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# Living the Manatt Report: Advancing the Future of Nursing Through Joint Academic Appointments

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## Abstract

In 2016, the American Association of Colleges of Nursing published the Manatt Report which outlines recommendations to address the future of academic nursing. This report asserts that in order to influence the direction of healthcare, academic nursing needs to partner with academic health centers in leadership positions, embrace current clinical practice, and prioritize research. The following paper details the successful implementation of joint academic appointments between a college of nursing and a medical college. Joint appointments have formalized the role of clinician-educator, brought current clinical knowledge to academia, and allowed for protected academic time that is focused on enhancing the nursing curriculum. The development of joint appointments must be approached in a structured fashion ensuring a symbiotic relationship for all parties. This arrangement validates the commitment of both organizations to the education of future providers within the interdisciplinary team.

## Keywords

Manatt, Joint appointments, Clinician-educator, Academic partnerships

## Background

The American Association of the Colleges of Nursing (AACN) published a report in 2016 entitled “Advancing healthcare transformation: a new era for academic nursing” following evaluation by the Manatt Health group on the future of academic nursing (American Association of Colleges of Nursing, 2016). This report, hereafter referred to as “The Manatt report”, provides a blueprint for meeting the tripartite goal of improving patient care, education and research advancements. To achieve these goals and optimize nursing's influence on the future of healthcare the recommendations include a multipronged approach to transform academic nursing. The Manatt report identifies traditional areas of influence in academia which include clinical practice, education of students, and evidenced-based practice while also urging for action in organizational health initiatives, formal leadership roles and health policy advocacy.

Advanced practice nurses (APNs) have an increased presence in healthcare and are situated to fulfill the roles of researcher, clinician and educator (Beal, 2012). In academic medicine, residents and fellows are transient members of the care team, whereas APNs bring continuity to not only patient care, but also to the vision and mission of an organization. Formalizing the partnership of academic health centers (AHC) with academic nursing leads to greater collaboration and a focused approach to clinical care. The Acute Care Pediatric Nurse Practitioner (ACPNP) specialty continues to evolve, and as increased demand for APNs in the hospital environment continues to expand, current practitioners need to keep pace with these changes (Reuter-Rice, Madden, Gutknecht, & Foerster, 2016). Joint appointments between academic health centers and colleges of nursing provide a way to accomplishing the specific goal of enhancing the clinical practice of academic nursing outlined within the Manatt report. The prospect of joint appointments has been discussed for decades, but the

practice is uncommon and lacks a consistent model (Beitz & Heinzer, 2000; Davis & Tomney, 1982; Fasano, 1981). Despite the knowledge that operating in silos is not an efficient way to accomplish the tripartite goals of healthcare, colleges of nursing are often not affiliated directly with AHCs. To bridge the divide between these centers requires deliberate implementation of joint appointments, with clear benefits for both parties.

The only ACPNP program in Wisconsin is located at Marquette University (MU) and primarily collaborates with the Medical College of Wisconsin (MCW) as a primary clinical placement as well as key employer of APN preceptors. This relationship has provided the MU students a wealth of opportunities as MCW is affiliated with the only free-standing academic children's hospital in the state, which is where many of the APN preceptors practice. MU and MCW have entirely different organizational structures and leadership with the former responsible for the curriculum of nurse practitioner students and the latter providing preceptors with a mutual goal to improve patient care. An intentional relationship was built between MU and MCW to establish joint appointments for all faculty of the Acute Care Pediatric Nurse Practitioner option.

