



COMPENDIUM 2.0

Building Sustainable Academic-Practice Partnerships for Nursing Excellence

Learn how academic and practice partners can align to support workforce goals.

1. A Message from AONL Leaders

Developed through the contributions of nurse managers, academic leaders and health system executives across the country, the American Organization for Nursing Leadership's (AONL) **Compendium 2.0** builds on the foundation of our original compendium. It elevates proven, practical strategies that strengthen nursing leadership and improve workforce sustainability.

Compendium 2.0 identifies seven essential domains where strategic action has the greatest impact. This chapter is focused on building sustainable academic practice partnerships, in which academic and practice leaders collaborate to prepare, develop and retain nurses while improving care quality.

To make **Compendium 2.0** as accessible and actionable as possible, we are releasing it in three phases. The first release includes this chapter, as well as sections exploring:

- A healthy work environment, where respect, well-being and psychological safety are core tenets. Healthy work environments require teamwork, reduced administrative burden and attention to workplace violence and burnout.
- Total rewards, in which organizations align salary, benefits and incentives with workforce expectations, recognizing that competitive pay alone is not enough without supportive work environments.

Visit www.aonl.org/compendium2.0 to read each chapter. Additional sections will follow in September and October, addressing the following domains:

- Talent attraction and recruitment, exploring how role design, early engagement and internal partnerships help organizations appeal to candidates and meet the expectations of today's nursing workforce.
- Retention, addressing how organizations create environments where nurses choose to stay and grow.
- A culture of inquiry, where curiosity is supported, communication is open and leaders model the behaviors needed to question assumptions and improve care.
- Leadership, where organizations grow the "leader within," invest in transition-to-practice programs, offer advancement pathways and create systems for support, mentorship and succession planning.

Whether you're reading the first chapters or returning for later releases www.aonl.org/compendium2.0, we hope this work not only informs your strategies but also inspires new ideas, bold questions and shared accountability for shaping the future of care.



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2. Introduction

Academic-practice partnerships improve nursing education, research and clinical practice. These collaborations bridge theory and practice, equipping nurses with the skills they need while addressing workforce challenges and improving outcomes.

This chapter highlights key components of successful partnerships, examining drivers, barriers and sustainability strategies. Successful collaborations require structured infrastructure, clear goals, supportive culture and commitment to scholarship.

Through examples and takeaways, we provide nursing leaders with practical guidance for building lasting academic partnerships. By sharing resources and expertise, these collaborations strengthen the nursing workforce and shape the future of care delivery.

3. Process Overview

The academic-practice-partnership workforce committee selected best practice examples that highlight effective academic-practice partnerships addressing workforce challenges. The group invited academic and health care leaders to share successful partnership initiatives demonstrating measurable improvements in workforce retention, clinical readiness and evidence-based practice integration resulting in our first compendium (1.0). Compendium 2.0 builds upon the first edition by featuring new innovative solutions that address emerging workforce challenges.

The committee's panel of nursing leaders and workforce experts reviewed submissions based on impact on workforce development, sustainability and ability to bridge education-practice gaps. It prioritized programs addressing urgent workforce concerns, including nurse recruitment and retention, professional development, mentorship and research integration in clinical settings.

4. Themes from Compendium 1.0 Best Practices

Findings from Compendium 1.0 primarily highlighted foundational barriers that continue to impact academic-practice partnerships, including lack of trust, power imbalances, transactional mindsets, rigidity in structures and a focus on being "right" rather than fostering learning. These barriers limit the scalability and sustainability of collaborations.

Academic-practice partnerships thrive when organizations work together to prepare for future staffing needs, share responsibility for success, speak openly about challenges, celebrate achievements and change course when needed. But they face challenges when leaders fail to build trust, share power, build relationships, remain flexible and learn together.

