

Complete This Template to Develop Your Academic-Practice Partnership Summary Document

| PLAYERS | | |
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| Selecting Partn | ers | |
| Academic School: | 9 colleges and universities in Minnesota | |
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| E-mail Address: | cflaten@umn.edu | |
| Practice Setting: | Minnesota Department of Health + 13 local health depa | |
| Contact: | Amy Mim | |
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| Preparing for Y | our First Meeting | |
| Date/Time of Meeting | Initial meeting in 2001 | |
| Place of Meeting: | Minnesota Department of Health | |
| We came together | our partner need to know about you and your organ because of a common interest in preparing nurses fo alth agencies had a history of working together. | ization? or public health nursing practice. Some schools of nursing |

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PARTNERSHIPS

| Initial Meeting |
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| What is the right partnership activity for you and your partner? |
| Our goal was to reduce barriers to collaboration on creating meaningful learning experiences for public health nursing students. |
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| What documents about your organization should you bring to the meeting? We originally focused on developing population-based competencies for entry level public health nursing practice. We started by sharing strategies for organizing and creating clinical experiences for nursing students. |
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| What do you have to offer? Faculty participants offered knowledge and expertise gained through designing learning experiences for public health nursing students. Partners from practice brought the realities of everyday practice to the discussion of innovative clinical learning experiences. |
| What is your vision for this partnership and does your partner share this vision? This vision statement was crafted by academic and practice partners of the Henry Street Consortium: Build a quality population-based public health nursing workforce to meet the needs of public health practice in the 21st century. |
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| Who else needs to be involved in both organizations? Is top leadership involved? The Minnesota Department of Health received a Division of Nursing grant titled "Linking Public Health Nursing Practice and Education." [Health Resources and Services Administration (HRSA) grant in 2001] |

| What is the business case for the partnership? | |
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| Nurses who have a strong preparation in public health nursing will be more effective in systems planning and strategies. For example, they will consider the total environment of their patients in discharge planning. They will better understand the intersection of players in the health care system and available resources. They will have the education needed to function in the care coordinator role aimed to decrease hospitalization. They will have the preparation needed to adapt to the changing face of the workforce resulting from population demographic changes and health care reform. | |
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| Subsequent Meetings | |
| Do you have clarity on goals and vision? The Henry Street Consortium has created and periodically revises a Visioning Document that includes vision, mission, and goals. The document lays out objectives, strategies for each objective, the time line and evaluation strategy, and the work group that has responsibility for overseeing accomplishment of the objectives. | |
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| What are the details and time line of the initiative? | |
| There are two goals: 1. Ensure the continuation of the Henry Street Consortium as a viable, flexible, and sustainable partnership between public health | |
| nursing education and practice [facilitate membership, maintain structure and processes, share positive outcomes at state and national levels, develop and maintain a communication forum, document history and ongoing work] 2. Create teaching-learning strategies to promote achievement of entry-level population-based PHN competencies for students and novice PHN staff. [use competencies and clinical menu to create teaching-learning experiences for students, increase the quality of innovative clinical experiences, develop tool kits and training, develop future workforce leadership opportunities, provide guidelines for PHN curriculum, share best practices for teaching-learning, establish guidelines for PHN faculty, review and expand current competencies, review current and future PHN practices] | |
| Whom can we call for expert consultation if needed? | |
| Minnesota Department of Health PHN consultants or Dr. Linda Olson Keller from the University of Minnesota | |
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| What are the expected outcomes of the activity? | |
| Mission: Maintain a dynamic sustainable partnership between public health nursing education and practice to respond to needs for innovation and change in baccalaureate nursing education . | |
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ENVIRONMENT

| LIVIRONMENT |
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| Time |
| Is this the right time for this partnership? |
| Yes, we need to prepare nurses to practice public health nursing in the changing healthcare environment. |
| What are the issues that will facilitate or impede the development of the partnership? |
| Lack of time and funding are barriers to consistent participation of members. Academic institutions generally support the participation of faculty, while the administrations of some local public health agencies have been more reluctant to support the full participation of a PHN staff liaison. It will be important to frame participation in the Henry Street Consortium as "upstream investment" for preparing a PHN workforce for the future. |
| What is the time commitment for the partners? Meetings are quarterly for 3 hours. Between meetings, selected partners may be working on an initiative or preparing a proposal for feedback at the next meeting. |
| Whose time will be required? |
| All academic and practice partners are invited to attend meetings. |
| When will the meetings be scheduled? |
| Quarterly - September, December, March, May |
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ENVIRONMENT

| Space |
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| What space is required for the activity? |
| A meeting room for 20-25 people |
| What equipment and supplies are needed? |
| Personal computer for taking minutes |
| Internet access is sometimes needed |
| Member take turns bringing refreshments |
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| What money is needed? |
| There is in-kind support from agencies and schools. The Consortium was initially supported by grant funding. The Minnesota |
| Department of Health has provided a space to meet and copy services. |
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| Where are we meeting? |
| The Consortium as been meeting at a Minnesota Department of Health location. The group has a rotation plan to meet at different |
| agency and school locations for the future. |
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| Where will we present outcomes? |
| The outcomes have been presented a number of times by various Consortium members from both academia and practice. |
| American Public Health Association |
| Association of Community Health Nurse Educators |
| Sigma Theta Tau International |
| Minnesota Association of Colleges of Nursing |
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ENVIRONMENT

Regulation

| What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides? Minnesota Board of Nursing requirements for contact hours for public health clinical experience |
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| Liability regulations for agencies |
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| Context |
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| How will the partnership be funded? |
| After initial grant funding, there has been no additional monetary support other than in-kind support provided the Minnesota |
| Department of Health, schools, and agencies. In 2003, the Consortium received a first place Linkage Award from the Council on Linkages Between Academia and Public Health Practice. The Consortium used the \$1000 award to host a celebration and reception |
| honoring the agency preceptors who work with PHN students. |
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| What are the constraints of both partners? |
| What are the constraints of both partners? |
| The major constraint is time, given all the expectations consistent with PHN faculty and practice roles. |
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| What history do the partners have with each other and each others' institutions? |
| The Henry Street Consortium has a history of working together since the initial grant funding in 2001. For a more complete |
| description of the history of the Consortium, see the following article: |
| Keller, L. O., Schaffer, M. A., Schoon, P. M., Brueshoff, B., & Jost, R. (2011). Finding common ground in public health nursing education |
| and practice. Public Health Nursing, 28(3), 261-270. |
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