

**MONTANA STATE UNIVERSITY
COLLEGE OF NURSING
Master Resource Outline**

NRSG 508 Clinical Leadership Practicum

Credits: 7 clinical lab

Semesters Offered: Fall

Pre-requisite: NRSG 509, NRSG 604, NRSG 608, NRSG 611

Course Description: In collaboration with the faculty and clinical preceptor, students will design, manage, and evaluate care to improve health outcomes for a selected population. The 315 hour clinical immersion practicum will provide a platform to support transformative learning within a selected health care organization¹. The course is designed to promote integration of coursework through immersion in the CNL role.

Course Objectives:

1. Work with interprofessional team to design and implement a capstone activity for improving clinical practice, patient safety, or quality.
2. Collaborate with interprofessional teams to review and evaluate patient care guidelines/protocols.
3. Develop, implement, and evaluate a clinical immersion plan based on the CNL competencies.
4. Design, coordinate, and evaluate plans of care for a cohort of patients, incorporating patient/family input and team member input.
5. Conduct an interprofessional team meeting to review care plans for a cohort of patients and incorporate client and family as part of the team meeting.
6. Analyze aggregate data to prepare reports and justify needs for select care improvements.
7. Demonstrate the ability to coach, delegate, and supervise healthcare team members in the performance of nursing procedures and processes with a focus on safety and competence.
8. Participate in development of or change in policy within the health care organization

¹Harris, J., Roussel, L. & Thomas, P. (2014). Initiating and Sustaining the Clinical Nurse Leader Role: A Practical Guide (2nd edition). Sudbury, MA: Jones & Bartlett Learning.

Approved by GAAC: 12/9/13

Approved by Faculty: 1/7/14

Recommended Content and Concepts:

Reflective analysis and learning, role transition, innovative and creative problem solving tools from evidence based literature, inter-professional relationship building; business principles, and portfolio development.

The Clinical Nurse Leader capstone activity is designed to promote integration to enhance achievement of the CNL end-of-program competencies. The capstone activity addresses an identified need or gap in clinical practice, patient safety, or quality. Students are expected to meet with faculty and agency personnel to identify and select an appropriate capstone activity, set measurable goals, develop a realistic step-by-step timeline for implementation and evaluation, and complete the activity during the semester. Key elements of the capstone activity should be presented to the interprofessional team and agency personnel at the conclusion of the activity.

The following are examples of CNL capstone activities (Harris et al, 2014):

- Reduce the number of catheter-associated urinary tract infections within a microsystem by creating and implementing a protocol designed to identify and address causative factors (insertion, maintenance, or both)
- Improve patient satisfaction scores related to communication regarding medications within a microsystem by creating and implementing a protocol designed to enhance patient understanding of medication information
- Improve outcomes for diabetic patients by creating and implementing a protocol standardizing IV insulin titration in a selected microsystem
- Improve transition of orthopedic patients through the continuum of care by creating and implementing a protocol for pre-operative patient education

Resources:

Harris, J., Roussel, L., Walters, S. & Dearman, C. (2011). *Project Planning and Management : A Guide for CNL's, DNP's and Nurse Executives*. Sudbury, MA: Jones & Bartlett Learning.

Harris, J., Roussel, L. & Thomas, P. (2014). *Initiating and Sustaining the Clinical Nurse Leader Role: A Practical Guide (2nd edition)*. Sudbury, MA: Jones & Bartlett Learning.

Davidoff, F., Batalden, P., Stevens, D, et al. (2008). Publication guidelines for quality improvement in health care: evolution of the SQUIRE project. *Quality and Safety in Health Care, 17(Suppl 1):i3–9*.

Ogrinc, G., Mooney, S., Estrada, C., et al. (2008). The SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines for quality improvement reporting: explanation and elaboration. *Quality and Safety in Health Care, 17(Suppl 1):i13–32*.

Examples of learning activities:

Develop comprehensive care plans, addressing patient, microsystem and lateral care management for target population

Communicate Clinical Nurse Leader role differentiation

Provide direct patient care to selected patient population in a microsystem encountered in practice.

Chair Inter-professional meetings

Use multiple data sources to address clinical problem(s)

Develop a clinical portfolio