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Penn Macy Initiative to Advance Academic Nursing Practice

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Abstract

Academic nursing practice holds great promise for the future of the nursing discipline. The successful and intentional integration of the tripartite mission of research, education, and clinical practice can facilitate both the evolution of the science and implementation of evidence-based practice, while imbuing practitioners in the making with the world of the possible. Although many schools of nursing have been involved in some aspects of academic practice, the lack of common focus and direction has hampered concerted movement. The Penn Macy Initiative was conceived as a vehicle to help build and coalesce the critical mass needed to bridge this gap. The Penn Macy Initiative, its implementation and experience in the first 3 years, and how its alumni fellows, an annual conference, and Web-based consultation will continue to provide impetus, leadership, and resources for academic nursing practice in the years to come are described.

Academic nursing practice is the intentional integration of research, education, and clinical care in an academic setting for the purposes of advancing the science and shaping the structure and quality of health care. Close interactions between the clinical and academic arenas, whether through school-owned, -operated, or -affiliated practices, provide for the level of control of clinical environments needed to conduct research, influence education, and facilitate evidence-based care. The clinical arena thus serves as a

unique laboratory for achieving mission-related goals. A distinguishing feature of academic nursing practice is the opportunity for all faculty, regardless of their degree of clinical practice activity, to participate in practice-related research and education. Academic practice, then, is an important medium for testing and teaching innovative clinical models, developing common language to describe and measure nursing interventions and outcomes, and generating new knowledge and evidence-based care (Evans, Jenkins, & Buhler-Wilkerson, 1999; Grey & Walker, 1998; Lang, Jenkins, Evans, & Matthews, 1996; Walker, 1994).

If academic practice is to fulfill these agendas, building capacity to mount and sustain it is critical. The establishment of academic practices in schools of nursing from research-intensive environments holds great promise for influencing nursing in the 21st century. Although many schools of nursing have been involved in some aspects of academic practice, the lack of common focus and direction has hampered concerted movement. The Penn Macy Initiative was conceived as a vehicle to help build and coalesce the critical mass needed to bridge this gap. This article describes the Penn Macy Initiative, its implementation and experience in the first 3 years, and how its alumni fellows, an annual conference, and Web-based consultation will continue to provide impetus, leadership, and resources for academic nursing practice in the years to come.

Background

Institutionalizing academic practice as the cornerstone of nursing education is of great importance to the discipline of nursing. Although entrepreneurial business start-up courses are plentiful, the knowledge they provide is insufficient to establish a practice in the context of a research-intensive academic institution and school of nursing. Understanding the importance of this context is crucial to the success of advanced practice initiatives in schools that have little experience in practice start-up and operation (Evans & Yurkow, 1999; Lang, 1983; Lang & Evans, 1999; Lang et al., 1996; Mackey, Adams, & McNiel, 1997; Swan, 2000; Swan & Cotroneo, 1999; Swan & Evans, 2001; Walker, 1994). Further, the culture of a research-intensive environment can create a sense of competition for scarce resources between the practice and the research missions that will need to be negotiated. These schools of nursing need help to establish academic practices in ways that integrate rather than splinter their missions.

As nurses assume greater responsibility for providing patient care across a broad range of settings, they must be exposed in their education to practices that show the best evidence-based nursing models for health care and incorporate the latest research in clinical care delivery. The role of faculty in designing, testing, and modeling best practices is essential. In recognition of the need for faculty to stay engaged in clinical care, the American Association of Colleges of Nursing (AACN) has for several years sponsored an annual conference on faculty practice.

Few schools of nursing operate clinical practices, however, and most have little control over the clinical context in which their students learn to be baccalaureate-prepared or advanced practice nurses. Moreover, securing and maintaining clinical

placements has become increasingly problematic as more of the education of health care professionals—nurses, physicians, and other providers—moves out of the hospital. There are not enough community-based practice sites or clinical preceptors for all the students who need such clinical experience. Managed care organizations often have been unwilling to assume the costs of clinical education traditionally borne by hospitals and financed through various forms of graduate medical education funding.

Nursing has an additional challenge. There are too few examples of professional nursing practice to serve as models for the kinds of care suggested by research as essential for the future of health care delivery. The models that do exist (Barger, 1991; Buhler-Wilkerson, Naylor, Holt, & Rinke, 1998; Coenen, Marek, & Lundeen, 1996; Conway-Welch & Harshman-Green, 1995; Cotroneo, Outlaw, King, & Brince, 1997; Counts & Boyle, 1987; Dreher, Everett, & Hartwig, 2001; Evans, Yurkow, & Siegler, 1994; Grey & Walker, 1998; Lang, Sullivan-Marx, & Jenkins, 1996; Marek, Jenkins, Westra, & McGinley, 1998; Naylor & Buhler-Wilkerson, 1999; O'Sullivan & Jacobsen, 1992) are not widely available for use in education. Yet the preparation of nurses at the undergraduate and graduate levels requires greater access to laboratories for clinical learning that show and involve students in delivery of care in which best evidence-based nursing practice is integrated.