## Collaboration is key

Prior to implementation of the joint appointments, the faculty of the ACPNP program were employed by MCW and had clinical responsibilities in addition to their educational responsibilities. The faculty are a part of a large APN team that provides 24-7 clinical coverage for a 72-bed pediatric critical care unit. Prior to implementation of the formal joint appointments, the typical faculty member worked an average of 38 clinical hours each week with additional academic responsibilities including quality improvement, clinical practice protocol development, leadership roles within the partnering health care facility, code review and simulation. In addition, the faculty members were accountable for the preparation and implementation of course work, including clinical supervision which was above and beyond the above academic responsibilities outlined above. MCW provided the salary for the clinical/academic obligations with MU providing additional salary support for the course faculty duties. The demand on faculty energy and resources was also discrete and it became clear a better utilization of resources was necessary. Joint appointments had already occurred between MU and MCW in respect to a nurse scientist, a hepatology nurse practitioner and the option coordinator for the ACPNP program who is the lead nurse practitioner for the pediatric critical care group. Incremental progress was made towards cementing an agreement between MU and MCW with leadership of both institutions working closely in negotiations to form a contract for joint appointments that would result in providing mutual benefit to both parties. Collaboration was eased as the lead APN of the pediatric critical care group is also the coordinator for the ACPNP program. The Dean of the College of Nursing and the section chief of the pediatric critical care section agreed on a philosophical level that this type of partnership would be mutually beneficial. The business managers of MU and MCW were involved when determining the delegation of time commitments and financial payment.

It took more than a year of dialogue to create the contract between these two organizations. Scheduled meetings between the APN director, the Dean, and the section chief were held to structure the agreement. Financially the procedure involved a buyout of faculty time with payment from MU to MCW for each class taught by the faculty. Beginning with implementation in the fall semester of 2018 all funds for the ACPNP faculty was channeled through MCW. The section chief and lead APP prioritized

these funds to support faculty development including reimbursement of post-graduate coursework for the ACPNP faculty, conference fee support, and additional educational opportunities. In addition, MU provides tuition remission for one course per semester. This commitment to furthering the education of the faculty was a key caveat of this arrangement for the participants.

Mutually held values and goals are instrumental to partnerships between academic health centers and colleges of nursing while at the same time continuing to meet the needs of all involved (Beal et al., 2011; Gullatte & Corwin, 2018; Horns et al., 2007). MU and MCW both place great value on high quality education at the core of their individual missions. As the academic time was purchased by MU, the faculty was alleviated of other academic obligations at MCW, leaving room to utilize this time for curricular development and support. This resulted in a shift in the academic responsibilities of each faculty member providing for protected academic time, highlighting the importance of nursing education as a worthy endeavor by MCW.

Marquette is a Catholic Jesuit university and has Ignatian tradition as the guiding principle. Ignatian pedagogy is based on the works of a 16th century theologian that espouses *cura personalis*, care of the whole person, with an emphasis on reflection (Jesuit Institute, 1993). The vision statement of MU includes a directive to be collaborators in education and “problem-solvers and agents for change” (Marquette University, 2019). Joint appointment aligns well with this vision, strengthening the collaborative bonds between the educational institutions. Similarly, the vision for MCW focuses on the spirit of collaboration and innovation in education with the intent to improve patient care (Medical College of Wisconsin, 2019). As MCW prides itself on providing education to various health professions, but does not currently house a nursing program, this collaboration brings a unique affiliation and complement to that vision.

## Reasons to succeed

Many opportunities exist for the joint appointments to be mutually beneficial, thereby, increasing the chances of success. One seemingly mundane aspect of this arrangement was an improvement in coordination of the ACPNP faculty members' curriculum meetings. Because the joint appointments were now a contractual obligation of their employment with MCW the faculty were granted schedule requests for MU planning that did not subtract from the usual number of allowed personal requests. This improved the likelihood of finding a mutually acceptable time for curriculum meetings. Class time and preparation are protected time, as even in times of short staffing in the clinical setting, the faculty are never removed from educational responsibilities. Protected time and a balance between clinical and educational responsibilities has been cited as requisite of successful partnerships (Beal et al., 2011; Dobalian et al., 2014). Another advantage is having the faculty all located in the same office suite which increases impromptu discussions regarding programmatic content.

