AACN’s 2019 Thought Leaders Assembly

Transforming Academic Nursing through Partnerships & Innovation

Executive Summary

Every July, AACN’s Board of Directors hosts a Thought Leaders Assembly to create some dedicated time for generative thinking around issues impacting academic nursing. These events typically include the Board and senior AACN staff as well as invited guests with a strong interest and experience with the issue at hand. This year, the Assembly was held in conjunction with AACN’s Summer Seminar in Portland, Oregon, and we were pleased to welcome the deans and faculty from Oregon Health & Science University, Linfield College, University of Portland, and Concordia University-Portland as well as practice partners from Kaiser Permanente, Salmon Creek Medical Center, and Phoenix Rising Transitions.

The theme for this year’s assembly was Transforming Academic Nursing Through Partnerships and Innovation. For the past two decades, AACN has increasingly focused on the need for nursing education to be innovative and forward thinking as the profession moves to assume a larger leadership role in shaping the healthcare system and improving health nationally and globally. We recognize in academic nursing that we cannot rise to this challenge without our colleagues in practice as true partners.

Presentations at this year’s Thought Leaders Assembly, which served as conversation starters, focused on issues related to access to care and the movement of care services into the community. Academic and practice leaders in attendance shared their thoughts on addressing population health through community partnership networks; innovative models for improving healthcare access in rural, frontier, and underserved communities; and fresh approaches to preparing new nurses to serve in community settings, including new curriculum, use of simulation, co-teaching, and interprofessional Dedicated Education Units.

By sharing examples of innovations, new curricula, practice models, and successful partnerships, the goal was to glean the best thinking from attendees regarding what baccalaureate and graduate nursing education should do to better prepare nursing professionals to meet current and future healthcare needs. Key takeaways from the conversation included:

- Academic-practice partnerships are foundational to successfully preparing the next generation of nurses.
- Collaboration among schools of nursing in states and regions can help to ensure that workforce goals are met.
• Faculty are key players in making partnerships work, and we must facilitate more interprofessional and community engagement.

• More discussion is encouraged to determine if different competencies are needed to succeed in acute/chronic care and community-based care.

Threaded across all discussions was a respect for the power of partnerships. Through all of AACN’s work with the American Organization for Nursing Leadership (formerly AONE), the *New Era for Academic Nursing* report, the development of the Clinical Nurse Leader initiative, and our prestigious awards program is the call for academic and practice leaders to work more closely together to better meet the needs of students, practicing nurses, and consumers of care. Active engagement in practice ensures that what is taught in schools of nursing appropriately reflects current practice; increases faculty credibility with practice; and enhances the relevance, applicability, and implementation of research. Stronger formal and informal collaboration between academia and practice will position nursing as a leader in healthcare delivery.

2019 Thought Leaders Assembly Presentations and Discussion

AACN’s *Vision for Academic Nursing* (2018) provides an environmental scan that looks at trends in healthcare, higher education, population demographics, learners, and learning styles, nursing workforce, patient/population needs, and new learning and practice technologies. This vision for academic nursing, crafted by both academic and practice representatives, addresses the needs of a dynamic and global society. The goals for moving towards this vision include:

• Advance diversity and inclusion in nursing education and practice.

• Increase collaboration between education and practice through expanded and more formalized academic-practice partnerships.

• Transition to competency-based education and assessment.

• Increase emphasis on faculty development and career advancement.

• Explore and adopt opportunities for resource efficiencies.

These goals provided the foundation for the 2019 Thought Leaders Assembly, *Transforming Academic Nursing through Partnerships & Innovation*. The day’s full agenda is included at the end of this report. Thirty-five representatives from education and practice participated in the day’s rich dialogue, which was captured in graphic depictions along with a summary of each of the day’s sessions.

Health care is moving beyond acute care into the community and more non-traditional settings; the population is aging and growing more diverse; and access to care is challenging for many given geographic and/or financial barriers. Nursing must re-envision how we educate the next generation of nursing leaders to address these challenges and to thrive in a health system undergoing rapid change. In addition, numerous reports make it clear that the goal of improving health outcomes cannot be met without shifting our focus to population health and addressing the social determinants of health. This shift will require new, innovative curricular models, academic-practice partnerships, and fresh approaches to learning. In response to this shifting landscape, the foci of this year’s Thought Leaders Assembly were innovation, partnerships, and population health.
Preparing the Next Generation of Nurses to Address Population Health:
Partnerships and Innovative Models

Representatives from the Oregon Health & Science University (OHSU) provided an overview of the 2019 report *Nursing Education and the Pathway to Population Health Improvement* funded by the Robert Wood Johnson Foundation and AARP Foundation, as well as the current Future of Nursing work, which is focusing heavily on population health. Oregon Health & Science University (OHSU) has evolved its curriculum to integrate population health into nursing education/practice models across the entire curriculum. Models encompass diverse partners including federally qualified health centers (FQHCs) and multiple social service agencies.

