



The Power of Two: One Academic-Practice Partnership's Response to Coronavirus Disease 2019 (COVID-19)

Staci Reynolds, PhD, RN, ACNS-BC, CCRN, CNRN, SCRNI,
Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN, Pamela Edwards, EdD, MSN, RN-BC, CNE,
Diane Uzarski, DNP, MPH, RN, Sylvia Alston, MSN, RN, NEA-BC, and
Marion Broome, PhD, RN, FAAN

Academic–practice partnerships are necessary for strengthening nursing practice, robust and relevant academic programs, and advancing health care. The purpose of this paper is to describe how a strong academic–practice partnership shaped our response to the coronavirus disease 2019 (COVID-19) pandemic. During this unprecedented time, existing relationships between the health system and school of nursing were quickly leveraged to provide mutually beneficial relief, opportunities, and support. Initiatives described in this paper demonstrate how powerful a concentrated academic–practice partnership can be in transforming the nursing profession. Moving forward, it will be crucial for schools to build partnerships with appropriate organizations that have a vested interest in preparing nurses for the future.

Academic–practice partnerships are crucial for strengthening nursing practice and academe as well as advancing healthcare, as noted in the Institute of Medicine's *Future of Nursing* report.¹ These “intentional and formalized relationships are based on mutual goals, respect, and shared knowledge.”^{2(p.1)} In 2015, a robust academic–practice partnership was developed between the Duke University School of Nursing (DUSON) and the Duke University Health System (DUHS) nursing enterprise, known as the Duke Advancement of Nursing, Center of Excellence or DANCE (DANCE website: <https://dance.nursing.duke.edu/>).

FOUNDATION OF THE DANCE PARTNERSHIP

The partnership is co-led by DUSON's dean and DUHS's chief nursing executive (CNE). Members of DANCE include DUSON faculty members and executive nursing leadership at DUHS. These individuals come from a variety of backgrounds, including clinical practice, executive nursing leadership, faculty members, staff, and researchers. Many of the members hold joint positions and practice in both the clinical and academic setting. A PhD-prepared nurse (S.R.) with a

joint position between DUSON and DUHS serves as the partnership's coordinator. This individual serves as a boundary spanner between DUSON and DUHS. As noted in the literature, a boundary spanner helps to facilitate connectedness between organizations and stakeholders.³ This sense of connectedness is crucial when developing an academic–practice partnership because it assists with building complex interorganizational relationships and enhances trust and communication among entities. Further, clinically, this individual serves as a clinical nurse specialist in the

KEY POINTS

- Relationships built through a robust academic–practice partnership provided the foundation for support and strength during the COVID-19 pandemic.
- Innovative and mutually beneficial initiatives were developed and implemented through identified priority needs of the health system and the school of nursing.

infection prevention and hospital epidemiology department within the hospital setting, which allowed her to serve as a liaison between DUHS and DUSON.

The vision of DANCE is to be the preeminent leader in academic–practice partnerships that fosters collaboration, synergy, and professional development of nurses throughout the education and career continuum. The mission of DANCE is to support and advance the professional development, knowledge, and skills of all nurses throughout DUSON and DUHS, as well as to serve as an exemplary model of how academic–practice partnerships empower the nursing profession to influence health care and education. Previously DANCE had implemented numerous mutually beneficial initiatives, including development of 2 perioperative electives, a Duke nurse extern program for accelerated-BSN (ABS N) students to become employed in the health system during their academic program, an evidence-based practice series, that was a source of high satisfaction for members of the team.

During the unprecedented challenges with the coronavirus disease 2019 (COVID-19) pandemic in spring 2020, the strength of the partnership was highlighted. Relationships and commitments developed through the partnership provided the foundation for each entity to be committed and responsive to each other’s needs, and lean on one another’s strengths during this unprecedented time, as each offers a wide variety of talent and resources. The purpose of this paper is to describe how the foundational values of the partnership and existing initiatives provided the members of DANCE with their “north star” when attempting to negotiate the myriad of challenges brought about during spring 2020, with an emphasis on how a focused academic–practice partnership, improved camaraderie, supported both nurses and students, and positively impacted patient care.

