr>
<td>Masters Program Committee (MPC)</td>
<td>Dr. Sharon Lock MPC Chair, 2005-06 3-2366 <a href="mailto:Selock0@uky.edu">Selock0@uky.edu</a></td>
<td>Recommended approval</td>
<td>Feb. 10, 2006</td>
<td>Yes</td>
</tr>
<tr>
<td>College of Nursing Graduate Faculty</td>
<td>Dr. Sharon Lock MPC Chair, 2005-06 3-2366 <a href="mailto:selock0@uky.edu">selock0@uky.edu</a></td>
<td>Graduate faculty voted approval</td>
<td>Feb. 10, 2006</td>
<td>Yes</td>
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</table>
UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

CLINICAL NURSE LEADER
Key Points

- Developed by the American Association of Colleges of Nursing in partnership with clinical nurse executives to respond to clinical complexity and quality issues in health care
- Focuses on clinical care coordination, outcomes improvement and management, and evidence-based practice at the unit or microsystem level; direct clinical care, point of service emphasis
- Model developed over a period of five years and two national Task Forces aiming to identify educational approaches to improve clinical care
- RFP issued in Spring, 2004 for education/clinical partnerships to develop pilot projects to operationalize and test the concept
- 90 partnerships now functioning with 179 clinical practice partners
- National Implementation Task Force in place that developed the national curriculum framework and is now finalizing a national evaluation plan and curricular/clinical toolkits for partnerships
- Three educational models:
  - Second degree
  - RN-MSN
  - MSN
- Curricular recommendations:
  - Level of education is advanced generalist, not specialist
  - 400-500 clinical hours with intensive clinical residency
  - Curricula shorter than specialist curricula
  - Curriculum plans all build on the national framework
- Working paper developed by members of AACN and CNS representatives comparing CNL with CNS role, emphasis is on generalist clinical focus of CNL compared with clinical specialization of CNS
- Models developed in collaboration with clinical partners so clinical practice model is in place and employment opportunities exist
UNIVERSITY OF KENTUCKY COLLEGE OF NURSING
UNIVERSITY OF KENTUCKY HOSPITAL

PROPOSAL FOR CLINICAL NURSE LEADER MASTERS TRACK PILOT

Purpose: This proposal is for a CNL track within the Master’s curriculum in the University of Kentucky College of Nursing. The full time program will be 36 credits and 4 semesters in length.

Definition: The Clinical Nurse Leader (CNL) is a generalist masters-prepared nurse who provides expert care to unit-based clients. The CNL is responsible not only for direct patient care but for improving clinical or client/family outcomes and enhancing unit-level nursing practice. The CNL is a formal leader in implementing, facilitating, and assuring quality patient care on a nursing unit.

The roles of the CNL include:
• direct patient care
• improving patient care outcomes through quality initiatives
• assuring patient safety
• acting as a leader for quality and safety among nursing staff
• coordinating and collaborating with advanced practice nurses and the interdisciplinary patient care team to assure positive outcomes for patients/families

Partnership with University of Kentucky Hospital:
The CNL requires a transformation in the care delivery model in the unit where the CNL will practice. In response to the need of patients/families in the rapidly changing health care environment, the University of Kentucky Hospital has agreed to partner with the College of Nursing in developing and implementing changes in the care delivery models in use in the units in which clinical nurse leaders will practice. The pilot project will begin in the Kentucky Children’s Hospital (KCH), which has prepared a CNL-type role and has identified advanced practice nurses (educationally prepared clinical nurse specialists and pediatric nurse practitioners) who will change the practice environment.
A group of these master’s prepared nurses have met and used the American Association of Colleges of Nursing guidelines to develop role responsibilities.

Admission and Progression Requirements: Admission and progression requirements are the same as the current MSN program with the addition of three references from the clinical unit in which the individual is employed that speak to the applicant’s ability to become a clinical nurse leader.
Curriculum:

**Fall, Semester 1**
NUR 514    Advanced Health Assessment   (2 cr)
NUR 653    Pathophysiology               (3 cr)
NUR 603    Clinical Reasoning           (3 cr)
NUR 604    Leadership in Advanced Practice Nursing   (2 cr)
NUR 900    Process of Nursing Leadership  (2 cr)
**Total Fall Semester 1**                12 credits

