

# Report from the **2020** Thought Leaders Assembly



LESSONS LEARNED:

Exemplary Partnerships in Response to COVID - 19



American Association *of* Colleges *of* Nursing

*The Voice of Academic Nursing*

Monday, September 21, 2020

## OVERVIEW

The American Association of Colleges of Nursing's annual Thought Leaders Assembly provides an opportunity for reflection, learning and generative thinking about issues impacting the future of academic nursing. Bringing together a small group of invited thought leaders, select member deans, AACN's Board of Directors, practice leaders, and senior staff, the AACN Thought Leaders Assembly is designed to stimulate fresh thinking and better position AACN to serve as a catalyst for innovation in academic nursing.

Typically an in-person event held each summer, the 2020 AACN Thought Leaders Assembly was held virtually due to the COVID-19 pandemic.

The SARS-CoV-2 coronavirus (COVID-19) has had a devastating impact on health globally. In the United States, which has recently passed 7,000,000 confirmed cases and 200,000 deaths, the pandemic has had a disproportionate impact on communities of color. But the COVID crisis also has demonstrated the heroic efforts and resilience of health professions workers, particularly nurses, who have demonstrated leadership, driven innovation, and provided quality care in a time of incredible adversity.

Academic nursing leaders and their practice partners have shown incredible ingenuity as they have successfully adapted their programs to ensure that nursing students can continue their programs and enter the RN workforce, where they are in high demand in the fight against COVID-19.

The 2020 Thought Leaders Assembly brought together a distinguished group of academic leaders and their practice partners to share the lessons learned as they responded to COVID-19 – and to explore the implications for the future of the academic-practice partnership.

Key topics of discussion included:

- Leadership in a time of uncertainty
- Lessons learned as academic-practice partners navigated the COVID-19 pandemic
- Opportunities to strengthen the academic-practice partnership
- Recommendations for re-envisioning the academic-practice partnership

## LEADERSHIP IN A TIME OF UNCERTAINTY

Susan Bakewell-Sachs, PhD, RN, FAAN, Chair of the AACN Board of Directors, opened the meeting and welcomed the group. Noting the challenging and quickly changing environment that is the Year 2020 – including but not limited to the novel coronavirus, racial justice uprisings, economic instability, wildfires and hurricanes, and a divided electorate – Dr. Bakewell-Sachs stressed the importance of teams and working together in partnership to manage, support, adapt, and deal with uncertainty. She explained the impetus for this year's theme:

*The separation and segmentation of nursing education and practice has led us down parallel paths, causing gaps, duplication, and missed opportunities. Clinical partners are sometimes mere site placements for students and schools are guests. The COVID crisis surfaced these realities fully, with clinical organizations making decisions that impacted education programs and vice versa, often without the engagement of one another.*

*AACN's work on updating the Essentials, which outline the necessary*

*curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs, as well as the clinical support needed for the full spectrum of academic nursing, has also surfaced what clinical partners know and don't know about The Essentials and nursing education, as well as the assumptions that nursing programs have about clinical partners.*

*I am hoping that both contexts will substantiate the “why” of academic-practice partnerships and the necessity of co-creation and true partnering for a better future.”*

Deborah Trautman, PhD, RN, FAAN, President and Chief Executive Officer of the American Association of Colleges of Nursing, reinforced this message, noting how:

*The pandemic has illustrated the importance of having a closely connected academic nursing community. Schools across the country are working together to help overcome challenges by sharing strategies, contingency plans, and exemplars on how to sustain quality nursing education programs given these extraordinary times. Schools are also working more closely than ever with their practice partners to ensure that student and community needs are met.*

*Using academic-practice partnerships to provide clinical opportunities is not a new idea in nursing; but the pandemic has underscored the importance of working closely with practice leaders to ensure that students in clinicals are safe and that learning experiences are adequately supervised and evaluated.*

*I believe that practice and academia share a responsibility for defining our profession. Using our recent experiences addressing COVID-19 and re-envisioning The Essentials, the door is opened to not only talk about how we partnered well, but also to discover how we could have partnered better. Today we will get the chance to consider that if academia and practice were more closely aligned, how might the outcomes of our work be different or better.*

Dr. Trautman introduced the 13 AACN Board members, 6 deans and directors from schools of nursing, 17 practice leaders and 4 members of the AACN senior staff who participated in the 2020 Assembly. The participant list can be found in the appendix to this report.