DANCE’S COVID-19 RESPONSE

First, priority needs of the health system and the school of nursing were identified, and leaders were innovative in developing a mutually beneficial coordinated response. Early in March, when the health system nurse executives were meeting daily, the academic leaders in the school met with them to explore how we could work together. Following are descriptions of initiatives that were undertaken by the DANCE academic–practice partnership in response to COVID-19.

Increase in Workforce Through Pre-Licensure Student Hiring

In March 2020, local health systems made the unfortunate, but necessary, decision to suspend the participation of students in clinical rotations, in an effort to both conserve personal protective equipment (PPE) and reduce potential spread of the virus. Clinical rotations provide students with invaluable health care

experiences, particularly DUSON’s pre-licensure ABS N students who are located on campus. At the same time that nursing students were not able to continue with their clinical rotations, the health system was in need of increasing numbers of unlicensed personnel to assist with the influx of patients and visitors and other COVID-19–related roles, such as door screener, supply runner, and PPE observer. Additionally, the health system realized the need for students to gain clinical experiences and utilize their skills to support nursing staff and operations.

As a mutually beneficial initiative, the assistant vice president of nursing recruitment worked with DUSON academic leadership to quickly develop a paid patient service aide (PSA) role that DUSON’s pre-licensure students could fill. This not only assisted with building capacity within the health system, but also provided students with clinical experience and a source of income during a time that students experienced part-time job loss. Thirty-five students were contracted and completed a streamlined orientation to work part-time with a 6-week commitment. Faculty members and health system leadership are also collaborating to evaluate these students’ PSA experiences through weekly check-ins via Qualtrics and qualitative focus groups. The health system has communicated a sense of pride that these students have stepped in to demonstrate value in this role.

Further, DUHS, per guidance from the North Carolina Board of Nursing, reinstated the “graduate nurse” designation for recently graduated pre-licensure students, which allows students to begin working as RNs prior to completing licensure examination. DUHS and DUSON are also collaborating and developing a proposal to help move students back into the clinical setting as soon as possible. The DANCE coordinator is helping with these re-entry efforts as a liaison between DUHS and DUSON.

DUSON Staff and Faculty Volunteers to Support Practice

During the pandemic, school of nursing faculty and staff, as nonessential employees, were directed to work from home to decrease the spread of the virus; however, many of these individuals deeply desired to help the health system in any way necessary. With the anticipated surge of patients and a potential decrease in available workforce, school of nursing and health system leadership collaborated to identify ways in which school of nursing RN, and non-RN faculty and staff could assist. First, several Qualtrics surveys were sent to the DUSON community from the school and university to assess individual’s interest, credentials, and capabilities with assisting at the health system. Over 45 DUSON faculty and staff volunteered with the university to redeploy if needed; further, an additional 40 RN and nurse practitioner (NP) community members

volunteered to assist DUHS Nursing in specific nursing roles, and 39 alumni volunteered to stand by to assist either at home or in the clinical environment as needed. Approximately 13 NP faculty have been volunteering and meeting workforce gaps at DUHS by working in student health to conduct employee telehealth visits, and to staff remote COVID-19 testing sites.

Other volunteer efforts extended beyond the clinical environment. The Dean's Office within the school worked with the health system's procurement director to identify PPE needs within the health system. PPE was donated by several DUSON faculty and staff to a centralized location for deployment and use among the health system's 3 hospitals. In 1 case, a faculty member's family in China arranged for the shipment of over 4,000 N95 masks to Duke University Procurement. Further, realizing the health system's projected shortage of face shields, DUSON mobilized 140 pairs of hands and volunteered to assemble face shields from materials purchased through procurement.

Additionally, DUSON communicated willingness to assist essential workers taking care of COVID-19 patients with practical needs (such as dog walking and child care), as they worked long shifts during the pandemic. DUSON shared an established online registry used at another university with human resources. As a result, a listing on the university's existing online community marketplace platform was created to match volunteers with the needs of frontline workers.

