Academic-Practice Partnership
Partnership Expectation and Outcome Metrics Worksheet

Partnership Goals	Activities	Outcomes
Partnership Goal 1: Expand A-P partnership between the University of Tennessee College of Nursing (CON) and Cherokee Health Systems (CHS) to immerse recruited junior- and senior-level Bachelor of Science (BSN) students in community-based integrated primary care (CBIPC) team clinical experiences in culturally diverse rural and underserved settings.		
1.1. Enhance A-P partnership through effective teamwork	Convene collaborative meetings monthly throughout 4 year project to share expertise among team members and establish expectations for communication and address challenges. Project team engages in continuous program improvement by reviewing rapid cycle data to generate resolution plan.	Formal partnership was established between CON and CHS to address the national call for nurses to practice at the top of their license in CBIPC. A-P partnership enhanced through in person monthly meetings with team members including A-P partners and members of interprofessional (IP) team (UT Pharmacy and Nutrition faculty). (Years 1-2) In Year 3 during the pandemic partners met via Zoom. Evaluation data confirms A-P partnership success is due to: visionary leadership; win-win approach, shared vision, values and goals; communication and flexibility; mutual respect and trust. Establishment of mutual investment and commitment through the following meetings: • Monthly project Core Team meeting consisting of Project Director, Faculty Clinical Liaison, Lead Faculty, Curriculum Liaison, and Project Manager to track progress • Meetings with CHS Clinical Coaches twice per semester to address clinical experiences • Meetings once per semester with CHS Preceptors to train on skills students can utilize within clinics Dissemination of A-P partnership model and outcomes confirmed by evaluation research: two publications and three presentations co-authored by A-P partners

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1.2. Expand A-P partnership with 4 additional CHS clinical sites-Western Ave, Talbot, Maynardville, Morristown- overseen by A-P partner liaisons and clinical coaches	A-P partners match clinical experiences to curriculum. Clinical coaches and preceptors trained in mentoring and coaching skills. A-P faculty and clinical liaisons mentor students.	Initially four CHS clinical sites prepare BSN students for practice in CBIPC teams. As number of students in sites increase from 8 (Year 1) to 32 (Year 4), expand to nine CHS clinical sites in Year 2 and ten CHS clinical sites in Year 4. Clinical coach at each site serves as effective primary coach/mentor for matched BSN students for 2 year longitudinal experience. Faculty Liaison meets together with CHS preceptors and TRIP students several times per semester to review clinical experience and support preceptors.
1.3 Recruit/select eight students year 1 and 16 students each year for years 2-4 for a total of 56 students committed to working in primary care with rural/underserved populations.	Market TRIP program with CON and sophomore students to recruit junior-level BSN students for the program. Working with CON student services office, develop holistic application, essay, and selection criteria. Review applications, select students, and match student interests to primary clinical site	Together with CON student services, created online application and essay submission process. TRIP program presented to sophomore introduction to nursing classes. Integrated video endorsements of Cohort 1 students. Cohort 1: 8 students successfully recruited and matched to four clinical sites / post-graduation, 2 students employed at CHS and experienced seamless transition from classroom to practice. Cohort 2: 15 students successfully recruited and matched to nine clinical sites / post-graduation, 1 student employed at CHS. Cohort 3: 16 students recruited and matched to nine clinical sites / 1 student employed at CHS as nurse tech (anticipates employment at CHS upon completion of nursing program). Cohort 4: 16 students recruited and matched to ten clinical sites. Successfully recruited diverse students that represent: male, female, older, African American, Asian American, multi-racial, urban and rural underserved populations.
Partnership Goal 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 teams.		
2.1. Use interprofessional (IP)	Integrated primary care/population health	TRIP curriculum created and revised after one full cycle.