Joshua Mintz, President of CHP Mintz, LLC, served as facilitator for Assembly. Mr. Mintz described the challenge of providing leadership in a “VUCA World” (*Volatile, Uncertain, Complex, Ambiguous*) and introduced the concept of “VUCA Prime” as complementary framework that leaders can use to respond to the rapidly changing world. Developed by Bob Johansen of the Institute for the Future, VUCA Prime describes four behaviors a leader can use to address the VUCA environment:

- *Vision moderates volatility*
- *Understanding reduces uncertainty*
- *Clarity counters complexity*
- *Agility addresses ambiguity*

By being clear about the vision and flexible in terms of how to achieve it, leaders can help organizations demonstrate agility in a time of fragility. It is this kind of adaptive leadership that will enable us to re-envision the academic-practice partnership for the future.



## SHARING OUR EXPERIENCES: HOW WE RESPONDED & WHAT WE LEARNED

The Thought Leaders Assembly was designed as an opportunity to learn from each other; to discuss what works and what doesn't; to explore policy, structural, or other aspects of the academic-practice partnership that are barriers to working together; and to distill what we have learned since the start of the pandemic to transform academic-practice partnerships to achieve common goals and desired outcomes.

### *Setting the Stage: The Experience of One Academic-Practice Partnership*

To set the stage for our discussion, we learned about the experience of one academic-practice partnership between the University of San Francisco School of Nursing and Health Professions and the County of Marin (CA) Department of Health and Human Services.

Margaret W. Baker, PhD, RN, FAAN, FGSA, Dean of the University of San Francisco School of Nursing and Health Professions, was joined by Chloe Cook, BS, Social Service Supervisor, and Rita Widergren, CA Public Health Nurse, BSN, Supervising Public Health Nurse from the County of Marin, Department of Health and Human Services.

When COVID-19 effectively shut down student rotations and removed access to critical health programs for people who needed these supports, this academic-practice partnership drew upon their aligned missions, shared values, and strong foundation of trust to rise to the challenge quickly and effectively.

Working together, USF and Marin County DHHS developed a telehealth program within one week. Student nurses had the opportunity to serve alongside their practice partners in a collaborative, community-based practice environment. The program served over 80 people, mostly with cardiac, diabetic, ortho-disease and injury, and dental issues, successfully connecting 100% of patients to primary care and achieving 92% compliance. Students provided therapeutic companionship to patients (100% participation), providing them with an opportunity for meaningful community engagement before they entered the workforce.

This innovative adaptation will have longevity beyond the COVID pandemic, as it was effective in supporting real-time assessment and mitigation and addressing issues related to access to care. The key lesson learned was that a robust partnership with open communication and regular collaboration existed before COVID, which makes navigating in a moment of crisis significantly easier.

### *Key Themes from the Small Group Discussions of Lessons Learned*

A series of small group discussions followed in which academic leaders and their practice partners had the opportunity to describe the challenges they faced as they navigated the COVID-19 pandemic, the new ways of working they used to maintain and strengthen the academic-practice partnership during a time of crisis, and the insights gained and lessons learned as a result of this experience that will shape the future of the academic-practice partnership.

AACN'S 2020 THOUGHT LEADERS ASSEMBLY

## DISCUSSION GROUPS

*Conversation Starters*

- I. What was the greatest challenge(s) facing the academic-practice partnership as you navigated the COVID-19 pandemic?
- II. What new ways of working (e.g., innovation, changes to past practices, workarounds) did you use to maintain and strengthen the academic-practice partnership during a time of crisis?
- III. Reflecting on your experience as academic-practice partners, what was a critical insight gained or lesson learned as a result of this experience that will shape your future partnership?

*Preparation for Whole Group Debriefing*  
Identify the **key themes and shared learnings**, exemplars, and lessons learned that cut across your discussion.

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Key themes from the discussion included:

- **Invest in the relationship:** the academic-practice partnerships that had a strong foundation of trust and communication were best positioned to respond quickly to the COVID-19 crisis. Developing and strengthening the relationship before moments of crisis helps to build the trust and understanding that you will need to draw upon during challenging times. As one person noted, “the affiliation agreement is only as good as the actual relationship.”
- **Slow down to go faster:** while it is instinctive to jump right in during moments of crisis, several academic-practice partnerships took the time to “pause for reflection, communication, and planning” before responding. This time enabled them to regroup, coordinate efforts, formulate a shared response to an uncertain situation, and reset the stage for what was to come. Sometimes you must “go slow, to go fast.”
- **Shared vision and values matter:** as academic and practice partners had to make quick decisions with limited information, those that had a clear, shared vision and aligned values were able to use these core organizational beliefs as a touchstone for decision making in a time of uncertainty.



