



Academic Practice Partnerships: Sharing the Vision for Advanced Practice Nurse Education 2016

As nursing schools across the country continue the process of educating advanced practice nurses (APNs) to meet the challenges of healthcare, academic practice partnerships (APPs) emerge as a promising response to the call for academic nursing to be positioned as a partner in healthcare transformation (American Association of Colleges of Nursing [AACN], 2016). These relationships build capacity for partners from academic and practice settings to co-create meaningful learning experiences merging didactic knowledge with clinical competency to meet the growing workforce demand for APNs who are practice-ready upon graduation.

Partnerships between the academic setting and the practice setting may be difficult to achieve due to a number of barriers or obstacles. Although APPs are common in undergraduate nursing programs, there is less known about APPs in promoting success for students in advanced nursing programs, such as nurse practitioners (NPs). The purpose of this paper is to examine APPs for NPs, identify benefits and barriers to collaborative partnerships, delineate strategies for creating an APP, and review select APP exemplars for NPs.

Goals and Benefits of APPs

APPs have been defined as intentional and formalized relationships based on mutual goals, respect, and shared knowledge (AACN-AONE, 2012). Examples of APPs for nurse practitioner (NP) education include private primary care or specialty practices, clinics, corporations, government entities, foundations, community-based settings, long-term care facilities and others. These clinical settings provide abundant opportunities for students, faculty, and providers to combine efforts toward enhancing health care quality, access, and affordability for those whom they are privileged to serve.

The recent AACN (2016) report on Advancing Healthcare Transformation recommends initiatives aimed at positioning nursing faculty in clinical practice settings to connect clinical service more closely to the academic mission of the school of nursing (p. 4). The APP can provide the ideal setting for these clinical education opportunities. In addition, the National Organization of Nurse Practitioner Faculties (NONPF, 2015) reports the benefits of faculty practice include enabling faculty to maintain currency of skills, increasing knowledge of healthcare trends, affording opportunities to directly observe students in the practice site, and role modeling best practices.

Value added benefits of APP include shared resources related to personnel, educational, and research opportunities, enhanced organizational outcomes through joint participation in quality improvement and program evaluation projects, and prospective employment for students after graduation. Benefits of APPs have been well documented in the literature, and include increased student and staff satisfaction (Needleman, Bowman, Wyte-Lake, & Dobalian, 2014;

Pearson, Wyte-Lake, Bowman, Needleman, & Dobalian, 2015, Beal et al., 2012); increased clinical sites and preceptors (Murray, 2008); increased collaborative opportunities for research or quality improvement projects (Beal et al., 2012); smoother transitions from a student nurse role to a practice setting nurse role (Beal et al., 2012), and positive patient outcomes.

Barriers to Development of Effective APPs

Although APPs can support achievement of goals for both the academic institutions and practice settings, several recent studies have explored barriers to the development of APPs and have identified some of the primary obstacles, such as

- lack of shared vision between partners;
- lack of clear expectations related to communication and financial commitments;
- timing of the partnership and time required to assure success;
- legal issues;
- resistance to change on the part of one or more partners;
- lack of a common language or taxonomy;
- absence of competency based definitions of clinical expectations;
- financial disincentives, and
- lack of standardized evaluation assessment tools and others (Archer, Cary, & Molaine, 2014; Beal et al., 2012; DeGeest, et al., 2010, and AACN, 2015, AACN, 2016).

Additional barriers identified include difficulty in recruiting preceptors, requirements related to time keeping, the integration of processes and activities across organizations with divergent missions, and the blending of different cultures (Dobalian et al., 2014).

Strategies for Creating an APP

Ultimately, the overarching goal of APPs is to improve patient health outcomes. Through the partnership, a variety of mechanisms are available to reach this goal. There are many models for APPs, including models that prioritize increasing clinical site placements, establishing preceptor relationships, developing faculty practice sites, and implementing evidence based practice and research projects (Beal et al., 2011). Although partnerships have historically existed between academia and larger acute care institutions, emerging models have been identified as partnerships between academia and community members such as freestanding or mobile clinics (Snyder, Milbrath, Gardner, Meade & McGarvey, 2015), home health care (Rackery et al., 2015), accountable care organizations (Center for Aging Services Technology, 2014), transitional care (Ornstein, 2011), and tribal communities (Strickland, Logsdon, Hoffman, & Hill, 2014).

Guidelines for the development of APPs are available in the literature, and through the AACN (2012), and Advancing Healthcare Transformation: A New Era for Academic Nursing (AACN, 2016). The initial step in developing a robust APP is to determine the goals and outcomes of the partnership. Although a broad encompassing vision may be conceived by one partner, collaboration is an essential component for developing a shared vision between partners and enhancing the probability of positive outcomes for each entity. The outcome of the partnership should be clear to the collaborative partners with goals mutually developed to provide positive returns on the investment of each partner.

