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SPECIAL FEATURES - EDUCATION

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When reach exceeds touch: Student experiences in a cross-sector community-based academic-practice partnership

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Abstract

Objective: A partnership between three nursing programs, multiple high-needs public school districts and a local asthma coalition was developed as a way to build shared capacity aimed at improving health outcomes for children with asthma. This article explores student perceptions of their clinical experiences teaching asthma self-management within a regional cross-sector, community-based, multi-site academic-practice partnership.

Design: Nursing faculty from three Long Island, New York-based nursing programs within the partnership jointly created a qualitative focus group methodology to more fully understand the phenomena of interest. A set of open-ended interview questions guided the sessions.

Sample: Through purposive sampling, 42 undergraduate nursing students participated in 60-min focus group sessions.

Measurement: Focus group data were transcribed. Content analysis, coding, and theme development was carried out collaboratively. The unit of analysis was the individual participant responses informed by group interaction. A researcher diary was maintained.

Results: One overarching theme and three sub-themes emerged from the data, reflecting student understandings in the areas of positioning, professional/personal identity, and social awareness. Ongoing analysis revealed patterns across the data sets linking student learning and the goals, milieu and workings of the partnership.

Conclusions: Findings suggest that the context of a thriving community-based academic-practice partnership, established to improve population health outcomes, offered unique clinical learning opportunities for students through exposure to the values, ideas, and innovation of the partnership itself.

KEYWORDS

academic-practice partnerships, asthma self-management, community/public health nursing education, nursing clinical placements, population health

Laurel Janssen Breen is retired from St. Joseph's College. Marianne Zacharia is retired from the American Lung Association.

1 | INTRODUCTION

With the growing emphasis in health care on prevention and enhanced connections to community-based programs, innovative academic-practice models, within the context of public health nursing and population health, have the potential to improve health outcomes while providing strong educational opportunities for our next generation of nurses (American Association of Colleges of Nursing, 2016; Beal et al., 2012; Storfjell, Winslow, & Saunders, 2017).

Current nursing literature demonstrates an increase in notable articles highlighting strengths and challenges of innovative partnerships and academic-practice partnerships, explicitly. Literature reviews yield articles that discuss model development, project implementation and outcomes, best practices, partner relationships, workforce issues, clinical learning opportunities, anecdotal student value, and advancing research or clinical services (Cygan, McNaughton, Reising, & Reid, 2018; Glynn, Wendt, McVey, & Vessey, 2018; Kelly, Abraham, Toney, Muirhead, & Shapiro, 2018; Larkin, 2017; Mayer, Braband, & Killen, 2017; McClure, Lutenbacher, O'Kelley, & Dietrich, 2017; Schaffer, Schoon, & Brueshoff, 2017; Wros, Mathew, Voss, & Bookman, 2015). While authors speak to diverse and innovative collaborative efforts, partnership experiences between distinct programs of nursing to improve population health outcomes are limited (Glynn et al., 2018; Schaffer et al., 2017).

Within this growing body of knowledge surrounding academic-practice partnerships, one voice not systematically heard is that of the student (Larkin, 2017; Schaffer et al., 2017). Closing the existing gap in current understandings of how students make meaning of their learning experiences embedded in an academic-practice partnership is critical to guiding future research and planning efforts. This paper aims to expand the current body of literature by exploring student perceptions of working in a regional cross-sector, community-based, multi-site academic-practice partnership between three programs of nursing, multiple high-needs public school districts and a local asthma coalition.

2 | BACKGROUND

The release of the Institute of Medicine's (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health* (2011), catapulted the nursing profession into a unique leadership role in helping the nation redesign its health care delivery system (Goldman, 2014). The building and strengthening of partnerships with stakeholders *outside* of nursing was identified as an overarching need to advance nursing's role in both academe and practice environments (Altman, Butler, & Shern, 2016). To effectively address today's complex population health challenges, leveraging of resources between nontraditional disciplines within cross-sector collaboration has more recently been underscored (Plough, 2017).

