CLINICAL NURSE LEADER RESILIENCE EDUCATION THROUGH FOUNDATIONS OF HEALTH SYSTEMS AND POLICY

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ABSTRACT

This article summarizes a three-credit graduate clinical nurse leader (CNL) course, *Foundations of Health Systems and Policy*, at Georgetown University's School of Nursing for second-year CNL students during COVID-19. The course implements innovative policy education approaches that support the creation of a unique graduate nurse clinician that can help address the critical nursing workforce and healthcare equity challenges using horizontal and vertical leadership strategies. Using Ignatian pedagogy as a foundation and incorporating various experiential learning methods, including client-based stakeholder policy analysis, *Foundations of Health Systems and Policy* prepares CNLs to competently contribute to local, state, and national healthcare system reforms and address a myriad of traumatic healthcare shocks.

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INTRODUCTION

Navigating SARS-CoV-2 and the COVID-19 pandemic, a wide range of climate disasters, and violent altercations on a mass scale, such as the U.S. Capitol insurrection, present challenges to healthcare providers at a particularly polarizing time in democratic political life. This manuscript summarizes a three-credit graduate clinical nurse leader (CNL) course, *Foundations of Health Systems and Policy* (NURS-624), at Georgetown University's (G.U.) School of Nursing (SON) for second-year CNL students aimed to form resilient nurse leaders capable of addressing profound healthcare challenges. In spring 2022, nursing faculty implemented several innovative policy education approaches based on direct experience in clinical practice, government research, regulatory compliance, health quality, nursing, and health sciences education as well as interdisciplinary executive branch policy analysis in the U.S. Department of Health and Human Services and the Department of Homeland Security.

Classroom and experiential learning incorporating *cura personalis* (care for the whole person) techniques based in Ignatian pedagogy were used to support CNL student learning of local, state, and national policy analysis, public advocacy, policy communications, and professional dissemination skills to respond to public health issues of great import and facilitate COVID-19 recovery. Ignatian pedagogy is a continuous design cycle, starting with situational context within a particular setting, culture, team, and organization. The process moves to experience, which can be positive or negative. The lived experience of a specific situation invites various reflection

depths depending on one's unique personal capacity and willingness for contemplative engagement. Productive reflection leads to one taking action to affect the common good, finally leading to evaluation of outcomes. Following the refinement of purpose and method, the cycle begins anew with context. It consecutively repeats to higher levels of personal actualization of values-based leadership incorporating Ignatian principles of *cura personalis*. CNLs are prepared to care for the whole person (self and others), producing effective, innovative, and resilient nursing leadership responses for a wide range of healthcare system challenges post-COVID-19 (Center for New Designs in Learning and Scholarship, 2022).

Figure 1.   Ignatian Pedagogy Used in NURS-624

From NURS-624, CNLs prepare to contribute to local, state, and national healthcare system reforms for equitable resolution of traumatic healthcare shocks from climate change impacts, public disasters, and infectious disease threats.

University, Department, and Program Background Information

GU is situated in Washington, DC, and is one of the world's leading universities. Established in 1789, it is the oldest Roman Catholic and Jesuit university in the United States. It educates students in the Ignatian spiritual tradition of *cura personalis*. G.U. provides a world-class learning experience in a wide variety of programs for exceptional students from diverse backgrounds (>133 countries) and is accredited by the Middle States Commission on Higher Education. Alums become global professionals and citizens that lead and make a difference for others by advancing social justice. In fall 2021, there were 7,598 undergraduate, 11,482 graduate, and 2,850 professional students for a total enrolled population of 21,930 (Georgetown University, 2021).

On July 1, 2022, G.U.'s School of Nursing and Health Studies (NHS) was restructured into two independent schools, the School of Health (pre-medicine/human science, global health, health care management and policy, health systems administration) and the SON, which the National

League of Nursing recognizes as a Center of Excellence in Nursing Education. The SON includes multiple undergraduate and graduate prelicensure programs, several Doctor of Nursing Practice programs, and a newly formed Doctor of Philosophy (Ph.D.) in nursing with a health equity and ethics concentration. G.U.'s SON provides instruction in various formats and supports over 900 students.

The Department of Professional Nursing Practice (DPNP) is responsible for pre-clinical nursing students in baccalaureate nursing and Clinical Nurse Leader (CNL) programs (100 BSN and 40 CNL students). The CNL program is a two-year Master of Science degree (MS-CNL) preparing individuals with non-nursing bachelor's degrees for clinical nursing careers. The accelerated two-year direct-entry CNL curriculum option, or Model C, is the most common preparatory pathway for approximately 57% of the entire CNL workforce population (Commission on Nurse Certification [CNC], 2021). DPNP is staffed by nine full-time faculty, ten adjunct faculty supporting CNL core courses, and many clinical adjuncts with advanced expertise in various specialties.

