Partnerships Between Nursing Education and Practice: NC and Around the Nation.
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There has been a great increase in partnerships between schools of nursing and practice agencies to expand enrollments, provide improved clinical experiences for students, increase faculty practice, conduct user-related research, and support the transition from school to work for new graduates. The current need to expand enrollments to offset the nursing shortage at a time of aging faculty, too few scholarships, tight budgets and insufficient clinical sites has led to more partnerships. A part of the answer is creative solutions that include collaborative partnerships with a variety of stakeholders. This allows for new resources to flow in both directions providing mutual benefit. Examples are outlined on the web at www.aacn.nche.edu/Publications/issues/Oct02.htm (AACN, 2002a). A new assessment guide for planning successful education practice partnerships has been developed by UNC Chapel Hill and UNC Hospitals. AONE is now offering the CDROM and video of the guide for self assessment during planning for $45. See the AONE website under publications for further details (www.ahaonlinestore.com).

Clinical Experiences:
One of the hallmarks of a professional nursing practice is the offering of preceptorships and residencies (AACN, 2002b). Students working closely with staff nurses have the opportunity for role socialization, increased competencies, and confidence. Conversely, staff nurses gain teaching skills and a sense of contributing to the future of the profession. The organization gains an opportunity for recruitment and preview of a potential employee. The school of nursing is able to offer students experiences that help clarify career expectations and apply knowledge in a real, working environment (Letizia & Jennrich, 1998, Mills, Jenkins & Waltz, 2000, Nordgren, Richarson and Laurella, 1998). Effective precepting requires training. One example of funding to improve preceptor training is a grant from The Robert Wood Johnson Foundation for a web-based preceptor training program at SUNY Stonybrook (www.rwjf.org/reports/grr/031839.htm). Preceptorships and residencies may be done in multiple ways, some of which we gleaned from North Carolina examples submitted by members. These include paid summer externships that may include academic credit, capstone experiences, preceptor training, and even agency intensive education for an entire cohort (See attached).

Partnerships may also go beyond hospitals to shelters, community centers, subsidized housing projects, churches, and other organizations to support faculty practice and student learning. For instance, University of Rochester and three community sites have clinics where faculty practice and take students in their NP and Community Health Masters programs (Chiverton, 2004). Johns Hopkins has a similar model where both graduate and undergraduate students learning experiences (White and Sharps, 2004). This is especially common with schools that have Nurse Practitioner programs, but Montgomery College in Maryland has a community clinic for the underserved where faculty practice and students from the AA nursing program and multiple allied health programs have learning experiences (Silva, 2004). Success is very dependent on the awareness of mutual need and potential benefit, trust, commitment of both sides to
quickly respond to practice needs, defined deliverables, plans for sustainability, and mutual agreement to share costs and revenues. Once the relationship is established for one purpose and is successful, it often grows into more (Campbell et al, 1999). Many NC schools with NP programs have such partnerships (see attached).

**Access to Education and Clinical Advancement**

Another hallmark of professional nursing practice is the availability of clinical advancement programs (AACN, 2002). One example is the Distance Education Masters Degree in Community Health Nursing at UVa and health departments around the state to meet a need for expansion of public health nursing (Glick, et al, 2004). The health departments provide preceptors, sites for students to meet, recruitment and serve on the preceptor advisory council. The university provides the program, workshops for preceptors, students, and faculty to interact, technical support staff and library support. Madisonville Community College and Cincinnati Children’s Hospital partnered to offer staff nurses education in advances in genetics (www.madcc.kctcs.net). Across the nation partnerships are increasing enrollment through scholarships for students (Rothwell, 2004, www.cathedralhealth.org/RWNursingGrant.htm). Hartford Foundation funded UCSF to bring the RN-MSN program to a long term care facility on site (www.themearurementgroup.com). In Arizona the hospital association, Blue Cross and Blue Shield of Arizona, Johnson and Johnson, AHEC and other partners offered grants to expand enrollment to schools of nursing that proposed creative partnerships with specific goals (www.azcaringcareers.com). Grants are also bringing together schools of nursing and hospitals across entire states to enhance the transition to work for new graduates of nursing programs (http://clemsonews.Clemson.edu; www.marquette.edu/nursing/wnrc/projects.html). Clinical ladders for Staff Nurses have provided credit for staff to participate in faculty or graduate student research or class projects in degree programs that meet the needs of their unit. One AA school of nursing on a hospital’s grounds is planning for a RN-BSN program to offer classes in their facility to reduce travel time for staff nurses. Another school has assisted seamless articulation for RN-BSNs with advising as they enter AA programs of courses to take for BSN entry (the 8 semester plan). There is also a similar DE graduate program being developed for preparation to be AA faculty in North Carolina.(see attached)

**Partnerships for Expanded Faculty and Beyond:**

Stetler et al (1998) also report having a Nursing Center for Practice and Education which has barter and paid exchanges of services between a hospital and school of nursing. Faculty are given hospital joint appointments for two years for specific projects and Nurse Administrators are given adjunct or temporary appointments to teach a course or guest lecture at the school. This is a formal way to solidify a partnership between a hospital or system and a school of nursing. It may take time to establish connections that are mutually beneficial, UMDNJ in New Jersey is facilitating this process through a Steering Committee of faculty, administrators, and advanced practice nurses co-chaired by the Dean and Chief Nursing Officer (McConnell & Torres, 2004). This has often occurred on a more informal basis here in North Carolina. For instance, hiring Clinical Nurse Specialists, Nurse Practitioners or Nurse Administrators to “moonlight” as paid adjunct faculty at schools of nursing to do clinical teaching or a course reflecting their
expertise. There are also more formal partnerships between schools and hospitals for staff nurses and Clinical Specialists to be clinical faculty with differing levels of support by the hospital (see attached).

To stimulate the level of patient centered care by interdisciplinary teams using evidence based practice, quality improvement, and informatics, schools and practice sites have developed partnerships beyond joint teaching responsibilities (IOM, 2001). Faculty may go beyond informal paybacks of talks, inservice programs, or informal consultation. Administrators may go beyond serving on Advisory Boards to schools. For example, University of Washington School of Nursing and the hospital put on a joint Best Practice Conference in 2003 (Grant, 2004) and have applied for and received HRSA grants for several joint educational projects. They also have rounds by the Dean and Chief Nursing Officer once a month seeking dialogues with nurses at the unit level about students, practice issues, and new innovations and a 50/50 shared position of a Clinical Nurse Researcher who chairs the hospital nursing research committee, mentors staff in evidence-based practice protocol development and implementation, and hospital based research projects. UNC Chapel Hill and the hospital share adjunct appointments, HRSA funded project grants and cross committee membership to strengthen practice and education (Smith & Tonges, 2004).

Partnerships may support research in many ways. Faculty may get guidance on the hospital IRB process, staff nurses may assist in recruiting subjects, Clinical Nurse Specialists or Nurse Practitioners may be co-investigators on a funded grant. In return staff who participate in research may have the opportunity to present findings at a professional meeting or co-author a publication (see attached).

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