Although innovative community-based venues have received strong interest for integrating academic nursing into population health initiatives, the availability of quality, and sustainable community nursing experiences has dwindled as a consequence of the reconfiguration of health care (American Association of Colleges of Nursing, 2016; Dickson, Morris, & Cable, 2015). Shrinking resources allocated to maintain community/public health agencies has added to diminishing opportunities in the community/public health sector (Van Doren & Vander Werf, 2012; Schaffer et al., 2017; Simpson, 2012). These challenges are recognized on both a national and global level (Baglin & Rugg, 2010; Brooks & Rojahn, 2011; Dickson et al., 2015; van Iersel, Latour, de Vos, Kirschner, Wilma, & Sholte op Reimer, 2016; Peters, McInnes, & Halcomb, 2015). Despite the dramatic shift in health care and progressive clinical nursing ideology promoting authentic multi-disciplinary partnerships, baccalaureate degree programs still emphasize hospital-based care as the backdrop for clinical experiences (Mason, 2016; Goldman, 2014).

Additional factors have contributed to the need for meaningful community-based clinical nursing experiences that address population health and attainment of 21st century, IOM driven competencies. Nursing students often express minimal appreciation for the value of community/public health experiences and how population-based interventions relate to the overall quality and delivery of safe health care (Dickson et al., 2015; Peters et al., 2015; Simpson, 2012). A lack of understanding of the intricacies of community/public health nursing on the part of faculty adds to an often less-than-desirable perception of community-based settings for clinical experiences (van Iersel et al., 2016).

The push for identification of new models of community-based clinical experiences in nursing education is considerable. By virtue of their unique characteristics, academic-practice partnerships can effectively teach the next generation of nurses about the complexity of health and chronic disease; all within an environment dedicated to the improvement of health outcomes for vulnerable populations (American Association of Colleges of Nursing, 2012a; Barton, 2014; Beal et al., 2012). However, as we immerse students into these thoughtfully constructed models of partnership, further knowledge of the student perspective is needed (Schaffer et al., 2017). Exploring how students perceive their own growth and learning, while collaborating within the unique context of an academic-practice partnership supports the ability to fully understand how these intentional and formalized relationships affect all of its members.

This qualitative focus group study sought to contribute to the body of literature surrounding student perspectives of clinical experiences embedded in community-based academic-practice partnerships. The initial broad research aim guiding this study was to explore how an academic-practice partnership, involving asthma education for children, affects the educational curriculum in community public health nursing for undergraduate nursing students. Through reflexive questioning and analysis of the ways students responded in the early focus groups, the following research question emerged: How do students perceive their clinical experiences teaching asthma self-management within the context of a regional cross-sector, multi-site academic-practice partnership? Findings from this qualitative analysis are reported here in this article.

2.1 | Growth of a multi-site academic-practice partnership

The Northeastern United States continues to have one of the highest prevalence rates for childhood asthma in the country, with New York State (NYS) demonstrating greater than national rates for emergency department visits and hospitalizations (Akinbami, Simon, & Rossen, 2016; New York State Department of Health, 2013). For Long Island, hospitalization rates represent some of the highest in NYS, reflective of poor asthma control, patient nonadherence, and significant asthma severity (New York State Department of Health, 2016). As emergency department visits for asthma are highest among children in the age groups of 0–4 and 5–9 years (New York State Department of Health, 2016; "The Krasnoff Quality Management Institute, 2017"), the impact of severe or poorly managed asthma identifies the school age population as ideal for targeted self-management education.

Over 15 years ago, the need to collaboratively address the high asthma burden existing in communities of poverty and diversity across Long Island served as the impetus for the creation of this academic-practice partnership. Nursing faculty from several local programs were asked to join an existing Schools/Environment Committee within the Asthma Coalition of Long Island (ACLI). The overall goal of the committee was to bring cross-sector community health experts together to support local public schools, Head Start® agencies and child care programs with up-to-date clinical practice guidelines on effective asthma management. ACLI envisioned the achievement of asthma control for local school-aged children with asthma and their families through evidence-based education and mobilization of community resources to improve access to care. In order to facilitate these population-focused goals, partnerships with colleges and universities were sought to implement asthma self-management education in school districts of highest need. Nursing students would serve as the workforce providing evidence-based education within the context of their community clinical placements.