The University of Pennsylvania (Penn) School of Nursing has been a leader in the development of academic practices that integrate the tripartite mission. Since the 1970s, the school has embarked on practice partnerships and faculty practices. Since 1995, under the umbrella of the Penn Nursing Network (PNN), the school has launched and operated a range of community-based clinical practices (Evans et al., 1999; Lang et al., 1996; Naylor & Buhler-Wilkerson, 1999). Through PNN, advanced practice nurses provide best practice models of community-based, family-focused health care services to people of all ages in a variety of settings—from newborns to the frail elderly—with emphasis on vulnerable populations. Services have ranged from primary care and health promotion to tertiary care in the community. They have included nurse midwifery, well-child care, preteen and adolescent care, family planning, women's health, primary care for children and adults, continence, gerontologic consultation, and, for frail older adults, comprehensive rehabilitation and integrated acute and long-term care. The practices also have spanned the full continuum of organizational and financial arrangements, from fee for service to fully capitated and blends of both.

Penn's experience in developing PNN has shown that academic practices, though challenging to implement and maintain, are essential to achieving a fully integrated mission (Evans et al., 1999; Lang et al., 1996). These academic practices serve as living laboratories in which students are exposed to clinical information, research, and management experiences that go well beyond traditional clinical learning. In most practice arenas, it takes at least a decade before research outcomes find their way into common practice (Eisenberg, 2001; Lang, 2001). Academic nursing practices such as those of the PNN can provide a forum for rapid implementation of best practices that affect the quality and effectiveness of clinical care delivery. Such settings can, thus, change the nature of community-based nursing practice within one generation rather than

three. Recognizing that a critical mass of schools, all embarked on a similar mission, was essential to achieving this goal, Penn sought a capacity-building partner.

Program

In 1998, the Penn School of Nursing and The Josiah Macy Jr. Foundation of New York established the Penn Macy Initiative, a comprehensive institute and consultative technical assistance program created to help schools of nursing in research-intensive environments create and advance academic practice. At the time the Penn Macy Initiative was established, there were approximately 100 schools in research-intensive environments nationwide. Collaborating were the AACN and the Regional Nursing Centers Consortium (RNCC) (the Greater Philadelphia region contains the largest concentration of nursing centers of any region in the country, an effort the Philadelphia-based Independence Foundation has been helpful in supporting).

The Josiah Macy Jr. Foundation provided a generous grant to underwrite program planning and initial implementation. The Penn Macy Initiative featured two intensive, 5-day summer institutes, one each in 1999 and 2000, followed by a year-long program of consultative technical assistance (CTAP). A target of 10 different schools per year was set to build a critical mass (a minimum of 20 per cent of eligible schools overall). The summer institutes were modeled after the highly successful Johnson and Johnson–Wharton Fellows Program in Management for Nurse Executives. This model has been shown to be an effective way to disseminate and evaluate information, generate new ideas, and move national agendas forward (Rovin & Ginsberg, 1988).

One person alone in an organization cannot accomplish the development of academic practices. It requires the merging of at least three perspectives: clinical practice, clinical research, and practice/financial administration—a set of knowledge and skills rarely found in a single faculty member. Further, early buy-in from key players within the school and university systems is essential to make the changes necessary to establish and sustain academic practices. With these important factors in mind, and building on similar successful models (Inouye, Acampora, Miller, Fulmer, Hurst, & Cooney, 1993; Phillips, 1997), the concept of Academic Practice Resource Teams (APRTs) was developed. Each school created a team of up to three people representing the strategic perspectives of research/practice nursing faculty, health care business manager or equivalent, and/or academic financial administrator.

For each summer institute, a maximum size of 25 to 30 participants was considered optimal for the type of direct, tailored experience that schools considered helpful to advance their practice missions. Participant ARPTs received up to 5 additional hours of individualized consultation per school in the months after each institute to further advance their practice development initiatives. A monthly Internet chat room and ongoing listserv enabled participants to consult and problem solve with their peers and experts after the summer institute.

