



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

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PLAYERS

Selecting Partners

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University of Tennessee College of Nursing (CON)

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Preparing for Your First Meeting

Date/Time of Meeting December 2017

Place of Meeting:

Cherokee Health Systems

What do you and your partner need to know about you and your organization?

What do you and your partner need to know about you and your organization: CHS is a non-profit organization that provides primary care, behavioral health, and addiction services to over 70,000 people living across the state of Tennessee. This project initially will utilize four CHS sites that provide integrated services to culturally diverse, rural and underserved populations in East Tennessee. Each site is a Federally Qualified Health Center (FQHC), and located in HPSA designated counties.

UT CON is nationally ranked and internationally recognized for its diverse and comprehensive educational programs, highlighted by innovative simulation, interprofessional collaboration, research, and community outreach.

PARTNERSHIPS

Initial Meeting

What is the right partnership activity for you and your partner?

Multiple nursing organizations are calling for such curricular redesign and shift in nursing education culture. Nursing workforce projections forecast an unprecedented need for nurses and CHS struggles to fill RN vacancies. Improving health requires training nurses to practice to the full extent of their education and redesigning curriculum models with emphasis on population health and community-based integrated primary care (CBIPC). There are significant health disparities, poor health status indicators, and challenging social determinants of health in the communities that the project will be implemented. CHS administration recognizes the need and is partnering with the CON to expand RN roles in primary, preventative and chronic care by training Bachelor of Science nursing students in CBIPC and participating in a newly developed professional development workforce training for RNs, clinical coaches, and partnership liaisons. CON will revise curriculum to include all traditional BSN students.

What documents about your organization should you bring to the meeting?

Guiding documents include:

- Cherokee Health Systems, Internal Needs Assessment Report. August 2016.
- Bodenheimer, T & Mason, D. Registered Nurses: Partners in Transforming Primary Care. Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation in June 2016; New York: Josiah Macy Jr. Foundation; 2017.
- Robert Wood Johnson Foundation. Catalysts for Change: Harnessing the Power of Nurses to Build Population Health in the 21st Century. 2017.
- Berkowitz, B. Transformation in times of change: President's Message. Nursing Outlook. 2017; 65, 3-5.

What do you have to offer?

Each organization brings unique expertise to the partnership. CON brings extensive expertise in training BSN students, simulation, and interprofessional knowledge to the partnership. CHS brings extensive expertise in CBIPC using interprofessional teams and provides unique one-on-one mentorship by clinical coaches and preceptors in CBIPC for student participants over two years.

What is your vision for this partnership and does your partner share this vision?

The shared vision for this partnership for both organizations is to create a symbiotic relationship where CHS RNs are trained in leadership and expanding primary care RN roles while training project BSN nursing students in CBIPC. Simultaneously, the CON curriculum will be revised to include CBIPC concepts for all traditional undergraduate students. The outcome will be RNs trained to operate at the full scope of their license, BSN students will view primary care as a potential workplace upon graduation and will be well-prepared to care for urban and rural underserved populations. The Transforming RN Roles in Community-Based Primary Care through Academic-Practice Partnership (TRIP) Program was developed to meet the needs of both organizations.

Who else needs to be involved in both organizations? Is top leadership involved?

Top leadership from each organization, including the Dean of CON and Chief Operations Officer of CHS, are directly involved in the creation of the TRIP partnership, and fully support ongoing project activities. Involvement in the TRIP project extends throughout both organizations to include CHS behavioral health experts, human resources, and finance department and UT CON Assistant Dean for Undergraduate Programs and faculty and staff at all levels. In addition, interprofessional partners at UT include College of Business Graduate Executive Education department, Department of Nutrition, and College of Pharmacy.

What is the business case for the partnership?

The TRIP Program, through a grant from the Health Resources Services Administration (HRSA), implements the academic-practice (A-P) partnership objectives and goals. Through the TRIP Program Model of third-party rapid cycle evaluation, continuous project improvement is accomplished by using quantitative and qualitative data from project participants at all levels and incorporating changes through team meetings and group discussions. Additionally, this program model, through evaluation, tracks initial project goals and allows participants to adapt as the clinic and academic environments change. As a measure of success, three program graduates have accepted jobs at CHS and made the transition to CBIPC practice seamlessly.

Subsequent Meetings

Do you have clarity on goals and vision?

The TRIP Program has clarity on its goals and vision. Program goals fall into the following three categories: 1) Expand A-P partnership between the CON and CHS to immerse recruited BSN students in CBIPC team clinical experiences in culturally diverse rural and underserved settings. 2) Build and implement an innovative BSN curricular model to include didactic and longitudinal clinical training in primary care emphasizing chronic disease prevention and control, recovery-based mental health and substance use, and childhood obesity for culturally diverse rural and underserved populations in collaboration with interprofessional (IP) teams for practice at the full scope of their license. 3) Develop the RN workforce (practicing nurses and faculty) to transform primary care through professional development in primary care and leadership training for practice at the full scope of their license.