- Crisis enables innovation:** As the management adage says, “never let a good crisis go to waste.” The COVID-19 pandemic drove innovation and adaptations that were not possible before. Many of these changes are likely to endure after the current pandemic ends. Academic and practice partners demonstrated innovation and ingenuity in providing patient care and clinical education. The long-term transition to telehealth was completed in a week. Constraints on our thinking based on traditional roles or organizational history were removed. We need to find ways to continue innovative and adaptive thinking, and not just default back into the old ways of doing things.
- Teamwork and collaboration were the key:** teamwork and collaboration were the secret ingredients in responding quickly and effectively. Academic and practice partners were intentional about reaching out, communicating, and being flexible to support one another. New groups, including students and community partners, were brought into the planning and decision-making process. Health systems and schools were willing to share information with each other about what they were learning and how they were responding. We need to find ways to maintain this sense of teamwork and collaboration once the crisis ends.



## OPPORTUNITIES TO TRANSFORM THE ACADEMIC-PRACTICE PARTNERSHIP

For the second round of small group discussions, participants were grouped by role (*academia or practice*). Building on their experience over the past 6+ months with responding to COVID-19, participants were asked about the opportunities they see to transform the academic-practice partnership, the successful adaptations academic-practice partners made that should be continued, and the policy, structural, or other aspects of the academic-practice partnership that served as barriers that we should work to eliminate.

AACN'S 2020 THOUGHT LEADERS ASSEMBLY

### LESSONS LEARNED: OPPORTUNITIES TO TRANSFORM THE ACADEMIC-PRACTICE PARTNERSHIP

DISCUSSION PROMPTS

- I. From your perspective (academia or practice) and your experience over the past 6+ months as we've responded to COVID-19, what opportunities do you see to transform the academic-practice partnership?
- II. In response to the pandemic, what adaptations to the academic-practice partnership were successful and should be continued?
- III. What policy, structural, or other aspects of the academic-practice partnership were barriers that we should work to eliminate?
- IV. What could we do differently to strengthen the partnership?

*Preparation for the Whole Group Debrief*  
Identify 1 to 3 (maximum) recommendations for transforming the partnership.

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Groups were asked for their top ideas for transforming the academic-practice partnership, which are summarized below. The suggestions are grouped by role – academia or practice.

### *Suggestions from Academic Leaders*

- Re-envision the academic-practice partnership so that both partners get real value from the relationship.
  - Blow up the model of clinical education. Stop thinking as we've always thought.
  - Define the depth and breadth of the partnership, engaging in discussions to discover what each partner could contribute to advancing the goals and solving the problems of the other.
  - Schools and faculties are viewed as being assets to our practice partners beyond just producing graduates.
  - Students are engaged as both learners and employees, advancing both their education and their financial security while, at the same time, providing real value to the clinical partner.
- Establish more formal ties, including dual appointments, that are built into the structures of both partner organizations and enable deeper collaboration.
  - Develop a common language and shared understanding of the goals and strategy for the academic-practice partnership.
  - Create an expectation that all faculty will practice, and design workloads that enable all faculty to practice.
- Work together to ensure that academia is preparing students as well as possible for practice.
  - Support student learning beyond the technical skills to include emotional maturity at the bedside, the finances of healthcare, the ability to comfortably take care of more than one patient at a time, and other non-technical skills and abilities.
  - Consider student nurse externships, the ability for students to work for practice partners and also receive clinical hours, expanding clinical learning hours (to 8 to 12 hours per day) and creating community-based clinical learning experiences.



