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Academic-Practice Partnerships: Building the Post-Pandemic Nursing Workforce

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Academic-Practice Partnerships: Building the Post-Pandemic Nursing Workforce

Abstract: As the healthcare industry recovers from the disruption of the COVID-19 pandemic, nursing workforce development across the continuum from entry-level nursing student to faculty development has come into focus as a top priority. This article discusses the benefit of increased academic-practice partnership models to meet the growing demand for registered nurses. These partnerships increase clinical placements for nursing students and provide opportunities for practicing nurses to prepare for a clinical instructor role.

Keywords: *nursing, education, clinical, instruction, partnership*

Nursing schools are turning away applicants in large numbers as hospitals struggle to fill open nursing positions. In 2020, nursing schools turned away 66,274 entry-level applications to baccalaureate nursing programs in the United States due to a lack of faculty and clinical placement sites (American Association of Colleges of Nursing, 2021). Nursing program enrollment is based on two critical factors: the number of clinical placement sites and the availability of qualified clinical faculty. In recent years, bedside RN wages have outpaced nursing faculty wages. This compensation gap deters bedside nurses from leaving the practice environment to become nursing faculty. With fewer clinical faculty, nursing program enrollment is capped, deepening the nursing shortage (Spetz et al., 2018). This disruption in the future nursing workforce is compounded by growing attrition in the current workforce related to retirement or intent to leave the nursing profession for other reasons.

As the demand for highly trained nurses continues to outpace the current supply, new models of clinical education are required to prepare significant numbers of nursing students to

provide high-quality, safe, and team-based clinical care. Efforts to increase nursing school capacity, such as industry sponsorship of nursing faculty wages and schools of nursing hiring practicing nurses as part-time adjunct clinical faculty, provide short-term solutions. However, these initiatives remove experienced nurses from bedside practice during a time of increasing patient acuity. The traditional clinical placement model may no longer serve the needs of new nurses, academic faculty and nursing programs, or the healthcare institutions that will employ the next generation of nurses.

Fortunately, new strategies for clinical preparation have emerged, with a growing body of evidence on their effectiveness in preparing students for clinical practice. For example, there is good and consistent evidence to consider academic-practice partnerships, such as the Dedicated Education Unit (DEU) model as a viable approach to increasing clinical capacity and quality of clinical experience. The DEU model was first introduced in Australian nursing programs in 1999, with subsequent adoption in the United States in 2003 (Pryse et al., 2020). In the DEU model, practicing staff nurses can be trained to support students in a clinical rotation, allowing clinical sites to expand the number of clinical instructors, thereby increasing nursing student clinical placement.

In the DEU model, practicing bedside nurses are trained and qualified to provide clinical instruction, then assigned one to two nursing students for the entire clinical rotation. In this way, an experienced nurse provides a consistent mentoring relationship for the student, which fosters trust and promotes independence in clinical decision-making. The DEU model contrasts with the existing clinical experience model in which students may be paired with a new nurse each clinical day. Without consistency in student assignment, or validation of the assigned nurse's ability to provide effective feedback, a student's clinical progress is at risk.

Two critical success factors related to student outcomes from a nursing education program are passing the state licensure exam, and competently transitioning from student to practicing nurse. The advantage of the DEU model over the traditional clinical experience model with respect to knowledge, skills, and abilities that may reflect in licensure passing rate, transition to practice, and Quality and Safety Education for Nurses (QSEN) competencies have been addressed in several studies (Bittner et al., 2021; Flott et al.; 2020; Rusche et al., 2018). The DEU model produces results that compare favorably with the traditional clinical experience model, with consistent evidence that it enhances student self-efficacy and critical thinking and smooths the transition from student to licensed, practicing nurse (Plemmons et al., 2018; Vnenchak et al., 2019; Williams et al., 2021). These studies support the DEU model as a robust, evidence-based opportunity to improve student self-efficacy in parallel with increasing capacity and providing a positive experience for staff nurses in the role of the clinical instructor.

Few studies have focused on the long-term impact and sustainability of gains in the DEU setting (Pryse et al., 2020). These areas warrant further investigation to better understand the impact on a healthcare organization's return on investment in the DEU model over time, the ability to attract and retain nurses (including staff nurses as clinical instructors), and the impact on patient health outcomes.

Conclusions

The stability of the nursing workforce, the rising cost of temporary contract workers, and the need to enhance the safe transition from student to practicing nurse will drive the development of new education models. An aging population and the growing number of persons with chronic diseases will exacerbate the need for nurses. Healthcare workforce development efforts will require intervention and innovation at every level of education and training,

beginning with exposure to health-related occupations in junior high and high school.

Developing the nursing workforce of the future will require partnerships between schools of nursing and health care organizations to expand opportunities for nursing students to obtain clinical experience (National Academy of Medicine, 2021).

The COVID-19 pandemic required nurse educators to quickly modify student learning experiences to assist in student acquisition of clinical skills. The post-pandemic era presents opportunities for nurse educators to leverage that experience to explore new models of clinical preparation to increase the capacity of student clinical placements and the self-efficacy of nurses practicing in complex clinical settings.

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