



An innovative academic-practice partnership to enhance the development and training of military nurses



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ABSTRACT

Academic-practice partnerships have been identified by the American Association of Colleges of Nursing as a best practice for advancing the profession of nursing in a collaborative manner by sharing goals, knowledge, and respect in a mutually beneficial line of effort. Training military nurses poses a unique challenge to academia and military nurse corps to produce competent nursing professionals who are also effective military officers. The academic-practice partnership between the United States Army Cadet Command's ROTC program and the University of San Francisco's School of Nursing is a prime example of such a partnership. Through the innovative month-long nurse summer training internship program, Army nursing students work one-on-one with an experienced Army nurse preceptor to receive an intense clinical experience with a minimum of 150 h of hands-on patient care in a military medical treatment facility. This example of cognitive apprenticeship learning provides an adjunct to nursing program curricula in addition to an introduction of the roles and responsibilities of a military officer. This academic-practice partnership helps develop a strong group of novice nurses who are confident leaders and critical thinkers that easily make the transition from academia to professional practice.

Introduction

Competent and caring professional nurses are essential for effective and quality healthcare. The ongoing challenges of aging and retiring nursing faculty members, limited student enrollment capacity due to faculty shortages, and the dramatic decrease in the availability of clinical learning sites have all made the critical workforce shortages of qualified nurses more worrisome (Hewlett & Bleich, 2004). Coupled with changing demand, evolving and expanded clinical roles for nurses, a mismatch between the nursing education, practice and healthcare delivery model, it is not surprising that the nursing profession has been exploring alternate ways to develop trained professionals. Xippolitos, Marino, and Edelman (2011) emphatically state, "Nursing is a key driver of constructing a safer, high-quality system that is value based and patient-focused (p. 1). Academic-practice partnerships (APP), sometimes known as academic-service partnerships, have been a part of nursing education for hundreds of years and offer a promising shared solution to the challenges facing nursing education and practice.

The development and training of professional nurse-officers also

poses a unique challenge to the various branches of the military and their nurse corps. Because the majority of Army nurses are trained through the U.S. Army Reserve Officer Training Corps (ROTC) while attending traditional nursing programs, there is a strong need for the nursing school and ROTC to collaborate and create mutually beneficial outcomes for competent nursing professionals who will also serve our country as effective Army officers. ROTC-trained Army nurses must learn not only nursing concepts and competencies, but also Army leadership competencies. Through the structured ROTC program, these two happen simultaneously, making it even more critical for the nursing and leadership competency development efforts to be integrated. This need offers a unique opportunity to develop a mutually beneficial APP between traditional nursing education programs and Army nursing.

The American Association of Colleges of Nursing (AACN, 2015) describes academic-practice partnerships as an innovative way to "develop collaborative arrangements based on common goals, mutual respect, and shared knowledge." The collaborative relationship that exists between the United States Army Cadet Command's ROTC program and

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1. Collaborative relationships between academia and practice are established and sustained through:
 - Formal relationships established at the senior leadership level and practiced at multiple levels throughout the organization
 - Shared vision and expectations that are clearly articulated
 - Mutual goals with set evaluation periods
2. Mutual respect and trust are the cornerstones of the practice/academia relationship and include:
 - Shared conflict engagement competencies
 - Joint accountability and recognition for contributions
 - Frequent and meaningful engagement
 - Mutual investment and commitment
 - Transparency
3. Knowledge is shared among partners through mechanisms such as:
 - Commitment to lifelong learning
 - Shared knowledge of current best practices
 - Shared knowledge management systems
 - Joint preparation for national certification, accreditation, and regulatory reviews
 - Inter-professional education
 - Joint research
 - Joint committee appointments
 - Joint development of competencies
4. A commitment is shared by partners to maximize the potential of each registered nurse to reach the highest level within his/her individual scope of practice including:
 - Culture of trust and respect
 - Shared responsibility to prepare and enable nurses to lead change and advance health
 - Shared governance that fosters innovation and advanced problem solving
 - Shared decision making
 - Consideration and evaluation of shared opportunities
 - Participation on regional and national committees to develop policy and strategies for implementation
 - Joint meetings between regional/national constituents of AONE and AACN
5. A commitment is shared by partners to work together to determine an evidence based transition program for students and new graduates that is both sustainable and cost-effective via:
 - Collaborative development, implementation, and evaluation of residency programs
 - Leveraging competencies from practice to education and vice versa
 - Mutual/shared commitment to lifelong learning for self and others
6. A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize academic or educational achievements:
 - Lifelong learning for all levels of nursing, certification, and continuing education
 - Seamless academic progression
 - Joint funding and in-kind resources for all nurses to achieve a higher level of learning
 - Joint faculty appointments between academic and clinical institutions
 - Support for increasing diversity in the workforce at the staff and faculty levels
 - Support for achieving an 80% baccalaureate-prepared RN workforce and for doubling the number of nurses with doctoral degrees

Fig. 1. AACN-AONE task force on academic-practice partnerships guiding principles.

the University of San Francisco's (USF) School of Nursing and Health Professions (SONHP) is an interesting example of such a partnership. The overarching goal is to help novice nurses develop into competent leaders and critical thinkers at the bedside, as well as prepare Army officers that can easily make the transition from training to professional practice in the U.S. Army Nurse Corps. Both partners capitalize on the contributions and requirements of the other; working together to provide high-quality training opportunities in both nursing and Army leadership. Using a team approach, the Brigade Nurse Counselor (representing the Army Nurse Corps) and the SONHP faculty, including a dedicated ROTC Cadet Faculty Advisor, collaborate over the students' four-year nursing program to integrate leadership, professional and clinical skills to meet the expectations of the Army Nurse Corps and the nursing profession. An example of this partnership is the Army Nurse Corps Nurse Summer Training Program (NSTP), a month-long internship program that introduces nurse cadets to both the professional

nurse and Army officer roles.