### Suggestions from Practice Leaders

- Be open to innovation and new thinking about how to approach clinical education.
  - Think non-traditionally about how we train students, including opportunities outside of traditional care roles and new community partnerships.
  - Be nimble and able to move at the speed of practice. We need to be able to “turn on a dime” when change is needed.
  - Explore expanded student nurse roles and the use of technology to support clinical learning.
- Invest in the academic-practice partnership, be clear about what you want from us and what you can offer us.
  - Academic leaders and practice partners need to meet regularly, invest in, and support each other, and focus on the common good (improving health) and solving shared challenges.
  - Be purposeful and clear about what you want from the relationship and what you need from your practice partners.
  - Academic leaders could assist practice partners in areas such as workforce training in a rapidly changing environment, partnering to write articles about our COVID experiences, training on use of technology, and use of sim labs.
- Be understanding of the pressures and challenges facing the practice community and provide assistance where possible (e.g., regulatory burden, PPE shortage, workforce shortages, moral distress).



## RECOMMENDATIONS: RE-ENVISIONING THE FUTURE ACADEMIC-PRACTICE PARTNERSHIP

The final session of the 2020 AACN Thought Leaders Assembly was a collaborative online brainstorming and priority setting session to identify the top recommendations for re-envisioning the future of the academic-practice partnership.

Participants identified over 50 (unduplicated) potential strategies for strengthening or re-envisioning the partnership.



Through a priority setting process, five of these recommendations rose to the top:

### 1. **Re-envision clinical education and the clinical experience for students through collaboration and co-creation between academic and clinical partners.**

- Establish a shared vision for a new model for the practice/academic partnership that is jointly designed, co-created, and competency based.
- Develop a joint strategic plan with measurable outcomes to guide the academic-practice partnership to support clinical education (instead of the separate plans of each partner).
- Co-create a new financial model that makes the link between education and practice essential, including shared resource utilization.
- Leverage technology, including virtual reality and remote learning, as part of clinical education.
- Develop specialty focus pathways in conjunction with practice partner needs.
- Focus on what students need to practice and socialize them to be nurses beyond the technical skills, including emotional intelligence, leadership, and the financial model of the organization where they work.
- Include practice partners in co-creation of new curriculum, implementation of new competencies, and assessment of mastery of competencies.
- Consider lengthening the time that students spend in clinical rotations to begin in the first year and span over all four years of their education and designing clinical rotations that are 40 hours per week to better align with the realities of practice.

**2. Establish shared clinical/academic roles and joint appointments.**

- Change the norm so that there is an “expectation” for faculty practice and for clinicians to be engaged in education.
- Increase the number of joint appointments at hospitals (for nursing faculty) and at schools/colleges of nursing (for clinicians).
- Work with practice partners to identify opportunities for faculty to practice and develop faculty workloads that enable a clinical practice assignment.
- Create new ways for faculty to be involved with research and evaluation

**3. Establish structures to support increased communication between and integration of practice and academia.**

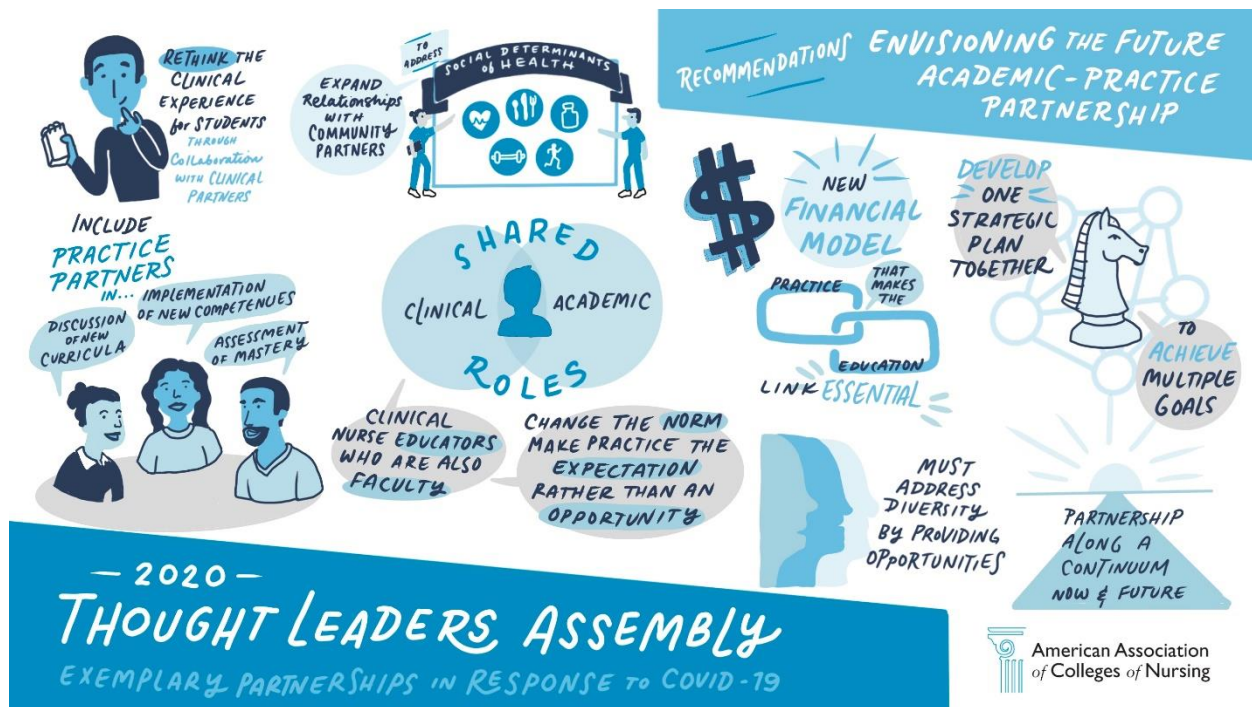
- Appoint faculty to practice committees and clinicians to academic committees, particularly curriculum.
- Ensure that representatives from practice and academia participate in each other’s committees and/or operations.
- Have the Chief Nursing Officer (or other practice partner) attend and present at faculty meetings and the Dean (or other academic partner) attend and present at health system meetings.