Drivers of Sustainable Partnerships	Barriers to Sustainable Partnerships
<p>Workforce Planning and Supportive Culture</p> <ul style="list-style-type: none"> • Understanding Workforce Trends: Leaders who anticipate staffing needs can develop targeted programs rather than reacting to shortages. • Psychological Safety: Prioritizing psychological safety allows nurses to raise concerns or make suggestions comfortably. • Adaptability: Partnerships thrive when they adapt to changing care requirements and community needs. • Diversity and Inclusion: Prioritizing diversity enriches the supply of incoming nurses, expanding opportunities for underrepresented groups. 	<p>Lack of Trust</p> <ul style="list-style-type: none"> • Addressing Concerns Slowly: Frontline nurses and managers can lose trust when leaders fail to address their concerns promptly. • Lack of Transparency in Communication: Lack of transparency and excessive layers of approval can lead to disengagement.
<p>Shared Responsibility and Structured Mentorship</p> <ul style="list-style-type: none"> • Commitment to Shared Goals: Strong partnerships develop when institutions commit to shared goals and build trust. • Tracking Success: Partners who track success using clear metrics ensure everyone fulfills their responsibilities. • Mentorship Models: Defined roles for students, educators and clinical nurses reinforce professional development commitments. 	<p>Power Imbalances</p> <ul style="list-style-type: none"> • Lack of Shared Governance: Top-down leadership approaches can stifle shared governance, creating power imbalances. • Absence of Executive Engagement: Absence of executive engagement can erode confidence in the partnership.
<p>Transparent Dialogue and Responsive Feedback Systems</p> <ul style="list-style-type: none"> • Effective Communication: Partnerships rely on effective, timely communication to succeed. • Structured Dialogues: Regular meetings create clarity around expectations. • Digital Tools: Real-time updates and feedback loops ensure concerns are addressed promptly. 	<p>Transactional Mindsets</p> <ul style="list-style-type: none"> • Relationship Over Transaction: Treating partnerships as mere transactions limits potential outcomes. • Balanced Needs: When one partner's needs consistently outweigh the other's, resentment grows. • Recognition and Rewards: Limited recognition or rewards for collaborative problem solving can decrease motivation.

Drivers of Sustainable Partnerships	Barriers to Sustainable Partnerships
Recognition and Sustained Engagement <ul style="list-style-type: none"> • Effective Communication: Partnerships rely on effective, timely communication to succeed. • Structured Dialogues: Regular meetings create clarity around expectations. • Digital Tools: Real-time updates and feedback loops ensure concerns are addressed promptly. 	Rigid Thinking <ul style="list-style-type: none"> • Inflexibility in Structures: Inflexibility in academic curricula or clinical training models can impede growth. • Not Recognizing Unique Needs: One-size-fits-all approaches ignore the unique needs of different institutions and practice settings.
Adaptable, Evidence-Based Practices <ul style="list-style-type: none"> • Focus on Outcomes: Successful partnerships prioritize results over rigid processes. • Regular Reassessment: Partnerships that regularly reassess goals to address changing care needs remain relevant and impactful. • Innovation: Successful partnerships identify opportunities for innovation. 	Defensive Attitudes <ul style="list-style-type: none"> • Not Viewing Challenges as Opportunities: Without the ability to view challenges as opportunities for improvement, partnerships risk stagnation. • Lack of Collaborative Problem Solving: Prioritizing being “right” over learning together creates barriers to progress.

Best Practice Examples

Student Apprenticeship Shows Results in Retention and Cost Savings

A pioneering student nurse apprenticeship program in Kentucky continues to demonstrate how structured clinical exposure during nursing school improves retention and readiness for practice. Since becoming the first pre-licensure registered program in the state in 2017 the program has expanded to partner with 24 nursing schools across multiple states.

The program’s three-tier structure — culture, clinical and confidence — provides systematic skill development over 12-18 months. Students complete more than 280 practice hours and 66 education hours, working alongside nurses in six service lines including critical care, emergency services and pediatrics. Academic institutions can align program objectives with course credit, strengthening the connection between education and practice.