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teams to integrate primary care/population health concepts throughout the curriculum into: • Didactic, 2.2 • Simulation, 2.3 • Clinical, 2.4	emphasizing the following concepts throughout the curriculum including didactic, clinical experiences and simulations: social determinants of health, aging adult preventative care, medication implications for aging adults and persons with chronic disease; motivational interviewing; chronic disease prevention, obesity in adults, mental health and substance use/addiction; recovery-based mental health; comprehensive care coordination; neonatal abstinence syndrome; postpartum depression screening; childhood obesity; population health.	A-P curriculum model (TRIP Program) that can be replicated for clinical training in CBIPC teams in culturally diverse rural and underserved settings.
2.2. Implement CBIPC care with interprofessional team in didactic portion of curriculum.	Developed course objectives, content, and assignments with rubrics that prepare students to practice at the full scope of their future license in CBIPC with culturally diverse rural and underserved populations	Didactic curriculum created, implemented, evaluated and revised after one full cycle (Years 1-2) Revised didactic curriculum implemented and evaluated (Years 3-4) Traditional BSN students trained in CBIPC: Year 1: 128 juniors; Year 2: 124 juniors and 117 seniors Year 3: 148 juniors and 131 seniors Curriculum mapping to AACN "New Essentials" in Years 3-4. Students complete 122 longitudinal hours junior year and 334 longitudinal hours senior year.

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2.3. Implement CBIPC care with interprofessional team in clinical simulations and IP conferences.	UTK & CHS IP team experts consisting of CON faculty and content experts, CHS RNs, and behavioral health experts, designed two replicable simulations to teach full scope of CBIPC care for culturally diverse rural and underserved populations. IP participants included nursing, pharmacy, and nutrition students and faculty: • Mental Health & Obesity (Junior Year, 2nd semester); • Pediatric Obesity & Asthma (Senior Year, 1st semester); and, • Poverty (Senior Year, 2nd semester) Nursing and pharmacy faculty and students engage in clinical post conference: junior year, 1st semester and senior year, 2nd semester.	Students prepared to function effectively in IP teams to provide CBIPC care. One hundred percent of TRIP students reported being very well or well prepared to function in primary care and interprofessional teams: *"Overall preparation and understanding for how social determinants of health play a role in the health and outcomes of patients. When working with underserved and rural populations, I became increasingly aware of how these social limitations affect both patient health as well as overall outcomes. With this experience in mind, I feel that I am better able to help patients have outcomes that also fit with the social limitations they may encounter."* [TRIP graduate] Simulation curriculum created and revised after one full cycle with 21 TRIP Program junior and senior nursing students. During pandemic year (Year 3), simulation model redesigned to be virtual to simulate telehealth experience. Based on rapid cycle evaluation feedback from A-P partners and students, virtual telehealth simulation model will continue in Year 4 with 32 TRIP junior and senior nursing students.
2.4. BSN students engage in minimum of 300 hours of longitudinal (2 years)	A-P partners created longitudinal clinical experiences to practice in CBIPC settings with interprofessional team members.	Clinical curriculum created and revised after one full cycle with 21 TRIP Program junior and senior nursing students.

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CBIPC clinical experiences working with IP teams.	CBIPC experiences at primary clinical site/coach; rotate through other CHS project sites with exposure to additional clinics within CHS system. Students collaborate with IP team members e.g. physicians, nurse practitioners, nurses, clinical psychologists, pharmacists, and case managers.	Clinical curriculum implemented and evaluated years 3 & 4 with additional 32 TRIP Program junior and senior nursing students. 21 TRIP Program graduates prepared to work in CBIPC at the full scope of license; 53 total TRIP students will be trained in CBIPC for culturally diverse rural and underserved populations. Senior year, fall semester, Primary Care Specialty rotation, students experiences include behavioral health-clinical psychologists/psychiatric nursing (pediatrics & adults), women's clinic & pre-natal, pediatrics, MAT clinic, nurse triage & hypertension clinic, care coordinator, health coach & phone triage, community health coordinator. Examples of additional CBIPC services/concepts at CHS: Health literacy, language interpreter use, Telehealth, Supportive pregnancy group models, Integrated Chronic Care Group Visit Model (Diabetes, etc.), preventative care initiatives, Patient Centered Medical Home (PCMH) Model, Pharmacy Diabetic/Hypertension/Coumadin clinics. Additional COVID-19 Telehealth funding received. CON faculty and CHS RNs collaborated using shared evidence-based current best practices to create educational modules for CHS practicing nurses and nursing students regarding COVID-19 and telehealth nursing care.
Partnership Goal 3: Develop the RN workforce (practicing nurses and faculty) to transform primary care through professional leadership development in primary care and leadership training.		