**Spring, Semester 2**
NUR 652    Pharmacology                  (3 cr)
NUR 901    Nursing Leadership Through Effective Use of Self   (3 cr)
CPH 605    Epidemiology                  (3 cr)
**Total Spring Semester 2**              9 credits

**Fall, Semester 3**
NUR 752    Cultural Competence           (3 cr)
NUR 753    Nursing Therapeutics and Clinical Outcomes   (5 cr)
**Total Fall Semester 3**                8 credits

**Spring, Semester 4**
NUR 605    Evidence-based Nursing Practice   (3 cr)
NUR 754    CNL Preceptorship               (4 cr)
**Total Spring Semester 4**              8 credits

**Total credit hours**                   36 credits
March 7, 2006

Juliann G. Sebastian, ARNP, PhD, FAAN
Assistant Dean for Advanced Practice Nursing and Professor
Rm. 202 College of Nursing
CAMPUS 0232

Dear Dr. Sebastian:

I am writing to indicate my support for the Clinical Nurse Leader pilot program the College hopes to initiate within the Masters of Science in Nursing degree program in collaboration with University of Kentucky Hospital Nursing Services. As a member of the University of Kentucky CNI Steering Committee, I have been pleased to hear the focus on direct patient care, quality improvement, patient safety and clinical leadership. We are pleased to partner with your faculty in contributing to the curriculum and designing the clinical model that will incorporate graduates of this track.

Best wishes for a successful proposal. We look forward to our work together.

Sincerely,

Karen Stefaniak, PhD, RN
Chief Nursing Officer and Associate Hospital Director
University of Kentucky Hospital
March 7, 2006

Juliann G. Sebastian, ARNP, PhD, FAAN
Assistant Dean for Advanced Practice Nursing and Professor
Rm. 202 College of Nursing
CAMPUS 0232

Dear Dr. Sebastian:

It is my pleasure to indicate that we in the Kentucky Children’s Hospital are happy to work with the College of Nursing in pilot testing the Clinical Nurse Leader track you are proposing in partnership with the University of Kentucky Hospital. We know the high levels of acuity pediatric patients experience and the need for ongoing quality improvement and excellence in nursing care. While we are understandably proud of the quality of nursing care in the Kentucky Children’s Hospital, we are always looking for ways to continue to excel. Our nursing staff members and managers have enjoyed collaborating with Dr. Sharon Barton in designing the clinical care model that will incorporate graduates of the CNL track at the Kentucky Children’s Hospital. We look forward to working together in the initial implementation of this track and are pleased that the Kentucky Children’s Hospital can be part of your partnership with the University of Kentucky Hospital.

Sincerely,

Sherry Holmes, RN, MSN
Director of Children’s, Women’s, & Psychiatric Services
UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

MINUTES: GRADUATE FACULTY

DATE: February 10, 2006


REVIEW OF MINUTES
Minutes of Friday, December 2, 2005 were approved with the following changes:
1) Page 4 at the top -- change to Pat Burkhart not Pat Howard
2) Page 3 -- change to - method of evaluating student progress
Motion to approve with the above corrections.

ANNOUNCEMENTS
E. Hahn announced IRB accreditation updating everything; faculty should not be surprised if things are different.

S. Lock announced that a bill to allow NP to prescribe controlled substances has been approved by the state Senate.

L. Hall announced that UKCON was well represented at this year’s SNRS conference with 37 UK representatives. There were twelve student posters and presentations, with Mohannid Abu Ruz placing 2nd in the Graduate Student Poster contest. This is the 3rd consecutive year that UK has had a winner.

C. Williams announced that on February 13th a Cultural Diversity Symposium will be held in Room 115 at 3:00 and urged faculty to attend.

L. Hall announced BSN-PhD Program applications have not been reviewed; the committee has not yet met.

D. Anderson announced that she had sent out an email about work life survey. L. Hall urged faculty to complete and send in.

COMMITTEE REPORTS

GRADUATE STUDENT ADMISSION AND PROGRESSION COMMITTEE
D. Moser asked for feedback on writing abilities of Masters students. L. Hall asked if students are being urged to utilize the Writing Center. L. Kelso stated that some students found it helpful while others did not. P. Hickman stated students give permission to use their papers or give experience of their Writing Center experiences. T. Staten commented that it is important to go to the Director of the Writing Center to determine which consultant might have the appropriate expertise to meet individual students’ needs. J. Sebastian stated that the Department of English also has editors available.
MASTER'S PROGRAM COMMITTEE
S. Lock announced that May 9th was the date set for the Master's Program Retreat. At the retreat items discussed would be evaluation of specialty courses and update on topics discussed at last years retreat.