The accreditor for DPNP's pre-licensure programs is the American Association of Colleges of Nursing (AACN). Following the program's completion, students prepare to take the Registered Nurse licensure (NCLEX-RN) and CNL certification examinations. CNL students receive 968 hours of clinical experiential training from their first semester in a variety of patient care, community health and simulation settings under the supervision of expert DPNP faculty with real-world clinical, advanced practice, research, administrative, regulatory, and policy experience (Table 2). G.U.'s CNL students perform clinical simulations in the state-of-the-art O'Neill Family Foundation Clinical Simulation Center and are immersed in the CNL role for a total of 350 hours in their final semester. The SON's MS-CNL NCLEX-RN pass rates are ~93–100% (Georgetown University, 2022).

G.U.'s MS-CNL program also includes a master's level genetics/genomics core course so that graduates are prepared for supporting Precision Medicine/Health patient care coordination and healthcare system implementation on interdisciplinary teams by using quality improvement and evidence-based practice (Consensus Panel on Genetic/Genomic Competencies, 2009; Greco et al., 2011; Fu et al., 2020; Kurnat-Thoma et al., 2021; Kurnat-Thoma et al., 2020; Kurnat-Thoma, 2020).

NURS-390, Concepts of Genetics/Genomics, prepares the CNLs with a basic understanding of genomic organization, form, diversity, and function in human health and disease for a variety of clinical and translational applications including single gene, chromosomal and multifactorial conditions (i.e. informatics collaboration, introductory pharmacogenomic requirements, diagnostic test interpretation, patient and family coordination, privacy and confidentiality, genetic information non-discrimination).

Role of the CNL as a Change Agent

The CNL role was created in 2003, launched its first certification testing in 2007, and increased substantially to a total U.S. population of 8,907 certified CNLs in 2021 and primary practice in

urban acute care inpatient settings (CNC, 2021; Woo, 2021). The CNL role features unique skill sets, programmatic planning, and curriculum elements, including horizontal and vertical leadership skills, healthcare advocacy, lateral care integration in health systems, patient- and family-centered assessment, ethics, illness/disease management, health promotion and disease prevention/injury reduction, healthcare policy, knowledge management, healthcare systems and organizations, interprofessional communication and collaboration skills, team coordination, healthcare quality and patient safety, evidence-based practice, healthcare finance and economics, and healthcare informatics (Woo, 2021). Key CNL practitioner leadership components during COVID-19 included policy advocacy and regulatory skills, evidence-based practice, interdisciplinary team leadership, performance improvement and improvement science, clinical informatics, and technology to ensure patient privacy, confidentiality, and security of patient information for coordination across the continuum of care (Hoffman et al., 2020).

COURSE DESCRIPTION

While *Foundations of Health Systems and Policy* (NURS-624) is not a new course with new objectives, in spring 2022, it was restructured and taught by faculty with extensive federal government, policy, and regulatory experience. The course uniquely prepares CNLs to meet the challenge of leading rapid translation of scientific discoveries (bench-to-bedside) at system scale through the resolution of frontline barriers by using key policy advocacy skills and techniques during COVID-19 recovery (Tables 1 and 2). NURS-624 is a CNL core educational requirement, and course objectives are pre-approved by SON's full-time nursing education curriculum experts and consultants following AACN Master's Essentials criteria (Table 1).

NURS-624 features three master's level credit hours, weekly on-campus faculty lectures, small group casework and discussions, a policy dialogue observation experience (choice of in-person or virtual), two policy-briefing student group presentations (similar to administrative or management briefings), and a client-based mini policy analysis exercise as the course's final assignment. The course also features a policy lecture on disaster preparedness, including infectious disease outbreaks and preparedness, medical countermeasures, weather and climate disasters, and global and domestic health policy levers for disaster preparedness, response and resilience.

Because of all the genomic science and technology groundwork covered early in the CNL program, we were able to address innovative topics such as the role of nurses in collaborating with teams using approved medical countermeasures when responding to infectious disease threats and relevant interfaces between various agencies of the Department of Homeland Security (Customs and Border Protection, Federal Emergency Management Agency) and the Department of Health and Human Services (Administration for Strategic Preparedness and Response [ASPR], Biomedical Advanced Research and Development Authority [BARDA], National Institute of Allergy and Infectious Diseases [NIAID], National Institutes of Health [NIH], Food and Drug Administration [FDA], and Centers for Disease Control [CDC]).