Members of DUSON also stepped up to assist patients from Duke Outpatient Clinic, which serves patients with low socioeconomic status. Student-led groups within the DUSON and larger Duke community have provided patients with fresh healthy food, canned goods, and other necessities, such as sanitary items and cleaning supplies. Over 100 volunteers have been mobilized with over 50 patients served, as of April 2020. Additionally, these students are supporting patients by calling approximately 450 patients that have been identified as most vulnerable to chronic illness, COVID-19 symptoms, food insecurity, or possible social isolation.

Innovation and Research

Consistent with our commitment to innovation, DUSON's director of the Health Innovation Lab, Dr. Ryan Shaw, worked with the health system to develop and evaluate multiple product innovations, including the design of a reusable 3-D printed face shield, a patient isolation tent, and telepresence robots. Over 20 volunteers participated at DUSON to test the face shield prototype and provide feedback on the design. Once the prototype was finalized, components of the face shield were 3-D printed; and medical students helped assemble thousands of face shields. Assembly

then moved to local production with a goal of 75,000 units expected in the month of May.

Lastly, many research projects were developed in collaboration between DUSON and the health system in response to COVID-19. One faculty member developed a procedure with the health system, city, and county to discharge stable, COVID-19-positive patients into a hotel setting. Faculty are working on getting supplies for these patients upon discharge through a monetary donation by the Duke-Johnson & Johnson Nurse Leadership Program. Other DUSON research topics stemming from COVID-19 include: use of data from smartphones/smartwatches to determine whether someone is has COVID-19 and how severe the infection gets; exploring the impact of COVID-19 on pain management nurses and their roles, as well as perceptions on the impact on patients with pain; assessing stress from the COVID-19 environment to help generate a comprehensive understanding of its impact on Latinx immigrant health; pressure injuries from wearing masks; efficacy and implementation of guideline practices to stop the spread of the COVID-19 virus, risk perceptions, and beliefs related to COVID-19; and use of video chat through iPads to facilitate communication between the health care team and loved ones in the intensive care unit.

DISCUSSION

This article describes an academic-practice partnership's response to the COVID-19 pandemic. This type of partnership can be implemented with any health system, school of nursing, and/or community agency to strengthen nursing practice and advance health care; however, the partnership should be tailored to meet the priority needs of all entities involved.⁴ The key is a commitment on both sides to using their expertise and strengths to leverage the power of 2 to support nurses and students, create and support relevant academic programs, and to create and translate knowledge to improve patient care.

Using the AACN-AONE guiding principles, a successful academic-practice partnership continues to provide invaluable support, especially during difficult times through leveraging the strengths of both entities. The relationships that were formed through the partnership fostered the commitment and responsibility to assist each partner organization. Through shared trust and initiatives that are mutually beneficial, DANCE was able to quickly implement numerous activities during the pandemic. It is our vision that DANCE will be the preeminent leader in academic-practice partnerships. We hope that other partnerships can learn from our experiences to transform the nursing profession through collaboration, and be leaders in influencing health care, education, and stewardship.

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Staci Reynolds, PhD, RN, ACNS-BC, CCRN, CNRN, SCRNP, is Assistant Professor at Duke University School of Nursing and Clinical Nurse Specialist at Duke University Hospital in Durham, North Carolina. She can be reached at Staci.reynolds@duke.edu. Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN, is Vice President of Patient Care and System Chief Nurse Executive at Duke University Health System and Associate Dean of Clinical Affairs, Duke

University School of Nursing. Pamela Edwards, EdD, MSN, RN-BC, CNE, is Assistant Vice President for Education, Practice and Research at Duke University Health System. Diane Uzarski, DNP, MPH, RN, is Chief of Staff to the Dean at Duke University School of Nursing. Sylvia Alston, MSN, RN, NEA-BC, is Assistant Vice President for Nursing Recruitment and Hospital Administrative Systems at Duke University Health System. Marion Broome, PhD, RN, FAAN, is Dean and Ruby F. Wilson Professor of Nursing at Duke University School of Nursing and Vice Chancellor for Nursing Affairs at Duke University.

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