Although school nurses reside at the core of school health services (American Academy of Pediatrics Council on School Health, 2016; Fauteux, 2010) and are best positioned to play a pivotal role in coordinating evidence-based self-management education, school nurse staffing patterns did not support the attainment of optimal asthma outcomes for children nor the provision of effective and comprehensive school-based asthma education. Reported barriers included: (a) lack of resources and institutional support; (b) insufficient time; (c) inadequate school nurse staffing; (d) communication challenges with parents and health care providers; (e) lack of asthma knowledge and lower levels of asthma self-efficacy; and (e) lack of formal asthma school policies (Bruzzese, Evans, & Kattan, 2009; Liberatos et al., 2013; Major et al., 2006; Kielb, Lin & Hwang, 2007; Nadeau & Toronto, 2016; Quaranta & Spencer, 2015). Partnering with programs of nursing was a novel, mutually beneficial and innovative model in addressing the challenging high asthma burden existing within local high-needs public school districts.

During the early meetings, nursing faculty and ACLI quickly realized the value in formalizing an academic-practice partnership. Nursing faculty shared the desire to more fully immerse baccalaureate nursing students into interprofessional, population-focused care, and ACLI recognized the benefit of having professional nursing students, along with their faculty, as committed partners.

Early goals for the partnership included designing authentic, population-focused clinical experiences for all participating nursing programs and improving asthma self-management for children living in high-needs Long Island communities - while growing and sustaining a multi-college commitment to this type of a collaborative relationship. The large number of high-needs school communities on Long Island with documented asthma burden afforded ample opportunities for clinical nursing education, while the scarcity of short-term clinical placements, individually sourced by each college, provided a strong impetus for change. The academic-practice partnership rapidly progressed to framing full semester clinical immersion experiences with ongoing commitments to school districts and the communities they serve.

While working closely with the ACLI, individual faculty negotiated entrée into local school districts. In order to provide a strong rationale for incorporating school-based asthma education within districts of need, formal reports detailing comparative population-level statistics were created and shared with school administrators, nurses, and school board members. These reports proved effective in creating what would become sustainable settings for the academic- practice partnership.

As clinical placements were being sought, faculty discussed and respected any existing relationships that might have been previously formed by another member of the partnership. In this way, issues of "territoriality" or "turf wars" were avoided.

Ownership of the Long Island based childhood asthma burden challenge became collectively shared by the partnership, as the scope of the problem was more fully understood. Nurse educators across partner colleges began to envision each other as true allies as they worked together, with their students.

Over the passing years, this academic-practice model has proved successful primarily due to a strong commitment by ACLI and the original three nursing programs. Although individual faculty may have adapted clinical experiences to meet the needs of the public-school district, the school nurses and their students, the core components of program delivery have remained constant. Nursing students, trained and certified by ACLI staff as Open Airways for Schools® (OAS) (American Lung Association, 2008) facilitators, continue to serve as the drivers of educationally and culturally appropriate asthma education. In addition to sharing a commitment to the goals of the partnership, nursing faculty provide collective clinical expertise. Funding, technical support, materials, and evidence-based programmatic curriculum resources are furnished by the ACLI, the American Lung Association and the New York State Department of Health (NYSDOH). The broad base of local community public-school district administrators and school nurses remains dedicated to improving asthma self-management skills for their at-risk students.

To date, over 1,000 nursing students have been trained as asthma education facilitators and have effectively taught 3,247 public school children. This study explores student perceptions of their clinical experiences at a point in time within this long-standing academic-practice partnership.

3 | METHODS

Originating in marketing arenas, focus group methodology is now widely used across all research disciplines. Pivotal research by Morgan (1996) defined a focus group as "… a research technique that collects data through group interaction on a topic determined by the researcher" (p. 130). Krueger and Casey (2015) identify that focus groups typically have the following characteristics: "(1) a small group of people, who (2) possess certain characteristics, (3) provide qualitative data, (4) in a focused discussion, (5) to help understand the topic of interest" (p. 6).