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3.1. Practicing RNs/clinical coaches at CHS and CON faculty participate in an intensive professional development in primary care and leadership training program (TRIP_L).	CON partnered with UT Haslam College of Business, Graduate and Executive Education (GEE) to create TRIP_L program and develop program materials. Conducted longitudinal TRIP_L curriculum on 12 days over 12 month period of time for first cohort. Redesigned TRIP_L curriculum to be held in fall 2021 and spring 2022 following pandemic lockdown. With second cohort of selected CON faculty and CHS RNs: 9 days over six month period of time.	During Year 1-2, 12 CON faculty and 10 practicing RNs, behavioral health experts, and CHS staff were selected and participated in TRIP_L Leadership program: included leadership training; care coordination; integrated care academy; LEAN in primary care; conflict resolution; change leadership; team and individual resilience, and strengths-based teams. Program resulted in: i) RN workforce increased knowledge and skills to practice in CBIPC teams in culturally diverse rural and underserved settings at the full scope of their license, ii) increased awareness of self-care strategies that prevent RN burnout/increase retention, iii) increased willingness and preparation to support BSN student learning, iv) faculty better prepared to teach students to practice in CBIPC teams in culturally diverse rural and underserved settings at the full scope of their license; v) strengthened A-P collaboration as RNs and faculty learn from each other through opportunities for reflection in TRIP_L sessions. CON faculty and CHS nurses reported "co-ownership to transform nursing education and healthcare in our community." Evaluation data mean self-reported knowledge improved from before training, range of 1.7-2.4 on a 4-point scale; after training, range of 3.2-3.8. A-P partners demonstrated mutual/shared commitment to lifelong learning for self and others. Continuing education credits were available for participants. Redesigned second TRIP_L following lockdowns during COVID-19 pandemic with focus on sustainability. Second cohort of CON faculty and CHS RNs selected for 9 days of longitudinal training beginning fall 2021.

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3.2. Practicing RNs/clinical coaches at CHS and CON faculty participate in CHS' nationally recognized Integrated Care Academy (ICA).	CHS modifies their integrated care academy training to focus on identified student and faculty needs, e.g. IP clinical practice, integrated medication assisted treatment for opioid abuse. Conduct integrated care academy (one day workshop) twice during project period.	Increased A-P collaboration as RNs and faculty attend integrated care academy session and have opportunity to learn from each other's experiences. CHS participants understand CON curriculum and project goals, and CON faculty understand CBIPC. Faculty commented on now fully understanding need to integrate mental health throughout the entire didactic and clinical curriculum.
Third-Party Rapid Cycle Evaluation Conduct Rapid Cycle Evaluation to document program implementation fidelity and assess A-P partnership, curricular enhancements, quality of student experiences, and quality of professional development experiences offered to existing RNs and faculty through TRIP_L.	On-going evaluation activities with Rapid Cycle qualitative and quantitative data from key project personnel to inform continuous program improvement. Conduct student focus groups at the end of each semester. Conduct post-graduation interviews and surveys with TRIP student graduates and traditional BSN graduates to assess readiness to practice CBIPC. Interview clinical coaches and preceptors at the end of each year. Gather TRIP_L participant reaction/satisfaction data immediately after each professional development session, at the end of the each	Transparency of data through team meeting group discussions and shared decision making. Recognized issues and responded quickly with remedies or solutions after each quarterly report. A-P partners confirm resolution and report findings from program implementation to inform replication of program. Documented enhancements to didactic, simulation, and clinical components of BSN students' course offerings. Increased participant knowledge awareness for topics targeted in professional development programs including population health, opioids, self-care strategies, etc. Increased participant confidence/self-efficacy for skills targeted in professional development programs, including leadership, mentoring, working with IP teams.

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	full program, and follow-up after 3-months with each cohort to assess transfer of learning of newly acquired skills and knowledge.	
Sustainability Planning for Sustainability of A-P Partnership beyond grant	Convene sustainability team consisting of CON faculty and administration, CHS RNs and management, and TRIP interprofessional members in project Year 4 to fully integrate CBIPC into didactic and clinical experiences for CON students.	Begin to hold monthly meetings in fall with sustainability team. Convene 2-day meeting with project consultant, Dr. Bobbie Berkowitz, to collaborate on sustainability within CON and CHS. With its redesign, integrate sustainability into second TRIP_L program.