The clinician-educator role allows for current bedside practice to be brought into the educational setting. Separation of clinical sites and centers of academic nursing has led to a theory-practice gap (Cardwell, Hillel, Gray, Davis, & McKenna, 2019). Clinical credibility, although poorly defined, is brought to academic nursing when faculty are also actively practicing with current clinical experience and knowledge (Cardwell et al., 2019; Kleinpell, Faut-Callahan, Carlson, Llewellyn, & Dreher, 2016). When the clinician-educator works at the same site as the clinical rotation, they can easily integrate didactic

content with the student's patient experiences and conversely integrate the practicum experiences into classroom lessons. For example, reading about a sepsis protocol and then seeing that protocol enacted in the Intensive care unit can lead to a rich discussion between the clinician-educator and the student in the protected educational time of the classroom and allow for debriefing or deconstructing the situation. By utilizing situations gleaned from the practicum this can help to solidify knowledge to the student and as the clinician-educator is aware of not only the patient dynamics but of the student's knowledge base. An advantage to the academic health center is to increase numbers of post-graduate prepared nurses, a marker of excellence for Magnet institutions (Storey, Wagnes, & LaMothe, 2019). In addition, having clinician-educators that facilitate role transition for the novice practitioners is valuable.

Another benefit to practicing ACPNPs who have a desire to teach their future colleagues, but who do not hold a formal teaching role, is that this arrangement grants the opportunity to enrich the students clinical experience (Teel, MacIntyre, Murray, & Rock, 2011). Many expert clinicians, not employed by the university, are involved in precepting students which enables that wealth of knowledge to infuse the practicum (Table 1).

Table 1. – Living the Manatt report.

<b>Recommendation</b>	<b>Response</b>
Embrace a new vision of academic nursing	Leadership <ul style="list-style-type: none"> <li>- Evidence-based protocol development</li> <li>- Interprofessional quality improvement</li> <li>- Post-graduate nursing fellowship director</li> </ul> Program growth <ul style="list-style-type: none"> <li>- Joint appointments</li> <li>- Coordinated simulation incorporation</li> <li>- Formal leadership roles in both institutions</li> </ul>
Embrace the clinical practice of academic nursing	Critical thinking <ul style="list-style-type: none"> <li>- Currently practicing Advanced Practice Nurses</li> <li>- Clinical leaders</li> </ul> Teaching <ul style="list-style-type: none"> <li>- Bedside rounds, promote inquiry, up to date on current Evidence-based practice</li> </ul>
Partner in preparing nurses for the future	Graduate level faculty <ul style="list-style-type: none"> <li>- Mentoring of students</li> <li>- Participate in DNP and PhD committees</li> </ul> Leadership <ul style="list-style-type: none"> <li>- APP director for critical care</li> <li>- Funding for continuing education</li> <li>- DNP, PhD, conferences</li> </ul>
Partner in the implementation of accountable care	Participation in interprofessional and interdisciplinary education Included on committees focused on the quadruple aims of healthcare

Invest in nursing research programs/Better integrate research into clinical practice	Coordination with research staff at both institutions Development of joint research programs Participation in Pediatric Nursing Science Consortium
Implement an advocacy agenda for nursing	Class on health policy Reflective curriculum

Joint appointments can enhance research opportunities on many levels. The combined assets of both institutions can be utilized by the appointees to further their clinical questions. Librarians, research assistants, clinical nurse specialists and statistical supports can lead to increased research productivity (Balakas, Bryant, & Jamerson, 2011; Gullatte & Corwin, 2018). Many ACPNPs have clinical practice as their primary focus, so the guidance of AHC mentors can lead to greater inquiry into the practice issues that arise (Harbman et al., 2017). In the MU/MCW partnership, the jointly appointed nurse scientist is situated to connect mentors and mentees with common interests both within and across institutions. This enables the nurse scientist to be an ongoing resource after graduation for ACPNPs who join MCW.

## Reasons to fail

Despite all the opportunities to succeed, there are just as many reasons for failure of the joint appointments. Difficulty in satisfying the expectations of both partners, including the differences in culture, goals and productivity markers can all lead to dissatisfaction (Beal et al., 2011; Beitz & Heinzer, 2000; Fowler et al., 2008). Although joint appointments are formed with the best intentions, without anticipatory planning for obstacles and flexibility with unforeseen demands, including time commitments, burnout and turnover may occur. The experience of the faculty holding joint appointments, is that the actual time commitment does not equal the percentage of salary funded by MU as courses are under continual improvement cycles. In addition, the clinical skills of all the MU faculty are well developed, however the development of their proficiency as educators is greatly varied. Two of the jointly appointed faculty have their terminal degrees and as such have had formal instruction on educational methods. The other three faculty members are all currently enrolled in post-graduate education to obtain their terminal degrees and will have the opportunity to obtain formal instruction in educational methods. Prior to completion of those terminal degrees other situations have been instructive such as conferences, an excellence in medical education course and an evidenced-based practice course.