In comparing focus groups to individual interviews, levels of agreement and diversity among participants are explored as they offer and question opinions and beliefs with other group members. Rather than aiming to achieve group consensus, the role of the interviewer/moderator is to create an environment where interactive discussion can emerge (Morgan & Krueger, 1993). The potentially rich data obtained from focus groups have been described as context specific and uniquely tied into group synergy, reflective of multiple viewpoints, and greater than the sum of its parts (Cyr, 2016; Dilshad & Latif, 2013; Krueger & Casey, 2015). A focus group format allowed student teams the ability to co-construct meaning through sharing and comparing of ideas (Morgan, 2012).

A semester-long clinical experience, involving three nursing programs, multiple public-school districts, and the ACLI provided the context for the study. Focus group data were collected during the final weeks of the spring and fall 2015 semesters. During this time period, nursing students provided the *Open Airways for Schools®* (American Lung Association, 2008) education to 148 public school students in 13 elementary buildings and one middle school, with the support of 14 school nurses, five faculty members, and resource personnel from the ACLI (Figure 1). Prior to the start of the study, permission was obtained from the Institutional Review Boards of the three participating nursing programs.

3.1 | Sample

Utilizing purposive sampling and seeking students who had unique knowledge and experience, participation in this study was offered to all nursing students completing the OAS training and the full semester clinical rotation at all three of the collaborating nursing programs, during the nine-month data collection period. No remuneration was given for participation in this research and all nursing students were given the option of nonparticipation, with an assurance that this decision would not affect grading. All eligible students opted to participate in the study. A total of 42 undergraduate students were enrolled to participate in focus groups to discuss their experiences.

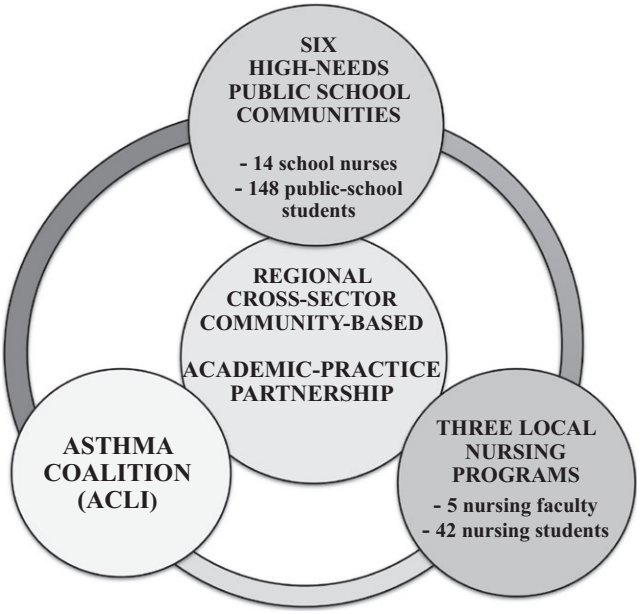

FIGURE 1 Graphic representation of the Study's Academic-Practice Partnership

Interviewing students in their existing clinical group configurations was specifically designed to support the ability of participants to relate comments to actual incidents in their shared interaction. Focus group size ranged from five to nine participants, which fell within the recommendations found in the literature (Krueger & Casey, 2015). A total of six focus group sessions, lasting approximately 60 min were held at the ACLI headquarters, where initial asthma education training also occurred. Each focus group included an independent focus group facilitator, a stenographer, who created de-identified transcriptions from the verbal conversation and a second nonfaculty research team member who recorded group interaction throughout the session.

3.2 | Analytic strategy

A semi-structured interview guide of open-ended questions was created (Table 1). The role of the independent focus group facilitator and use of the interview guide were reviewed at the start of data collection.

