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I Have the CNL Power – Faculty Category

I've got the CNL power! The knowledge, skill, and experience to optimize systems, processes, and practices to achieve quality outcomes! The responsibility to share perspective and experience is part of that power! The CNL power is about knowing what you know and what you do not know. Knowing where to find answers, information, and evidence when you do not know something. Knowing how to investigate, collaborate, and communicate what you know and do not know. The pandemic of 2020, COVID-19, highlighted the CNL power!

Global news broadcasts reported the spread of mysterious new infectious disease that resulted in a pneumonia with a very high mortality rate. Like millions of people world-wide I was taken back by the contagion of SARS CoV2, the novel corona virus. Within three months of the first reports coming out of China this virus had literally spread around the world with devastating impact. Government officials implemented emergency orders to halt human interaction that would or could spread the deadly disease.

The effect on nursing education was immediate with guidance from the Ohio State Board of Nursing coming on the heels on Governor Mike DeWine's lock down orders. Nursing leadership in the College of Nursing at the University of Toledo notified faculty of the need to submit plans for conversion of face-to-face instruction with in-person clinical to a totally virtual environment. I got the CNL power kicked in without me being aware. This 66-year-old CNL did not miss a beat, flexibility, and ability to innovate processes is inculcated in the very fiber of my nursing being!

The CNL Program Director, Dr. Kelly Phillips, another CNL certified faculty, facilitated ongoing communication and collaboration of the CNL faculty. The SMART directive was shared with faculty, "development and submission of faculty plans converting all current face-to-face courses to online courses with virtual clinical within 48 hours". This directive required immediate strategic planning converting all face-to-face courses and clinical virtual hours.

Brainstorming using open dialogue regarding the directive assisted in rapid assessment of the current state of courses and student progression within each course, identification of facilitating factors (variety of educational methods and tools) and challenges or gaps that needed to be addressed. Communication with all stakeholders was critical. Clinical Instructors were asked to provide completed clinical hours per student as well as an evaluation of performance. An Excel data base of student's performance (clinical hours per student, completion of course work, exams, and documentation) was created to record, monitor, and report findings and outcomes.

Blackboard® equipped with Collaborate Ultra® was used as the online course management and online communications platform. Capabilities include material repository allowing access and control of materials and real-time online video conferencing with a "whiteboard" chat function. This online vehicle enabled class interactions, scheduled as well as impromptu conferencing during scheduled virtual office hours.

Communication of information with students, clinical instructors, and faculty in the CNL program was extensive and presented live via video conferencing and in written form via email. Consistent reporting to program and college leadership was critical as information about the pandemic was evolving daily. Nursing students, the consumers of the educational experiences need to understand the need for the change, the timeline for the change, and the plan that would enable course and program completion on time as planned. CNL students in the program experienced critical rapid change in their educational process, the cessation of face-to-face class and clinical, social distancing, health guidelines for public access to all facilities

including health screening protocols, temperature checks, hand sanitizing, and the requirement of wearing face masks.

Never did I think I would be writing an essay to discuss not only surviving, but how I was able to thrive and support students completing their CNL program during a global pandemic! This has been a year of such emotional intensity. We have experienced suffering, loss, fear, anxiety, confusion, uncertainty, and resilience! I am resilient, nursing students are resilient, humans are resilient, and people can learn to be resilient!

Our educational system and all of us that serve in the academic enterprise learned that we could innovate how we teach using new vehicles to communicate and transfer not only information, but knowledge. The novel coronavirus (SARS-CoV-2) reminded us that change is the constant. The CNL power, knowledge tools and skillset have positioned educators, students, and graduates to address these challenging demands. The pandemic demanded immediate action to change educational processes to facilitate course and program completion. Application of knowledge and skills such as strategic planning, change theory, data management and reporting made possible course completion, program completion, and quality preparation of students in a CNL program. Performance measurement was tracked, 100% of students completing their final practicum graduated and passage rates for the cohort on NCLEX-RN licensure was above the 95th percentile.

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