PHD PROGRAM COMMITTEE
T. Lennie – No report; no action items at this time

DNP COORDINATING COMMITTEE
J. Sebastian announced that eight students anticipate graduating in August.

GRADUATE STUDENT ACTIVITIES AND ADVISORY COMMITTEE
D. Reed–No report or action items.

UNIVERSITY SENATE
P. Burkhart-No report or action items.

FACULTY COUNCIL
D. Reed – No report or action items. Should have received email from N. McDevitt.

CNL UPDATE – Discussion continued on the proposal for Pilot of the Clinical Nurse Leader Masters Track.
S. Barton – an addition to the admission requirements, #4 at the top of page two, should include References from clinical unit with evidence of ability to become a clinical leader. The reason for this is that this is a partnership, working on the clinical unit, and to insure that the person is qualified to be in that position. NUR 604 and 900 both would be changed to be variable credit courses for a total of 4 credits. For the first year the courses will be courses that are already being taught here. For Fall of the 3rd semester students would take Nursing Therapeutics and Clinical Outcomes which faculty are already familiar with since this new course is built on two of the existing case management courses. In the Spring of the 4th semester students would take CNL Preceptorship, which is a new course. The initial pilot will be conducted in the Kentucky Children’s Hospital. S. Barton stated that they have prepared for the CNL role and have budgeted positions in the new fiscal year for Masters prepared nurses who would transform themselves into CNL. There are a couple of people right now who have been identified and have Masters degrees who would want to begin in the CNL role in the Kentucky Children’s Hospital. D. Reed asked if faculty would have to take on added responsibility. At this time the only new courses will be NUR 753 and NUR 754. The Dean indicated she is working to secure the necessary faculty resources for this track. D. Anderson asked if the CNL track would be available for students in areas other than pediatrics. J. Sebastian noted that the track could be expanded after the initial pilot, and faculty input and vote would be requested prior to such an expansion. T. Lennie recommended a clear plan for evaluating the pilot project.

MOVED: The Masters Program Committee moved approval of pilot Clinical Nurse Leader track within the MSN program, including the new courses NUR 753 and NUR 754, and moving NUR 604 and 900 to variable credit as outlined.
SECOND: Because the motion came from the Master’s Program Committee, no second is required.

MOTION CARRIED: 12 yes, 5 no, 2 abstained.

ADJOURNMENT
The next meeting will be Friday, April 7, 2006.
Dr. Julie Sebastian will preside.

Submitted by,
Lena Howard, Recorder
UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

MINUTES: Clinical Nurse Leader Steering Committee

DATE: December 19, 2005

PRESENT: S. Barton, Chair; B. Hanson-Tucker; M. Hardin-Pierce; P. Powers;
J. Sebastian; and C.A. Williams

1. Minutes:

The Minutes of the meeting held March 29, 2005, were approved.

2. Faculty Discussions in April re CNL:

In April, two discussion sessions were held in the College and one in the
Children’s Hospital regarding the CNL. Faculty appear to be interested although they
had many questions and were not sure how this fits with the CNS. Since then, the UK
Children’s Hospital plans to undertake a pilot in 2006; hopefully the adult Hospital will
then follow their lead later. Dean Williams indicated there was concern from those
working in an adult setting. This is something for which we need “buy in”; it cannot be
forced. It appears that CNSs do not feel valued and it was clarified that this is not an
“either/or” situation.

Some of the confusion lies with the thinking that preparing for a CNS, CNL, or
DNP degree does not prepare you for a specific role; it is much broader. The many
changes in the practice environment are such that it lends itself now to a need for the
CNL.

3. Pilot program in Kentucky Children’s Hospital:

Sharon Barton advised that there will be a meeting in January at the hospital to
define key role components. Adele Cummins was suggested as a possible resource.
Funding has been provided for additional positions at the Children’s Hospital such as a
Clinical Coordinator, CNS in NICU. Sharon will be speaking with students completing
their MSN degree. The focus of these positions will include bringing knowledge to new
staff, quality (patient safety), and clinical leadership. Their goal is to have five students
registered for Fall 2006. As soon as their January meeting is held, they will commence
active recruitment. A plan needs to be presented at the February Graduate Faculty
meeting in order to proceed in a timely manner with university approvals. SNRS
conflicts with this date (February 3); Julie Sebastian will speak to Dr. Hall about re-
scheduling the Graduate Faculty meeting for later in the month.

