

POSITION STATEMENT

SUPPORT OF ACADEMIC-PRACTICE PARTNERSHIPS AS ESSENTIAL FOR PREPARING THE NEW GRADUATE NURSE

POSITION

The California Association of Colleges of Nursing (CACN) is committed to establishing effective academic-practice partnerships designed to prepare a nursing workforce that promotes safe, high quality, accessible, evidence-based, patient-centered care, and effectively works as a part of and within an interprofessional team. To accomplish this goal, academe and practice should collaborate in identifying and implementing the best practice models for their partnership. Such partnerships allow for a formalized, intentional structure at the leadership level to share resources and create a synergistic environment for students, nurses, and nurse leaders at the school and hospital system levels (Broome et al, 2014). Partnerships should allow nurses to practice to the full extent of their education and training while supporting nursing as a full partner with physicians and other professionals in redesigning health care.

The American Association of Colleges of Nursing (AACN) and American Organization for Nursing Leadership (AONL) task force developed guiding principles that can be used in guiding, developing, and evaluating effective partnerships that strengthen nursing practice and ultimately improve the health of the public (*The Guiding Principles for Academic-Practice Partnerships*, January 2012). In 2016, AACN further articulated a new vision for academic nursing and provided recommendations for enhanced partnerships between academic nursing and academic health centers (*Advancing Healthcare Transformation; A New Era for Academic Nursing*). AACN supports Academic-Practice partnerships in conjunction with an Academic-Practice Partnerships Tool Kit and a yearly award process for exemplary partnership awards that are available on the AACN website.

CACN supports the mandate that clinical practice must be an essential component of the nursing education process and that practice partners work with their academic counterparts such that clinical experiences are made available to students in accord with the student's level of preparation. This aligns with provisions of the California Nursing Practice Act (BPC § 2729):

Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following: (a) A student enrolled in a board-approved prelicensure program; or (b) A nurse licensed in another state or country taking a board-approved continuing education or a postlicensure course.

RATIONALE

There are substantive clinical and/or practice components across all levels of nursing education. To develop competence in the nursing role, there must be an opportunity to gain knowledge through reading, instruction, study, and simulation, but there must also be organized experiences in which students apply and use their emerging knowledge, attitudes, and skills in the actual patient care setting. The California Code of Regulations requires that in a nursing curriculum, "Theory and clinical practice shall be concurrent..." (16 CCR § 1426(d))

A supervised clinical component of any nursing education program is integral to linking content to nursing practice and

this must go beyond mere observational activities. For a graduate to be able to perform safe and competent nursing care as a nurse, s/he must have the opportunity to practice it, with supervision, as a student.

Effective partnerships are expected to result in a better educated nurse, a graduate who can enter the workforce with a focus on quality and safety and beginning competence in the areas of decision making, quality improvement, systems thinking, and team leadership (IOM, 2011). In addition, if successfully implemented, partnerships have been shown to result in an increase in staff, patient, student, and faculty satisfaction; greater collaborative scholarly output; enhanced professional development; improved continuity and coordination of care; more reliance on evidence-based practice; and enhanced interprofessional learning (Broome et al., 2014, Rao et al., 2014).

In order to accomplish these goals, the following must exist:

- Solid structures and processes must be in place to provide environments where strong professional practice flourishes and where the mission, vision, and values of the health care facility and nursing program are able to complement one another.
- Mutually agreed upon processes for staff to work with faculty and students must be articulated.
- Faculty must be prepared for the clinical environment.
- Students should have access to the range of activities and resources that make up the clinical environment, including, but not limited to: EMR, Papyrus, opportunities for interprofessional interaction, participation in regulatory and accrediting work (Joint Commission & CMS visits), and unit meetings.
- Formal goals and expected outcomes for the partnerships need to be documented and metrics for evaluation must be in place.
- Staff should be involved in the evaluation process, both of student performance and the partnership processes.
- Faculty, students, and the academic partner should be involved in developing and evaluating clinical learning experiences and opportunities.
- Nursing program faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated to ensure that graduates are prepared to meet the current and future health needs of the population.

REFERENCES

AACN-AONL Task Force on Academic-Practice Partnerships. (2012, January) *AONL Guiding Principles*. AONL. www.aonl.org/system/files/media/file/2020/12/AACN-AONL-academic-practice-partnerships.pdf

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