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

the time COVID-19 as declared demic in March 2020, man health cilities in the United States and arou orld ere closing their doors to nursing s

developed b the American Association of Colleges of Nursing (AACN) in 2012 as ell as apprenticeship models that are used in some states. <sup>6.7</sup> Ho ever, it differs from both t pes of models in its acknoledgment and inclusion of nursing regulation. This is a model that can be used in the future to support nursing education programs in providing high-

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clinical e periences. In either case, facult members ork closel ith the practice setting leaders to identif e periences that meet the students' course objectives, and facult have oversight of the students' course evaluations. Additionall, facult members are responsible for informing students of the risks and responsibilities of orking in a health facilit during a public health crisis.

Ten ke nursing organi ations, along ith representatives of BONs, developed and have formall endorsed this model (see *Organizations That Developed and Endorsed the Practice–Academic Partnership*). The endorsing organi ations have also idel disseminated information about the practice academic partnership model to their members and be ond using different media strategies, including social media, a video, a national ebinar, and ne sletters. Additionall, the NCSBN developed free online COVID-19 courses students matake before participating in the practice academic partnership.<sup>16</sup>

A ke component of the partnership model is that students are considered essential orkers, not visitors, in the health care setting. This designation not onl allo s students back into clinical facilities but also offers an unprecedented opportunit for students to assist in a time of crisis and learn the principles of population health and emergenc management. This model serves as a frame ork for permanent national recognition that nursing students are essential orkers and shouldn't ever be classified as visitors, especiall in times of crisis.

**Keys to a successful model.** Belo are some fundamentals to consider hen establishing successful practice academic partnerships, based on the e periences of those ho have implemented them. Additionall, the AACN has provided some resources for the implementation of their academic practice partnership, hich might also be helpful (see acannursing.org/Academic-Practice-Partnerships).

Communication. Consistent and clear communication is essential for the success of an partnership, though it's particularl important during a public health crisis. <sup>17</sup> The nursing leaders ho developed the practice academic partnership model emphasi ed the importance of each practice partner and nursing education program meeting to develop shared goals and e pectations of the program. A facilitator designated in the partnership agreement ma assist in ma imining the outcomes in an ne partnership.

An official agreement bet een a practice site and a nursing education program is often required, though it mat be an entension of an established relationship. Established partnerships have the benefit of incorporating the requirements of the clinical setting, the school of nursing, and, if the entensite is, the BON's clinical agreement requirements. Zere ic and colleagues have developed general principles based on their entensies.

## 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 Io a; educators ma ant to consider them hen developing a ne agreement ith a clinical site. 17 These principles are 17:

- Communicate frequentl . In a fluid situation like the COVID-19 pandemic, a regular and established plan for communication as critical.
- 2. Establish priorit for clinical resources. When clinical resources ere limited, the academic and practice partners needed to prioriti e student placements.
- 3. Consider the needs of both academic and clinical partners. The goals of both partners ere articulated, and plans prioriti ed that met common needs first and then each institution's individual goals.
- 4. Consider students as essential orkers meaning, those activel contributing to and critical to the deliver of direct patient care.
- 5. Ensure fle ibilit . The academic and practice partners, as ell as the students, had to be illing to adjust as the situation changed. Partners collaborated frequentl to continue/restart or pause/stop students.
- 6. Re-negotiate. As the situation changed, both partners needed to consider alternative approaches.

Consultation ith the BON is recommended to align ne partnerships ith state nursing education requirements.

Practice involvement. The practice academic partnership model e pands upon the usual agreements that practice sites have had ith nursing education programs. For e ample, oversight and evaluation of the students should be established b the agreement. Such arrangements have offered relief to practice facilities' nursing orkforce during

the pandemic, alleviating critical shortages of nurses, particularl in rural areas.<sup>18</sup> Before the pandemic, most practice partners

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patient triage activities, testing, and vaccination administration to the care of individuals in ambulator , acute and/or critical care settings. Additionall , depending on the needs of the practice facilit , the level of the student, and the student's course objectives, the practice partners man choose to assign students to care for COVID-19 negative patients, thus alloing the nursing staff to care for COVID patients. 5,23

Other unique clinical assignments ma 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 al a s a consideration in health care. When developing a practice academic partnership, both the nursing education program and the health care facilit must consider the available resources. Resources that most directl affect the sustainabilit of the partnership include funds for training and orientation, as ell as personnel if the health care facilit uses preceptors. Depending on the e pectations specified in the partnership agreement, either the nursing school or the practice setting ill provide PPE for each student and facult participant. The allocation of resources should be outlined in the agreement to ensure a transparent and successful partnership.

A practice academic partnership ma offer im-

replace in-person clinical e periences. Ho ever, others implemented practice academic partnerships, finding them to be a successful strateg for allo ing students to complete their clinical e perience requirements during the pandemic and providing much needed patient care support for health care facilities. With man educators reporting the scarcit of clinical sites even before the pandemic, 15 this model certainl holds promise for the future. The success of this innovative practice academic partnership demonstrated the important role nursing students pla as essential orkers.

Yet, e need more data on the practice academic model. Researchers should conduct a national, multisite stud on student outcomes here the practice academic model is in use and compare them ith outcomes in nursing programs here formal partnerships don't e ist and facult members find clinical placements for their students. It ould be particularl important, once ne graduates have started their first job, to surve them and their managers regarding their confidence, competence, and safet in practice. Like ise, a valid and reliable measurement tool, hich could be used across settings and institutions, is needed for evaluating partnerships and developing best practices.

Imagining a future in hich e learned from this pandemic, Mar ann Ale ander, 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 ne t generation of nurses? Instead of shutting their doors to students during an emergenc , students and facult ould be integrated into the orkforce. <sup>30</sup> The practice academic partnership model is a true reflection of that vision. ▼

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