During this presentation, Dean Bakewell-Sachs described the school’s population health-focused and interprofessional education program now 7 years in existence but continually evolving. This initiative includes over 35 statewide social service and community agencies across multiple campuses throughout the state, and students from nursing, pharmacy, and dentistry. One of the defining features of the initiative is the academic-practice partnerships, which provide the building blocks for the program. In each community, representatives from the local school of nursing campus, community service agencies, and community members meet regularly to evaluate and design the program. Interprofessional (IP) student teams rotate through diverse community agencies, make home visits, identify the big issues within the community, and develop projects to address these problems. Of the 7 sites across the state, two are in rural Oregon and one is a frontier site. Students do the initial intake and make weekly home visits; clients are passed on to other students; and a database of ongoing projects is maintained. The student teams, working with community agencies and faculty, provide care management and care
coordination with the goal of making the client self-sufficient and transitioning to using community services where needed. The students and clients develop goals and outcome measures; for example, addressing housing needs, food access, acquisition and use of health insurance, and decreasing EMS calls, ER visits and hospitalizations. One project led to a change in state law; students noticed clients were not taking medications at the right time or even the correct medications because they could not read the prescription bottles. Working with legal aid and legislators, a bill was passed that requires prescription labeling in a language the client can read. Sites also include prisons, churches, and schools. Over 1,400 students have been engaged in these I-CAN Academic partnerships.

Kendra Birnley, a student at OHSU, stressed that students need to step back and look at the big picture. It is not just needing to know psychomotor skills or even whether a client has insurance. Nurses need to have advocacy and counseling skills, recognize biases, understand how health care is evolving or needs to evolve, what nurses and other health professionals can do to accomplish change, community attributes, and how to be proactive.

The OHSU curriculum starts with health promotion and chronic care and then moves to acute care. A focus on health disparities is integrated across the didactic and practicum curriculum. Students spend an entire year in one system, which allows for coordination and continuity of experiences. Population health is addressed in every course, including acute care with a zoom in and out from individual to population and back to individual.

**Preparing the Nursing Workforce for Tomorrow: Improving Rural & Frontier Access through Innovation and Partnerships**
Representatives from the University of Portland, OHSU, and the Oregon Area Health Education Center shared their initiatives and innovations focused on improving access to both nursing education and care in rural, frontier, and underserved regions. Key questions addressed were how to transition patients and families from critical access areas to acute care sites and back to home. Professional nursing education needs to prepare graduates as a generalist nurse and not just for acute care. Students need exposure to diverse experiences and settings starting with health promotion and a focus on SDOH. Students also need to understand and use multiple technologies, including those for telehealth, patient monitoring, communications, and information access. Faculty development in these areas also is critical.

The Oregon Council of Deans provides a platform for schools to come together to address access and education issues even though the issues may differ across the state. Dr. Casey Shillam, Dean at the University of Portland, stressed that there is a maldistribution of nurses and the issue for chief nursing officers in many of these areas is how to recruit and retain graduates. Strategies included ways to help support overall costs and decrease travel distances for students. Messaging to students also was modified to focus on potential experiences and quality of life in small towns. Many students cannot afford a study abroad semester. As an alternative, experiences for study in remote or rural areas, including housing, travel and mentorship, were established. Finally, access for students in many of these rural areas who have had a small amount of college coursework was provided to allow them to take courses in the school of nursing, show themselves and others they can do this, and then decide to pursue a degree. These students have a strong commitment to the community and generally remain to practice post-graduation. Partnerships within the local communities and trust are needed to make this effort successful. Also, there needs to be agreement between academic and practice partners regarding what data to track on graduates to develop a strong case for sustaining the program.
Transforming Nursing Education to Meet the Challenges of a Changing Population and Healthcare System

Health care is being delivered increasingly in ambulatory and non-traditional settings. Nursing education must prepare nurses for a transformed healthcare system. Leaders from the University of Portland School of Nursing, Legacy Salmon Creek Medical Center, and Kaiser-Permanente shared innovations being jointly implemented, including a new curriculum, use of simulation, co-teaching, and ambulatory care and interprofessional dedicated education unit (DEU) models.

Dr. Casey Shillam from the University of Portland identified the first step in this journey as asking practice partners, “What do we need to do differently?” The response was that graduates need to think critically and have strong reasoning skills in any practice environment. As a result, the curriculum was redesigned to focus on health promotion, population health, acute illness management, chronic illness management, and end-of-life care. Building a culture of health, quality improvement, and safety were woven throughout. The course of study included no stand-alone courses on medical surgical, pediatrics or woman’s health. Working across the lifespan starts in the community or ambulatory care and then moves into acute care.