**4. Expand relationships with community partners to address the social determinants of health.**

- Create new clinical rotations outside of traditional settings to include community-based care and services.
- Hold regular meetings with community partners to identify and plan for future needs.

**5. Create opportunities for shared learning between academia and practice.**

- Create opportunities, like the AACN Thought Leaders Assembly, for more academic-practice partners to come together and generate new ideas and learn from others.
- Develop community-wide practice-academia forums for sharing/learning from each other and about common topics such as resilience.



## NEXT STEPS

Learnings from the 2020 Thought Leaders Assembly will help to inform AACN's work to promote and strengthen effective academic-practice partnerships. AACN's next steps include:

- Presenting findings from this convening to the members of the AACN-AONL Advisory Group to help guide priorities and future action from this collaboration.
- Referring the findings to AACN's Program Committee with the goal of offering program sessions and webinars on successful academic-practice partnerships.
- Sharing the Thought Leaders Assembly final report with the AACN members and affiliated stakeholders through AACN's publications, online discussion forums, and social media platforms.
- Sharing the report with the AACN Essentials Task Force for consideration as they re-envision nursing education and the Essentials.

## APPENDIX 1: 2020 THOUGHT LEADERS ASSEMBLY PARTICIPANTS

### *AACN Board of Directors*

**Susan Bakewell-Sachs**, PhD, RN, FAAN, is the Chair of the AACN Board of Directors and Dean and Vice President for nursing affairs at Oregon Health & Science University (OHSU) School of Nursing.

**Cynthia McCurren**, PhD, RN, is the Chair-Elect of the AACN Board of Directors and Dean and Professor of the Kirkhof College of Nursing at Grand Valley State University (GVSU).

**Lin Zhan**, PhD, RN, FAAN, is the AACN Board Treasurer and Dean and professor of the Loewenberg College of Nursing at the University of Memphis.

**Jean Leuner**, PhD, RN, CNE, FAAN, is the AACN Board Secretary and Dean and Professor at the Auburn University Montgomery College of Nursing and Health Sciences.

**Jean Giddens**, PhD, RN, FAAN, is the Dean of the School of Nursing at Virginia Commonwealth University (VCU).

**Judith Karshmer**, PhD, PMHCNS-BC, FAAN, is the Dean and professor at the Arizona State University (ASU) College of Nursing and Health Innovation.

**Jerry Mansfield**, PhD, RN, NEA-BC, is the Chief Nursing Officer of the Ohio Region for Mount Carmel Health System.

**Victoria Niederhauser**, DrPH, RN, PPCNP-BC, FAAN, is the Dean and Professor at the University of Tennessee Knoxville College of Nursing.

**Randolph Rasch**, PhD, RN, FNP-BC, FAANP, is the Dean and Professor of the College of Nursing at Michigan State University.

**Julie Sanford**, DNS, RN, FAAN, is the Dean and professor at the School of Nursing at the University of Mississippi Medical Center (UMMC).