Overall data included transcribed focus group communication, interactional observations from student sessions, and field notes maintained within the team research diary. The unit of analysis was the individual group member responses, informed by the observed interaction generating those exchanges (Morgan, 2010). Data collection and analysis, were concurrent and ongoing. While nonfaculty research team members assisted with data collection and verification of findings, only nursing faculty carried out the data analysis and reporting of findings.

All coding was done by hand, assisted by a word processor program. Inter-rater reliability across faculty researchers was built in

TABLE 1 Focus group interview questions

1. Let's discuss your experience with your school-based clinical placement. Do you feel that this was a valuable learning experience for you/for nursing students in general? How? Did it allow you to meet the objectives of your clinical experience? How?
2. Did you feel well prepared for your experience delivering asthma education in the school environment?
3. In your opinion, what were the most important aspects of this experience for you?
4. How has this experience affected your perspective about school-based health management?
5. What were the greatest challenges you faced during this experience?
6. What skills were you able to develop as a facilitator of community health education?
7. What feedback would you like to provide to your faculty/to the Asthma Coalition of Long Island/to other students to improve this experience?
8. Do you have a story to share?

through the use of initial independent coding, followed by group sessions where consensus of meaning was established.

A comparative analysis of the student learning outcomes within the course clinical evaluation tools being used by each program led to the creation of 15 initial codes, which supported the first round of a priori coding. Alignment with the Institute of Medicine (2011) recommendations, Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing (American Association of Colleges of Nursing, 2013) and the Essentials of Baccalaureate Nursing Education for Entry Level Community/Public Health Nursing (Association of Community Health Nurse Educators, 2009) was noted.

Open coding, using words or short phrases, progressed through line-by-line analysis of the transcripts. Close readings of the transcriptions supported the identification of patterns of repetition and emphasis, similarities, differences, and gaps in the data. Coding decisions were based on trying to understand what students were characterizing or explaining, in relation to the research question. Data from each focus group were coded before going on to the next, with later data informing earlier analysis, leading to a building-on process. Codes were organized into categories, and categories were expanded, merged, named, and renamed as analysis proceeded. Ongoing rounds of coding continued until content saturation was achieved. The goal of content saturation, defined as that point when the complete range of ideas has been explored and no new information is obtained, was achieved after focus group four; no new codes were added from that point forward (Guest, Namey, & McKenna, 2017).

In support of a deliberative, purposeful, and verifiable qualitative analysis (Krueger & Casey, 2015), a shared researcher diary was maintained amongst faculty to document the systematic and continuing process of meaning making.

As analysis progressed from coding and categorizing individual statements to identifying patterns within and across the focus groups, one overarching theme and three sub-themes emerged embodying positioning, professional/personal identity, and social awareness. Relationships between the central patterns in the data were explored with the goal of fully explaining the multiple viewpoints and shared meaning in the data. Exemplars of these themes are discussed in the following section and defined in Figure 2.

4 | RESULTS

4.1 | Overarching theme: our reach exceeds our touch

Within the theme of *Our Reach Exceeds Our Touch* are participant understandings of being part of and challenged by a unique community-based clinical learning experience, embedded in an academic-practice partnership. Above all, the nursing students in this study spoke to an awareness of the profound and rippling effects of partnering in the community to improve the health outcomes of school-aged children living with asthma. When describing this partnering experience, they specifically acknowledged the diverse and essential contributions of peers and colleagues, shared a newfound respect for partnering with the school nurse and expressed appreciation for the ongoing support, training and tools provided by ACLI.

> So good to collaborate with all the partners... the principals, school nurse and teachers made us feel very important to be a part of this program.