TABLE 1. Penn Macy Initiative Schools

Year 1: 1999*
New York University
Temple University
University of California at Los Angeles
University of Colorado
University of Kentucky
University of Rochester
University of Texas
University of Virginia
University of Washington
University of Wisconsin-Madison
The Catholic University of Chile*
Year 2: 2000
Pennsylvania State University
Rutgers University
University of Florida
University of Iowa
University of Michigan
University of Minnesota
University of Nebraska
Vanderbilt University
Virginia Commonwealth University
Wayne State University
West Virginia University

*Attended as a guest, sending one observer.

Planning

During Penn Macy's first year, we accomplished the following planning objectives:

- Identified and recruited experts in academic practice development and related fields, who served as program consultants.
- Identified target audiences. Schools of nursing in research-intensive universities with doctoral programs and National Institutes of Health research funding were invited to apply.
- Advertised the Penn Macy Initiative in a press release with a "save-the-date" announcement sent to over 50 nursing and health care publications as well as to the over 100 targeted schools of nursing. The deans of these schools were later sent a letter and application packet.
- Designed the application process, and recruited and selected participants. A panel of experts comprising the Penn Macy project leaders, Penn School of Nursing faculty, and an AACN representative selected 10 schools in 1999 and 11 schools in 2000 (see Table 1) from a systematic review of the applications.
- Planned conference content and created conference materials. A curriculum-planning committee developed content areas, based in part on objectives

- identified by the applicants chosen to participate, with recognition that schools were at varying stages of academic practice development.
- Began to explore media and other methods to deliver the program. Interactive distance learning technology, e-mail, and Internet resources were included to establish continued connections between Penn Macy staff and the participants, as well as among the participants themselves.
 - Developed a self-evaluation protocol that identified critical indicators of success among participating institutions, and a self-report of each school's goal achievement. Participants submitted reports quarterly (see later) and at the end of the year.
 - Developed a strategic plan for an ongoing PNN academic practice consultation service, with start-up piloting in 1999-2001, and for an ongoing annual Penn Macy Conference, beginning in 2001.

Content

Each institute addressed a number of critical content areas, many based on the University of Pennsylvania School of Nursing's own experience in establishing nursing practices through the PNN. Significant content areas included:

- Rationale for academic practice and its fit with the school's and university's missions.
- Identification and comprehension of synergies within participating schools to determine what kinds of practice(s) to initiate, including methods for conducting an internal and external market analysis.
- Questions to ask internally as practices develop, along with examples of some of the problems, including nonviability and solutions identified in the Penn environment.
- Role of clinician faculty in developing evidence-based practice and disease management protocols.
- Faculty structures already in place at Penn or that have been developed by others to address advancement issues for clinical faculty and to ensure that ongoing research is connected to practice and used to improve clinical care delivery.
- Importance of standing faculty "ownership" of the practices as essential to the school's successful integration of its tripartite mission.
- Governance and administration issues for practice initiatives.
- Importance of building community-academic partnerships.
- Infrastructure requirements, including information systems, legal, financial, risk management, human resources, and so forth.
- Means for educating people within the university to build support for academic practice because such allies can provide access to resources, knowledge, and skills found in and outside the organization that are essential to practice success.
- Challenges of interfacing the university/school financial systems with practice systems.

- Identifying and tapping sources of funding for start-up and sustenance, including support from new “conversion” foundations, many of which are looking for investments consistent with their objectives of promoting health within their communities.
- Fiscal and organizational viability and educational and research integration for tracking and measuring progress in ANP goals.

Each day of the 5-day institute comprised presentations and discussions, with special, small-group breakout sessions for individuals most interested in financial management, clinical service delivery, and faculty/academic integration issues. All participants were given presentation materials in a binder format, including slides, publications, bibliographies, and school-developed information. Consultation on issues of greatest importance to APRTs, including the opportunity for on-site learning at PNN and RNCC practice sites, was made available. Certificates of completion were awarded from the University of Pennsylvania to each participating school and its team members, who were also named Penn Macy Fellows in Academic Nursing Practice.

Participating Schools

Over the 2 years, teams from 21 schools* (10 in year one and 11 in year two) participated as partners in the Penn Macy Institute (see Table 1). The participating APRTs were responsible for the following:

1. Analyzing the readiness of their school to mount an academic practice initiative and how that readiness fit with the school’s and university’s missions.
2. Applying sound entrepreneurial business practices necessary to achieve a fiscally viable nursing practice in an academic setting.
3. Identifying a range of methods for integrating research, education, and clinical services in an academic nursing practice.
4. Obtaining technical assistance and planned consultations based on their own special needs to advance progress toward establishing academic practices.
5. Tracking progress toward achieving the school’s goals and critical indicators of academic practice success in quarterly and annual reports.

