



### **Academic-Practice Partnerships to Advance RN-BS Independence in Community-based Settings**

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The Towson University Department of Nursing and Greater Baltimore Medical Center-Gilchrist Elder Medical Care have built a partnership wherein the Advanced Practice Registered Nurse (APRN) as Primary Care Provider (PCP) and RN-BS work together in a mentor program centered in community healthcare. This Collaborative Academic-Practice Partnership model optimizes RN independence in community-based care of frail older adults with the APRN as professional guide addressing multiple nursing education and patient care issues identified in the literature.

In this program, RNs work fully to the extent of their license, skills and knowledge, gaining independence while continuing their education. The APRN whose education focus is clinical practice expands the role by providing leadership and mentoring to ADN-RNs as they progress through their BS education. As for meeting the needs of the RN-BS student, the APRN and patients, participant feedback confirms that the RNs learn to become health care managers, shaped by a unique opportunity to experience professional autonomy in a monitored setting.

In this win-win collaboration, RNs benefit from the expertise of APRNs, the former learning to make independent decisions in community based settings. The APRN mentors gain experience beyond direct care, broadening their skills to include teaching, leading a care management team, coaching RN-BS student nurses and collaborating with university faculty. Patients receive care that includes management of their individual health needs, communal and physical family environment.

Meaningful contact and relationship development with patients, as well as significant care team relationships boosts RN career satisfaction. As students graduate with enhanced skills and knowledge to assess, treat, refer and support patients beyond following instructions of a physician or nurse practitioner (NP), the NPs anticipate more time to concentrate on primary care of patients.

In terms of challenges, the ongoing struggle is to make health care affordable and easily available to everyone. Lack of affordable primary care drives many patients to use emergency rooms as the source of primary care. There is a predicted shortage of primary practitioners capable of educating communities about preventable actions to help alleviate chronic conditions. Following up on patient education can also be tough after discharge, one goal being to avoid re-hospitalization. RN as care managers bring their nursing skills and knowledge of resources available in the community to the patient. Through this relationship, patients learn to take charge of managing their own care in a supportive community environment.

Innovative partnerships help close healthcare treatment gaps and can increase the numbers of nurses in primary care settings. New nurses often direct themselves to the acute care hospital setting. Providing community based clinical experiences for the RN-BS in partnership with APRNs provides the RN with options beyond acute care. We anticipate more graduating nurses will practice as patient care managers, advocates, and community practitioners. With luck, the APRN-RN mentor program may increase patient-centered- care at a much lower cost. APRNs can focus on other aspects of community needs, such as public health education projects and clinical work.