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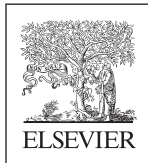
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The Department of Veterans Affairs Nursing Academy (VANA): Forging strategic alliances with schools of nursing to address nursing's workforce needs

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ABSTRACT

In 2007, the Department of Veterans Affairs (VA) established the VA Nursing Academy (VANA), a 5-year, \$60-million pilot program funding 15 partnerships between schools of nursing and local VA health care facilities nationwide, to expand nursing faculty, enhance clinical faculty development, increase nursing student enrollment, and promote educational innovations. VA is an ideal setting for educating nursing students owing to a well-educated registered nurse staff, an array of traditional and nontraditional settings, a state-of-the-art computerized electronic health record system, and a unique patient population. Challenges related to the complex nature of VANA partnerships, conceptualized as strategic alliances created between disparate subunits, each embedded in a larger organization, require careful governance to ensure smooth implementation. To ensure the program's aims are met, a 6-year national evaluation has been funded to help identify which strategies best achieve VANA's goals. The speed of economic recovery and the resulting changes in the nursing workforce are important determinants of VANA's future.

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Not so long ago, the shortage of nurses in the United States was considered to be at a critical level and projected to worsen. In 2004, the Health Resources and Services Administration estimated that the supply of registered nurses (RNs) would only meet 64% of the demand by the year 2020 and that 90% more graduates would be needed to meet the projected demand for that year.¹ However, since the beginning of the current recession, nursing's outlook has improved, although a significant supply-demand imbalance is still forecast for the next decade and a half, once the economy begins to recover.²

In addition to the inadequate supply of nurses in the educational pipeline, owing largely to a lack of qualified nursing faculty constraining nursing school enrollments,³⁻⁵ the advanced age and retirement eligibility of the current workforce remains a major concern nationwide. Within the Department of Veterans Affairs (VA), the problem is even more acute. The average age of RNs is 49.0 years, compared with the national average of 46.8 years.⁶ Projections made in 2007 indicated that approximately 22% of VA RNs would be lost by 2010 because of retirements, resignations, and terminations.⁷ Although those estimates have not proved accurate because of an ongoing economic decline, the anticipated exodus of retirement-eligible RNs when the economy recovers will make VA, the largest integrated health care system in the United States, extremely vulnerable to a future supply shortfall.

To address the multiple contributing factors—shortage of new graduates, insufficient faculty, and large numbers of retirement-eligible nurses—VA established the VA Nursing Academy (VANA) in 2007 to fund partnerships between schools of nursing (SONs) and local VA health care facilities that would combine and leverage each institution's unique resources to increase faculty numbers and development, allowing an expansion of nursing student enrollments. To date, 15 such partnerships are in operation. This article introduces the VANA partnership model and describes it within the context of the VA's mission and workforce needs, as well as within the general theoretical context of organizational alliances. Future papers will report on observed outcomes of implementing the VANA model and progress toward meeting the program's goals.

Teaching Health Professionals in VA

VA has a long history of educating health care professionals that started as a result of a national shortage of physicians and limited capacity within VA facilities to care for the large number of returning veterans from World War II. In 1946, General Omar Bradley, the Administrator of VA at the time, issued VA Policy Memorandum No. 2, titled "Policy in Association of Veterans' Hospitals in Medical Schools," to establish

affiliations with medical schools for joint support of patient care, education, and research.⁸ VA is currently the largest provider of clinical training in the United States, with more than 115,000 health professions trainees annually in disciplines including medicine, dentistry, and nursing and a wide variety of others, making it a national cornerstone of educating the nation's health care workforce.⁹

In 2002, The National Commission on VA Nursing was established to recommend legislative and organizational policy changes that would enhance the recruitment and retention of nurses and assess the future of the nursing profession within VA. On the basis of the benefits to medical education and VA, the Commission recommended affiliations with nursing schools more like VA's partnerships with medical schools, which have a strong emphasis on collaboration between partners, especially in the area of shared research, and would also serve as laboratories for the development and testing of innovative educational models and emerging nursing roles.¹⁰