At the outset, schools were in different stages of academic nursing practice development. Some had school-owned practices, whereas others fulfilled their practice mission primarily through contractual or joint appointment practices of their faculty. Some had many years of experience with nursing centers or other models in a variety of settings, whereas others were newly considering the fit of practice with their mission. Some were invested in database development in support of practice management and

*The Catholic University of Chile attended as a guest, sending one observer.

research; others had only begun to think about common data elements that might be collected to describe their faculty's practice. Some were struggling with fiscal viability issues once grant support would end; others were participants in managed care, fee for service, and other contractual means for support. All shared challenges in the integration of research and practice, and recognition of the place of scholarly practice in faculty promotion and tenure processes.

Each school made marked progress toward meeting their goals. This was facilitated through frank presentations during the institute, open channels of communication and consultation during the program, and, once back on the job, via the listserv, two subsequent meetings, and a Senior Fellows Exchange held just before the following year's institute. There were several common goals among the schools: for example, to develop strategic plans for academic practice; modify appointment, promotion, and tenure (APT) criteria; create a minimum dataset for faculty practices; launch new research initiatives; develop new practice opportunities; and create a business plan.

Consultation

The Penn School of Nursing delivered approximately 120 hours of consultation services to the 21 schools that participated in the two Penn Macy Initiatives. Consultations were provided during each institute and within the year after the institute. Each school requested consultation according to their individual needs. Topics included:

financial, practice budgeting, financial analysis, and reporting, program grant proposal review, business advisor group considerations;

organizational, structure and governance issues, faculty practice plans;

research, establishment of research center structure, comparisons among local and national datasets, establishing centers of excellence, quality-of-life indicators for frail elders;

clinical, partnering with elementary schools for behavioral health services, quality improvement models for academic nursing practice, credentialing for advanced practice nurses in mental health, site visits to PNN practices and infrastructure services, preparing for accreditation visit, information technology for Clinical Management Information System and outcomes reporting.

Evaluation Protocol

For the week-long institute, daily evaluations of specific content, speakers, and methods, as well as a postconference evaluation, were conducted with participating fellows and, more informally, with staff and speakers. Conference evaluation feedback was used extensively in planning and refining the second institute held in June 2000. During a

midyear meeting in February 2000 with Fellows from the summer 1999 institute, we confirmed the difficulty of many schools to free-up a three-member team and fund expenses for an entire week (travel, salary, and per diem only; the Macy Foundation grant underwrote program costs). Because of this, we reconsidered whether to keep the 5-day format for subsequent institutes, and decided to change to an annual 2-day conference beginning with 2001.

In addition to program evaluation, the APRTs were asked to track, through a quarterly reporting system, accomplishment of their own goals as well as several critical indicators of successful practice development. Each school had submitted initial objectives for participation in the program and was asked to refine those objectives by the end of the institute. Critical indicators were identified to measure such things as practice fiscal viability, planning operations, educational integration, research integration, and organizational viability.

Participating schools were encouraged to keep a database on these indicators, to be used in developing their quarterly and annual reports and in building institutional and extramural support for their practice mission. The reports were meant to measure each school's progress in meeting goals set by the APRTs during the summer institute. A detailed description of the evaluation and outcomes will appear in a subsequent article.

Conclusion and Next Steps

In its first 2 years, the Penn Macy Initiative prepared a critical mass of Fellows from 21 research-intensive schools of nursing across the United States. These Fellows have been increasingly visible at the annual AACN faculty practice conference in providing consultation to peer schools, and in publications regarding their work. The two initial week-long institutes have evolved to an annual 2-day conference, electronic listserv, Web-based knowledge center and discussion board, and fee-for-service consultation accessed through the Web site (<http://www.pennmacy.com>). New alliances are planned that will facilitate collaborative research and program development. Thus, the Penn Macy Initiative promises to continue providing impetus, leadership, and resources for academic nursing practice in the years to come.

