

Narrowing the Practice Gap: Approaches for establishing and sustaining clinical-academic partnerships

Diana Baptiste, RN, DNP, CNE, FPCNA, FAAN

Associate Professor

Johns Hopkins School of Nursing

October 2023

- Discuss the need for a formalized structure that bridges clinical and academic realms
- Identify the need for collaborations that support evidence-based practice, quality improvement, and research in both clinical and academic settings
- Describe steps for enhancing collaboration, mentorship, and resources
- Recognize strengths and challenges in forging clinical-academic partnerships

- Nursing leaders are guiding the next era of innovation, fostering clinical and academic partnerships
- The role of academic nurses within a clinical team is not well-defined
- Clinical nurses can lead nursing inquiry projects:
 - Evidence-based practice (EBP)
 - Quality improvement (QI)
 - Research

- The *Code of Ethics* for the International Council of Nurses (ICN) provides rigorous standards for nursing practice
- ICN promotes the development of research-based knowledge and evidence-based practices
- The ANA *Code of Ethics* Provision 7.3 and states
“All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation, dissemination, and application of knowledge in practice” (ANA, 2015, p. 27).

- AACN and AONL joint task force developed a toolkit for developing sustainable academic practice partnerships
- The [AACN/AONL's Guiding Principles to Academic-Practice Partnerships](#)
- Partnerships included strategies for building such relationships with a focus on:
 - Shared knowledge
 - Mutual respect
 - Maximization of learning for nurses
 - Infrastructures that promote evidence-based practice



- Review of international literature
- PubMed, CINAHL and Google Scholar databases
- Explored barriers and facilitators for establishing clinical-academic partnerships
- Professional perspectives from both sides of clinical/academic collaborations



- Common outcomes identified about clinical-academic partnerships were:
 - Improved nursing scholarly inquiry capacity
 - Mutual benefit through mentorship and education
 - Shared leadership
- These benefits include:
 - Improving patient outcomes
 - Increasing nursing student enrollments and graduations
 - Increasing availability of clinical experiences and faculty
 - Promoting interprofessional education and organizational development

- Integration of EBP, QI, and research in the clinical setting improves patient outcomes
 - Reduced readmission rates,
 - Hospital-acquired infections,
 - Patient falls
- Improved patient safety and satisfaction
- Reflected in improved HCAPS scores



- Finding dedicated time for bedside nurses to participate in research
- Lack of training for conducting research
- Funding opportunities
- Statistical, research, and informatics support and other resources needed to lead rigorous projects



- Creating a shared vision
- Setting clear goals for projects
- Measurable project outcomes
- Keeping open communication
- Support from organizational leadership
- Involvement of key stakeholders
- Assessments of strengths and weaknesses for both partners