Departure of any member of the organizational leadership structure may cause a change in expectations of the arrangement and thereby lead to disenfranchisement with the project. Reexamination of the aims should be conducted at scheduled intervals to assure a shared mental model. Metrics, if established, should be measurable and mutually beneficial, as unrealistic or vague requirements of success will lead to failure (Abu-Saad Huijjer, 2010). Additionally, the financial commitment from either side may erode. The concept of mutual trust without actions in support of interprofessional collaboration will lead to discontent as well. Most importantly, care must be taken to choose individuals as joint appointees who possess vision, creativity, focus and the ability to produce quality educational content, because if this is lacking the project is doomed (Lantz, Reed, & Lewkowitz, 1994).

Although MU and MCW share a vision to educate the future providers of healthcare, the academic status of nurse practitioners is not equal within each organization. MU has established clinical and tenure tracks for nursing faculty as a path for advancement whereas at MCW the standard is for nurse practitioners to be considered staff and a formal process for advancement to faculty status is not well established. Joint appointments serve as a means for academic advancement opportunities for nurse practitioners, while maintaining an active clinical practice role.

## Discussion

The pitfalls mentioned above are not insurmountable but do require a deliberate approach that is focused on achieving mutual goals. The joint appointment between MU and MCW fulfills the Manatt report in a multitude of ways.

### Embrace the future of academic nursing

The future of academic nursing includes collaboration, leadership positions and partnership in decision-making. Faculty from the MU team hold recognized leadership positions at both MU and MCW. The team is among the first non-physicians participating in a yearlong program at MCW focused on educational excellence and the incorporation of character within medical educational methods. Each participant is required to complete a capstone project and the MU/MCW faculty's project is designed to incorporate the Ignatian pedagogy of MU with educational methods designed for the interprofessional future of healthcare.

### Embrace the clinical practice of academic nursing

As clinician-educators the faculty bring current practice into the classroom. Credibility of actively practicing instructors lends to educational content being reinforced during clinical rotations. The faculty are skilled at navigating the complexities of health care and can bring realism to simulation experiences as well.

### Partner in preparing nurses of the future

The graduate students entrusted to the ACPNP faculty are treated as future colleagues. Every experience is designed to aid with transition from nurse to advanced practice provider. One example is a simulation learning experience, during which the scenario is started by students in their first clinical rotation who provide initial assessment and stabilization, who is then "transferred" to the care of the students in their final semester who provide continuation of care and application of more advanced management. This experience practices the skills necessary to be a clinician including development of differential diagnoses and practicing concise summary of patient status during handoff situations. Additionally, the joint appointment has created a mechanism for the post-graduate education of the ACPNP faculty with the goal of terminal degrees for all participants.

### Partner in accountable care

Ignatian pedagogy has a tradition rooted in reflective practice. Just as the students are asked to examine the decision-making moments of being a clinician, the faculty thoughtfully evaluates what programmatic changes should occur each semester. Financial accountability is taught to the students by imparting them with the tools to narrow the differential of their patients and to consider the fiscal impact of tests and medications ordered.



## Invest in nursing research

MU and MCW partner on research initiatives aimed at improving the care of children. Examples include recent submission of an Agency for Healthcare Research and Quality (AHRQ) grant, funding to support communication to children with cancer and to improve social scripting for children with autism who require diagnostic imaging. MU has a proven commitment to interdisciplinary ventures working with physicians, statisticians, psychologists and physician assistants with research opportunities present in common interests including that of health care analytics.

## Implement an advocacy agenda to support a new era of academic nursing

MU and MCW both work towards the tripartite goal of healthcare. MCW regularly lobbies policy makers on behalf of funding for national health initiatives. MU has included health policy courses at both the undergraduate and graduate level with leaders advocating for advanced practice providers to function at the full scope of practice. MU has also recruited faculty to advocate for increased funding of nurse scientists.

