

ABSTRACT: During the COVID-19 pandemic, depriving them of the experience of this article is to report on how the N and alleviates staffing shortages.

B the time COVID-19 as declared
demise in March 2020, many health
facilities in the United States and around
the world were closing their doors to nursing s

developed by the American Association of Colleges of Nursing (AACN) in 2012 as well as apprenticeship models that are used in some states.^{6,7} However, it differs from both types of models in its acknowledgment and inclusion of nursing regulation. This is a model that can be used in the future to support nursing education programs in providing high-

clinical experiences. In either case, faculty members work closely with the practice setting leaders to identify experiences that meet the students' course objectives, and faculty have oversight of the students' course evaluations. Additionally, faculty members are responsible for informing students of the risks and responsibilities of working in a health facility during a public health crisis.

Ten key nursing organizations, along with representatives of BONs, developed and have formally endorsed this model (see *Organizations That Developed and Endorsed the Practice–Academic Partnership*). The endorsing organizations have also widely disseminated information about the practice–academic partnership model to their members and beyond using different media strategies, including social media, a video, a national webinar, and newsletters. Additionally, the NCSBN developed free online COVID-19 courses students must take before participating in the practice–academic partnership.¹⁶

A key component of the partnership model is that students are considered essential workers, not visitors, in the health care setting. This designation not only allows students back into clinical facilities but also offers an unprecedented opportunity for students to assist in a time of crisis and learn the principles of population health and emergency management. This model serves as a framework for permanent national recognition that nursing students are essential workers and shouldn't ever be classified as visitors, especially in times of crisis.

Keys to a successful model. Below are some fundamentals to consider when establishing successful practice–academic partnerships, based on the experiences of those who have implemented them. Additionally, the AACN has provided some resources for the implementation of their academic practice partnership,⁶ which might also be helpful (see aacnursing.org/Academic-Practice-Partnerships).

Communication. Consistent and clear communication is essential for the success of a partnership, though it's particularly important during a public health crisis.¹⁷ The nursing leaders who developed the practice–academic partnership model emphasized the importance of each practice partner and nursing education program meeting to develop shared goals and expectations of the program. A facilitator designated in the partnership agreement may assist in managing the outcomes in a new partnership.

An official agreement between a practice site and a nursing education program is often required, though it may be an extension of an established relationship. Established partnerships have the benefit of incorporating the requirements of the clinical setting, the school of nursing, and, if the exist, the BON's clinical agreement requirements. Zerich and colleagues have developed general principles based on their experience in implementing such partner-

Organizations That Developed and Endorsed the Practice–Academic Partnership

National Council of State Boards of Nursing
National League for Nursing (NLN)
American Organization for Nursing Leadership
Accreditation Commission for Education in Nursing
Organization for Associate Degree Nursing
NLN Commission for Nursing Education Accreditation
American Association of Colleges of Nursing
Commission on Collegiate Nursing Education
National Student Nurses' Association
American Nurses Association

ships in Iowa; educators must consider them when developing a new agreement with a clinical site.¹⁷ These principles are¹⁷:

1. Communicate frequently. In a fluid situation like the COVID-19 pandemic, a regular and established plan for communication is critical.
2. Establish priority for clinical resources. When clinical resources are limited, the academic and practice partners needed to prioritize student placements.
3. Consider the needs of both academic and clinical partners. The goals of both partners are articulated, and plans prioritized that met common needs first and then each institution's individual goals.
4. Consider students as essential workers. meaning, those actively contributing to and critical to the delivery of direct patient care.
5. Ensure flexibility. The academic and practice partners, as well as the students, had to be willing to adjust as the situation changed. Partners collaborated frequently to continue/restart or pause/stop students.
6. Re-negotiate. As the situation changed, both partners needed to consider alternative approaches.

Consultation with the BON is recommended to align new partnerships with state nursing education requirements.

Practice involvement. The practice–academic partnership model depends upon the usual agreements that practice sites have had with nursing education programs. For example, oversight and evaluation of the students should be established by the agreement. Such arrangements have offered relief to practice facilities' nursing workforce during

the pandemic, alleviating critical shortages of nurses, particularly in rural areas.¹⁸

Before the pandemic, most practice partners

patient triage activities, testing, and vaccination administration to the care of individuals in ambulatory, acute and/or critical care settings. Additionally, depending on the needs of the practice facility, the level of the student, and the student's course objectives, the practice partners may choose to assign students to care for COVID-19 negative patients, thus allowing the nursing staff to care for COVID patients.^{5,23}

Other unique clinical assignments may include contact tracing or testing through a public health practice-academic partnership agreement or even at a health center on an academic campus.

CONSIDERATIONS FOR IMPLEMENTATION

Financial implications are always a consideration in health care. When developing a practice-academic partnership, both the nursing education program and the health care facility must consider the available resources. Resources that most directly affect the sustainability of the partnership include funds for training and orientation, as well as personnel if the health care facility uses preceptors. Depending on the expectations specified in the partnership agreement, either the nursing school or the practice setting will provide PPE for each student and faculty participant. The allocation of resources should be outlined in the agreement to ensure a transparent and successful partnership.

A practice-academic partnership may offer im-

replace in-person clinical experiences. However, others implemented practice-academic partnerships, finding them to be a successful strategy for allowing students to complete their clinical experience requirements during the pandemic and providing much needed patient care support for health care facilities. With many educators reporting the scarcity of clinical sites even before the pandemic,¹⁵ this model certainly holds promise for the future. The success of this innovative practice-academic partnership demonstrated the important role nursing students play as essential workers.

Yet, we need more data on the practice-academic model. Researchers should conduct a national, multisite study on student outcomes where the practice-academic model is in use and compare them with outcomes in nursing programs where formal partnerships don't exist and faculty members find clinical placements for their students. It would be particularly important, once new graduates have started their first job, to survey them and their managers regarding their confidence, competence, and safety in practice. Likewise, a valid and reliable measurement tool, which could be used across settings and institutions, is needed for evaluating partnerships and developing best practices.

Imagining a future in which we learned from this pandemic, Marjann Alexander, in an editorial in the *Journal of Nursing Regulation*, asked, "What if education and practice became true academic partners? And healthcare facilities made a true commitment to participate in the education and mentoring of the next generation of nurses? Instead of shutting their doors to students during an emergency, students and faculty could be integrated into the workforce."³⁰ The practice-academic partnership model is a true reflection of that vision. ▼

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