

## Report from Like Schools 2017 Spring Annual Meeting

**Group: Private Colleges/Universities without an Academic Health Center**

**Facilitator:** John McFadden, PhD, CRNA, Dean, Barry University

**Question: The Governance Task Force is requesting feedback from the membership on AACN's governance structure. The task force is exploring frameworks that support nimbleness, innovation, timeliness, collaboration, and inclusivity. Do you have any suggestions for the task force to consider?**

- Selection process: Avoid filtering nominees for open seats. Align nominations and appointments based on regional representation and institutional type, include proportionate representation from private schools and for-profits schools, consider experience outside of AACN when reviewing nominations.
  - Reorganization of the “School Types”, as it was noted that even within the small liberal arts schools there is variability. This group represents a wide variety of schools, so it would require careful consideration as to how broad or specific the categories were defined.
- Self-identification of expertise and online interest survey: Make it more user-friendly and clearer; what information for application would be helpful; attendees asked to take time to update their information.
- Member education: Consider the information provided online and how it might help members know where it would be most appropriate for them to apply and be a successful applicant.

**Question: AACN is looking to spotlight innovations in clinical learning environments that are used to prepare nurses for professional practice. Please share what’s happening at your school or in your local community that is changing how we educate today’s RN.: Can anyone comment on financial considerations for supporting these partnerships? Can you provide an example of a successful non-traditional academic-practice or academic-corporate partnership in which your school/program participates? Does anyone have examples of collaborations between academic institutions?**

- One innovative clinical education model: didactic is front-loaded and includes intensive simulation followed by a precepted clinical immersion.
- There is a need to orient and teach preceptors how to ‘precept.’ There is a Clinical Faculty Academy located in Kansas City to train preceptors. Faculty/preceptors can attend the training sessions in KC or a school can purchase a site license. Several schools said they have used and recommend this training. (It is approximately \$1,000- for the one time rights). <http://web.mhanet.com/clinical-faculty-academy.aspx>
- More simulation is being integrated into the curriculum for diverse learning experiences, including IP learning. One of the goals is to have students better prepared for clinical

experiences prior to getting there. Also, a number of schools are using simulation to enhance or substitute for hard to get clinical experiences.

- There is a growing and diverse range of academic-community partnerships. Sites include: Respite care for children, Behavior health clinics, migrant clinics, LTC.,
- One school had created a clinical day so university staff and students could make OB and Peds appointments at a nurse managed clinic with nursing students. Similarly, small clinical groups bring in their own children or family members for developmental assessments.
- Undergrad maternity experiences range from 3 to 5 credits. Diverse settings were being used where there are childbearing-aged or pregnant women. Communications are sent to the sites with clear expectations for the experiences. Credit was also given for an OB simulation.
- The National Council of Behavior Health has an 8-hour training course for community-health workers and first responders. Marcella Rutherford and a colleague are working with the NCBH to develop one for nurses; the course will be 3 hours online followed by 3 hours in the classroom. This training includes motivational interviewing.
- Partnering with migrant clinics or other facilities providing care to underserved populations. The goal is to increase experiences for students outside of acute care settings that focus on transitions of care, health, chronic diseases, wellness, and behavioral health.

**Question: Given the increasing emphasis on primary care and population health, can anyone share any innovative partnerships that support clinical experiences in these areas? Can anyone comment on financial considerations for supporting these partnerships? Can you provide an example of a successful academic-practice or academic-corporate partnership in which your school/program participates focused on population health or SDOH? Does anyone have examples of collaborations between academic institutions?**

- Members are developing more partnerships with homeless shelters, migrant clinics, veterans' care facilities, community clinics, and local churches.
  - Regarding risk management or legal issues - The schools indicated that everything is processed through legal counsel because this is related to the school's insurance. In their setting contracts, faculty members are overseeing the student experiences; what is assessment and what is treatment is clearly defined.
- At homeless shelters, schools are establishing weekly clinics that target individuals coming to the shelters' meal programs that are already in place.
- One school has developed a "summer camp" for respite care with children; this provides learning and teaching experiences for the nursing students but also provides support and relief for the families/caregivers.
- In some schools, care to veterans is provided frequently in partnership with medical or specialty clinics at a variety of veterans' facilities from all services. The clinical faculty from one school are all veterans themselves, which increases the buy-in from both the patients and the practice site.
- One school has worked with a fast-food restaurant chain and is providing education/ counseling, BP and glucose checks at the restaurants for patrons.
- At migrant clinics, NP students are focusing on the transitional care from the hospital to home care, which provides additional challenges for this population.
- Several schools indicated they had developed interprofessional health centers based at the school (some in the school of nursing) to facilitate community participation in healthcare.