Ongoing work for the joint appointees includes alignment of MU and MCW visions to fulfill the potential of clinician-educators. The institutions lack alignment regarding qualifications for promotion. For the ACPNP faculty separation of the roles of educator and clinician is not a viable option as clinical expertise is essential with the rapid expansion of information. The role of educator must not be subordinated, and protected time allotment may need to increase to ensure that the development of ACPNP faculty as educators is not an afterthought, ensuring ongoing enhancement of the curriculum throughout the ACPNP program.

## Conclusion

This article describes the collaboration between a medical college and a college of nursing in creation of joint appointments for the faculty of the MU ACPNP program. The authors believe this arrangement helps to meet the tripartite goals of healthcare in improving patient care, education and research. Improvement in patient care occurs by having clinician-educators that teach the next generation of nurse practitioners by linking current practice to classroom lessons. This provides strengthening of the clinician-educator and student bond thus allowing those who have an interest in educating future colleagues to do so. By having protected time for the joint appointed faculty to teach, have programmatic meetings, and participate in continuous improvement cycles the stress of over-commitment is lessened. Education is improved on multiple levels: for the joint appointed faculty the opportunity to pursue additional post-graduate education as provided by the funding will benefit future academic efforts, for the students education is enhanced by having role models both in the classroom and at the bedside who are breaking down barriers between academic nursing and clinical practice. Research opportunities are enhanced by the collaboration between the two institutions as the faculty work on evidenced based practice initiatives and conduct scholarly inquiring into metrics for simulation and entrustable professional activities. Areas of improvement or possible failure were identified as well, including; the actual time allotment may not be accurately represented; the academic status of APNs is not viewed the same at each institution and changes in either organizations leadership structure may lead to detrimental effects to the joint appointments themselves. The authors have identified the following key areas of the Manatt Report's call to action as being satisfied

by forging the joint appointments: embracing the future of academic nursing and the clinical practice of academic nursing, partnering in preparing nurses of the future, partnering in accountable care, investment in nursing research and implementing an advocacy agenda to support a new era of academic nursing.

## References

- Abu-Saad Huijjer, 2010. H. Abu-Saad Huijjer. **Transformational nursing partnerships between academia and practice.** *International Journal of Nursing Studies*, 47 (10) (2010), pp. 1199-1200, 10.1016/j.ijnurstu.2009.10.005
- American Association of Colleges of Nursing, 2016. American Association of Colleges of Nursing. (2016). *Advancing healthcare transformation: A new era for academic nursing.* Retrieved from [aacnnursing.org/Portals/42/Publications/AACN-New-Era-Report.pdf](http://aacnnursing.org/Portals/42/Publications/AACN-New-Era-Report.pdf).
- Balakas et al., 2011. K. Balakas, T. Bryant, P. Jamerson. **Collaborative research partnerships in support of nursing excellence.** *Nursing Clinics of North America*, 46 (1) (2011), pp. 123-128, 10.1016/j.cnur.2010.10.006
- Beal, 2012. J.A. Beal. **Academic-service partnerships in nursing: An integrative review.** *Nursing Research and Practice* (2012), pp. 1-9, 10.1155/2012/501564
- Beal et al., 2011. J.A. Beal, E. Breslin, T. Austin, L. Brower, K. Bullard, K. Light, ..., N. Ray. **Hallmarks of best practice in academic-service partnerships in nursing: Lessons learned from San Antonio.** *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 27 (6) (2011), p. 90, 10.1016/j.profnurs.2011.07.006
- Beitz and Heinzer, 2000. J.M. Beitz, M.M. Heinzer. **Faculty practice in joint appointments: Implications for nursing staff development.** 31 (5) (2000), pp. 232-237
- Cardwell et al., 2019. R. Cardwell, S.A. Hillel, R. Gray, J. Davis, L. McKenna. **Defining clinical credibility: Protocol for a systematic review.** (2019), 10.1016/j.colegn.2018.07.003
- Davis and Tomney, 1982. L. Davis, P. Tomney. **The best of two worlds: An appraising look at joint appointments in Canada today.** *The Canadian Nurse*, 78 (8) (1982), pp. 34-37
- Dobalian et al., 2014. A. Dobalian, C.C. Bowman, T. Wyte-Lake, M.L. Pearson, M.B. Dougherty, J. Needleman. **The critical elements of effective academic-practice partnerships: A framework derived from the department of veterans affairs nursing academy.** *BMC Nursing*, 13 (1) (2014), p. 36, 10.1186/s12912-014-0036-8
- eCollection 2014. Fasano, 1981. N. Fasano. **Joint appointments: Challenge for nursing.** *Nursing Forum*, 20 (1) (1981), pp. 72-85
- Fowler et al., 2008. J. Fowler, M.F. Mills, A. North-Rose, M. Hamilton, M. Johnson, D. Anthony, M. Ashton. **Joint appointees' experiences within a school of nursing and midwifery.** *British Journal of Nursing*, 17 (22) (2008), pp. 1416-1419. Retrieved from <http://0-search.ebscohost.com.libus.csd.mu.edu/login.aspx?direct=true&db=c8h&AN=105717307&site=ehost-live>
- Gullatte and Corwin, 2018. M.M. Gullatte, E.J. Corwin. **Advancing a culture of clinical nursing research through collaborative partnership between practice and academia.** *Nursing Administration Quarterly*, 42 (4) (2018), pp. 299-304. Doi <https://doi.org/10.1097/NAQ.0000000000000312>
- Harbman et al., 2017. P. Harbman, D. Bryant-Lukosius, R. Martin-Misener, N. Carter, C.L. Covell, F. Donald, ..., R. Valaitis. **Partners in research: Building academic-practice partnerships to educate and mentor advanced practice nurses.** *Journal of*