In this paper, we describe a unique, small scale, context-based APP including the specifics of the NSTP. We also make recommendations for expanded collaboration based on the responses to this innovative APP by Army ROTC nurse cadets who participated in this situated learning experience.

Background/scope of the problem

Clinical training is considered the foundation of nursing education. The importance of practicing hands-on skills in a clinical environment with real patients is a critical step in the development of the novice nurse. As clinical placement opportunities become more and more scarce, the likelihood of nurses transitioning from academia to professional practice with minimal clinical training or technical skills is increasing (Berman et al., 2014). This lends to the worsening nursing

shortage as prospective nursing students are turned away due to a lack of clinical site availability. According to the American Association of Colleges of Nursing report 2016–2017 *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, over 64,000 qualified applicants were turned away due to a shortage of clinical placement sites as well as faculty and classroom space (American Association of Colleges of Nursing, 2018.) Furthermore, limited clinical training time and experience during nursing school can decrease the quality of health care delivery by the novice nurse and ultimately lead to negative patient outcomes.

For nursing students who are participating in the Army ROTC program, there is a challenging balance between rigorous curricula in their nursing program and their ROTC program. Army ROTC has explicit graduation requirements to include 3–5 credit hours per semester of military science courses, leadership laboratories, and physical training on top of their demanding nursing program schedule. Sometimes this causes students to prioritize between nursing and ROTC course requirements, and faculty in both programs find themselves defending their respective training as equal in importance. Ongoing discussion between the nursing and ROTC military science faculty directly supports the students and helps ease the strain of prioritizing one discipline over the other. These faculty discussions also serve to highlight the natural synergies of the content (e.g. leadership, management, professionalism, effective communication, and interdisciplinary teamwork) and help integrate the content and context for both students and instructors.

Nursing competencies and Army leadership competencies very much complement one another, making it a logical partnership. Much like nursing, officership requires “hands-on learning” which can be compared to nursing clinical rotations, and is conducted in the ROTC program during a leadership laboratory that is held once a week. Creating APPs can maximize the training opportunities available to student nurse cadets by synchronizing efforts, affording additional intensive clinical training during the summer, and lightening the workload on already time-constrained nurse cadets.

Review of literature about academic-practice partnerships

APPs have been a feature of nursing education throughout history. Libster (2011) details the progression of APPs with religious communities, medical colleges and physicians, government, hospitals, institutions of higher learning, and nursing organizations “as a means of bridging education and practice in an effort to promote quality healthcare and preparation for nursing practice” (p. e76). In 1990, AACN published its first white paper about APPs. In 2010, AACN and the American Organization of Nurse Executives (AONE) established a task force and, in 2012, published a set of guidelines for successful development and sustainability of APPs (AACN-AONE, 2012). According to the Task Force who developed the guidelines, an APP “is a mechanism for advancing nursing practice to improve the health of the public” and based on “mutual goals, respect, and shared knowledge” (AACN-AONE Task Force, 2012, p. 1). The 2010 Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health* served as the framework for these guidelines. Fig. 1 describes the AACN-AONE Guiding Principles.

In 2011, Teal, MacIntyre, Murray and Rock analyzed common themes in clinical education partnerships. They surveyed and visited three innovative academic-practice partnerships and identified four criteria that were common across these successful programs: supportive relationships, goodness of fit, flexibility, and communication (p. 369). Beal et al. (2011) published a case study examining best practices in APPs. Content analysis of interviews with 72 APP participants from academia and service confirmed the AACN-AONE principles of trust, mutual respect, shared vision and goals. Although the USF-ROTC APP does not yet fulfill all of the AACN-AONE guiding principles, the USF-ROTC partnership does successfully embody these common success

criteria and has been especially effective in developing the “goodness of fit” for mastery of integrated officer-nurse content and skills.

Bartz and Dean-Barr (2003, p. 216) suggested an APP as a powerful strategy for “reshaping clinical nursing education.” In 2004, O’Neil and Krauel wrote about the need for “transformational” partnerships in nursing. The authors argued that “there are limits to what might be gained from...unilateral efforts” and more significantly, that clinical and academic leaders “must develop partnerships with others in the education-care continuum if they are to have any real hope of maintaining and sustaining an effort to build the programs needed to address the long-term challenges of a nursing workforce that is adequate in number and skill” (O’Neil & Krauel, 2004, p. 295).