VA health care facilities are in many ways ideal settings for educating nursing students. Professional nurses in VA facilities are excellent role models for students because 65% of its RN staff have an education at or above the baccalaureate level,⁷ compared with 45% of RNs nationwide,¹¹ and 11% in advanced practice positions (certified registered nurse anesthetists [CRNAs], nurse practitioners [NPs], and clinical nurse specialists [CNSs]).¹² Assurance that continuity of care is provided to the 5.5 million veterans treated every year is made possible through a state-of-the-art computerized electronic health record system that has been operational since the late 1990s. The array of integrated inpatient and outpatient facilities provides extensive learning opportunities in traditional and nontraditional settings. Mental health services are deeply integrated in the VA's care model, providing students with frequent opportunities during their mental health and medical-surgical clinical placements to learn the complexities and realities of treating individuals with comorbid conditions.

The VA patient population provides a novel experience for students. Unlike most community hospitals, more than half of VA patients are at least 60 years old, 93% are male,¹³ and 31% have a family income at or below \$30,000 per year.¹⁴ All are veterans and many have sustained injuries or illnesses requiring lifelong treatment. Many receive treatment for substance abuse and other behavioral problems. Despite their rather unique circumstances, VA patients are not only willing and cooperative with students but are also, according to many anecdotes, delighted to have the attention, creating a positive environment in which students can learn.

VA clinical education experiences promote interest in VA employment. In the 2008 VA Learners' Perceptions

Survey, nursing students at VA facilities were asked how likely they were before and after their VA clinical education placement to consider future VA employment: 43% said they were likely to consider it before and 79% said they were likely to consider working there after their placement.¹⁵ The VA All Employee Survey in 2008 asked VA employees whether they had any clinical instruction at VA before their employment. Sixteen percent of the RNs who responded said yes, whereas 19% of CNSs, 22% of CRNAs, and 24% of NPs answered affirmatively.¹⁶ Thus, VA's investment in training has served it well in bolstering its ranks of professional employees.

VA Nursing Academy: Enhancing Academic Partnerships

VANA is a 5-year, \$60 million pilot program designed to increase the numbers of teaching faculty and students in baccalaureate nursing programs, increase the number of new graduates applying to VA, retain expert VA nurses, and ultimately improve the nursing care of veterans (Table 1). VANA's "Enhancing Academic Partnerships Program" is predicated on the belief that it will enable stronger, mutually beneficial relationships between nursing schools and VA facilities. Implementation of this goal-driven concept can be viewed in terms of influencing input (increasing faculty and students), throughput (using the VA for clinical placements in innovative ways), and output (more graduates applying to work at VAs), thereby enabling the VANA partners to moderate swings in local nursing supply and demand.

Table 1 – Highlights of the VANA Program

<p>Expanded VA-based and school-based teaching faculty in baccalaureate nursing programs</p> <ul style="list-style-type: none"> • Funding for 3 FTE VA-based faculty and 2 FTE school-based faculty in the first and final years; funding for 6 and 4 FTEs respectively in intervening years.
<p>Increased student enrollment in baccalaureate nursing programs</p> <ul style="list-style-type: none"> • School adds and maintains annual enrollment of 20 students more than baseline for each 5 faculty added
<p>Increased VA recruitment and retention</p> <ul style="list-style-type: none"> • Expanding teaching and scholarly opportunities for VA nurses including faculty development • Providing more stimulating clinical and learning environments by having students involved • Increasing VA clinical education opportunities and innovation • Providing positive clinical experiences to increase the likelihood that new graduates will seek employment at VA facilities
<p>Improved care for veterans</p> <ul style="list-style-type: none"> • Graduated levels of nursing student responsibility for veteran care • More students and medical center units involved in clinical education

Partnerships are intended to be co-led by 2 program directors (PDs), 1 from the SON and 1 from VA, who become the tactical leaders, with support from both the SON Dean and VA Chief Nurse Executive (Figure 1). Operational decisions (eg, who is hired, content of meeting agendas, changes to clinical curriculum) would be made jointly between the PDs, often involving executive leaders as well. VANA's programmatic goals are to (1) expand faculty and professional development, (2) increase student enrollment, (3) provide educational and practice innovations, and (4) increase recruitment and retention of VA nurses.¹⁷