Results show consistent impact. Without contracts, 90% of graduates join the organization they completed their apprenticeship with as nurses, with 92% staying beyond their first year. The program has reduced orientation time by two weeks on average, contributing to \$47 million in cost avoidance through nurse retention. Program assessment using a standardized safety survey (H-PEPSS) shows graduates report higher perceived self-confidence in patient safety compared to other new nurses.

The program builds diversity in nursing. From 2017-202 it attracted 1,553 applicants from 203 ZIP codes. Applicants were age 18-59 and represented six ethnicities. This broad reach helps create opportunities for career changers and working parents. During COVID19, participants provided over 16,300 hours of additional patient care support.

For organizations seeking to create similar programs, leaders recommend clearly identifying problems to solve rather than replicating existing models; tracking metrics to demonstrate value; building team trust and remaining flexible to meet both student and system needs.

True academic-practice partnerships thrive on mutual trust. When schools and health systems share their challenges openly, they can better align resources — from clinical placements to marketing materials. Leaders recommend starting at 80% readiness rather than waiting for perfection, treating setbacks as learning opportunities and ensuring programs stay flexible enough to meet both student and system needs.

The business case matters as much as the care model. Programs need demonstrated return on investment to survive, no matter how well intentioned. Leaders should create clear materials that demonstrate the business case and data visualizations to show impact to stakeholders who may not have clinical backgrounds, but control resources.

Academic-Practice Partnership Drives Quality, Cost and Workforce Gains

A college of nursing and an academic medical center established a formal academic-practice partnership to better align nursing education with the needs of the health system. The partnership integrates nursing faculty as clinical leaders and preceptors, and bachelor's and doctoral nursing students as part of the interprofessional care team within designated clinical units.

This academic-practice partnership secured a \$1.5 million federal grant and established a faculty practice plan funding six full-time faculty positions after demonstrating significant results. The model features nursing faculty with joint appointments directly contributing to patient care and quality improvement, while doctoral students lead targeted safety initiatives, such as reducing hospital-acquired infections. The partnership was designed with a compelling business case: reducing costly agency staffing, improving quality metrics through faculty leadership and strengthening recruitment pipelines. Its success prompted system-wide policy changes supporting academic-practice collaboration across the health system.

Financial and Operational Outcomes (Year Two)

Results after implementing the academic-practice partnership:

Outcome Area	Before Partnership	After Partnership	Impact
Agency Staffing Costs	\$2.4 million	\$1.6 million	33% reduction in temporary staffing expenses.
Student Clinical Hours Delivered		12,000 hours/year	75 nursing students contributed hands-on clinical support contributed hands-on clinical support.
Faculty-led Quality Improvement Initiatives	Two	Eight	Focused on reducing infections (CLABSI) and pressure injuries (HAPI).
Nurse Retention on Partner Units	68%	84%	Significant improvement linked to stronger academic support.
Net Estimated Savings		\$1.2 million	Due to lower temp staffing costs and fewer preventable issues.

Academic-Practice Partnership Shows Results Through Research Integration

The partnership between an Alabama-based university school of nursing and medical center demonstrates measurable improvements in care and workforce development. While the institutions had long worked together, they formalized and expanded their partnership in 2019, operating through a nurse scientist who connects research, quality improvement and education. When the partners combined academic research with clinical teams, they reduced HAIs from 2,000 yearly to under 10 monthly and created permanent heart failure and diabetes clinics, with one now serving low-income patients.

When studies revealed nurses were burning out from handling transport and environmental services tasks on top of patient care, leaders created new care models that assigned duties based on role. A year-long study of one unit that tested a nurse-patient-care-technician model led to two published papers. Based on these findings, a Doctor of Nursing Practice (DNP) student and member of the partnership executive committee is now working in an executive role to implement this model across other units.