Berman et al. (2014) described perceived competence gaps of new graduate nurses including critical thinking, communication, clinical knowledge, time management, organization, professionalism, technical skills, physical assessment and teamwork skills. Huston et al. (2018) suggested APP as an important and promising strategy to address this academic-practice competence gap. The experiences of both faculty and student participants in the USF-ROTC APP support the usefulness of this small-scale partnership and offer an example of a non-traditional approach that has been very successful in fulfilling the outcomes of both participants. This article details the characteristics of this APP and provides examples of how this shared approach, based in supportive relationships, goodness of fit, flexibility, and communication (Teal, MacIntyre, Murray, & Rock, 2011) contribute to the success of the partnership.

Theoretical framework

The Nurse Summer Training Program (NSTP) is an example of a cognitive apprenticeship, or situated cognition, learning experience for nurse cadets. Cognitive apprenticeship is based in the concept of an experienced person helping a less-experienced person learn a task or skill by providing structure, examples and explanations (Brown, Collins, & Duiguid, 1989). Many training experiences, including nursing, law, and construction, share the similar need for integration of knowledge, concepts, and psychomotor skills with opportunities to apply these knowledge and skills in a contextualized or situated environment. In other words, the learner “learns from experts through social interactions” in authentic situations (Dennen, 2004, p. 813).

The two major characteristics of cognitive apprenticeship are situatedness and legitimate peripheral participation. Brown et al. (1989) define situatedness as active, meaningful participation in an authentic setting resulting in relevant, transferable learning. Legitimate peripheral participation comes from the work of Lave and Wenger (1991) and describes the process by which newcomers (novices) begin on the periphery of the practice community and gradually move towards full participation as their expertise and confidence grows as a result of their successful apprenticeship.

During their NSTP experience, nurse cadets work closely with an expert Army Nurse Corps preceptor to simultaneously apprentice both the professional nurse and Army officer roles in an inpatient setting. At the beginning of the experience, the cadet is a novice at both roles. Observations by preceptors suggest that cadets gradually show increased expertise, confidence, and participation in this unique community of practice. The direct, frequent and specific feedback given by the preceptor in these authentic clinical experiences is key to an effective cognitive apprenticeship (Brown et al., 1989). The increased competence and confidence to care for patients transforms the cadets from “outsiders” to full participants in the community of practice on the unit. By the end of this contextualized learning experience, the cadet has successfully integrated the knowledge, concepts and skills to function as a professional nurse and Army officer.

1. Demonstrate independent learning, self-initiation and self-direction to develop clinical skills necessary for the delivery of nursing care for multiple patients.
2. Utilize the nursing process in the promotion of effective outcomes in all patient care situations.
3. Synthesize information from previous nursing course curricula to facilitate clinical decision-making.
4. Utilize skills of inquiry and problem-solving to acquire new knowledge from the clinical setting, patients, and patient family members.
5. Utilize collaboration to develop the interpersonal skills necessary to function as a health care delivery team member. In addition, become familiar with the mission, structure and personnel that comprise the Army Medical Department (AMEDD) Health Care Team.
6. Develop and display effective leadership skills with health care team members in a clinical setting.
7. Demonstrate an understanding of the Patient Caring Touch System and its use in Military Treatment Facilities.
8. Demonstrate accountability for professional actions and growth through becoming familiar with the duties, responsibilities and expectations of a junior Army Nurse Corps Officer.

Fig. 2. Nurse Summer Training Program (NSTP) objectives.

Description of intervention

Army ROTC and the School of Nursing and Health Professions, pre-licensure Baccalaureate of Science in Nursing (BSN) program, University of San Francisco, work together closely in a small-scale, innovative and successful APP. Approximately 25 nurse cadets are enrolled in the BSN program across 4 levels of the program. USF Nursing students begin their clinical rotations during the Sophomore 1 semester (semester 3 of the 8-semester program). Concurrent with their Nursing program, students also complete 4 years of military science courses taught by ROTC faculty members who are all Army officers. These military science courses are credit-bearing, and the Military Science department is operationally situated within the USF School of Management. In addition to their Nursing and military science courses, the ROTC cadets also participate weekly in physical fitness training (PT), military science practice labs such as marksmanship and land navigation, and serve in ROTC leadership positions. Once per semester, all ROTC cadets including the nurse cadets, participate in a weekend, 3 or 4-day Field Training Exercise (FTX) to practice and test their military science skills and knowledge.

In order to facilitate the learner outcomes of both military science and Nursing, there is a dedicated Nursing faculty advisor who serves as academic advisor for all of the ROTC nurse cadets. This advisor is an unofficial member of the ROTC cadre (officers) and routinely participates in ROTC staff events, briefings and meetings. To gain an

appreciation and understanding of the ROTC-Army Nurse Corps competencies, she has participated by invitation in a series of workshops and team-building experiences at various ROTC training activities including the Cadet Leader Development Assessment Course at Joint Base Lewis-McChord (JBLM), Washington and Fort Knox, Kentucky.

The faculty advisor is in regular communication with the ROTC Nurse Cadet Command Brigade Nurse Counselor, an Army Nurse Corps Captain with a 2-year duty assignment to supervise the training and development of all ROTC nurse cadets in his/her brigade or geographic region. The 8th Brigade Nurse Counselor is based in JBLM, Washington and visits USF every semester to counsel each ROTC nurse cadet and meet extensively with the faculty advisor, BSN department chair, and SONHP leadership team. Together, the two experts assist the ROTC and Nursing faculty members in exploring content synergies and designing integration exercises that emphasize shared expectations such as leadership, teamwork, communication, planning, and professionalism.