Expand Faculty and Professional Development

VA provides salary support for additional faculty positions to provide didactic and clinical instruction for nursing students at the school and during their clinical placements at the partnering VA facility. Five positions (3 VA-based, 2 school-based) are funded in the first and final years of the grant, with 10 positions (6 VA-based, 4 school-based) funded each year in the interim. In general, positions are first offered to eligible VA clinical nurse experts, although if positions are not filled from within, advertising in the broader community both within and outside VA follows. Role descriptions are variable and, apart from the primary focus on clinical instruction, may also include clinical practice, administration, and/or research components.

Increase Student Enrollment

With the increase in faculty positions, SONs admit 4 additional students per year for each additional full-time equivalent (FTE) faculty supported by VA. This translates to 20 more students in the first and final years, and 40 more in each interim year. Because most SONs nationwide had been turning away large numbers of qualified students, finding enough students to achieve the VANA-required additional enrollment target has not been a challenge.

Provide Educational and Practice Innovations

Using new approaches to educate baccalaureate students and improve practice is strongly encouraged in, but is not limited to, evidence-based practice, interprofessionalism, continuity of care across settings, and veteran-specific health needs. Partnerships have been allowed much latitude in creating their own models, and thus no 2 partnerships are alike in the innovative approaches that have been implemented. However, 2 common elements are emerging across the partnerships:

1. The VANA *faculty role* is emerging as a new category of nursing faculty that incorporates strong clinical expertise and practice currency into the academic repertoire, especially in the classroom and in skills and simulation laboratories. Familiarity with

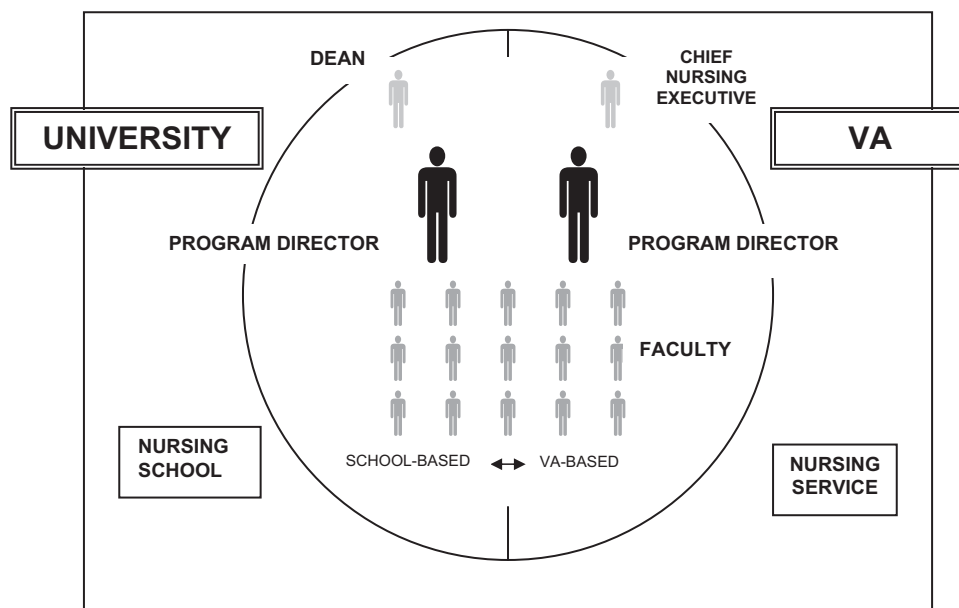


Figure 1 – VANA partnership structure.

particular VA clinical environments (eg, understanding the culture, acquaintance with staff, and knowledge of local processes) is an added dimension of the role. Teaching nursing students from this perspective supercedes the more traditional 2-tiered system of having separate academic and clinical faculties. An important feature of the competitive federal government salaries attached to the VA-based faculty positions is that they allow partnerships to attract the best and brightest clinical teachers.

