

The Value of Academic–Practice Partnerships



What if the true strength of nursing lies in the seamless exchange between theory and practice? As an educator and program director, I have seen how academic–practice partnership makes this exchange possible. An enhanced relationship between nurse leaders from academia and practice can transform how we teach and how we care.

Despite operating in different settings, academia and practice confront clearly similar challenges and remain aligned around a single aim: preparing knowledgeable, competent nurses to serve our communities. Both sectors are working to hire nurses, build a healthy workplace environment that strengthen a diverse pool of nurses, and secure the funding and resources required to educate students and retain nurses. Although the workforce shortage manifests differently across various settings, the underlying challenges ultimately center on the nursing workforce and are most effectively addressed through collaboration (AACN, 2016).

Against this backdrop, academic–practice partnerships link nursing programs with clinical care settings to advance practice and population health while delivering shared gains across learners, faculty, organizations, and communities. When nursing education and clinical practice collaborate authentically, knowledge moves fluidly between the classroom and the bedside. Working alongside nurse leaders in clinical settings allows nursing faculty to bring real challenges, emerging evidence, and lived-case scenarios directly into teaching, giving students a tangible understanding of the systems they will lead. In turn, clinical faculty benefit from the academic perspective such as evidence-based insights and knowledge, structured inquiry, and reflective dialogue that fuel innovation and drive improvement at the point of care.

Successful academic–practice partnerships create mutual benefit for both academia and healthcare organizations by strengthening nursing programs and improving patient

outcomes (Paton et al., 2022). These collaborations thrive on shared goals, mutual respect, and the continuous exchange of knowledge. They are vital to sustaining the faculty succession pathway and the clinical workforce.

The American Organization for Nursing Leadership (AONL) and the American Association of Colleges of Nursing (AACN) have jointly developed a shared vision for integrating nursing education and practice (AACN, 2023). Their model emphasizes five domains:

1. Transforming healthcare and achieving health equity
2. Moving toward competency-based education
3. Sustaining a highly educated nursing workforce
4. Leading innovation to maximize nursing's impact
5. Ensuring the continuous advancement of the profession

Academic–practice partnerships yield mutual advantages for students, faculty, institutions, and the communities they serve.

- For students: These partnerships provide structured access to practicing clinical experts through lectures, simulation, case discussions, and bedside learning. Students gain real-time exposure to interprofessional collaboration and learn to apply classroom knowledge directly in clinical environments (Doherty, 2020; Howard, 2017).
- For faculty: Teaching faculty benefit from access to current clinical expertise, easing placement coordination and enhancing curricular relevance. Clinical faculty receive mentorship, development opportunities, and institutional support that strengthen teaching and research capacity (Pfister et al., 2020).
- For patients and communities: Clinicians who serve as educators improve care quality by linking evidence-based practice to education, ultimately strengthening the nursing workforce and advancing public health outcomes.

Joint appointments and collaborative units between academia and practice expand research and evidence-based practice (e.g., studies of simulation outcomes and workplace-based competencies). These structures enlarge the faculty pool, strengthen preparation of new nurses, and translate evidence into measurable gains in patient and community health (AACN, 2016).

Building on this, AACN (2016) finds that deeper academic–practice partnerships benefit all parties and can materially drive health-system transformation. As care delivery evolves and research and education integrate more tightly, academic nursing is well positioned to serve as a hub for clinical innovation. Partnerships such as joint faculty appointments, dedicated edu-



cation units, and shared precepting models accelerate evidence generation and translation and advance population health. They are most effective when joint appointees have protected time for teaching, program meetings, and continuous quality improvement, which helps reduce burnout. Cross-institution collaboration further amplifies inquiry and innovation.

AACN's *Academic–Practice Partnerships Implementation toolkit* (AACN, n.d.) offers step-by-step guidance to structure partnerships, align goals, and define success metrics—a practical roadmap for leaders seeking to operationalize this model. Designed to support the development, growth, and evaluation of partnerships as a foundation for advancing nursing practice and improving care quality and outcomes, the Toolkit provides:

- Guidance on selecting partners and establishing shared aims
- Checklists for preparing the first meeting
- Agendas for initial and subsequent meetings
- Considerations for environmental factors (time, space, regulation, context);
- Exemplars of strong partnerships
- A start-to-finish template to guide partnership development and evaluation.

In my own practice, such collaborations consistently elevate student learning and my effectiveness as an educator. Education and practice are not parallel paths but a shared journey toward better outcomes for students, professionals, and the communities we serve. Academic–practice partnerships create a common catalyst for improvement, aligning competencies, clarifying roles, and linking evidence to measurable outcomes. Tools like AACN's Implementation Toolkit help leaders translate intent into structure—from protected time and joint appointments to evaluation frameworks (e.g., simulation outcomes) that make progress visible. The result is a nursing profession in which students, faculty, and clinicians co-produce better care, enhanced education, and a stronger workforce. If the pathway is this clear, what's the next step you and your partners are ready to commit to? ■

References online:
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