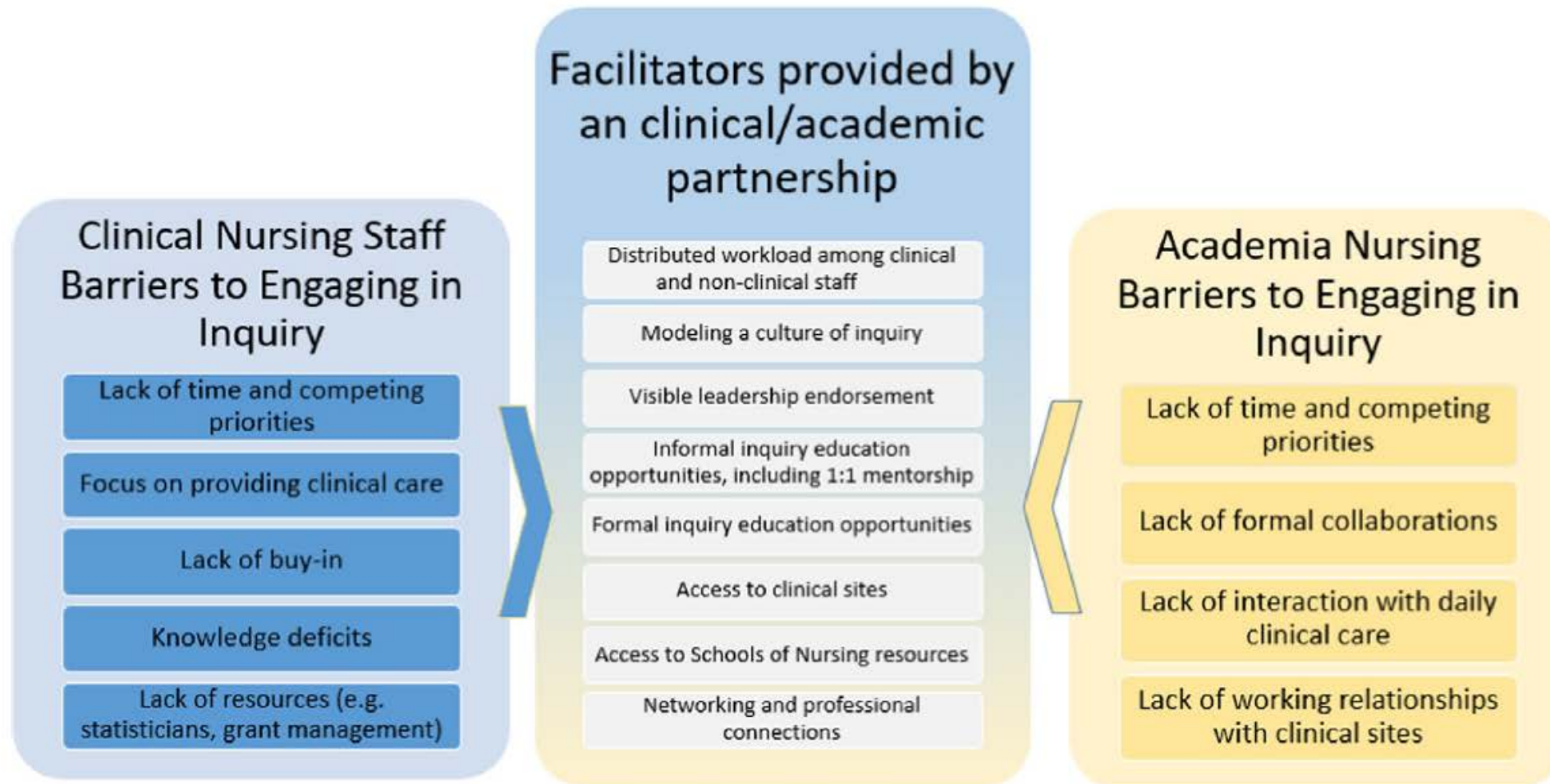


FIGURE 1 Barriers and facilitators to clinical academic partnerships

- Clinical-academic partnerships support learning for nurses on both sides
- Clinical nurses benefit from education and integration of EBP
- Mutual benefit and value added by nursing student-led projects from pre-licensure to DNP and PhD projects

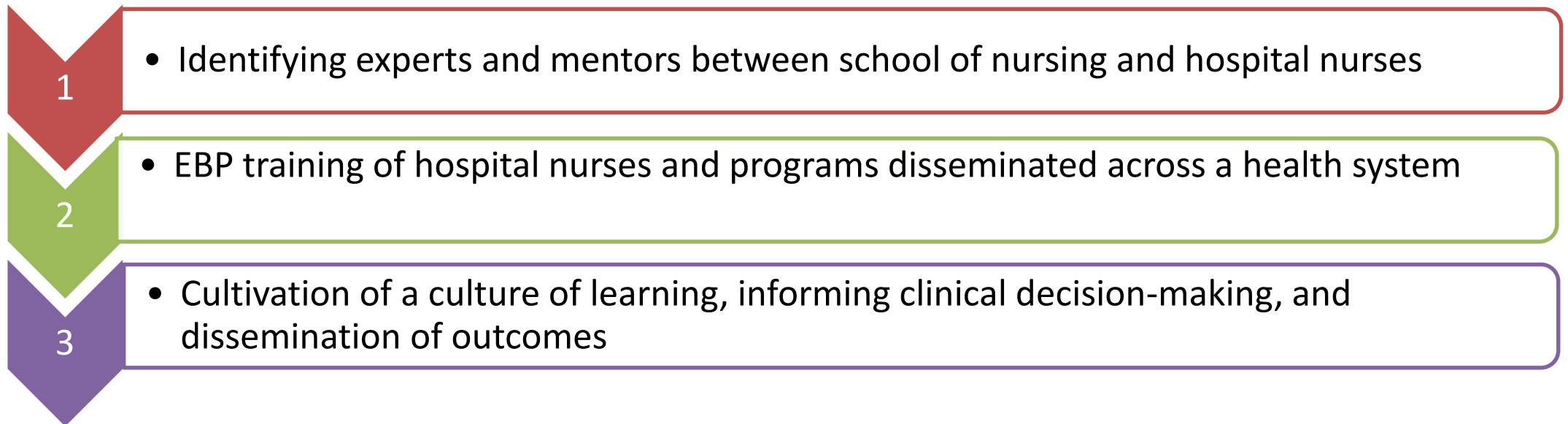


- Nurse leaders from the schools of nursing and hospitals can form a collaborative team
- Assess education needs, lead QI, EBP, and research projects
- Return on investment to prevent nurse burnout
- Mutual commitment to healthcare between faculty, staff, students and nurses in practice, science, and innovation