For a private university without an academic health center, IP learning opportunities can also be a challenge. The University of Portland addressed this by developing strong partnerships with Legacy Salmon Creek Medical Center and Kaiser Permanente to create new models for interprofessional education. One of the outcomes was the development of an interprofessional DEU. First developed with social work in a unit with complex patients (chronically ill, few resources, and many with violence issues), it quickly expanded due to the excitement and interest from other health professions schools/programs to include respiratory, occupational, physical,
and communication therapy programs as well as pharmacy. Also, more recently the medical school at Washington State University joined the partnership. Outcomes include improved communication, decreased philosophical barriers, increased collaboration, and improved ability for students to work together in complex situations. Common issues across the professions also have been identified, i.e. moral distress, ethical conflicts, and burnout, so interprofessional experiences are being planned around these issues.

Kaiser Permanente found that practice in ambulatory care could be challenging to new RNs because of the diversity of patients, ages, types of problems, and lack of experiences; so in partnership with the University of Portland School of Nursing, they developed an RN residency program in ambulatory care. Telehealth, triaging, assessment, team-based care, care for diverse populations with acute and chronic diseases, and setting health promotion goals with patients are included in the post-graduation residency program. Many nurses do not understand the RN role in ambulatory care, so they also developed an interview rubric. The diversity department reviewed the questions to ensure that they recruit diverse graduates into the program. To date 36 RN graduates have been hired into the residency program with a 94% retention rate.

Two years ago, following the successful development of the RN residency program, Kaiser initiated an ambulatory DEU pilot. One of the challenges in developing an ambulatory DEU is helping institutions understand how to use students outside of acute care since there were few RNs working in ambulatory care to serve as mentors/preceptors. The practice partners now engage with nursing leaders on different Kaiser campuses with ambulatory settings and are piloting the program with four students in 6-week time blocks – a personal health team managing a panel of patients, a nurse run procedure clinic, and a specialty care clinic. The focus is “less on what the nurse can do but how they think.”

One of the key lessons learned in developing partnerships and innovative initiatives are that more individuals need to be involved in the discussion, planning, and implementation to overcome changing dynamics as leadership changes at the different organizations. Some regulatory issues and differing requirements for interprofessional student supervision have been encountered; the issue was not due to lack of clinical skills, but rather about tradition and possibly outdated regulations. One recommendation that emerged from the discussion was that the Interprofessional Education Consortium should be asked to explore and hopefully address this regulatory issue.
The summary thoughts and key take-aways identified by the participants were:

1. Recognize the power of relationships; the difference one person can make in a program; relationships take time and energy. “You can’t speed up the process by increasing the temperature and decreasing the time.”
2. Everything must be intentional.
3. Do not limit your thinking to past history and to only one perspective, but rather venture down new paths and broaden your perspective on the problem and strategies.
4. Evaluation is the key to innovation and critical to capturing outcomes and continually evolving.
5. More study is needed on the skill set, role, and vocabulary of an RN in ambulatory care. More sites and partnerships, similar to the Kaiser Permanente residency and DEU, are needed to demonstrate the role of the professional nurse in ambulatory care.
6. Zoom in and zoom out is a great learning methodology for teaching students about individuals, populations, and SDOH; this could also apply to relationship building.
7. Recognize the importance of language and our lexicon to illustrating the value of the RN in ambulatory care. We need to use “point of care” terminology, not “at the bedside.” We need to share and create positive images to help people develop an understanding of the future role(s) of professional nursing.
8. The gap between academia and practice is closing, but we need to invite more stakeholders to continue to move forward in developing partnerships and working together.

9. Nurse leaders need to be out in front, but not so far ahead that others cannot see them. Once they can’t see you, they give up and think you are just crazy. How do we help others come along and not just say it isn’t possible?

10. Access to care particularly in rural and underserved areas needs to be addressed. How do we get graduates to stay in those areas?

11. Share these models with others; initiate a dialogue about what if.

12. We need to help our students be able to communicate with vulnerable groups; are they prepared to deal with what they see in various settings (mental health problems, homelessness). This needs to be thread throughout the curriculum.

13. Faculty must commit to addressing population health. How do we bring the faculty along to engage with students and develop new learning opportunities?

14. Moral distress is a key issue for all health professions, particularly for those working in underserved, rural, and urban areas.

15. What can we do to put to rest the notion that students need to work in acute care for two years before they move out into the community? How do we best prepare graduates for non-traditional and ambulatory care practice?