Dr. Sebastian indicated she would meet with Post-baccalaureate students
regarding this program. The main concern of this student group is having to take GREs.
UK does offer a GRE review course but it would be advantageous if the College could
Clinical Nurse Leader Steering Committee
December 19, 2005
Page Two

offer their own, perhaps in April, in preparation for a summer test date. Dr. Sebastian will provide Sharon Barton with a list of those students; a letter could also be sent.

4. Planning next steps for subcommittees:

   a) A draft curriculum was distributed. Some of the CNL clinicals could perhaps count toward a CNS if students changed their minds; approximately an additional 18 hours would be required to qualify for a CNS. Dr. Sebastian will enquire of the American Nurses Credentialing Center as to whether the CNL registered students can take the CNS accreditation exam. The CNL clinicals are very structured and it is possible that 4 CNL clinical credits could be used which would mean only an additional 14 credits, instead of the previously noted 18.

   Year 1: NUR 604/NUR 900 are combined (3 cr. hrs. each). Possible options are to have students take specific sections of each, or develop a ‘new’ course. Bev Tucker enquired where patient safety was included. It is believed to be in NUR 603, 604, and 605 but this needs to be verified. An interdisciplinary component of patient safety needs to be included. Dean Williams stressed the importance of ensuring that curriculum content meets the CNL goals. A helpful tool will be the grid that was developed at the Graduate Faculty retreat in May, listing various required components and the courses in which these are contained. Perhaps a sub-committee of this group should look at this in more detail.

   Courses to be developed include the Preceptorship; this will be developed at Children’s Hospital. Also, NUR 604/900 combined content. It was decided that there would be a 3-step process: (1) faculty to finalize the initial proposal; (2) presentation of proposal to nurses/clinicians for feedback; and (3) an observer appointed, provided with specific questions, in the clinical area (this could include a faculty member and clinicians as observers).

   On January 10th (1-3 pm), the faculty members of this Steering Committee will meet to develop course material. This will then be presented to clinicians at a luncheon meeting (12 noon – 2:00 p.m.) on January 19th. Dyads will then be selected in order for them to set up separate meetings with relevant personnel at the hospital.

   b) Clinical Model – Sharon Barton is working on this with clinicians from the Kentucky Children’s Hospital.

   c) Assessment – we need to look at what we are doing in relation to what is occurring at the national level. Dr. Sebastian will check with Dr. Stanhope and consult with other two sub-committee members. Baseline data is needed.
Clinical Nurse Leader Steering Committee
December 19, 2005
Page Three

5. Recruitment Plan:

Suggestions included:
♦ any graduates who have been interested in Pediatrics, or were previously at Children's Hospital, or have gone elsewhere;  
♦ BSN graduates for the last five years, plus post-baccalaureate students  
♦ Emergency department  
♦ Ohio Valley Organization of Pediatric Nurses – This is a new organization and Sharon Barton will be attending a meeting in January;  
♦ Parent/Child Nursing Specialty Council  
♦ Include an article in "Kentucky Nurse" as soon as the pilot is approved;  
♦ Look into conducting our own GRE review;  
♦ Mailing to BSN Residents

6. Timeline:

i) Meetings in January (as indicated above)
ii) February Graduate Faculty meeting for faculty vote on the proposal
iii) Commence recruitment – after approvals
iv) First admits anticipated for Fall 2006
v) Date for first clinical course could be Spring 2007 (NUR 901 has one clinical cr. hr.)

It is anticipated that students would likely be part-time during the first year, but perhaps full-time during Year 2. Dr. Stanhope will be contacted regarding compiling a sample part-time curriculum. If students do register part-time the first clinical could be as late as Spring 2008. It is necessary to get clinicals going sooner rather than later.

Decision: Move forward with the plan as outlined today.

Adjourned.