The United States Army Nurse Corps, in partnership with Army ROTC and academic pre-licensure nursing programs, provides a unique and innovative month-long intensive clinical training experience for its student nurse cadets at an Army medical treatment facility located either in or outside of the United States. The Nurse Summer Training Program (NSTP) provides up to 150 intensive, precepted clinical hours in a 4-week time period during the summer between the junior and senior year of nursing school for nurse cadets enrolled in Army ROTC at many colleges across the country. It does not qualify as a work-study

program as defined by the California Board of Registered Nursing. The academic-practice partnership between the University of San Francisco's school of nursing and ROTC Battalion effectively uses this partnership opportunity to enhance the knowledge, skills, and attitudes of nurse cadets while also teaching leadership, teamwork, communication, and critical thinking. These competencies apply to both the nursing profession as well as Army officership. The NSTP is a precepted learning experience.

The stated purpose of the NSTP is to enhance the clinical and leadership skills of Army nurse cadets through a clinical immersion experience at an Army hospital. While at NSTP, nurse cadets work one-on-one with an experienced Army nurse preceptor that provides the cadet with an intense clinical experience working with service members, their dependents, and retirees. The goal is to obtain at least 150 h of clinical experience in the four-week program. Nurse cadets have the opportunity to work in a wide variety of clinical areas to include medical, surgical, intensive care, emergency department, operating room, post-anesthesia care, psychiatric/mental health, and maternal-child. They are also afforded the opportunity to rotate to alternate experience locations such as the laboratory to develop phlebotomy skills and the gastrointestinal clinic to gain experience in placing intravenous lines on patients having same-day procedures. For those cadets attending NSTP at locations with combat support hospitals, they also receive training in combat nursing.

The Nurse Summer Training Program has eight distinct learning objectives, as shown in Fig. 2 (U.S. Army Cadet Command, 2014). These outcomes describe a reasonable set of expectations for the length and breadth of the program, and also serve as an orientation for each nurse cadet participant to the mission, vision, and values of the U.S. Army Nurse Corps. Importantly, the learning outcomes for the NSTP program describe clinical and officer competencies, emphasizing the integration of these two complimentary skill sets during an intense learning situation in which nurse cadets are immersed in both the professional nurse and officer roles.

Due to military rank structure, Second Lieutenants in the Army Nurse Corps are expected to perform leadership duties as a new graduate nurse because they are inherently expected to be a leader due to their officer rank. Additionally, they immediately function as a team leader because of the structure of the care teams as part of the Patient Caring Touch System. The Patient Caring Touch System was developed in 2011 to provide a framework for care across the Army Nurse Corps in order to reduce variance, improve outcomes, and foster excellence (Patient Caring Touch System, 2014). This system of care is the key to providing a standardized method of care throughout the Army health care enterprise which increases trust in the health care system. There are five main components to the Patient Caring Touch System: enhanced communication, capacity building, evidence-based practices, healthy work environments, and patient advocacy. Under the element of patient advocacy, the system utilizes care teams which is a team approach to providing multidisciplinary care based on the needs of the patient (Coleman & Reid, 2010). The registered nurse serves as the team leader of this care team and provides complex care management and serves as the patients' advocate (Patient Caring Touch System, 2014).

As seen in NSTP Objectives five through eight (Fig. 2), there is a focus on early leader development during NSTP which is important in achieving that leadership role upon graduation. Army nurses are seen as a valued member of the multidisciplinary team which is just one way that Army nurses function as a team member. They also function as team leaders in the care teams that are established as part of the PCTS. Each registered nurse is responsible for an LVN, and an Army medic (or sister service equivalent), or Certified Nurses' Assistant. Based on the composition, skill level, and experience of this care team, the team is assigned a patient load for the shift. The Army nurse is responsible for the team members and patients for the duration of the shift.

Second Lieutenants in the Army who are not nurses find themselves serving as platoon leaders, or the officer in charge, of 40–50 Soldiers,

preparing for or serving in combat. Army nurses who receive the same training as their non-nurse counterparts, are also expected to serve in leadership roles upon graduation due to their advanced leadership training in Army ROTC during college. In the Military Treatment Facility (MTF) setting, Army Nurses will function as the charge nurse for a shift, responsible for all the patient care delivered as well as all of the staff members assigned during that shift as a new nurse with less than one year of experience which is rare in the civilian setting. Shortly after the one year mark, Army Nurses prepare to deploy to a combat environment, and as soon as the three to four year mark, Army Nurses can serve as a Clinical Nurse Officer in Charge which is a role similar to a Nurse Manager or Head Nurse in the civilian sector. The leadership experience gained early on in the nurses' career will prepare them for a wide variety of complex leadership roles in the future, varying from field units, to training environments, to teaching and command assignments.

In order to be eligible for NSTP attendance, nurse cadets must have completed their junior academic year of nursing with successful completion of at least one semester or two quarters of an inpatient clinical nurse course. Community health and outpatient psychiatric clinical courses do not meet this requirement because these courses lack the inpatient clinical experience necessary for a cadet to be successful in NSTP. As NSTP is a short-term, intensive clinical experience, it is not the intention that this experience be the cadets' first exposure to the inpatient clinical environment. Cadets are expected to have already had exposure to basic concepts such as patient safety, personal safety, and standard precautions. The short duration and the intensity of the training experience do not allow time for introduction to basic nursing concepts other than general unit and facility orientation.