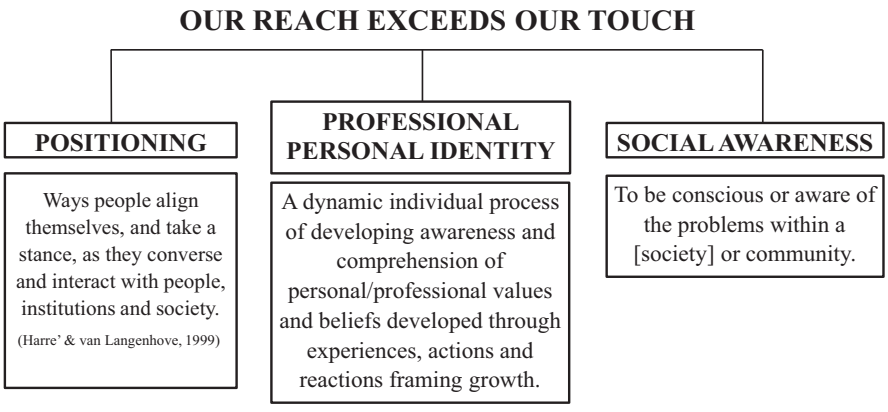

FIGURE 2 Themes/sub-themes

> The most important aspect of this placement was working together and learning about a community in need and the camaraderie with classmates and co-workers.

> The training helped a lot. Everything was there to support you-the materials and the training made us well prepared.

They spoke of their experiences as being "*out of the box*"—requiring them to explore and cross boundaries as they worked outside of the familiar hospital setting. Some voiced intentions of taking their learning beyond the limits of this clinical—into the wider community, their workplaces, and personal lives. One student spoke to transferring the program information to her clinical practice in the emergency department and spearheading an asthma initiative for all children [and their parents] admitted for an asthma exacerbation. Another student runs a soccer program that has a high number of asthmatic kids, and wants to ensure they have their inhalers.

> I work in the emergency department and now I can give back to patients there, now that I better understand the patient's perspective.

> Doing this program and working with other children helped me work with my own children. I did not know I would get this much out of it.

They spoke to the recognition that by educating one child with asthma—not only was the health of the child impacted—but the health of their family and community.

> This clinical placement affected my perspective of school-based health management… to see all of the work the school nurse does and how far the reach is into the community with connection to the parents.

4.2 | Subtheme: positioning—pulling from each other's strengths

Positioning is viewed as a broader and more fluid concept than role, with individuals creating new storylines within every conversation (Harré, 2015). Positioning theorists are interested in the ways people align themselves, and take a stance, as they converse and interact with people, institutions, and society (Harré & Langenhove, 1999).

Participants in this study consistently spoke of positioning themselves, both professionally and personally in new and frequently unfamiliar ways. The theme of *Pulling From Each Other's Strengths* emerged as students shared novel ways they located themselves during the clinical experience.

> Being part of team teaching was helpful because you could pull from each other's strengths. Everyone brings a different experience to a team and we learned a lot from each other. [You] need a team to teach; it is difficult for one person to teach a program.

Participants unfolded new narratives, as they intentionally positioned themselves as collaborators.

> …we collaborated together and worked to split up tasks. One was time-conscious, one talked more… and another did paperwork… we worked through our strengths and weaknesses.

> I felt, out of every other placement, this was the first time I had to work on an interdisciplinary team that was positive: communication—collaboration and it was so smooth.

When discussing perceived nonsupport from a school nurse, one student commented:

> Up against that resistance, it forced us to collaborate better as a team. To compensate for that, we huddled to make it work—we made it work for the kids.

Within the focus groups, communication was frequently voiced as the key to the entire experience. They shared examples of moving from using robotic language to engaging delivery of the program lessons.

> Personally, I did not think I had the potential to teach—because English is not my first language. But the tools we got from ACLI helped me to deliver the message without any problems…. by the third class, we were more animated, kids more relaxed and smiling.

They role-modeled their newfound communication skills for their learners—who in turn practiced new positions in relationship to their asthma.

> Watching the children learn what to say to other kids who don't have asthma—and how not to feel different from others—was a valuable community experience.

> One child's parent smoked outside their front door and the child was able to tell the parent that even though the parent was outside it still bothered their asthma. So, the parent moved further away from the door.

> In one school district we had lots of parents come to the graduation and many said how much they learned from their kids.

> One child who participated in the class didn't have asthma—but his mother asked if he could attend to help his younger brother.

> ...when you talk to the kids... and they come back next week—they report that they talked to Mom and made a change—modifying a behavior- and told us they advocated for themselves and helped Mom communicate with the doctor. [We] taught them to have a voice.