The school also creates targeted solutions for system needs. When long wait times showed a shortage of neurology providers, leaders developed specialized nurse practitioner training. Similar programs address gaps in surgery and care transitions.

A second program targeting pre-nursing students was implemented. The goal of the program was to develop early exposure to the clinical environment while building communications skills and creating a trajectory to the Registered Nurse (RN) role. In this program, 55 students were hired in 2023 and 59 in 2024. Of the 2023 cohort, eight successfully transitioned to Patient Care Technician (PCT) positions after one year, fulfilling a key program goal. This exposure helps students understand different roles while building the workforce pipeline: among approximately 100 participants, only one has chosen a different career path.

Within the same partnership, pre-nursing students working in support roles performed so efficiently that leaders had to revise their original metrics. While specific return on investment data is still being collected, early signs point to improvements in areas like patient transport efficiency. The partnership tracks these outcomes closely, with plans to use demonstrated success to support expansion of effective programs.

A monthly executive committee of academic and practice leaders evaluate the outcomes of the partnership strategic plan by reviewing data on these and other initiatives, tracking retention rates and clinical outcomes. Given the programs’ success, leaders are now studying how to translate improvements into shared resources, potentially funding more nurse scientist positions or expanding successful training programs.

Table 1. Outcomes Associated with Partnership Activities in Fiscal Year 2023

Category	Details
Employment	50% of Bachelor of Science in Nursing (BSN) and 62% of RN-BSN graduates employed, 140 hospital staff have academic appointments.
Faculty Engagement	\$822,780 from 34 aligned practices, \$247,745 from 12 grant-funded practices.
Research Funding	\$14 million in research funding.
Rankings	7th in NIH funding, 4th among public institutions, 6th Magnet designation.
Clinical Outcomes	95% reduction in HAIs from 2018 to 2024, sustained reduction above 70%.
Additional Impacts	53 DNP system-focused projects, 369 NP preceptor placements, onboarding of 1,032.

For organizations seeking to create similar partnerships, leaders recommend:

- Holding regular meetings between academic and practice partners to catch misalignments early.
- Creating infographics or digestible summaries from formal evaluations to show value to stakeholders.
- Most importantly, examining why problems occur rather than implementing quick fixes: This approach led program leaders to restructure nursing roles based on research showing why staff left clinical positions.

Research Partnership Links Bedside Nurses with Research Opportunities

A New-York based health system and university school of nursing created the Linking Infrastructure for Nurses' Knowledge (LINK) program in 2014 to connect bedside nurses with research opportunities. More than 10 years later, the program trains clinical nurses to conduct research while maintaining their practice roles, creating evidence that changes hospital policies.

The two-year research fellowship demonstrates the model's impact. Fellows receive dedicated research time and faculty mentoring. Of the 33 graduates, 25% entered doctoral programs. Their work led to published studies and practice changes, from patient care protocols to workforce policies.

During the COVID-19 pandemic, nurse researchers rapidly collected staff data to guide policy changes. One workforce study has been referenced in more than 1,000 research papers, demonstrating its influence on the field. The nurse scientists serve as bridges between academia and practice as their joint roles help them identify clinical needs, access university resources and guide nurses. This model has generated numerous peer-reviewed publications, changed clinical practices and earned recognition from the American Academy of Nursing as an Edge Runner program.

The program supports all nurses through workshops, lectures and unit councils where clinical teams propose research questions. This creates multiple paths for nurses to engage in research while maintaining clinical practice.

Program leaders point to three elements that make the partnership effective: Leaders commit resources to treat the hospital as a research laboratory; clinical teams identify research priorities through shared governance; and nurse scientists integrate university expertise with hospital needs. Weekly communication between research and clinical leadership ensures projects stay aligned with practice goals.

Trust and Structure: Academic-Practice Partnership Shows Results

A large academic medical center and nursing school in Kentucky integrates workforce development, research and education through shared staff and aligned goals, while maintaining rigorous metrics to demonstrate value.