- Using nontraditional settings for clinical placements better prepares students for the new realities of health care, where patients are no longer predominantly seen in hospitals.¹⁸ As an integrated delivery system, VA offers a multitude of health care settings across the entire continuum of care, including outpatient specialty clinics and nursing homes, in addition to traditional medical-surgical units that are being used to educate nursing and other professional students, even in their initial clinical placements. Patients with comorbid conditions increasingly require more comprehensive care, even in specialty settings, so the old rationale of starting with the medical-surgical inpatient unit as the foundational experience of clinical education may no longer be valid.

Increase Recruitment and Retention of VA Nurses

Despite the recent and rapid decline in nursing vacancies, it is expected that recruitment of former VANA students into VA will increase as a result of their participation in the program, their familiarity with VA, and their desire to care for veterans. Also, involving

nursing staff as indirect participants in VANA initiatives is expected to improve staff morale and retention.

The VANA pilot partnerships were funded in 3 waves (Table 2). The first cohort of 4 was launched in Fall 2007, the second cohort of 6 was launched in Fall 2008, and the third and final cohort of 5 launched their programs in the Fall of 2009. Funding for all 3 cohorts will cease at the end of the 2011-12 academic year unless VANA is continued beyond the initially approved 5-year pilot.

All partnerships, with the exception of 2, include 1 VA facility and 1 SON from the same locale. One exception consists of a consortium of 4 VA facilities and 2 SONs joining forces between smaller and larger urban centers, allowing the affiliated institutions to pool and thus optimize the available resources in their largely rural state. The second exception includes use of a co-located VA and military medical center that share a number of services and personnel.

Most partnering VA facilities and SONs had some type of previous connection with one another. Often, the connection was a strong collegial relationship between the nursing leaders, although in some cases, the preexisting relationship was based solely on an arrangement, one of many between the SON and area hospitals, for limited VA clinical placements. Regardless of the degree of connection, these prior bonds provided a suitable platform to further develop the partnership.

In the first 2 proposal cycles, no requirements were made for type and size of institutional partners. However, the third proposal cycle required that 2 of the selected partnerships be comprised of nontertiary-level

Table 2 – Operating Partnerships Funded by VANA

Base Locale	VA Facility	University
Cohort 1 (launched Fall 2007)		
San Diego, CA	VA San Diego HealthCare System	San Diego State University
West Haven, CT	VA Connecticut Healthcare System	Fairfield University
Salt Lake City, UT	George E. Wahlen VA Medical Center	University of Utah
Gainesville, FL	North Florida/South Georgia Veterans Health System	University of Florida
Cohort 2 (launched Fall 2008)		
Charleston, SC	Ralph H. Johnson VA Medical Center	Medical University of South Carolina
Oklahoma City, OK	Oklahoma City VA Medical Center	University of Oklahoma
Detroit, MI (Michigan Teaming Tactically Educating Nurses- MITTEN)	John D. Dingell Medical Center (Detroit), Aleda E. Lutz Medical Center (Saginaw), Battle Creek VA Medical Center, Ann Arbor Healthcare System	University of Detroit Mercy Saginaw Valley State University
Hines, IL	Edward Hines, Jr. VA Hospital	Loyola University Chicago
Tampa, FL	James A. Haley Veterans' Hospital	University of South Florida
Providence, RI	Providence VA Medical Center	Rhode Island College
Cohort 3 (launched Fall 2009)		
Honolulu, HI	VA Pacific Islands Healthcare System	University of Hawaii at Mānoa
New York, NY	VA New York Harbor Healthcare System	Pace University
Asheville, NC	Charles George VA Medical Center	Western Carolina University
Birmingham, AL	Birmingham VA Medical Center	University of Alabama at Birmingham
Pittsburgh, PA	VA Pittsburgh Healthcare System	Waynesburg University

VA facilities to involve smaller, less complex facilities and those in less urban locations. In all cohorts, most university partners are public institutions, although several are private and some have a religious affiliation. Most participating VA facilities are tertiary facilities, although several, including 2 that were funded in the third cycle, are smaller and less complex in the scope of services they provide. The baccalaureate nursing programs—the focus of VANA—are roughly equally divided between those that offer traditional and accelerated curricula.