**Jan Strom**, PhD, MPH, RN, is the Dean of the School of Nursing and Allied Health at Aurora University.

**Terri E. Weaver**, PhD, RN, FAAN, ATSF, is the Dean of the University of Illinois at Chicago College of Nursing.

**Marjorie S. Wiggins**, DNP, MBA, RN, FAAN, NEA-BC, is the Chief Nursing Officer of the Maine Health System.

**Deborah Trautman**, PhD, RN, FAAN, is President and Chief Executive Officer of the American Association of Colleges of Nursing (AACN)

### *Invited Guests*

**Margaret W. Baker**, PhD, RN, FAAN, FGSA, is Dean and Professor at the University of San Francisco School of Nursing and Health Professions.

**Robyn Begley**, DNP, RN, NEA-BC, is the Chief Executive Officer of the American Organization for Nursing Leadership and Senior Vice President, Chief Nursing Officer of the American Hospital Association.

**Dana Bjarnason**, PhD, RN, NE-BC, is the chief nursing executive for OHSU Healthcare and associate dean for clinical affairs at the Oregon Health & Science University School of Nursing.

**Shannon Bright Smith**, DNP, APRN, ACNS-BC, CNE, is an Associate Professor of Nursing and Chair of the Nursing Department at Claflin University.

**Jennifer Chiusano**, MA, BSN, RN, NE-BC, is the Chief Nursing Officer for Saint Francis Hospital – Memphis.

**Chloe Cook** is the Social Service Supervisor for the County of Marin Department of Health and Human Services.

**Julie Firman**, DNP, RN, FACHE, is the System Chief Nurse Executive for Baptist Health.

**Libby Flipppo**, MSN, MBA, FACHE, is Delray Medical Center's Chief Nursing Officer and also serves as the CNO for Tenet Healthcare's Palm Beach Group hospitals.

**Mary Ann Fuchs**, DNP, RN, NEA-BC, FAAN, is the Vice President of Patient Care and System Chief Nurse Executive at Duke University Health System and President of the American Organization for Nursing Leadership.

**Nancy Gaden**, DNP, RN, NEA-BC, is the Senior Vice President and the Chief Nursing Officer at Boston Medical Center.

**Safiya George**, PhD, APRN-BC, FAANP, is currently Dean and Professor at the Christine E. Lynn College of Nursing at Florida Atlantic University.

**Terri Gillespie**, DNP, RN, NEA-BC, serves as the Chief Nursing Executive and Clinical Services Officer, as well as the Chief Nursing Officer for the Adult Hospitals at the University of Mississippi Medical Center (UMMC).

**Sandy C. Leake**, DNP, RN, NEA-BC, is the senior vice president and chief nursing officer at The University of Tennessee Medical Center.

**Shelly Major**, PhD, RN, NEA-BC, FACHE, serves as the Chief Nursing Officer for the University of Illinois Hospital and Health Systems (UI Health).

**Marialena Murphy**, MSN, MHA, RN, CNOR, NEA-BC, is Interim Chief Nursing Officer at the Mayo Clinic Arizona.



**Demetrius Porche**, DNS, PhD, ANEF, FACHE, FAANP, FAAN, is Professor and Dean of Louisiana State University Health Sciences Center in New Orleans,

**Linda S. Thompson**, DrPH, MPH, RN, FAAN, is the Dean of the College of Nursing and Health Sciences at the University of Massachusetts Boston.

**Gina Reid Tinio**, PhD, MS, MPH, RN-BC, is the Vice President and Flinn Family Chief Nurse Executive at Northwestern Medicine Delnor Hospital in Geneva, Illinois.

**Shawn Ulreich**, DSc, MSN, RN, NEA-BC, is chief nursing executive and senior vice president of clinical operations for Spectrum Health in West Michigan.

**Alan R. Vierling**, DNP, MSN, RN, is President of Sparrow Hospital.

**Rita Widergren**, BSN, is the Supervising Public Health Nurse for the County of Marin Department of Health and Human Services.

**Kathleen M. Williamson**, PhD, MSN, RN, is the Academic Dean of Mount Carmel College of Nursing (MCCN).

**Deb Zimmermann**, DNP, RN, NEA-BC, FAAN is the Chief Nursing Officer and Vice President of Patient Care Services at Virginia Commonwealth University Health System.