Table 1.   NURS-624 Foundations of Health Systems and Health Policy

	Course Objectives
1	Develop a historical perspective on the evolution of the U.S. health care system.
2	Discuss the organization, financing, delivery, and regulation of U.S. health care delivery systems.
3	Explain the interrelationships among costs, quality, access and health of populations.
4	Explore the processes of policy formulation and analysis at local, state and national levels of government.
5	Analyze current health policy issues and the complex political, economic, and social forces that shape U.S. health care.
6	Examine the impact of health policy issues on advanced practice nursing and the health of populations.
7	Discuss the impact of market forces, consumer influence, industry perspectives and advocacy on health policy.
8	Compare and contrast health care delivery systems nationally and internationally.
9	Analyze current policy initiatives and health care reform efforts and their likely impacts on cost, quality, access and the health of populations.
10	Translate research to create and influence evidence-based policymaking.

Ignatian Pedagogy and COVID-19

Ignatian pedagogy and the principles of *cura personalis* were utilized to provide CNLs with a stable anchor for the continuous cycle encountered when engaging in social justice reforms to help achieve equitable and innovative health care (Figure 1). This is especially true during a time of democratic instability and political trial that resulted in an outbreak of violent partisanship, such as the U.S. Capitol insurrection during COVID-19. Thus, Ignatian pedagogy was stabilizing and helped NURS-624 faculty and participants to maintain collective focus on understanding shared values-based contexts at G.U., gain experience in new content areas and with professional communications skillsets, reflect on course progress and faculty feedback, and continue their work to advance the common good and make needed social justice reforms in course assignments.

Table 2.   Georgetown University Master of Science-CNL Program

Program of Study	Credits	Total Credits
Summer Pre-Entry		
Physiology Primer		
Fall (Entry)		
Health Assessment for CNLs	3	
Fundamental Nursing Skills	3	
Health Maintenance & Disease Prevention across the Lifespan	2	
Contemporary Concepts in Nursing	1	
Advanced Concepts in Pathophysiology	4	13
Spring 1		
Nursing Interventions & Concepts for Care of Adults	5	
Nursing Interventions & Concepts for Care of Women	5	
Advanced Concepts in Pharmacology	3	
Concepts of Genetics and Genomics	2	15
Summer 1		
Research Methods & Biostatistics for Health Care Providers	4	
Nursing Interventions & Concepts for Psychiatric-Mental Health	5	
Informatics, Technology, & Quality Nursing	3	12
Fall 2		
Nursing Interventions & Concepts for Care of Children	5	
Research Evidence and Best Practices in Health Care	3	
Advanced Leadership & Advocacy in CNL Practice	3	
Contemporary Nursing Care of the Older Adult	2	
Nursing Care of Vulnerable Populations	1	14
Spring 2		
Nursing Interventions & Concepts For Patients with Complex Conditions	5	
Nursing Interventions & Concepts for Community/Public Health Nursing	5	
Foundations of Health Systems and policy	3	
Transitions to Clinical Practice for CNL	2	15
Summer 2		
Clinical Nurse Leader: Role Immersion Practicum	4	
Health Care Ethics	2	6
TOTAL PROGRAM CREDITS		75
TOTAL HOURS IN CLINICAL SETTINGS		968

Course Oversight

DPNP manages CNL course oversight through department meetings, faculty collaborations, formal mid-term advisory reports, the Canvas Learning Management System, and end-of-course evaluation reports. NURS-624 provided multiple experiential learning opportunities for all CNL students by allowing them to directly engage in policy analysis on a preferred topic, practice with

various policy writing formats and briefing presentation topics, and consult with faculty on a strategy to optimize policy options and recommendations when preparing for their final assignment. Typical questions included: Should a state-elected official such as a State Senate/House committee chair or the governor be the client stakeholder for this issue? Should a U.S. Congressman/Congresswoman, senator, or Executive Branch member be the client stakeholder? Should a chief medical officer of the local organization or the entire network be the client stakeholder for this issue?

The methodological frameworks for CNL experiential learning included evidence-based practice critical appraisal skill prerequisites, CDC's Policy Analytical Framework, and a policy analysis decision-making roadmap adapted from one of the course's required textbooks (CDC, 2022; Melnyk & Overholt, 2019). With everything learned through the program, CNLs can support administrative healthcare stakeholders meaningfully by accurately projecting health policy implications from their expert frontline clinical observations. Although the virtual COVID-19 pandemic learning did impact early CNL learning, NURS-624 was held physically on campus. In-person and virtual office hours supported CNL's individualized learning needs. Examples included various levels of pre-assignment support, detailed grading feedback, individualized mentorship and counsel on client stakeholder strategy, assistance with policy reference selection for evidence-based policymaking, and facilitating nursing and interdisciplinary referrals for academic and learning resources such as informational listservs and workshops from the National Academies of Sciences, Engineering & Medicine (NASEM, 2021).