Strategies Used to Meet VANA's Programmatic Goals

The program allows VA's clinical practice nurses to be developed for faculty roles as well as the SONs' ability to develop faculty that can cross more easily into clinical teaching roles. VANA also provides an excellent opportunity to redesign clinical education for nursing students, which is mindful of the recent call to action by Benner and her colleagues, who recommend profound changes to nursing education in response to the evolving role of the nurse.¹⁸ Using VANA funds, participating sites are able to place more emphasis on simulation learning to better prepare students for actual patient care. Hiring VA nurses as faculty brings real and current practice experiences into academic settings. Cutting-edge approaches to clinical education, such as Designated Educational Units¹⁹ and "embedding" advanced practice faculty on units as part-time staff/part-time clinical educator,²⁰ are being implemented at some VANA sites.

The integrated partnership model is the essence of the VANA program. Strategic partnerships in the business world are either formal or informal alliances between companies where each holds resources that help the other but that neither wants to develop independently. The larger entity frequently supplies the capital, product development, and distribution capabilities, whereas the smaller one brings to the table the necessary technical or creative expertise. These relationships are often complex and require continuing negotiations to sustain the collaboration.

This definition, albeit framed in a business context, describes the VANA arrangements quite well. VA, as the larger of the 2 enterprises, is heavily invested in the education of health professionals, although it does not itself provide the product (new nurses). Hence, collaborating with a smaller academic institution in "product development" is entirely reasonable. By supplying the capital (faculty salaries), a means to develop the product (the setting for clinical experiences), and distribution capabilities (opportunities for future employment), VA leverages the academic expertise provided by a SON partner through the VANA program.

The complexities of the VANA partnerships may be better understood if viewed from an organizational perspective. Unlike a simple agreement between 2 businesses, VANA partnerships are unique. They not only link 2 very disparate entities, especially in regard to their missions and cultures, but the partnerships also are created between teams or subunits that are each embedded in a larger organization. Interorganizational relationships (IORs) such as these tend to form when preexisting conditions are not serving the

current need and cooperating with another team outside the “mother ship” allows both teams to accomplish goals that are otherwise elusive.²¹ Although this arrangement tends to complicate negotiations that are made between the cooperating teams because of possible conflicts with policy or philosophy of the larger organizations, the anticipated value generally outweighs those challenges.

IORs form under a number of contingent conditions but commonly are, like VANA, voluntary agreements made for reciprocal gain. Specific benefits that may be expected to accrue as a result of VANA could include²² (Figure 2):

- *Creating new funding streams:* Participating nursing schools are able to admit more qualified students with the additional faculty hired with VANA funds.
- *Reducing overlapping efforts:* Aligning clinical instruction into a single, cooperative venture promotes an educational model that uses the ideal teachers: those who have current skills and knowledge; are familiar with the patients, staff, and workflow of the facility; and have access to all the resources and expertise of the academic faculty.
- *Increasing resource efficiency:* Paving the way for students to accomplish the bulk of their clinical experiences at a VA facility increases not only their familiarity with the facility’s structures and processes, but also removes the burden from the SON of having to repeatedly seek arrangements with other health care organizations for clinical placements. Further, an anticipated benefit of VANA is decreased orientation time for students returning to VA facilities for clinical placements.
- *Integrating complementary services:* Combining clinical and academic expertise raises the relevance, currency, and consistency of material taught in skills and simulation laboratory environments as well as in classrooms. Not only is clinical expertise imparted to

the SON, but research and education expertise is brought into or enhanced at VA facilities.

- *Fostering innovation and synergy:* Developing new and ongoing aspects of the VANA program jointly not only capitalizes on the complementary expertise, but also instills a joint sense of ownership that may tighten the partnership bond, leading to collaboratively developed innovations.

Combining forces across institutional boundaries has become more common in a rapidly changing and uncertain organizational environment but, despite the value of forming such alliances, the ensuing tensions of maintaining partnerships as they move from concept to implementation demand a certain amount of vigilance and support to avoid the obstacles that sometimes arise from clashing institutional cultures, lack of a shared vision, and power imbalances. In addition, the distraction of contextual circumstances, such as the economic downturn, can dampen enthusiasm for the partnership. Elements of the VANA partnership model that guard against such obstacles include: (1) building on preexisting relationships between stakeholders; (2) blurring the cultural boundaries (ie, not only between academic and practice environments, but also between the VA and university organizations) by incorporating a familiarity between stakeholders that fosters collegiality; (3) maintaining a reciprocal power base between partners by involving leadership from both institutions; and (4) providing regular and frequent programmatic oversight by participating stakeholders in VA’s Central Office (Figure 3).