The health system has increased its capture rate of new nursing graduates through several targeted initiatives. A nurse recruiter now works directly in the college of nursing, connecting with students early in their education. Clinical staff serve as course instructors, giving students consistent exposure to their potential future workplace. These efforts have:

- Raised new graduate hiring from 32.49% to 57.4% between 2022-2024, while nursing turnover has decreased 5 percentage points, from 17% to 12%.
- According to the 2024 NSI National Healthcare Retention and RN Staffing report, the average cost of turnover for one registered nurse is \$56,300; therefore, a 5 percentage point reduction could save the organization more than \$1 million in turnover costs.

- The summer externship program draws 80-100 student applications annually, and the partnership supports four new undergraduate faculty positions to expand program capacity.

The leaders of both organizations established formal memorandums of understanding with clear metrics and expectations. The chief nursing executive and dean hold monthly meetings to maintain strategic alignment. Their teams carry out the daily work of integration: Clinical staff teach as instructors; nurse scientists guide research projects; and students experience their future workplace firsthand.

The financial structure weighs both investment and return. Student feedback revealed greater interest in paid work experience than academic credit during externships, prompting leaders to redesign the program. Clinical staff who serve as teachers create natural mentorship while controlling costs. New specialty courses in perioperative nursing help fill critical vacancies. These targeted investments have reduced agency staffing needs while improving retention.

Another example of the shared work includes the establishment of several service-specific nurse scientist positions. The nurse scientists mentor clinical nurses, facilitate and lead quality improvement and Institutional Review Board-approved research projects, and publish work in professional nursing journals. In 2023 and 2024, the nurse scientist assigned to the ambulatory service area assisted with more than 30 accepted podium and poster presentations at national conferences and three journal articles. This work makes a significant contribution to nursing science.

The partnership leaders emphasize the importance of identifying specific challenges before designing solutions. Successful collaborations grow from shared problems and mutual commitment to solving them. Both organizations regularly assess their program's effectiveness and adjust as needed, while maintaining their core mission of preparing practice-ready nurses.

5. Assessment of Current Best Practices

Our new recommendations build on our findings from Compendium 1.0 with practical solutions. Educators and clinical leaders can share power, use technology for better communication, create adaptable partnerships and promote ongoing learning. Organizations can also measure program value, connect workforce improvements to business needs and track results over time.

6. Recommendations

Based on successful examples in this compendium, we identified key recommendations to support effective academic-practice partnerships. Nursing educators and clinical leaders build successful partnerships by creating clear agreements, defining teams and sharing resources to provide structure. They develop measurable goals that benefit both organizations. They also prioritize open communication, which helps teams adapt to challenges and solve problems creatively. Finally, by working together on research and quality improvement beyond student placements, partners develop evidence for better nursing practice and share their findings to help others replicate their successes.

We break down our recommendations as follows:

1. Formalize partnerships through structured leadership and shared resources.

- Partnership leaders should establish a well-defined team of academic and practice leaders working toward a common purpose. To formalize this collaboration, they should develop a memorandum of understanding that clearly defines the partnership's parameters, expectations and intended outcomes.
- Partners should designate a dedicated liaison position to bridge academic and clinical environments to ensure alignment.
- They should also allocate specific time for partnership activities and hold structured meetings guided by formal strategic plans that advance shared goals.
- Both academic and practice partners must commit to resource sharing with clear accountability measures.
- The partnership should include representatives from all professional nursing domains — bedside clinicians, nurse leaders, advanced practice providers and nurse scientists.

2. Articulate shared goals with measurable outcomes to provide clear direction.

- A clearly defined evaluation model with success metrics creates common purpose, giving everyone the same aspirational targets. When partners measure results together, they stay focused on shared goals and can show leadership that their work is making a difference.
- Quantifiable data demonstrates return on investment, which reinforces the partnership's value and supports long-term sustainability.
- When partners clearly define and understand the specific problems they need to address, they ensure efficient use of time and resources.
- Partners should ensure that partnership goals address what both organizations need.