16. Though developing new, innovative ideas is widely embraced, escaping from the old traditions is often difficult.

17. We need to recruit a diverse student body and redefine what will make a successful nurse. Barriers to good health may be the same as what causes barriers to higher education (SDOH).

18. AACN needs to incorporate into the leadership development programs these thoughts and ideas, particularly (ELAN) which is focused on new or aspiring leaders.

The innovations and discussions around partnerships and population health will inform the Board’s future decision making, the work to re-envision the Essentials, and future AACN programming.
AACN’s Thought Leaders Assembly

Transforming Academic Nursing through Partnerships & Innovation

Kimpton Hotel Monaco
Portland, Oregon
Alder Creek Rooms A, B, & C

Saturday, July 20, 2019

8:30 – 9:00 am  Breakfast  Lipman Wolfe A

9:00 – 9:10 am  Welcome Remarks and Introductions  Alder Creek ABC

Ann Cary, PhD, RN, MPH, FNAP, FAAN
Chair of the 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

9:10 – 9:20 am  Overview and Goals for the Day

Josh Mintz, Facilitator

9:20 – 9:40 am  Painting the Backdrop

Ann Cary, Chair, AACN Board of Directors
Deborah Trautman, President & CEO, AACN

Through the scope of AACN’s vision for academic nursing, presenters will paint a picture of the future of healthcare and higher education.
Preparing the Next Generation of Nurses to Address Population Health: Partnerships and Innovative Models

Susan Bakewell-Sachs, PhD, RN, FAAN, Dean and Professor, School of Nursing, Vice President for Nursing Affairs, Oregon Health & Science University, Portland Oregon

Kendra Birnley, Oregon Health & Science University, BSN Nursing Student, Portland, OR

Karen Meurer, MA, MDiv, Executive Director, PHOENIX, Gresham, OR

Peggy Wros, PhD, RN, Senior Associate Dean for Student Affairs and Diversity, School of Nursing, Oregon Health & Science University, Portland, OR

Presenters will provide an overview of the RWJ Report on Population Health: Response from the Academic Community and the Future of Nursing work. OHSU has evolved the curriculum to integrate population health into nursing practice/education models with diverse partners including FQHCs and social service agencies.

Group discussion

- Reactions to the presentation
- What are other exemplars of population health integration in the curriculum (didactic and clinical)? Other innovative partnerships?

Preparing the Nursing Workforce for Tomorrow: Improving Rural & Frontier Access through Innovation and Partnerships

Casey Shillam, PhD, RN, Dean and Professor, School of Nursing, University of Portland, Portland, OR
Lindsay Lancaster Benes, PhD, RN, CNS, Associate Dean for Graduate Education and Evaluation, School of Nursing, University of Portland, Portland, OR

Joanne Olsen, PhD, RN, CPHQ, CPSO, Associate Dean for Baccalaureate Education, School of Nursing, University of Portland, Portland, OR

Carla Hagen, PhD, RN, Campus Associate Dean, La Grande, Oregon Health and Science University, La Grande, OR

Meredith Lair, Executive Director, Northeast Oregon Area Health Education Center, La Grande, OR

Presenters will share initiatives and innovations focused on improving access to both nursing education and care in rural, frontier and underserved regions. Hear how schools can prepare graduates for diverse settings including rural and critical access areas with curricular flexibility, faculty residencies and collaborative models.

12:00 – 12:30 pm  Group discussion

- Reaction to the panel presentation
- What would need to be in place for you to replicate this in your region/state?

12:30 – 1:15 pm  Lunch  Lipman Wolfe A

1:15 – 1:55 pm  Transforming Nursing Education to Meet the Challenges of a Changing Population and Healthcare System

Casey Shillam, PhD, RN, Dean and Professor, School of Nursing, University of Portland, Portland, OR

Kelly Espinoza, PhD, RN, President, Interim, Legacy Salmon Creek Medical Center
Melody Routley, MSN, RN, RN Transition to Practice Program Manager, Kaiser-Permanente Ambulatory Nursing and Optimization, Portland, OR

Health care is being delivered increasingly in ambulatory and non-traditional settings. Nursing education must prepare nurses for a transformed healthcare system. Presenters will share innovations including a new curriculum, use of simulation, co-teaching, ambulatory care and interprofessional DEU models.

1:55 – 2:10 pm  Group discussion

• Reaction to the panel presentation

2:10 – 2:30 pm  Break

2:30 – 3:15 pm  Innovative Ideas and Key Pearls

As a small group:
• What were 1-2 of the most exciting innovations you heard today?
• What are three key take-aways you had and want other schools and practice partners to hear?

3:15 – 3:30 pm  Closing Remarks and Send Off

Ann Cary, Chair, Board of Directors, AACN