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References

- Barger, S. E. (1991). The nursing center: A model for rural nursing practice. *Nursing & Health Care, 12*, 290-294.
- Buhler-Wilkerson, K., Naylor, M., Holt, S., & Rinke, L. (1998). An alliance for academic home care: Integrating research, education and practice. *Nursing Outlook, 46*, 77-90.
- Coenen, A., Marek, K., & Lundeen, S. (1996). Clinical nursing data: Explaining health care utilization in a community nursing center. *Research in Nursing & Health Care, 19*, 441-445.
- Conway-Welch, C., & Harshman-Green, A. (1995). At the table: Nursing in managed care. *Nursing PolicyForum, 1*, 10-16.
- Cotroneo, M., Outlaw, F., King, J., & Brince, J. (1997). Advanced practice psychiatric-mental health nursing in a community-based nurse-managed primary care program. *Journal of Psychosocial Nursing, 35*, 18-25.
- Counts, M. M., & Boyle, J. (1987). Nursing, health and policy in a community context. *Advances in Nursing Science, 9*, 12-23.
- Dreher, M., Everett, L., & Hartwig, S. (2001). The University of Iowa Nursing Collaboratory: A partnership for creative education and practice. *Journal of Professional Nursing, 17*, 114-120.
- Eisenberg, J. M. (2001). Putting research to work and enhancing the impact of health services research. *Health Services Research, 36*, x-xvii.
- Evans, L. K., Jenkins, M., & Buhler-Wilkerson, K. (1999). Academic nursing practice: Power nursing for the 21st century. In M. Mezey, & D. McGivern (Eds.), *Nurses, nurse practitioners* (3rd ed. pp. 322-341). New York: Springer.
- Evans, L., & Yurkow, J. (1999). Balanced budget act of 1997 impact on a nurse-managed academic nursing practice for frail elders. *Nursing Economics, 17*, 279-282.
- Evans, L. K., Yurkow, J., Siegler, E. (1994). A nurse-managed collaborative outpatient program to improve function of frail older people. *Journal of the American Geriatrics Society, 43*, 1155-1160.
- Grey, M., & Walker, P. H. (1998). Practice-based research networks for nursing. *Nursing Outlook, 46*, 125-129.
- Inouye, S. K., Acampora, D., Miller, R. L., Fulmer, T., Hurst, L. D., & Cooney, L. M. (1993). The Yale Geriatric Care Program: A model of care to prevent functional decline

in hospitalized elderly patients. *Journal of American Geriatrics Society*, 41, 1345-1352.

Lang, N. M. (2001). Developing knowledge for policy and practice for the 21st century. *Nursing Leadership Forum*, 5, 74-81.

Lang, N. M. (1999). Discipline-based approaches to evidence-based practice: A view from nursing. *Joint Commission Journal of Quality Improvement*, 25, 539-544.

Lang, N. M. (1983). Nurse-managed centers: Will they survive. *American Journal of Nursing*, 83, 1290-1296.

Lang, N. M., & Evans, L. K. (1999). Forging new partnerships for financial development. In J. Ryan (Ed.), *Market-driven nursing* (pp. 115-124). Chicago: American Hospital Association.

Lang, N. M., Jenkins, M., Evans, L. K., & Matthews, D. (1996). Administrative, financial and clinical data for an academic nursing practice: A case study of the University of Pennsylvania. In *The Power of Faculty Nursing Practice* (pp. 79-100). Washington, DC: American Association of Colleges of Nursing.

Lang, N. M., Sullivan-Marx, E. M., & Jenkins, M. (1996). Advanced practice nurses and successes of organized delivery systems. *American Journal of Managed Care*, 2, 129-135.

Mackey, T., Adams, J., & McNiel, N. (1997). Negotiating private sector partnerships with academic nursing centers. *Nursing Economics*, 15, 14-55.

Marek, K. D., Jenkins, M., Westra, B., & McGinley, A. (1998). Implementation of a clinical information system in nurse-managed care. *Canadian Journal of Nursing Research*, 10, 37-44.

Naylor, M., & Buhler-Wilkerson, K. (1999). Creating community-based care for the new millennium. *Nursing Outlook*, 47, 120-127.

O'Sullivan, A., & Jacobsen, B. (1992). A randomized trial of a health care program for first-time adolescent mothers and their infants. *Nursing Research*, 41, 210-215.

Phillips, R. S. (1997). Distance learning initiative 'cuts the edge' on providing continuing education to nursing home professionals in remote and distant areas of Pennsylvania. *University of Pennsylvania Institute on Aging Newsletter*, 6, 1, 7.

Rovin, S., & Ginsberg, L. T. (1988). Johnson & Johnson-Wharton Fellows Program in Management for Nurses. *Nursing Economics*, 6, 78-82.

Swan, B. A. (2000). Credentialing, contracting, and reimbursing nurse practitioners. *Nursing Economics*, 18, 267-270.

Swan, B. A., & Cotroneo, M. (1999). Perspectives in ambulatory care: Financing strategies for a community nursing center. *Nursing Economics*, *17*, 44-48.

Swan, B. A., & Evans, L. K. (2001). Infrastructure to support academic nursing practice. *Nursing Economics*, *19*, 68-71.

Walker, P. H. (1994). Faculty practices: Interesting issues and impact. *Annual Review of Nursing Research*, *13*, 217-236.