

## Introduction

The recent passage of the Affordable Care Act (ACA) has created the greatest change in the American health care system since 1965. The goal of the ACA is to improve the health of the population through expanded coverage, controlled health care costs and improved health care delivery systems. Donna Shalala, PhD, chair of the RWJF/IOM Future of Nursing Committee emphasized that “transforming the nursing profession is a crucial element to achieving the nation’s vision of an effective, affordable health care system that is accessible and responsive to all.”

Academic/Practice Partnerships are an important mechanism to strengthen nursing practice and help nurses become well-positioned to lead change and advance health. Through implementing such partnerships, both academic institutions and practice settings will formally address the recommendations of the Future of Nursing Committee. Effective partnerships will create systems for nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for lifelong learning, and provide a structure for nurse residency programs.

According to the American Association of College of Nurses (AACN)-American Organization for Nursing Leadership (AONL) task force that developed these guiding principles, an academic-practice partnership is a mechanism for advancing nursing practice to improve the health of the public. Such intentional and formalized relationships are based on mutual goals, respect, and shared knowledge. An academic-practice partnership is developed between a nursing education program and a care setting. Such relationships are defined broadly and may include partnerships within nursing, and other professions, corporations, government entities, and foundations. Key principles guiding such relationships include the following:

1. Collaborative relationships between academia and practice are established and sustained through:
  - Formal relationships established at the senior leadership level and practiced at multiple levels throughout the organization
  - Shared vision and expectations that are clearly articulated
  - Mutual goals with set evaluation periods
  - Ensuring that decisions for nursing remain within the CNO’s authority
2. Mutual respect and trust are the cornerstones of the practice/academia relationship and include:
  - Shared conflict engagement competencies
  - Joint accountability and recognition for contributions

- Frequent and meaningful engagement
  - Mutual investment and commitment
  - Transparency
3. Knowledge is shared among partners through mechanisms such as:
- Commitment to lifelong learning
  - Shared knowledge of current best practices
  - Shared knowledge management systems
  - Joint preparation for national certification, accreditation, and regulatory reviews
  - Interprofessional education
  - Joint research
  - Joint committee appointments
  - Joint development of competencies
4. A commitment is shared by partners to maximize the potential of each registered nurse to reach the highest level within his/her individual scope of practice including:
- Culture of trust and respect
  - Shared responsibility to prepare and enable nurses to lead change and advance health
  - Shared governance that fosters innovation and advanced problem solving
  - Shared decision making
  - Consideration and evaluation of shared opportunities
  - Participation on regional and national committees to develop policy and strategies for implementation
  - Joint meetings between regional/national constituents of AONL and AACN
5. A commitment is shared by partners to work together to determine an evidence-based transition program for students and new graduates that is both sustainable and cost effective via:
- Collaborative development, implementation, and evaluation of residency programs
  - Leveraging competencies from practice to education and vice versa
  - Mutual/shared commitment to lifelong learning for self and others
6. A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize academic or educational achievements:
- Lifelong learning for all levels of nursing, certification, and continuing education
  - Seamless academic progression

- Joint funding and in-kind resources for all nurses to achieve a higher level of learning
  - Joint faculty appointments between academic and clinical institutions
  - Support for increasing diversity in the workforce at the staff and faculty levels
  - Support for achieving an 80 percent baccalaureate-prepared RN workforce and for doubling the number of nurses with doctoral degrees
7. A commitment is shared by partners to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes, including:
- Joint interprofessional leadership development programs
  - Joint funding to design, implement, and sustain innovative patient-centered delivery systems
  - Collaborative engagement to examine and mitigate non-value added practice complexity
  - Seamless transition from the classroom to the bedside
  - Joint mentoring programs/opportunities
8. A commitment is shared by partners to establish infrastructures to collect and analyze data on the current and future needs of the RN workforce via:
- Identification of useful workforce data
  - Joint collection and analysis of workforce and education data
  - Joint business case development
  - Assurance of transparency of data

The Institute of Medicine (2010) report, *The Future of Nursing: Leading Change, Advancing Health*, frames these guiding principles and serves as a platform for all strategies to build and sustain academic-practice partnerships.

The AACN-AONL Task Force on Academic Practice Partnerships was created to initiate a national dialogue on current and future best practices in academic-practice partnerships. The task force was specifically charged with developing a roadmap for nursing leaders to develop and sustain effective academic-practice partnerships.

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