*AACN Staff Leadership*

**Jennifer Ahearn**, MBA, CAE  
Chief Operating Officer

**Cynthia Leaver**, PhD, APRN, FNP-BC, FAANP  
Director of Academic Nursing Development

**Robert Rosseter**, MBA, MS  
Chief Communications Officer

**Joan Stanley**, PhD, NP, FAAN, FAANP  
Chief Academic Officer

*AACN 2020 Thought Leader Assembly Consultants*

**Joshua Mintz**, MS (facilitator)  
President, CHP Mintz, LLC

**Leah Lavelle** (graphic recorder)  
Founder + Creative Lead, Urban Wild Studio

## APPENDIX 2: 2020 THOUGHT LEADERS ASSEMBLY AGENDA

### Monday, September 21, 2020

- 1:00 – 1:30 pm      **Open and Welcome**  
*Susan Bakewell-Sachs, PhD, RN, FAAN*  
Chair, Board of Directors  
American Association of Colleges of Nursing
- Deborah Trautman, PhD, RN, FAAN* President and Chief Executive  
Officer American Association of Colleges of Nursing
- Framing: Leadership in a Time of Uncertainty**  
Facilitator: *Josh Mintz*, President, CHP Mintz
- 1:30 – 1:40 pm      **Our Experience: How We Responded and What We Learned**  
*Setting the Stage: The Experience of One Academic-Practice Partnership*
- Margaret W. Baker, PhD, RN, FAAN, FGSA*  
Dean, School of Nursing and Health Professions (SONHP) University of  
San Francisco
- Chloe Cook*, Social Service Supervisor  
*Rita Widergren*, Supervising Public Health Nurse  
County of Marin, Department of Health and Human Services
- 1:40 – 2:10 pm      **Breakout Session I**  
*Conversation Starters*
1. What was the greatest challenge(s) facing the academic-practice partnership as you navigated the COVID-19 pandemic?
  2. What new ways of working (e.g., innovation, changes to past practices, workarounds) did you use to maintain and strengthen the academic-practice partnership during a time of crisis?
  3. Reflecting on your experience as academic-practice partners, what was a critical insight gained or lesson learned as a result of this experience that will shape your future partnership?
- Preparation for Whole Group Debriefing*  
Identify the key themes and *shared* learnings, exemplars, and lessons learned that cut across your discussion.
- 2:10 – 2:30 pm      **Whole Group Debriefing**  
*Report from each breakout group on the shared elements, exemplars, and lessons learned.*
- 2:30 – 2:45 pm      **Stretch Break (15 minutes)**

2:45 – 2:50 pm	<p><b>Lessons Learned: Opportunities to Transform the Academic-Practice Partnership</b>  <i>Pull on our learning and experience from navigating the pandemic to inform/transform the future of the academic-practice partnership.</i></p>
2:50 – 3:20 pm	<p><b>Breakout Session II</b>  <i>Conversation Starters</i></p> <ol style="list-style-type: none"> <li>1. From your perspective (academia or practice) and your experience over the past 6+ months as we've responded to COVID-19, what opportunities do you see to transform the academic-practice partnership?</li> <li>2. In response to the pandemic, what adaptations to the academic-practice partnership were successful and should be continued?</li> <li>3. What policy, structural, or other aspects of the academic-practice partnership were barriers that we should work to eliminate?</li> <li>4. What could we do differently to strengthen the partnership?</li> </ol> <p><i>Preparation for Whole Group Debriefing</i>  Identify three recommendations for transforming the partnership.</p>
3:20 – 3:40 pm	<p><b>Whole Group Debrief</b>  <i>Share three recommendations for transforming the academic-practice partnership.</i></p>
3:40 – 3:45 pm	<p><b>Stretch Break (5 minutes)</b></p>
3:45 – 3:50 pm	<p><b>Recommendations: Envisioning the Future Academic-Practice Partnership</b>  <i>Instructions and set up for Brainstorming Exercise.</i></p>
3:50 – 4:00 pm	<p><b>Brainstorming Exercise: Short-term and Long-term Strategies for Transforming the Academic-Practice Partnership</b></p>
4:00 – 4:20 pm	<p><b>Whole Group Debrief</b>  <i>Start discussion with the ideas that had highest support and get feedback.</i></p>
4:20 – 4:30 pm	<p><b>Closing Comments and Next Steps</b>  <i>Susan Bakewell-Sachs, PhD, RN, FAAN</i>  <i>Deborah Trautman, PhD, RN, FAAN</i></p>