The major difference between NSTP and the regularly scheduled semester clinical rotations is that the focus of NSTP is on not only achieving enhanced clinical skills practice, but on developing teamwork, critical thinking and leadership. While these elements are included in traditional nursing programs, NSTP cadets are afforded the opportunity to provide hands-on clinical skills while also precepting in the role of team leader and charge nurse. These leadership opportunities allow cadets to practice essential decision-making and critical thinking skills while concurrently being responsible for patient care, providing real-world scenarios that cadets will face soon after graduation rather than focusing solely on patient care. As the NSTP is a condensed program, it is fast-paced and cadets actually work 36–44 h per week for the full four weeks, further allowing them to fully experience continuity of care and post-graduation expectations. In addition, the cadets are required to complete and present a group project on the Patient Caring Touch System that is the Army's enterprise-wide system of care (Patient Caring Touch System, 2014). No matter where the future Army Nurse Corps officer is stationed after participating in NSTP, they will be familiar with the Patient Caring Touch System (PCTS) due to the standardization across every Military Treatment Facility. Often, nurse cadets report in after-action reviews that they were able to leverage their education through practicing hands-on clinical skills, supporting the guiding principles of an academic-practice partnership. The nurse cadets also recalled having the expectations of the role of a new Second Lieutenant nurse clearly defined through their learning experiences.

Part of this training and development process is receiving regular, structured feedback that is key to motivating improvement (U.S. Army Performance Evaluation Guide; Plakht, Shiyovich, Nusbaum, & Raizer, 2013). Nurse cadets at NSTP receive this through initial and final counseling sessions with their preceptors and site coordinators, daily post-clinical reviews, "on the spot" teaching, and a formal Cadet Evaluation Report at the end of program (Fig. 3). Their individual performance is evaluated, they are provided with extensive feedback, and they are rank-ordered amongst their NSTP nurse cadet peers. This formal evaluation serves as documentation of the experience that is used to obtain senior capstone credit from the University of San

CADET OFFICER EVALUATION REPORT Staff proponent is USACC, DoLD-E				TYPE OF REPORT NSTP	
PART I - ADMINISTRATIVE (Rated CADET)					
a. NAME (Last, First, Middle Initial)		b. SSN (LAST 4)	c. SEX	d. BDE	e. MAJOR/GPA
f. SCHOOL		g. HOST FICE CODE NA	h. APFT SCORE NA#	i. APFT DATE NA	j. HEIGHT NA
PART II - AUTHENTICATION					
Rated Cadet's signature verifies Cadet has read completed Part I-V and the administrative data in Part I is correct. Rater & Senior Rater signatures verify that the Cadet has been counseled.					
a1. NAME OF RATER (Last, First, Middle Initial)		a2. RANK	a3. POSITION		a4. PHONE NUMBER
a5. EMAIL ADDRESS (.gov or .mil)		a6. SIGNATURE			a7. DATE (YYYYMMDD)
b1. NAME OF SENIOR RATER (Last, First, Middle Initial)		b2. RANK	b3. POSITION		b4. PHONE NUMBER
b5. EMAIL ADDRESS (.gov or .mil)		b6. SIGNATURE			b7. DATE (YYYYMMDD)
c1. Period covered From: (YYYYMMDD) To: (YYYYMMDD)		c2. Signature of rated cadet			
PART III - LEADERSHIP POSITIONS					
a. SIGNIFICANT DUTIES AND RESPONSIBILITIES Learn the duties and responsibilities of an Army Nurse Corps Officer in an inpatient clinical staff nurse role through clinical immersion. Experience leadership and clinical skills in a hospital environment by planning, organizing, decision-making, implementing, and being accountable for the outcome of nursing care to your assigned patients.					
PART IV - PERFORMANCE EVALUATION - PROFESSIONALISM, COMPETENCIES, AND ATTRIBUTES (Rater)					
a. This Cadet's Overall Performance is Rated as: (Select one box representing Rated Cadet's overall performance as compared to others within the rated cohort). Outstanding ratings are limited to not more than 15% of rated population at the time of the rating and reflect performance well above that expected of a typical Cadet in that military science (MS) level and could lead a platoon right now. Excellent ratings are not limited to a specific percentage and should be assigned to those cadets that have exhibited superior performance and could lead a platoon right now with minimal guidance. Proficient ratings are not limited to a specific percentage and represent the majority of Cadets for that MS level. Capable rating indicates the Cadet is performing at an acceptable level, but has specific leadership attributes and/or competencies needing additional development (improvements will be specifically annotated in Part IVb1-IVb6 as applicable). Unsatisfactory block check indicates performance and potential level is unacceptable and much further development is required prior to commissioning. May indicate grounds for LOA if on campus or Leadership Development Review Board if at Cadet Summer Training. Specific behavior for Unsatisfactory rating will be annotated in comments below as well as in specific areas in Part IVb1-IVb6.					
I currently rate _____ Cadets.					
A completed DA Form 67-10-1A was received with this report and considered in my evaluation and review: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain in comments below)					
OUTSTANDING (15%) <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>	PROFICIENT <input type="checkbox"/>	CAPABLE <input type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>	
Comments:					
Cadet should be ranked amongst his/her peers, or compared to nursing student/novice nurse as appropriate. Comments should remain performance based. Mention if Cadet held a leadership position (NSTP class leader) or was assigned an additional duty (moral officer) during the NSTP rotation. Mention if Cadet volunteered for an alternate clinical experience during NSTP, and how it enhanced their skills. Indicate the number, type, and acuity of the patients the Cadet was responsible for, and include their ability to work within a care team. Comment on patient or staff feedback on this Cadet's performance during NSTP. Comment on Cadet's demonstration of initiative in obtaining clinical experiences. Comment on teamwork, attitude, professionalism, clinical competencies, and leadership abilities of rated Cadet. Comment on participation and overall performance in the group project.					