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3. Focus on building trust, openness and commitment to strengthen culture.

- Mutual trust empowers team members to communicate more openly and to work more collaboratively.
- Health care and education consistently change. Teams that can adapt quickly will solve problems better as new challenges emerge.
- Teams who encourage new ideas and diverse perspectives will be more likely to question the status quo and solve problems creatively.
- Thoughtful inquiry is a necessary element of a successful partnership, and partners should not rush to solutions without careful examination of structure, processes and outcomes. Taking time to understand the root causes of problems leads to more lasting solutions.
- A strong academic-practice partnership requires long-term commitment and can take years of sustained attention and effort to prove its value.

4. Extend scholarly activities beyond training to build evidence for practice and policy.

In addition to placing students in clinical settings, academic-practice partnerships also give organizations opportunities to improve care quality and strengthen, through evidence-based research, the science of nursing practice.

When partners share what they learn — both within their organizations and with others — they strengthen their work and provide models for new partnerships to follow.

For successful scholarship in partnerships:

- Use research and evidence to guide practice.
- Identify where policies or practices need to change.
- Create a team responsible for results.
- Measure progress with reliable tools.
- Use clear communication methods such as the nursing SBAR (Situation, Background, Assessment, Recommendation) format.
- Connect business goals with workforce needs and available resources.
- Choose key leaders to represent each partner organization.

7. Action Steps to Build Effective Academic-Practice Partnerships

The following are concrete actions academic and practice leaders can take to apply our recommendations. Partnership leaders must identify effective ways to share resources between institutions with clear accountability. Implementation timelines will vary based on each organization's structure and capacity, but all partnerships require ongoing evaluation and sustained commitment to succeed.

1. Start with a structured approach to partnership development.

- Nursing school and hospital leaders should establish a toolkit that operationalizes the partnership process, moving beyond general principles to specific actions.
- Organizations should create a shared community of experienced partnership leaders who can guide those in early development stages, sharing proven collaboration practices.
- Begin any partnership with a mindset of possibility, focusing on what can be achieved together rather than limitations.

2. Implement a systematic process for initiatives.

- Partnership teams should follow these key steps for each collaborative project:
- Identify specific opportunities that benefit both organizations.
- Create a team of subject matter experts from both academic and clinical settings.
- Establish primary leads representing each partner institution.
- Use evidence-based research to substantiate needs and potential solutions.
- Secure necessary resources, including both staff time and funding.
- Develop, implement and evaluate changes through small pilot tests before scaling.
- Build in regular assessment points to ensure alignment with initial goals.
- Celebrate successes and learn from challenges to continuously improve.

3. Ensure financial sustainability through clear return on investment.

Health care and academic leaders must recognize that even in health care, business principles apply:

- Identify outcome metrics before implementation to justify both staffing and financial investments.
- Measure throughout the project and adjust plans to stay aligned with desired outcomes.
- Formally communicate partnership value within and beyond nursing circles.
- Provide paid student internships and apprenticeships that benefit both students and health care facilities.
- Commit resources for long-term sustainability of successful initiatives.

4. Expand impact through standardization and shared learning.

Partnership leaders should work toward:

- Creating more standardized structures for academic-practice partnerships nationwide.
- Building shared partnership outcome metrics that allow for comparison across programs.
- Developing potential for shared research and scholarship collaborations.
- Engaging with stakeholders for feedback throughout the process — before, during and after implementation.
- Establishing professional development opportunities, such as workshops at national conferences.

Partners should identify necessary resources to ensure sustainable academic-practice partnerships:

Identify Population Needs: Organizations should determine volume of people; space requirements; optimal location; distance considerations; transportation access; length of service time; day/night availability options; necessary scope of practice; training requirements and annual competency assessments.