Respectfully submitted,

Heather Perrier, Recorder
MINUTES: Master's Program Committee Meeting

DATE: Friday, February 10, 2006

PRESENT: S. Barton; K. Collins; S. Lock; D. Moser; H. Nelson; J. Sebastian; and T. Staten

1. Minutes:

   The Minutes of January 6, 2006, were reviewed.
   Item #3, second sentence should read: "At the Graduate Faculty meeting there
   seemed to be some resistance to the proposed modifications regarding NUR 605,
   Evidence-based Practice, for incorporating the comprehensive exam component."
   The Minutes were approved as amended.

2. Update – NUR 605/Comprehensive Exam Task Force:

   Sharon Lock has written to each of the proposed members of the Task Force
   asking them to respond as to their participation, by February 10th, and for a final report to
   be submitted to the MPC by March 31st.

   T. Staten emphasized that smaller committees usually were better in that it was
   easier to ensure maximum attendance. We should keep this in mind for future
   committee composition.

3. Evaluation of Specialty Courses:

   Sharon Lock and Julie Sebastian met regarding the web-based Specialty Course
   Evaluation form. They have incorporated drop-down boxes and open-ended questions.
   Brenda Ghariani is working on these changes for use this semester.

4. Clinical Nurse Leader Proposal:

   Sharon Barton distributed and reviewed a proposal for a pilot of the Clinical
   Nurse Leader Masters Track. As noted in the proposal, in the Fall 2004, over 80
   partnerships were identified nationally; it was further noted that two schools have gone
   entirely to CNL programs at the Master’s level. The pilot for UK would be at the
   Kentucky Children’s Hospital. Admission requirements are the same as for other MSN
   programs, with the addition of Reference letters. In the curriculum, it was noted that
   NUR 604 and NUR 900 would be combined and changed to variable credits; these are
   distributed learning format and students would take specific modules. There would be
   less emphasis on systems, and more emphasis on the units.
The course objectives for NUR 753 were reviewed. The focus is on application of theories. It was suggested that CQI and data analysis/management should be incorporated in the description.

Since there was no research course, the question was raised as to whether such graduates would be eligible for doctorate programs; the response was affirmative.

If students did not complete this track and reverted to another MSN program, they would need to pick up the following courses:

- NUR 601, Theory: 2 credits
- NUR 602, Research: 3 credits
- NUR 631, Health Assessment: 2 credits
- 7XX, Seminar (specialty)
- 7XX{ clinical: 2 didactic; 4 clinical
- 7XX} clinical: 2 didactic; 2 clinical

Some of the clinical hours for the two clinical courses could possibly be transferred. The total requirement would be 15-17 credits, as a Post-Master's student.

It was emphasized that there is a huge market for clinical instructors, and this program would assist in meeting this need.

Other discussion included:
- The clinicals for this pilot would be at Kentucky Children's Hospital.
- A certification exam for this track is being developed.
- The pilot would only consist of Pediatrics at KCH.
- KCH has also budgeted for "CNL-type" positions.
- Some staff at KCH are available, once the pilot is approved, to step into the CNL role; they are Master's prepared. Once the pilot is underway, clinicals would not occur for one year.
- Students are eligible for tuition waiver for 8 cr. hrs (including lab). Dean Williams and Karen Stefaniak are working on maximizing the student learning environment in other ways, i.e. possibly having their jobs qualify for clinical hours.

The importance of evaluating this pilot on an on-going basis was emphasized. Students need to be monitored closely to avoid any curriculum pitfalls. The CNL Steering Committee is currently working on the Evaluation component. This will need to be brought forward to this Committee for monitoring. It needs to include both formative and summative evaluations.

MOVED: T. Staten; SECONDED: D. Moser that the Master's Program Committee recommend approval of the CNL pilot proposal as presented. Carried.

The proposal will be brought forward to Graduate Faculty later today.
5. **MPC Retreat, May 9th:**

   The retreat is planned for May 9th, from noon to 4:00 p.m. Graduate Faculty should be notified to reserve this date. Some suggested agenda items were included in the previous Minutes.

6. **Other:**

   a) NP Prescriptive Privileges – Sandy Kelly has offered to give a seminar on qualifications once this is passed.

   b) Sharon Lock and LouAnn Hart are working on an on-line course for ARNPs on prescriptive authority for controlled substances, with the assistance of Heath Jennings (pharmacology component). This course should also include a drug-related Psych component.

7. **Next Meeting:**

   The next MPC Meeting will be held Friday, March 3, 2006, from 9:00 – 10:30 a.m., Room 202 conference room.

Respectfully submitted,

Heather Perrier, Recorder