The Future of VANA

The basic concept of the partnership model is not new to nursing. Although much smaller in scope than

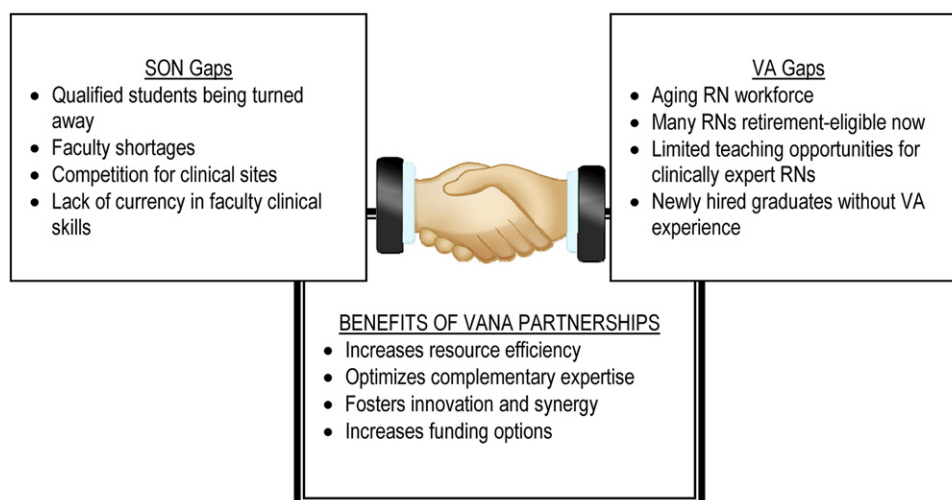


Figure 2 – Benefits of the VANA partnership model.

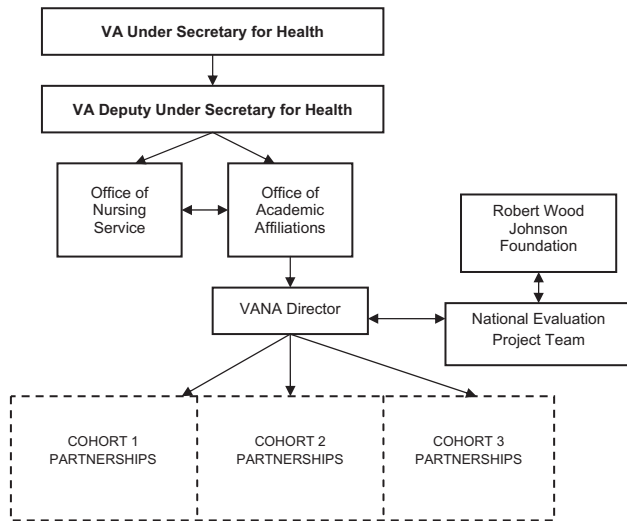


Figure 3 – Organizational structure of the VANA program.

VANA, other forms of cooperative agreements between hospitals and SONs have reported outstanding results in addressing the problems of constrained budgets, inadequate numbers of faculty, and limited options for clinical sites²³⁻²⁵; thus, VA hopes to realize a strong return on its investment in the VANA program (ie, increased recruitment of new, well-trained graduates).

Careful governance of cooperatively constituted IORs, based on the amount of trust between leaders and the level of risk for the participating institutions, is the key to the model's success.²⁶ Furthermore, survival is characteristic of long-lived IORs, although dissolution also may be a natural part of the partnership life cycle.^{22,27} When continued funding is at issue, stakeholders are torn between their desire to maintain a partnership because the work is valuable in addressing important ongoing problems or to dissolve it because of the futility of keeping it going without proper funds. It remains to be seen how any benefits from VANA can be sustained in the long term if there is not continued commitment of support, especially targeted funding.