Identify Human Capital: Leaders must determine leadership expertise needs; identify which role types will ensure sustainability and establish which departments must be involved for both immediate and long-term operational needs.

Identify Financial Capital: Develop budgets for salaried and hourly positions; consider shift differential requirements; evaluate incentive pay options; plan for scalability (how and when); and account for expenses such as rent, supplies, promotional materials and marketing collateral.

Identify Media Departments: Partners should engage appropriate media departments (e.g, Marketing, Communications, Media Services, etc.). to plan, manage and execute the distribution of marketing messages across various channels, thereby illuminating both internal and external promotion of partnership goals and outcomes.

8. Leading the Future: A Message from AONL's Workforce Committee Chairs

Nurse leaders' career paths are changing. The [2025 AONL Insight Study](#) reveals that 46% of nearly 3,000 nurse leaders surveyed are considering significant career moves, with 23% intending to leave their roles.

Recognizing the need for timely, practical support, AONL convened the Workforce Compendium 1.0, a collaborative effort pulled together swiftly to help support nurse leaders' immediate post-pandemic needs. In the original Compendium, AONL published case scenarios of how leaders tackled complex problems that nurse leaders were confronting daily, while committing to collecting the data and analyzing the results in a future rendition.

The [Compendium 2.0](#) accomplishes our goal and expands on 1.0's practical examples. The forward-thinking organizations featured in this iteration demonstrate how investments in leadership development, workflow redesign and partnerships tangibly improved outcomes, engagement and patient experience. Academic practice partnerships represent one of seven interconnected domains in Compendium 2.0, demonstrating how nursing schools and health systems can bridge theory and practice to strengthen the workforce. As this chapter shows, when organizations formalize collaborations with clear goals, shared resources and mutual accountability, they create sustainable pathways that prepare practice-ready nurses while advancing nursing science.

These insights are designed to meet you where you are — whether you're redesigning team structures, seeking to create a culture of inquiry or re-evaluating your talent attraction and retention strategies. With constant change, nurses at all levels need practical tools and the confidence to question the status quo while building workplaces that sustain and inspire the next generation.

Thank you to all the nurse leaders who courageously pioneered these approaches. Their bold strategies are reshaping our industry and amplifying nurses as leaders in health care.



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10. Acknowledgments

NewYork-Presbyterian (NYP) and Columbia University School of Nursing are dedicated to advancing nursing science, clinical excellence and workforce development through strong academic-practice partnerships. Their innovative Linking Infrastructure for Nurses' Knowledge (LINK) program has successfully connected bedside nurses with research opportunities, fostering a culture of inquiry and scholarship. By integrating research with clinical practice, this partnership has led to numerous evidence-based improvements in patient care, policy changes, and professional development for nurses. The ongoing collaboration between NYP and Columbia Nursing serves as a national model for how academic and healthcare institutions can work together to enhance nursing practice and drive meaningful innovation.

Norton Healthcare and our academic partners, who all work collaboratively to meet people where they are, taking them to where they want to be, in a manner that responds to the needs of our community while setting the standard for quality and caring.

UK HealthCare and the University of Kentucky College of Nursing have built a robust academic-practice partnership that strengthens workforce development, research and nursing education. Their shared commitment to preparing practice-ready nurses has led to increased graduate hiring, enhanced clinical instruction and reduced reliance on agency staffing. Through collaborative initiatives, including faculty-staff integration and targeted workforce solutions, UK HealthCare and the College of Nursing continue to set the standard for sustainable, impactful academic-practice partnerships that address the evolving needs of healthcare systems.

University of Alabama (UAB) Medicine and UAB School of Nursing are committed to excellence in patient care, excellence in education and research and advancing the profession of nursing. We acknowledge UAB Nursing and our UAB Nursing Executive Committee for advancing our academic practice partnership strategic plan.

11. Committee Members

Committee Chairs:

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