COURSE ASSESSMENT AND PLANS

NURS-624 coursework was evaluated through an innovative combination of policy products. CNL students selected a policy topic (ungraded, vetted for scope and faculty portfolio coverage adequacy). They observed an open public-policy meeting that matched their topic in county, regional, state, national, legislative, or executive branch contexts. They performed a reflection exercise and submitted a written interpretation of its meaning unique to their perspective, values, voice, and individual preferences (15%). CNLs prepared for the following action of policy dialogue. They practiced using their unique voices with one of five available "toolbox options": a letter to an editor, an Op-Ed, letter to an elected official, three-minute oral testimony, or a policy briefing for a constituency they lead (25%). CNL students were graded for participating in small weekly groups and in two group presentation policy briefings (30%). The final assignment was a 2,000-word policy memo on their chosen topic (30%). Policy memos were client-based, summarized CNL mini-policy analysis results that identified three policy options using reputable scholarly sources, and provided a final actionable recommendation for the client stakeholder. CNL students are encouraged to develop a peer-reviewed manuscript after completing the course based on the robustness of their policy analysis, writing capacity, and professional goals and interests.

NURS-624 Evaluation and Plans

Assignments were evaluated using rubrics based on course objectives. Scores reflected clarity, accuracy, completeness, professionalism, policy option depth, and client stakeholder

appropriateness, such as blue versus red political feasibility, multi-sectoral conflicts, local-state-national scale variations, landscape adequacy, stakeholder engagement, and legality. Twenty-one students progressed to the CNL Role Immersion Practicum in summer 2022 by SON's MS-CNL progression requirements of final cumulative NURS-624 grade ≥70%.

Plans to modify the course include emphasizing collaborative CNL small group interactions and strengthening faculty guidance to ensure the best evidence selection and use. The policy advocacy writing assignment (25%) will be simplified from five toolbox options to focus on the necessary skill of writing letters to essential stakeholders. The final memo assignment (30%) should ensure policy analysis leads to improved nursing and patient care processes and outcomes in healthcare systems. A mid-term check-in should be added to confirm CNLs' client, topic, and planned strategy. Rapidly switching between clients, states, sectors, or government scale levels toward the end of the course without faculty involvement impacted policy options and recommendation accuracy. Additional course revisions will be made in collaboration with DPNP and SON preferences per the AACN Essentials curriculum requirements.

CONCLUSION

This paper summarized how an adjunct faculty member approached health policy instruction using pre-approved CNL objectives and prerequisites in genetics/genomics, research, and evidence-based practice to produce skillful advocacy to advance healthcare equity priorities. Ignatian pedagogy ensures CNLs are prepared to care for the whole person (self and others) while engaging in practical, innovative, and resilient nursing leadership. CNLs were instructed on how to engage in effective policy responses, including oral presentation policy briefings and institutional official and elected official communications to respond to frontline public health emergencies and disasters requiring additional governance support (Center for New Designs in Learning and Scholarship, 2022). Elected leaders and officials are also strained and need accurate values-based frontline intelligence to adequately support their constituents under their care (including patients, families, communities, healthcare practitioners, and local officials) to protect the most vulnerable and the integrity of the physical environment. Cultivating a highly skilled CNL workforce during extended historical public health disasters such as COVID-19 is especially important to guarding our healthcare infrastructure and national security interests.

G.U.'s CNL students think deeply about the world, identify their internal values, and act for the common good. Subsequently, CNLs are influential horizontal leaders empowered to communicate with interdisciplinary vertical leaders across multiple sectors to actualize frontline-informed solutions for post-COVID-19 recovery and health equity. GU CNLs are prepared to use sound logic and best evidence, participate in political alliances, and engage in critical thinking at systems scale to advance high-quality healthcare processes and outcomes. CNLs in NURS-624 were instructed to move beyond the one-pager and use policy analysis to become effective change agents in their clinical settings and institutions. Their future policy dialogues will support executive client decision-making and interdisciplinary consensus and advance the common good. Cumulatively, NURS-624 equips CNLs to address entrenched U.S. healthcare system structural

equity barriers impeding rapid COVID-19 recovery, thus strengthening capacity and resilience to address and resolve various healthcare threats.

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