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How the Practice/Academic Partnership Model Helped One State **During COVID-19**

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How the Practice/Academic Partnership Model Helped One State During COVID-19

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nursing leaders throughout the state has

proved essential to providing the practice hours and clinical learning experiences

needed to assure that students meet gradua-

tion goals and expectations for future clinical practice as an RN. The COVID-19 pandemic is

collaboration (NCSBN, 2021).

considered an extraordinary circumstance, in which

innovation and flexibility are priority qualities of any

Requests for alternate clinical experiences compiled from deans and directors of nursing programs throughout the state were presented to the BON for discussion and approval to ensure that educational objectives and outcomes would be met for graduating seniors without altering the quality of the educational experience.

uring the spring and summer of 2020, boards of nursing (BONs) throughout the U.S. were faced with requests from educational programs for ways to replace clinical hours due to the inability to access clinical sites caused by the COVID-19 pandemic. While many clinical sites have since reopened to nursing students, some barriers still remain, resulting in a backlog of clinical hours for many nursing students throughout the state of Connecticut. Reflecting on lessons learned over the past year, collaboration between the BON and

Early on in the pandemic, a collaboration began with the Connecticut League for Nursing (CLN) Council of Deans and Directors Co-Chairs Audrey Beauvais, DNP, MSN, MBA, RN, and Rosemarie Baker, DHEd, MSN, MBA, and Executive Director Marcia Proto, MEd, CAS. Requests for alternate clinical experiences compiled from deans and directors of nursing programs throughout the state were presented to the BON for discussion and approval to ensure that educational objectives and outcomes would be met for graduating seniors without altering the quality of the educational experience. The Connecticut State Board of Nurse Examiners approved a list of alternate clinical experiences recommended by the CLN Council of Deans and Directors for use during the pandemic for BSN programs, not to exceed 50% of clinical hours (Hayden et al., 2014). As the pandemic continued, and uncertainty regarding available clinical sites persisted, the CLN executive director requested board representation for discussion on practice/academic partnerships.

At the end of November 2020, Beth Beckman, DNS, RN, APRN, NEA-BC, FAAN, chief nurse executive at Yale New Haven Health System (YNHHS), collaborated with five area schools of nursing (Quinnipiac University, Fairfield University, Southern Connecticut State University, University of Connecticut and Gateway Community College) on a model to offer additional preceptor-based clinical experiences to nursing students entering the last semester of their program of studies. This model was a win-win for academia and practice.

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On the academic side, it provided the much needed clinical experiences for nursing students in the final months of their programs. During the pandemic, nursing students were graduating without COVID-19 care experience and a program objective was to address this deficiency. For the practice side, it provided the staff with much needed additional assistance as travel nurses were scarce and the pandemic was projected to continue for months to come. These bright and well-prepared senior nursing students could be the extra eyes, ears and heart during a time of tremendous workload.

The model was later expanded and offered to other universities. The program, "Bridge to Professional Practice," was an elective zero-credit winter intercession offering overseen by faculty from the participating nursing programs. This provided students the opportunity to work with a designated YNHHS preceptor at the bedside to aid their clinical and decision-making skills, and gain confidence in the role of a new nurse.

The program began over the December 2020 winter break with approximately 320 students participating in 60 clinical practice hours with preceptors on various units throughout the YNHHS. Clinical hours counted toward the student's program's required clinical hours or served as a supplement to their clinical hours. University nursing faculty leaders and YNHHS nursing leaders collaborated on the development of the syllabus, including course description, practicum course objectives, learning strategies, methods of assessment and policies. Clinical faculty and preceptors were provided with detailed information on the Bridge to Professional Practice experience from the academic and clinical partner nurse leaders. Each student was paired with a BSN-prepared preceptor while an MSN-prepared faculty employed by the school oversaw learning. After the 60 clinical hours were completed, students had preferential consideration for a paid position as a student nurse intern within YNHHS and the option to complete their remaining clinical hours for the spring semester on the unit or within the facility.

A formative evaluation of the "Bridge to Professional Practice" was conducted from the perspective of the students, preceptors, managers and faculty, using electronic surveys. Student responses to the Bridge program have been very positive. For example,

one student wrote, "This program gave me the chance to work with a preceptor

one-on-one for the first time. That experience was so beneficial as I had the nurse's full patient load and my nurse preceptor was available to me at all times. This experience made me so much more confident in my nursing ability and I greatly appreciate the opportunity for this program." Students' self-reported competence showed overall improvements in such areas as caring for adult patients with complex care needs, prioritizing care, communicating with the interprofessional team, demonstrating evidence-based clinical skills and adhering to professional behaviors.

Given the success of this program, YNHHS is considering offering it again next winter. Although the situation during the COVID-19 pandemic has been challenging, we have learned that strong partnerships between CLN, BON, academia and practice are essential to both nursing education and high quality patient care. •

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