Once the vision, outcomes and short-term goals are identified, the initiating partner may seek out a collaborator with a similar mission. For example, a university with a strong commitment to research and scholarship may choose to partner with a clinical agency that has a similar commitment over a smaller community-based healthcare institution. One caveat is that on occasion, discrepancies may exist between the missions of the partners. In such cases, both parties may need to regroup and refocus to progress in a shared vision.

In order to develop an effective partnership, senior administrative personnel need to be involved in the development of the vision, outcomes and goals of the partnership. Integration of roles within respective organizations should include discussion regarding shared representation on governing boards, leadership positions, research programs and strategic planning initiatives (AACN, 2016). Some of the pragmatic tasks of the partnership can be delegated to middle management individuals or faculty liaisons. Regardless of the level of particular personnel, consistency in vision and outcomes must be maintained if the partnership is to unfold successfully. A formalized agreement by the senior stakeholders, such as a Memorandum of Understanding (MOU) can help to outline the goals and outcomes of the partnership in order to enhance understanding for the implementation of the partnership. Developing a collaborative relationship can take time and energy on the part of both partners; yet can be beneficial in the long-term outcomes (Giddens, et al., 2014).

After the partner relationship is formalized through a verbal or written agreement, specific short and long term goals need to be verified and operationalized. Specific, measurable and time-oriented goals and objectives will set the framework for evaluating the effectiveness of the partnership. This evaluation plan, developed at the onset of the partnership with input from internal and external stakeholders, should include a timeline with expected outcomes to facilitate formative and summative evaluation. Additional factors to be considered are system or organizational concerns, logistics such as space or location, and timing (Keough, Arciero & Connolly, 2015). A champion representative identified for each collaborating agency will ensure effective communication and facilitation of the process.

Best Practices and Exemplars

Several models are being used to guide how colleges/schools of nursing are partnering with community organizations to provide rich practicum experiences in ambulatory and acute care settings for NP students. Best practices within these models include strategies to

- facilitate increased clinical practice sites for NP students;
- expand the numbers and enhance competencies of NP preceptors;
- develop future faculty members and maintain the skill set of existing faculty members through faculty practice; and
- assess the value of the clinical experience.

The partnerships described below demonstrate various models and methods to meet the needs of academia and practice while enriching the NP students' learning and ultimately enhancing quality and access to care for patients. Further, the exemplars highlight how collaboration between key leaders of NP programs and practice sites can be used to co-create unique and distinct partnership models for shared learning and mutual benefit (AACN, 2016).

Increased practice sites for NP students

Depending on the needs identified by the academic and/or practice partners, various types of settings have served to increase opportunities for NP students to develop and refine clinical skills. The following examples highlight distinct settings and goals for NP student practice experience.

Rural. The University of Virginia and Health Wagon (of rural Appalachia) partnered to provide care to medically underserved and poverty-stricken areas in southwest Virginia through the use of a mobile health unit, a stationary clinic, and a satellite specialty clinic located five hours from the university (Health Wagon, 2016; Snyder et al., 2015). The goal of their partnership was to promote clinical training for family nurse practitioners, acute care nurse practitioners, and clinical nurse leaders as well as undergraduate nursing students (Snyder et al., 2015). On-site nurse practitioners with Doctor of Nursing Practice (DNP) degrees along with Doctor of Philosophy (PhD) nursing faculty provided clinical supervision of students across Health Wagon settings. The partnership was successful in expanding clinical training experiences for nurses of all levels within a rural setting (Snyder et al., 2015). Driving factors for the grant were assessing feasibility and challenges in the development of the partnership; student and patient satisfaction and quality outcomes were not reported (Snyder et al., 2015).

Transitional care. A partnership between Vanderbilt University School of Nursing (VUSN) and Vanderbilt University Medical Center (VUMC) was developed as a way to facilitate care for chronically ill patients moving from hospital to home (Smith, Lutenbacher, & McClure, 2015). The partnerships were established within an accelerated BSN program and included patients with pediatric asthma and heart failure (Smith et al., 2015). Although initiated as an undergraduate learning experience, elements of the partnerships between VUSN and VUMC may be translated to an advanced practice registered nurse (APRN) education-model. After a home visit preparation program and interactions with members of the interprofessional team including NPs, hospital case managers, specialty clinic nurses, and home health nurses, the community health students conducted home visits and follow-up calls to high risk individuals. Over a three-semester period, Smith, Hendrix, Lewis, Norman, and Lutenbacher (2014) noted early recognition of patient needs, improved access to care, and decreased hospital admissions.

