As a nurse whose teaching, research, and practice have always focused on older adults with chronic conditions, I am heartened by my colleagues' growing awareness and use of resources to teach about nursing care for older adults. Examples of these materials are available through the Web sites of the Hartford Institute for Geriatric Nursing, American Association of Colleges of Nursing, and National League for Nursing. The nursing education community is increasingly realizing that older adults are our “core business” (Mezey, Capezuti, & Fulmer, 2004) and that preparing nurses for the twenty-first century means preparing nurses for an aging America (Committee on the Future Health Care Workforce for Older Americans, Institute of Medicine, 2008).

Despite evidence that faculty are infusing gerontologic content in their didactic courses (Hancock et al., 2006; Miller, VanSon, & Cartwright, in press), hospitals continue to be the focus of capacity-building partnerships between practice and academia (Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007; Mulready-Shick, Kafel, Banister, & Mylott, 2009; Warner & Burton, 2009). However, community-based long-term care provides abundant opportunities for transformative learning and practice in areas that are core to twenty-first century nursing: managing chronic illness and palliative care in ways that are patient centered and evidence based, working in interdisciplinary teams, supervising unlicensed caregivers, and developing systems for ongoing quality improvement.

By community-based long-term care, I am referring to skilled and intermediate care settings, assisted living and residential care facilities, and adult care homes—places that focus on the quality of living and dying for an aging population that will more than double in size between 2000 and 2030 (U.S. Census Bureau, 2004). Although there have been reports describing partnerships between nurses in academia and community-based long-term care (Campbell & Jeffers, 2008; Fetherstonhaugh, Nay, & Heather, 2008; Mezey, Mitty, & Burger, 2009), too often faculty discussions are loudly silent about exploring these settings to prepare tomorrow’s nurses.

For the past 3 years, several faculty at the Oregon Health & Science University School of Nursing have participated with colleagues from community-based long-term care facilities on a grant, “Enriching Clinical Learning Experiences through Partnerships in Long-Term Care.” This project was originally proposed to build the capacity to prepare more registered nurses to care for older adults and their families, people with chronic illnesses, and people at the end of life. Our funder, the Northwest Health Foundation, clearly expected us to engage with organizations that have been historically underutilized in nursing education: long-term and community-based residential care settings. The Foundation directed us to develop ongoing partnerships that reflected mutuality in interests, obligations, and rewards. Goals for the grant were to develop student learning experiences beyond basic or fundamental skills while supporting facility staff goals to improve care for older adults. We believed that successful partnerships would require effective and respectful relationships between the staff nurses and faculty (Kinnaman & Bleich, 2004), and fostering these relationships was a top priority for the project.

The faculty, staff nurses, and nurse administrators from partner sites engaged in 32 hours of introductory workshops divided into two areas: current trends in clinical education, including concepts and instructional strategies related to clinical learning; and best practices in long-term care, including person-centered care, culture change, and leadership-at-point-of care. As nurses from practice and education became learners and teachers for each other, the workshops evolved into lively discussions about common goals, desires, successes, and frustrations related to practice and education both today and in the future.

Although project funding has ended, the partnerships continue to flourish. Three years later, relationships are deepening as we continue learning how to listen to and talk with each other. The project faculty requested consistent instructional assignments at our partner sites, and with staff colleagues they continue to explore and develop new approaches to student learning and long-term care practice. Students, residents, faculty, and staff benefit from a much closer affiliation between faculty and staff than typically happens in clinical instruction. The faculty continues to discover the complexity of these settings for...
practice. The staff views the faculty and students as colleagues in addressing care issues related to best practices and quality improvement. Staff-faculty relationships continue to evolve through a shared history with attendant respect and trust.

We believe these academic-clinical relationships will lead to opportunities for innovative and transformative collaboration in care delivery and student learning. Absent these turbulent times and without external funding, would we have explored new partnerships? Would we have looked beyond traditional acute care facilities for new student clinical sites? I don’t know. I do know that the participating faculty has no interest in returning to the “old way,” where faculty and students are often tourists in clinical facilities. At least one facility administrator considers our partnership the gold standard for having students on site. We talk with, not at, our practice colleagues and highly value their complementary perspectives in discussions. We view our community-based long-term care partner settings as complex and dynamic environments with learning possibilities for every level of our curriculum.

The opportunities that come through authentic partnerships are just being revealed to us. We hope faculty colleagues in other programs will consider how they might foster closer collaborations with nurses in community-based long-term care; collaborations based on shared visions for nursing practice in a new and very different world.

References

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