The speed with which the economy recovers and the resulting changes in recruitment and retention of nurses will likely be important determinants of the nursing shortage and VANA's future. The drivers of the recent shortage—aging of nurses in both clinical and academic sectors, more career paths for women, and the imminent tidal wave of retirements—are well understood. However, as a result of the recession that is effectively eclipsing the recent shortage,² the condition of local and state-level economies is exerting considerable influence on the current market for nurses in surrounding areas. Retirement-eligible nurses are holding onto their jobs, and hiring is often restricted or frozen at many facilities. In addition, where unemployment is rather high secondary to local industry closures, unemployed

persons are seeking second careers such as nursing, so the existing supply of nurses in many local environments is greater than has existed for some time.

Although the VANA program is focused on new graduates, their numbers are inextricably linked to employment patterns of nurses already in the workforce. Recent trends in the supply of RNs makes this clear as new graduates are finding RN vacancies harder to find than they were led to believe would be the case when they entered their academic programs. Because of the increased competition for new RN positions, it behooves new graduates to garner as much work experience as possible during their schooling to differentiate themselves from their competitors. Many VANA partnerships are highlighting internship and residency positions to ensure that VANA graduates are prepared to enter the workforce as full-fledged RNs capable of addressing practice-ready deficits identified in the field.²⁸

In VA, the “leaving rate” for RNs is currently only about 7% of the workforce; less than half of those losses are a result of retirements (Note: This includes retirements as well as deaths and terminations, although the latter 2 constitute only a small fraction of the overall losses). However, because 34% of the more than 51,000-strong RN staff is 55 years or older, more than 8,800 direct-care RNs are currently eligible to retire.²⁹ As the economy recovers and aging RNs leave the workforce, the VA will be left particularly vulnerable. Working to optimize the VA's nursing workforce capacity through its VANA program may serve to ameliorate this vulnerability.

If VANA continues past the current pilot, the program's sustainability will depend on the capacity to scale up local successes into a refined version of the model that combines best practices identified from the pilot partnerships. To ensure that the pilot program's aims are met, a 6-year national program evaluation has been funded to help identify which strategies best promote VANA's programmatic goals in the most effective and efficient ways in light of varying market constraints and anticipated changes to the US health care system.

The national evaluation project is already guiding and refining the project through an examination of the program's impacts and identification of its unintended consequences through a formative process. Using a mixed qualitative and quantitative approach, the summative evaluation will describe the individual structures and characteristics of each partnership and explore the consequences of these differences. These activities will, in turn, lead to an understanding of what VANA-specific activities have been most effective and why. Final results from the independent national program evaluation will be made available 1 year after the pilot program is complete so that others will be able to understand how to best approach the implementation of similar programs if VANA is expanded to additional sites.

The Robert Wood Johnson Foundation, in cooperation with the VA, provided funding for a recently held working group conference that examined best practices for clinical instruction in baccalaureate nursing programs. The aim of the conference was to convene a cadre of national leaders and stakeholders who would shape the future of baccalaureate clinical instruction in the US through the analysis of curricular gaps and the creation of research agendas and policy statements. The VANA experience provided a rich source of lessons for conferees to frame their continuing work.

Conclusion

VANA is designed to increase recruitment and retention of VA nurses by expanding nursing faculty at SONs, enhancing clinical faculty development, increasing enrollments in baccalaureate degree nursing programs, and promoting innovations in nursing education and practice. Discovering innovative ways to negotiate the intersection of such disparate organizational structures and cultures as SONs and VA facilities has been a major focus of the partnerships' efforts. VA expects to see these "seeds" of innovation from VANA grow in the coming years through strengthened ties between the SONs and VA facilities.

Overlooking the ostensible oversupply of nurses, nursing is predicted to grow much faster than the average for all other occupations in the upcoming decade.³⁰ VANA may serve as a model for how best to design and target policies to expand clinical training capacity in the fastest and most cost-effective manner, as well as to structure academic-practice relationships, to meet future workforce needs. VANA also has the potential to set new norms for enhancing the use of evidence-based practice and improving recruitment and retention of hospital staff. The VANA model may be adaptable to address nursing's own pending shortages, as well as those in other health professions.

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