Fig. 3. Cadet officer evaluation report example.

NAME:		SSN (LAST 4)	PERIOD COVERED: FROM (YYYYMMDD)	THRU (YYYYMMDD)
b.1) Character: <i>(Adherence to Army Values, Empathy, and Warrior Ethos/ Service Ethos and Discipline. Fully supports SHARP, EO, and EEO.)</i>		Creates a climate of dignity and respect and adheres to the principles of SHARP and EO in all daily activities. Relied upon as a dependable Cadet that can be counted on to complete any assigned task. Displays a positive attitude in order to serve as a role model for other Cadets. Lives and role models the Army LDRSHIP values. Exhibits the values outlined in the Army Nurse Corps and Cadet Creeds.		
b.2) Presence: <i>(Military and Professional Bearing, Fitness, Confident, Resilient)</i>		Sets a fitness example for others to emulate by excelling in physical fitness. Models the components of the performance triad. Maintains all certifications and mandatory training without prompting. Promotes programs in quality services, especially in patient safety. Participates in all unit or section level activities (safety stand-down, staff huddles, resilience training).		
b.3) Intellect: <i>(Mental Agility, Sound Judgment, Innovation, Interpersonal Tact, Expertise)</i>		Continuously assesses the needs of the patients and staff, and communicates needs and/or solution to preceptor. Is a proponent for change with regards to practicing evidence based nursing. Comprehends unit level metrics in order to improve on business practices. Exhibits traits of a servant leader and employs professional tact and courtesy when dealing with others.		
b.4) Leads: <i>(Leads Others, Builds Trust, Extends Influence beyond the Chain of Command, Leads by Example, Communicates)</i>		Fosters a culture of trust environment for patients, and encourages teamwork in everyday practice. Responds promptly and courteously to all complaints, conflicts, and suggestions. Seeks mentorship from officers who serve as superior role models for leadership, and reflects on personal leadership skills. Begins to develop a leadership philosophy based on clinical experiences.		
b.5) Develops: <i>(Creates a positive command/ workplace environment/Fosters Esprit de Corps, Prepares Self, Develops Others, Stewards the Profession)</i>		Establishes a positive relationship between Cadet peers, and unit level nursing staff in order to create a healthy work environment and foster esprit de corps. Works towards self improvement and professional development by participating fully in assigned duties. Considers the Chief of the ANC reading list, or seeks out scholarly articles to improve clinical practice.		
b.6) Achieves: <i>(Gets Results)</i>		Executes and accomplishes tasks as set forth by unit level preceptor and leadership with excellence. Establishes priority of tasks on a daily basis, as well as unit level initiatives on a monthly basis. Enables the unit to meet objectives by identifying weaknesses and serves as a proponent for change. Ensures proper documentation and reporting 100% of the time to ensure optimum patient care.		
PART V - SENIOR RATER				
a. POTENTIAL COMPARED WITH CADETS SENIOR RATED IN SAME MILITARY SCIENCE LEVEL		c. I currently senior rate _____ Cadets in this Military Science Level.		
<input type="checkbox"/> TOP 15% <input type="checkbox"/> MOST QUALIFIED <input type="checkbox"/> HIGHLY QUALIFIED <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED		d. COMMENTS ON POTENTIAL: # Cadet should be ranked amongst his/her peers, or compared to nursing student/novice nurse as appropriate. Comment on potential to serve on Active Duty, at a MEDCEN, or in a particular unit or assignment. May include aptitude to attend a specialty course, if interested. Comment on overall potential as a future Army Nurse Corps officer.		
b. I rank this cadet <input type="checkbox"/> of <input type="checkbox"/>				

ROTC CDT CMD FORM 67-10-1, (DEC 2014) REPLACES ALL PREVIOUS VERSIONS

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Fig. 3. (continued)

Francisco School of Nursing. This evaluation is submitted along with the student questionnaire (Fig. 4) for consideration of clinical hours.

The NSTP experience is evaluated by Army ROTC's higher headquarters, US Army Cadet Command, located in Ft. Knox, Kentucky. Each cadet is given the opportunity to provide formal feedback about the experience from their perspective in the form of an After-Action Review (AAR), which a common way to give constructive feedback after an event in the Army. The reports are collected from each site from the local NSTP site-coordinator, and forwarded to Cadet Command. In

addition, nurse cadets at the University of San Francisco are asked to complete the four narrative questions about their NSTP experience (Fig. 4). This questionnaire is administered by the student faculty advisor who is responsible for all of the nursing cadets at USF. The questionnaire is given for a number of reasons; students will keep this document for their student portfolio, School of Nursing faculty will use this as part of the student's Senior Capstone assessment, and ROTC faculty will use this to gain insight into the cadet's summer training experience.