- Hospitals with Magnet[®] designation depend on interprofessional collaboration and shared scholarly programs.
- Faculty support Magnet[®] efforts on EBP, QI and research projects, participate in nurse residencies and offer community support at Magnet[®] accreditation visits
- Value-based priorities and uniform standards of practice across academia and practice serve as the intellectual foundation of nursing

- Several frameworks to facilitate partnerships to support the development of mentorship and education
- Multi-modal training program to integrate EBP within three phases:



- Establishment of definitive roles for nurses from both the clinical and academic sides
- Formally structured partnerships can involve contracts, financial agreements, and other binding documents that include clear goals and strategic plans for both entities
- A formalized clinical nurse research consultant role or a 'resident professor'
- The formalized role supervises research, ensures ethical practices, and provides mentorship and role modeling
- To maximize the effectiveness, the person must hold a joint appointment between both clinical and academic institutions

Determine Feasibility

Contribution to the Science of Nursing



- **Poster presentations**
- **Publications**
- **Nursing led inquiry projects**



Culture Change

- **Integration of nursing into Interprofessional research teams**
- **Conference attendance by all levels of nursing**
- **Incorporation of best evidence and QI components into daily clinical practice**
- **Demystification of inquiry methods**



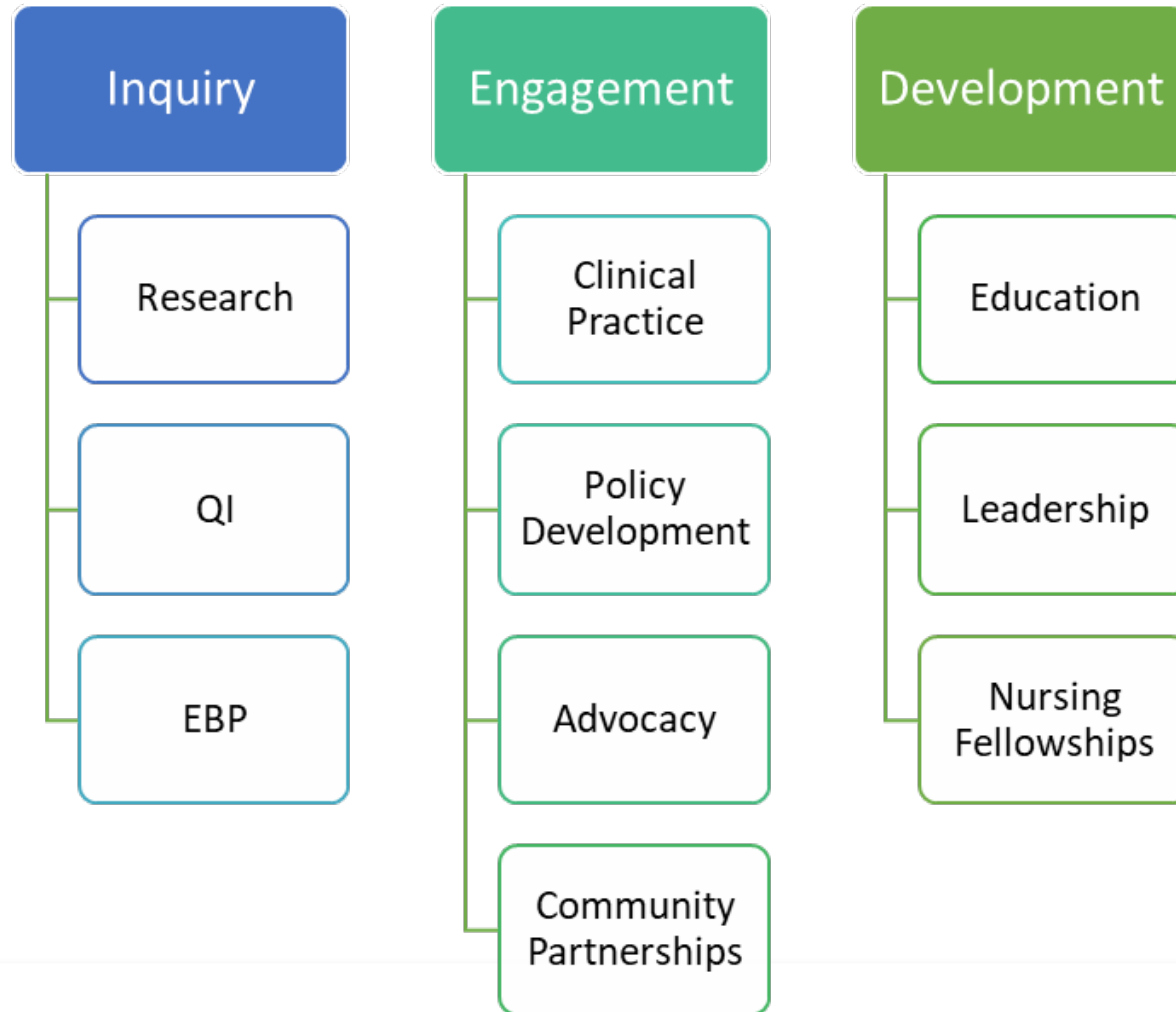
Professional Development

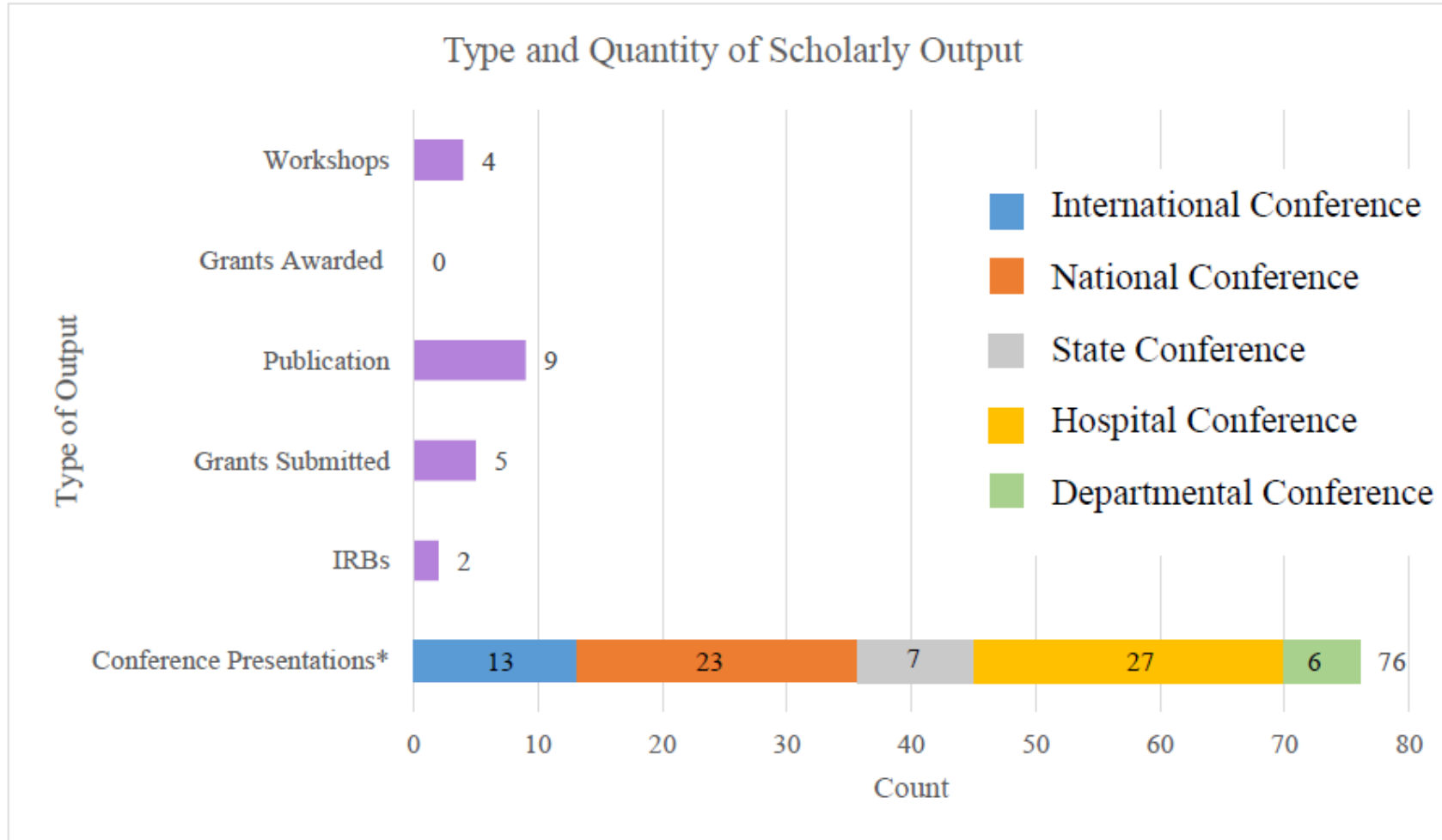
- **Promotion of advanced nursing certifications**
- **Education workshops**
- **Mentorship**
- **Coaching**
- **Increased organizational membership**
- **IRB trainings and certification**
- **LEAN sigma certification**
- **Patient Safety Certification**