What are the details and time line of the initiative?

Initially, team meetings took place in person once per month throughout the academic year. During the pandemic, meetings were held virtually. Student meetings include CHS orientation their junior year fall semester and twice per semester meetings regarding clinical experiences including a debriefing at the end of each semester. As the program evolves, meeting schedules have adapted to include: twice per semester meetings with clinical coaches and preceptors; preceptor training at the beginning of each semester; individual meetings with Faculty Liaison, preceptors, and students; meetings with undergraduate scheduling and student services; meetings with Clinical Partnership Liaison and Lead Nurse at CHS; meetings with interprofessional team members and content experts to adapt and incorporate changes to simulations. Meetings take place on a scheduled and as needed basis.

Whom can we call for expert consultation if needed?

Dr. Sandy Mixer, Associate Professor UT CON, smixer@utk.edu

Dean Niederhauser, Dean UT CON, vniederh@utk.edu

Dr. Suzanne Bailey, CHS Chief Operations Officer, suzanne.bailey@cherokeehealth.com

Dr. Parinda Khatri, CHS Chief Clinical Officer, parinda.khatri@cherokeehealth.com

Jennifer Craig, Head RN CHS, jennifer.craig@cherokeehealth.com

Dr. Bobbie Berkowitz, Dean and Professor Emerita Columbia Univ CON and TRIP Program Consultant, bb2509@cumc.columbia.edu

What are the expected outcomes of the activity?

The TRIP Program has produced many outcomes in line with goals set at the initial engagement.

1. Immerse TRIP Program BSN students in CBIPC clinical experiences at CHS: 21 students successfully completed the program with 32 students currently being trained with expected graduation in 2022 and 2023.
2. Built and implemented an innovative BSN curricular model that includes didactic and longitudinal clinical training in CBIPC: Curriculum created and revised in Years 1-2. To date 248 students have completed both years of the curriculum.
3. Developed and provided professional training in primary care and leadership for practicing RNs and faculty for practice at the full scope of their license: 22 faculty, RNs, and staff trained in 2019; through rapid cycle evaluation, program revised with 22 faculty, RNs, and staff to be trained in 2021-2022.

ENVIRONMENT

Time

Is this the right time for this partnership?

Yes, the TRIP Program is meeting the national call for nurses to operate at the full scope of their license in CBIPC. The partnership foundations have been established in both organizations and sustainability plans are forming. Within the CON, through faculty support and student word-of-mouth, interest in working in primary care at CHS and the community has grown. CON is increasing enrollment to address upcoming nursing shortages and CHS reported their turnover rate exceeded the 2017 national average of 15.8% for RNs in non-profit outpatient areas. In combination with an innovative curricular model and training RNs in leadership development, traditional BSN students are learning CBIPC concepts and program students are experiencing a 2-year mentorship with CHS preceptors. The TRIP curriculum offers the first comprehensive CBIPC training for nursing students in our region and across the Cherokee Health System.

What are the issues that will facilitate or impede the development of the partnership?

The TRIP Program goals were developed to address issues that may arise during the development of the partnership. First, the TRIP_L Leadership program, training CON faculty and CHS RNs, facilitated buy-in and understanding for members of both partner organizations. Potential resistance to teaching CBIPC concepts by faculty only trained in acute care was addressed. This created the momentum for curriculum-to-clinic transfer of knowledge. RNs at CHS understood goals of grant and skills taught to BSN students. Each organization teaches TRIP students the interconnection and transferrable skills of acute care and primary care. These issues were addressed further with presentations at CON faculty meetings, preceptor training, and meetings with individual CON course coordinators.

What is the time commitment for the partners?

CON faculty, including Program Director, Lead Faculty, Faculty Liaison, and Curriculum Faculty, require 50% effort on the project. Project Manager is fulltime. Interprofessional team members and content experts are between 5-10% on the project. Simulations with nursing, nutrition, and pharmacy students are held once per semester for 3 hours with participation from faculty, CHS RNs, and students. For CHS, there is a Clinical Liaison with 50% effort and 4 clinical coaches. The Clinical Liaison and clinical coaches spend 15% effort on the project. There are 16 CHS preceptors. For each semester, clinical preceptors spend between 6-8 hours with students: fall semester - junior student clinical experiences are 4 clinical days and senior students are 10 clinical days; spring semester --junior student clinical experiences are 8 clinical days and senior students are 4 clinical days. After funding concludes, the A-P sustainability team plans clinical immersion will occur throughout the senior year and CBIPC curriculum is mapped to the new AACN essentials.

Whose time will be required?

This project is an interprofessional endeavor that requires time from the UT CON faculty and staff, College of Business, College of Pharmacy, Department of Nutrition and CHS Clinical Liaison, Lead Nurse, and RNs.