1. This was your first experience working with an Army Nurse Corps officer in a military hospital. What were you expecting when you arrived at NSTP?
2. What was the experience like to be learning nursing and officer skills at the same time for working with an ANC nurse-officer?
3. By the end of your NSTP time, did you feel like a valued member of the clinical unit?
4. Any other comments about this opportunity to integrate your nursing professional and Army officer roles?

Fig. 4. NSTP questions for returning USF nurse cadets.

Student responses consistently confirm the effectiveness of NSTP in developing nurse-officers. One cadet commented, “NSTP offered so many clinical skills opportunities I would otherwise not have had at my nursing school clinicals. I believe that the unit I worked with will definitely give me an advantage for my upcoming semester.” Another noted, “NSTP has been a great opportunity to improve on organizational and prioritization skills. In general, I was able to differentiate between good and bad habitual behaviors and patterns, both for nursing and as officers, which I could utilize in the future.” One nurse cadet summarized the experience for him as, “NSTP is an invaluable opportunity for cadet nursing students to work as an Army Nurse. The NSTP environment allows the student to wear the same uniform and work in the same manner as their preceptors. NSTP training was my favorite aspect of the Army ROTC program as well. All nursing student cadets should have the opportunity to attend NSTP, if possible.”

This academic-practice partnership is made possible by the involvement of several key players within the US Army Cadet Command. The Cadet Command Deputy Chief Nurse and the ROTC Brigade Nurse Counselor are assigned to a region, and brigade respectively, and are responsible for the nursing cadets within their assigned areas. The Deputy Chief Nurse who is a late-career Lieutenant Colonel who is selected to perform a senior leadership role within Cadet Command, acts as the subject matter expert for developing future Army nurses, and is ultimately responsible for meeting the Army's nursing mission each year. The Brigade Nurse Counselor is generally a mid-career, seasoned Army Nurse Corps Captain or Major who performs the role of mentoring and cultivating nurse cadets in a specific region. The Professor of Military Science (PMS) is a senior Army officer who is assigned at a specific college or university's Army ROTC program, and is charged with developing each cadet into an exemplary future Army officer. The PMS is usually not a nurse, but a seasoned Army professional at the Lieutenant Colonel rank who is ultimately responsible for the preparation of each cadet for commissioning into the United States Army. The last key player is the student nurses' faculty advisor who is the subject matter expert on the nursing curriculum and coordinates the students' schedules. These four individuals are in regular contact to discuss the student's academic progress, offer support as needed, and ensure thorough, realistic nursing and military training.

Like all ROTC Cadets, the nurses complete all of the required military science courses with a leadership laboratory every semester, and are expected to participate in all Army ROTC activities including serving as leaders within the ROTC battalion. Cadets complete weekly hands-on activities during leadership laboratory like land navigation, weapons training, and leading small groups in focused activities. The cadets also are expected to maintain physical fitness readiness according to Army standards, and have mandatory Physical Training (PT) practices each week. The Brigade Nurse, PMS, and faculty advisor work together closely to emphasize the importance of excellent academic

performance, timely completion of academic and military science assignments, and general transferrable skills like time management, organization, prioritization, and life-work balance. Because of the extra-heavy academic load shouldered by ROTC nurse cadets (21–24 semester units compared to a maximum of 18 units for non-ROTC nursing students), the support offered by the academic-practice partnership in the form of Brigade Nurse Counselor, PMS, and faculty advisor is essential to the success of these dedicated and very busy nurse cadets.

As with many academic/clinical programs, the NSTP does have its challenges. Some of the challenges identified include preceptor preparedness and quality; competitive learning within military teaching hospitals; and the inability for nursing program faculty to personally evaluate the cadets' performance. Because cadets are sent to military hospitals all over the US and overseas locations, preceptor selection is left to the discretion of the nursing leadership at the military hospital hosting the cadets. This can lead to disparities in the training, experience and quality of the individuals selected as preceptors. Also, military hospitals face similar challenges as civilian hospitals with numerous learners vying for patient care experiences and encounters. This is particularly true for military teaching hospitals that have numerous residencies and technician programs completing clinical hours within the same facility. In addition, it was discussed earlier in this article that USF and other nursing program faculty do not have the ability to personally evaluate the cadets' performance and therefore must rely on the military preceptors and NSTP program directors' assessments of the cadets' performance. This particular challenge is partially addressed by using the standardized Cadet Evaluation Report.

Discussion

Historically, the United States Army Cadet Command sponsors approximately 200 nurse cadets per year to participate in NSTP at 19 Army hospitals globally. While NSTP is not a requirement, it is a highly recommended training opportunity for nurse cadets with a high overall attendance rate amongst eligible nurse cadets. This is made possible by the willingness of Military Treatment Facilities to participate and their overall support of the program. The Nurse Summer Training Program is generally successful each year because it is well known amongst Army nurses that developing leaders in nursing is a major priority. There is increasing recognition that this socialization and leadership development can begin at the undergraduate nursing level and can be emphasized during programs such as NSTP.