Accountable Care Organizations (ACOs). The Florida Atlantic University (FAU) College of Nursing and Accountable Care Options-LLC (ACO) partnership focused on preparing “practice-ready” NPs upon graduation to help improve access to high quality, fiscally responsible, patient centered care to the South Florida Community. The ACO consisted of over 50 primary care providers (physicians and NPs) spanning a three county area. The approach of ACO was consistent with the FAU’s College of Nursing philosophy of providing patient care with a strong foundation rooted in the College’s philosophy of caring. The FAU faculty members worked to find the best fit between the students and providers. The students had the opportunity to gain valuable experience and add value to the practices. Additionally, DNP students and the ACO preceptors mutually explored needs of the organization and identified a health care issue or concern for the focus of a practice change DNP project. The students continued working with the ACO during the final two residency semesters to implement and evaluate the project (Fierman, 2016).

Underserved populations. An innovative Bridge Care model for a nurse-led clinic connected to an academic school of nursing improves access to quality primary care for low-

income, uninsured, and underserved populations. At the same time, it prepares future NPs to be leaders in the health care system. The Bridge Care clinics offer the opportunity for NP faculty to provide direct patient care and precept NP students (Sutter-Barrett, Sutter-Dalrymple, & Dickman, K. 2015).

An APP was formed between a School of Nursing and two Pacific Northwest tribes to provide clinical education for MSN and DNP students (Strickland, Logsdon, Hoffman, & Hill, 2014). For the final DNP project students worked with community members to address an identified community health concern and develop a project which was reviewed by the tribal council and planning team. Through the community partnership they collaborated with the tribe to develop a Memorandum of Understanding (MOU) to document the working relationship for the capstone project. The unique APP model offered a sustainable method for blending teaching, research, and practice in a creative mutually beneficial community partnership.

Preceptor enhancement

To increase the pool of experienced and educated NP preceptors, a model was implemented at the University of Rhode Island (URI), which includes a partnership with Providence Community Health Centers and Thundermist Health Centers. The expanded numbers of NP preceptors gave URI the capacity to enroll additional students. Best practices in the URI model include intensive “Pre-graduation Fellowships” and enhanced preceptor education focused on clinical teaching, program evaluation, and current evidence. The interdisciplinary teams in this model include faculty, agency preceptors, and operations personnel, as well as financial and medical officers of both institutions (Health Resources and Services Administration, 2015).

Faculty at East Tennessee University (ETU) created the Student and Preceptor Advancement in a Dedicated Education Site (SPADES) model in which they adapted the acute care dedicated education unit (DEU) to a primary care setting. In addition, the ETU faculty implemented a Clinical Assessment Rapid Debriefing System (CARDS) to formatively evaluate the clinical experiences “on the spot” for real time continuous quality improvement (Health Resources and Services Administration, 2015).

Faculty development

An additional model for developing future faculty members and allowing current faculty to maintain practice skills was instituted by the previously described partnership between the University of Minnesota and the federally funded integrative primary care clinic. The school offered the clinic the opportunity to buy out one to two days of two faculty member appointments. The buy-out enabled faculty members to precept students at the partner site as well as to maintain a practice at the site.

Quality improvement

The University of Minnesota offers the opportunity for students to complete DNP projects to meet some of the practice partner’s ongoing quality improvement needs. Similarly, the Florida Atlantic University student DNP projects emerge from needs identified by the practice partners. One project example addressed decreasing hospital readmissions through improved management of ambulatory care sensitive conditions.

Conclusion

It is evident from the literature that there is a paucity of research in the area of APPs between NP education and community partners. While there are innumerable articles highlighting APPs in undergraduate education, these articles do not necessarily translate to the complexities of NP preparation or practice. As explicitly stated in the 2010 Institute of Medicine's (IOM) *Future of Nursing* report and reiterated in *Assessing Progress* report (IOM 2016), APRNs, such as NPs "need graduate programs that can prepare them to assume their roles in primary care, acute care, long-term care, and other settings, as well as specialty practices" (p. 164). Giddens et al. (2014) have stressed that collaboration among academic and practice leaders in NP education is essential to provide rich clinical experiences, develop curriculum, maximize resource efficiency, and promote positive patient outcomes. Strategies specific to meet the IOM recommendations in the area of NP education not only include collaborative partnerships between educational institutions and healthcare organizations, but also partnerships between educational institutions, community-based partnerships with social service agencies, and domestic or international mission work (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012).

Future work in the area of APPs in NP education must focus on the development and dissemination of exemplars specific to NP education. Additionally it will be important to test current models and create new models for settings such as home care and long-term care. The growth of APPs can be a major factor in meeting the challenges of healthcare transformation to improve patient care outcomes while ensuring quality NP education.

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