4.3 | Subtheme: professional/personal identity—shifting sense of self

Within the focus group sessions, students described new understandings of their personal and professional selves, intertwined with this clinical experience. For many students, primarily familiar with hospital-based, direct care nursing roles, identifying themselves as teachers was initially quite difficult. The nurse as teacher in the school/community was reconsidered and re-conceptualized. Nursing students began to envision themselves in collaborative roles that prior to this experience, they may not even have considered as part of the primary responsibilities of a professional nurse. In the focus groups, they repeatedly and emphatically spoke to the power of well-timed, effective teaching, and the direct linkages between health, learning, and the ability of a child with asthma to self-manage.

> Initially, I had no idea what the school nurse did... learned how vital the school nurse is in a building, and to the community and the children... community health teaching like we did is very much needed.

> The school nurses have hundreds of children to take care of. If they had more staff, they could do more education for the kids. So many chronic conditions today... school nurses are greatly undervalued.

> I am not a teacher, just a nurse. But this program made it easier-I learned that we ARE teachers. We do this every day - and I was surprised to realize that.

> One of my goals is to teach in the community and it was a good opportunity to teach little kids - to see if I could be comfortable - fascinating how the kids are little sponges They do learn - they remember what we taught them from week to week - it was a good to feel like we helped them learn to self- manage.

> The materials and the curriculum were straightforward and direct... [It was} easy to get the messages across because the curriculum was clearly written. Everything was organized in folders... handouts matched topics. We were well-prepared... we were comfortable - supplies were appropriately organized.

> We are the teachers - we have to teach and make sure the children learn - and.... believe that they will retain the information and make changes later - giving them the power to manage their illness and overcome barriers, especially in the community.

> The most important aspect was the positive impact we were making with the kids. Preventative health teaching - I don't think people would think about how important the preventative aspect is. People need to manage their illness and know what to do if something happened. Parents may not know that decreasing fear of living with asthma and decreasing readmission rates would be the most important aspects of this community health opportunity.

The nature of *time in place* was an important variable impacting student experiences and their shifting sense of selves as professional nurses. There was an unfolding process leading toward an appreciation of the complexity of the children's lives and how difficult it is to change behavior. Establishing effective working relationships with faculty, the local asthma coalition, school nurses, administrators, parents, and the recipients of the asthma education—required time and the acquisition of new skills. The semester-long clinical experience offered students the necessary time within a unique context, to envision and practice population—focused nursing roles, and to begin to see themselves as change influencers, improving health outcomes (Storfjell et al., 2017).

> This community experience gave us *time to* ***actually*** *educate* - as opposed to not having time... in an acute care setting.

> At first, me as - a hospital nurse – to work in the community! I never really got the education [up to now] to get the importance of improving outcomes. It **heaved** me into the community. And I never worked with kids, never did teaching. The process of everything we learned at ACLI with the focus on health statistics and population health really helped. As the weeks went by, we saw the kids learned to bring home the message and to say, here is my problem, here's how to fix it - and how to find out if the fix worked.

4.4 | Subtheme: social awareness—shattering lenses and unlearning

When describing the clinical experience, students used variations in the phrase- *eye opening*. Lenses were shattered; there was an unlearning of prior beliefs as students became conscious and aware

of the disparities and strengths inherent in diverse communities. Students shared comments about being frustrated, surprised, and personally impacted by the family, environmental, and social conditions faced by the population they were working with. A growing social awareness challenged preconceived judgments, notions, and stereotypes and created a desire for promoting change.

> I found that the community itself had so much less than mine. The concerns that I have were…how can we help or improve lives here? Who do we go to - to advocate for them? How can we make a change for them? … Being in the hospital we don't see what happens in the community…there is a huge difference in quality of life just 40 minutes away. The difference in the way the community presents itself – these children have every right to have what my kids have. How do we make this change for them?

> [I was] surprised that initially going in, thinking it was an area in need and that the parents were not going to be so involved - but they were.