Bridging the Academic-Practice Gap

- **Shared resources**
- **Academic/Clinician collaboration and partnerships**
- **Dual-appointments**
- **Pre-licensure student fellowship**
- **Doctor of Nursing Practice clinical capstone projects**
- **Increased eligibility for grants requiring transdisciplinary teams**





- Partnerships should be based on strategies such as
 - Sharing technology, coordinating schedules
 - Ensuring equity across all programs to impact workforce outcomes by
 - Exchanging ideas and data through clinical, technical, and economic structures
- Normalizing the connection between academia and practice also standardizes the idea that we are not mutually exclusive



- Embed faculty in the practice system
- More closely aligned with academia and students – the better prepared for the realities of clinical practice
- Doctoral students working alongside new nurses model
 - The potential for career development
 - Encourages active participation
 - Opens up new possibilities while providing positive experiences for doctoral students
 - Develop new findings and practice new skills
- Increase recruitment and enrollment rates in academia, and retention rates in practice



- There is an academic-practice gap between clinical and academic
- Sustainable clinical-academic partnerships can maximize learning for nurses and promote organizational growth
- Evidence-based literature offers feasible approaches for establishing and sustaining successful clinical-academic partnerships
- Nurse leaders play an instrumental role in creating shared resources - resulting in mutual benefit, influencing a shift in organizational culture




Received: 5 November 2020 | Revised: 15 March 2021 | Accepted: 6 April 2021

DOI: 10.1111/jocn.15830

ORIGINAL ARTICLE

Journal of
Clinical Nursing WILEY

Approaches for establishing and sustaining clinical academic partnerships: A discursive review

Diana-Lyn Baptiste DNP, RN, CNE, FAAN, Assistant Professor¹  |
Madeleine Whalen MSN/MPH, RN, CEN, Evidence-Based Practice Program Coordinator²  |
Miki Goodwin PhD, RN, PHN, CNE, NEA-BC, FAAN, Associate Dean for Clinical Practice¹ 

¹Department of Nursing, Johns Hopkins University School of Nursing, Baltimore, MD, USA

²The Johns Hopkins Health System, Baltimore, MD, USA

Correspondence

Diana-Lyn Baptiste, Department of Nursing, Johns Hopkins University School of Nursing, 525 N. Wolf Street, Baltimore, MD 21205, USA.
Email: dbaptis1@jhu.edu

Abstract

Aims and objectives: To discuss the need for a formalised structure that bridges the clinical and academic realms with concrete recommendations for programme development. **Background:** In the rapidly changing landscape of health care, nurses are challenged with the responsibility to engage in evidence-based practice, quality improvement and research projects. Clinical and academic partnerships play a vital role in fostering collaboration, mentorship and resources.

Design: Discursive paper.

Method: Searching international literature published between 2010–2020 in PubMed, CINAHL and Google Scholar, we explored the benefits, barriers and facilitators of clinical academic partnerships from the available evidence and professional perspectives from both sides of a clinical/academic collaboration.

Discussion: Evidence-based literature supports the establishment of partnerships schools of nursing and clinical institutions to improve patient outcomes and experiences and provide additional resources for improved research and practice capacity between both entities. Barriers to establishing clinical academic partnerships included lack of time, lack of formal collaborations and knowledge deficits. Facilitators included visible leadership endorsement, mentoring and modelling a culture of inquiry.

Conclusions: The establishment of formalised clinical academic partnerships can be used to develop continuing education programmes, promote engagement in nursing

Citation: Baptiste, D. L., Whalen, M., & Goodwin, M. (2022). Approaches for establishing and sustaining clinical academic partnerships: A discursive review. *Journal of clinical nursing*, 31(3-4), 329–334.
<https://doi.org/10.1111/jocn.15830>

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Thank you! Any questions?



Contact Information

Email:

dbaptis1@jhu.edu

Twitter:

@BaptisteDiana