When will the meetings be scheduled?

Team meetings are 1-1/2 hours scheduled at the CON once per month during the academic year. All project team members attend. Clinical coaches meetings are twice per semester for 2 hours at CHS. Clinical preceptor meetings are once per semester at clinics for 15 minutes. Faculty Liaison, preceptors, and students meet several times per semester in clinic. Project Core team meetings are once per month during the academic year and are 1-1/2-2 hours via Zoom. Interprofessional team members and CHS staff met initially to develop simulations and meet following team meetings to address changes. Student meetings occur twice per semester for 1-1/2-2 hours with evaluation meetings held separately for 1-1/2 hours once per semester. Student meetings are held at the UT undergraduate library. For TRIP_L Leadership, 12 workshops were held twice per month for 6 months. The next TRIP_L will hold 9 meetings, once per month in the fall and twice per month in the spring. Meetings during the third year of the project moved entirely online via Zoom due to COVID.

ENVIRONMENT

Space

What space is required for the activity?

Dedicated space is not required. The program utilizes meeting rooms in the CON, CHS, College of Business, university undergraduate library. This arrangement is fully supported by each organization.

What equipment and supplies are needed?

Initially, four laptops and related software were purchased for CHS clinics to be used by clinical coaches and students during clinical experiences. As the program progressed and the number of students increased, CHS requested six additional laptops for clinics.

What money is needed?

The TRIP Program academic-practice partnership was formed through a \$2.6 million 4-year HRSA Nurse Education, Practice, Quality, and Retention grant. The grant principally supports various levels of effort for the design and implementation of CBIPC training for RNs, faculty, and undergraduate BSN students.

Going into Year 4, through the curriculum redesign and implementation, CBIPC concepts have been fully integrated into the CON curriculum, providing structure and momentum for CON undergraduate administrators and students. Additionally, program interprofessional (IP) partners have designed replicable simulations that can be utilized in future years and meet their accreditation standards for IP education.

Where are we meeting?

Depending on the program stakeholder needs, meetings take place in various locations:

- meetings with key program and interprofessional personnel take place in the CON,
- meetings with clinical coaches take place at CHS,
- interprofessional conference and simulations with faculty, RNs, and students take place at either CON or CHS
- meetings with preceptors take place at the clinics or virtually, and
- meetings with students take place at the University undergraduate library.

Zoom remote conferencing is available for team meetings, otherwise meetings are in person. During the pandemic, all meetings were held via Zoom and some meetings, such as clinical coaches meetings, preceptor meetings, and simulations will continue to be held online.

Where will we present outcomes?

Program design, implementation, and results have been and will be presented across numerous nursing, interprofessional (pharmacy and nutrition), and simulation conferences and publications. Program personnel, including students, are involved in both conference presentations and publications. To date, information about the TRIP Program has been presented at the Association of Public Health Nurses, International Society of Psychiatric-Mental Health Nurses, the Annual Hawaii International Conference on Education and Transcultural Nursing Society. Publications have included the Journal of Professional Nursing, Journal of Nursing Education, Issues in Mental Health Nursing, and Weight Management Matters.

ENVIRONMENT

Regulation

What are the policies or regulatory issues that will impede or facilitate development of the partnership on both sides?

TRIP Program students receive HIPAA and OSHA onboarding with CHS during their junior fall semester orientation. Additionally, students are trained on the CHS EHR during clinical experiences. Before beginning the TRIP Program, students submit UDS, background check, TB test results, and proof of vaccinations to CON. CON submits Certificate of Liability Insurance to CHS each fall prior to student clinical experiences.

Context

How will the partnership be funded?

The TRIP Program partnership is funded by a four-year \$2.6 million grant from the Health Resources Services Administration (HRSA). With the commitment to improving healthcare across the region through A-P partnerships, the CON curriculum redesign integrating CBIPC concepts and clinical placement of undergraduate students in primary care urban and rural underserved settings, several graduates choosing fulltime employment at CHS, key personnel within both organizations are participating in sustainability efforts to continue the partnership beyond the grant.

What are the constraints of both partners?

There are no significant constraints related to this partnership for either organization. The first three years of the partnership have yielded three BSN graduates being employed at CHS, which addresses their initial concern of recruiting and retaining RNs to work in primary care. Program partners were able to nimbly move and shift direction during the pandemic lockdowns with little to no impact to the grant. Upon graduation, TRIP Program students report a high level of preparation to work with underserved populations whether in acute or primary care settings. They report a significantly high level of preparation to work in interprofessional teams.

What history do the partners have with each other and each others' institutions?

Prior to this grant-funded project, the CON and CHS partnership included placement for psych-mental health nurse practitioner students. Since project implementation, the partnership has expanded to also include family nurse practitioner student placement.

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