> If you live in a different neighborhood [like I do] you rarely see poverty or hear stories about home lives like these. There are people right here… that don't have very much.

> This placement opened my eyes up to the social determinants of health and how important that is for health outcomes…. Working in a NICU I didn't experience the social aspect… for example how to get to the hospital.

> It was an eye opener to see the suffering in the community and the challenges they face. Now I know about how much asthma there is in my own neighborhood. I would not have realized it before this experience.

5 | DISCUSSION

Although this inquiry reflects data produced from unique social and personal interactions, the extended descriptions of the context, methods, and findings support the trustworthiness of the data and assist transferability to other population health phenomena and contexts of interest (Shenton, 2004). Prolonged engagement by the research team with the context of the study, combined with studied analysis of reflexive responses, support the credibility of the findings.

The themes that emerged from this study confirm findings reported within other recent studies and also provide new insights, not previously represented in the literature, for consideration. By uniquely incorporating the perspectives and actual voices of students, this qualitative study has responded to the call within the literature for research exploring student engagement within academic- practice clinical learning environments (Schaffer et al., 2017).

Student understandings of the power and breadth of partnering within a community- based academic-practice partnership are embodied in the overarching theme of *Our Reach Exceeds Our Touch*. Comments shared by participants in this study confirm the educational potential of intentional academic-practice partnerships with public school systems (Cygan et al., 2018). Students specifically spoke to a deep appreciation for relationship building with schools for preventative health care efforts aimed at children with asthma and their families.

The notion of time as an essential component of authentic learning in community settings has been identified (Mayer et al., 2017; Wros et al., 2015). Students within this study clearly spoke to *time in place* as a critical factor supporting their ability to achieve competency as teachers and managers of chronic disease, experience the first-hand effects of their interventions and comprehend the complex challenges faced by the populations they were working with. Time was needed to practice new behaviors, examine beliefs, understand the impact of social conditions on health, and allow for personal and professional growth.

Experiential learning integrated into this clinical experience supported the achievement of competencies integral to baccalaureate nursing education (interprofessional and interagency collaboration, organization/system understanding, effective communication, leadership development, problem-solving, and advocacy) (American Association of Colleges of Nursing, 2012b). Exposure to the complexity of chronic disease determinants offered opportunities for students to learn data fluency and master new skills through public-school evidence-based asthma self-management education.

Central to the unique findings of this study are the meanings that students attached to learning in an environment of collaboration, resource sharing, and commitment to the goals of the partnership. The data suggest that students thrived within the partnership by having the added knowledge that they were part of a larger team working collaboratively to improve asthma self-management education across the local region. Students validated they acquired the skills of collaboration as they gained knowledge and experience in the power of collective investment in population health. Perhaps more enlightening, however, is the tacit knowledge students seem to have gained while working in the milieu of a successful, and engaged community-based partnership. They spoke to acquiring skills on how to be a collaborator, while being embedded in a culture of collaboration. Our students are reminding us that if meaningful learning is to take place, the context of where and how that learning occurs must be thoughtfully considered

6 | CONCLUSIONS

The academic-practice partnership described herein provided a unique opportunity for local nursing programs to partner with each

other and offer students the ability to view chronic disease and its complex challenges through a comprehensive lens, address local workforce gaps in the provision of health education, and expand clinical nursing services into the community (Van Doren & Vander Werf, 2012). Benefits from this type of collective population health efforts have the potential to increase community engagement, allow for meaningful student learning opportunities and, are worthy of expansion to other clinical nursing education models.

Replication of this model in other parts of the state has started; however, the growth has been slow. While benefits to membership have been substantial, the partnership requires significant time commitment on the part of faculty and this can be a challenge as curricula change, along with faculty expectations. Furthermore, ongoing continuity may be threatened as funding issues arise and momentum is lost as some of the founding members retire or move on to different positions.

Additional research uncovering the benefits to all parties within successful community-based academic-practice models is essential, as we seek to inform and transform clinical nursing education. Findings from this study have aided in closing the knowledge gap of how students make meaning of their clinical experiences within community-based academic-practice partnerships.

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