- Evaluation in Clinical Practice*, 23 (2) (2017), pp. 382-390. Doi <https://doi.org/10.1111/jep.12630>
- Horns et al., 2007. P.N. Horns, T.J. Czaplijski, M.K. Engelke, D. Marshburn, M. McAuliffe, S. Baker. **Leading through collaboration: A regional academic/service partnership that works.** *Nursing Outlook*, 55 (2) (2007), pp. 74-78. (doi:S0029-6554(07)00008-5 [pii])
- Jesuit Institute, 1993. Jesuit Institute. **Ignatian pedagogy: A practical approach.** Retrieved May 6, 2020 from <http://jesuitinstitute.org/Pages/IgnatianPedagogy.htm> (1993)
- Kleinpell et al., 2016. R.M. Kleinpell, M. Faut-Callahan, E. Carlson, J. Llewellyn, M. Dreher. **Evolving the practitioner-teacher role to enhance practice-academic partnerships: A literature review.** *Journal of Clinical Nursing*, 25 (5–6) (2016), pp. 708-714, 10.1111/jocn.13017 (doi)
- Lantz et al., 1994. J. Lantz, R.C. Reed, S. Lewkowicz. **Collaborative research-academic appointments: The myth and the reality.** *Nursing Administration Quarterly*, 18 (1994), pp. 38-43. Retrieved from <http://0-search.ebscohost.com.libus.csd.mu.edu/login.aspx?direct=true&db=c8h&AN=107452395&site=ehost-live>
- Marquette University, 2019. Marquette University. **About Marquette.** Retrieved October 28, 2019, from <https://www.marquette.edu/about/mission.php> (2019)
- Medical College of Wisconsin, 2019. Medical College of Wisconsin. **About MCW.** Retrieved October 28, 2019, from <https://www.mcw.edu/about-mcw> (2019)
- Reuter-Rice et al., 2016. K. Reuter-Rice, M. Madden, S. Gutknecht, A. Foerster. **Acute care pediatric nurse practitioner: The 2014 practice analysis.** *Journal of Pediatric Health Care*, 30 (3) (2016), pp. 241-251, 10.1016/j.pedhc.2016.01.009
- Storey et al., 2019. S. Storey, L. Wagnes, J. LaMothe. **Building evidenced-based nursing practice capacity in a large statewide health system: A multimodal approach.** *Journal of Nursing Administration*, 49 (4) (2019), pp. 208-214
- Teel et al., 2011. C.S. Teel, R.C. MacIntyre, T.A. Murray, K.Z. Rock. **Common themes in clinical education partnerships.** *The Journal of Nursing Education*, 50 (7) (2011), pp. 365-372, 10.3928/01484834-20110429-01