In addition to the hands-on clinical hours, the leadership training and critical thinking skills developed during NSTP are an invaluable part of training future nurses. Although critical thinking is a part of the nursing curriculum at most colleges and universities, the critical thinking skills required of an Army nurse are unique and best learned through experience in a Military Treatment Facility setting. The unique

skills required of an Army Nurse are driven by the different roles required of these nurses which can vary based on the various clinical settings, job assignments, geographical locations, and the global geopolitical situation. As aforementioned, some cadets are afforded the opportunity to experience nursing in a combat hospital setting during NSTP, which is unique to Army nursing.

The Brigade Nurse Counselors have reported that students who finish NSTP appeared to have a greater understanding of the knowledge, skills, and abilities that are required of an Army Nurse than those who do not participate. Brigade Nurse Counselors also reported that students who participated in NSTP were more likely to complete the program and commission as an Army Nurse because the cadets felt that their ability to job-shadow provided them an opportunity to better comprehend what their future would look like and they were able to set future goals and have something to truly look forward to upon graduating from their nursing programs.

The model of cognitive apprenticeship defines two important learning situations: situatedness (Brown et al., 1989) and legitimate peripheral participation (Lave & Wenger, 1991). The NSTP Academic-Practice Partnership offers a highly contextualized clinical and leadership development experience in a military treatment facility, with an attentive Army Nurse Corps officer preceptor who provides frequent, rich and timely feedback about professional nursing and officer roles. The cadet begins the experience as the ultimate “outsider,” as a student with no experience practicing in a military treatment facility. Gradually, the cadet's confidence and competence increases and they move into a contributory role in the unit-based community of practice.

Implications for academic nurse educators

When asked “what was the difference between your regular nursing clinical rotations at your college or university and your experience at NSTP?” from a cadet's perspective, one cadet stated, “I felt as if NSTP prepared me for not only my future as a Nurse through excellent clinical opportunities, but it also prepared me for my career as an Army Nurse Corps Officer by showing me what it takes to be a leader in nursing.” (Personal Interview. Nurse cadet, 2013). All senior cadets are also expected to hold leadership positions within their cadet battalions during their final year of Army ROTC. The extra leadership training afforded over the summer during NSTP appears to better prepare the nurse cadets for these positions over their peers who did not have additional leadership training and seem to give the nurse cadets the confidence needed to step into these positions.

As highlighted by the discussion of the major differences between NSTP and the scheduled clinical rotations within a nursing program, it is highly recommended to use a similar model of training for other branches of service as well as civilian nursing programs in the future. This could be accomplished in the form of an internship at a civilian or military facility for any nursing student that can be tailored towards leadership and critical thinking since these skills have shown to be an important part of training future nurses. The ability to capitalize on the undergraduate years as an opportunity to introduce leadership skills early on in the nurse's career is an invaluable opportunity that can be capitalized on by utilizing a similar design as the Nurse Summer Training Program.

Academic nurse educators will be interested in the NSTP Academic Practice Partnership because it offers a solution for some of the vexing issues currently facing healthcare education and training. The decreasing availability of clinical opportunities, coupled with increasing requirements for onboarding, health clearances, routine drug testing and background checks, makes it more difficult for students to maximize their clinical training experiences. Community-based hospitals are closing or being swallowed up by larger hospital corporations. Military treatment facilities, both inpatient and outpatient, offer another clinical option for patient care planning and delivery, especially for ROTC nurse cadets from the Navy, Air Force, and Army.

Nurse educators often express concern about the difficulty in integrating clinical and professional practice. Nursing students frequently focus on clinical skills as the ultimate expression of the profession, not recognizing the importance of leadership, teamwork, communication, and the professional aspects of nursing practice. The Army has a long and successful history of training leaders, establishing and maintaining effective teams, defining the aspects of successful teamwork, and developing the professional behaviors that constitute officership. This Academic Practice Partnership, with explicit emphasis on leadership, teamwork, communication, and effective professional behaviors, can offer us a lot about how to integrate these essential skills into our “regular” nursing education and training.

Finally, the benefits of this structured deliberate practice experience for the nurse cadets cannot be underestimated! Deliberate practice is defined as practice that is purposeful and systematic, performed with a specific goal in mind, and with multiple opportunities to request and receive focused feedback (Ericsson, 2004; Ericsson, Krampe, & Tesch-Romer, 1993). The NSTP experience fulfills each of these deliberate practice expectations, with the advantage of effective practice of clinical and professional roles.

Conclusion

Future programs that mimic NSTP can be viewed as mutually beneficial, because not only will the student benefit from the early exposure to leadership opportunities and extra clinical experience, but the facility will benefit from the program by generating a pool of future nurses who have a desired skill set that is crucial in the nursing field today. If future partnerships are created between civilian and military communities, the civilian facility can benefit from learning the leadership competencies required by the Army, as well as the Army Evaluation Reporting System that encourages routine and structured feedback. The military community would benefit from this partnership through the exposure to competing perspectives within civilian healthcare facilities which is encouraged of adaptive leaders (Army Regulation 600–100, Army Leadership). As experts in nursing academia and Army nursing, our opinion supports that the Nurse Summer Training Program contributes to the development of a strong group of novice nurses and future leaders who are competent in both clinical as well as leadership skills as a result of a mutually beneficial partnership.

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