

- ◆ How protocols and standards made healthcare work at its best.
- ◆ When Sharecare worked at its best  
(Sharecare is the collaborative provision and implementation of care plans between patients, parents, local professionals and those at a major centre particularly specialist nurses using telephone fax and email predominantly for communication.)
- ◆ When education and training worked at its best
- ◆ When you experienced referral and access to services at their best

Participants selected a topic, and had an opportunity to explore with other groups, leaving a representative to convey the essence of the conversation to new people joining the discussion. This occurred twice which sharply focused the input, and increased contact among participants. Participants were asked to look ahead to 2007 and say what the network looked like, sounded like and felt like. What was happening as a result of its work? Information was recorded on flip charts and a mind map.

AI was introduced in a natural way to engage both a system and a group of professionals who are used to a medical, problem-solving model. A broad spectrum of participants new to AI included people who had not had a satisfactory experience of healthcare. The behaviours displayed and the topics discussed suggested that something quite distinctive was happening. There was no mention of the lack of resources and no domination of the discussion by any one role or discipline.

The experience confirmed that AI can be highly effective approach for successful initial stakeholder interactions between diverse members of the healthcare community. AI allowed everyone no matter what their background to speak out of their human experience. The group developed a common agenda, generated new relationships and ideas, and organised themselves toward a purpose with the will to continue. The experience demonstrated that although not ideal, the AI process can be used in situations with limited time for planning and face-to-face preparation.

Alastair and the group are eager to use AI methods in follow up meetings. The next meeting is planned for 29 April 2004 in Birmingham.

## At the Intersection of Practice and Education: Developing a Powerful Nursing Alliance

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Nursing leaders at university hospitals and colleges recognize the need to partner.<sup>1</sup> Collaboration at the intersection of practice (hospital-based nursing) and education (college based nursing) is growing. In Salt Lake City, the University of Utah Hospital and Clinics (UUHC) and the College of Nursing (CON) is creating a foundation for partnership and collaboration.

In January 2003, the Chief Nursing Officer at UUHC, Jadie Barrie, and Dean of the CON, Maureen Keefe, agreed to convene a Clinical Models Think Tank (CMTT), comprised of 26 diverse clinical nurses, faculty and nursing students. "We want that sidewalk between the two buildings to connect us rather than separate us," said Jadie Barrie.

<sup>1</sup> Dreher, M, Everett, L, Hartwig-Mathis, S. et.al. The University of Iowa Nursing Collaboratory: A Partnership for Creative Education and Practice. *Journal of Professional Nursing*. 2001: 17 (3): 114-120.

Initial meetings revealed the depth of disconnection between the college and hospital based nurses. Colette Herrick was hired to lead an appreciative process. The purpose is to *create a powerful nursing alliance that served the common mission of research, education and clinical practice at the University of Utah.*

In May 2003, a 1.5 day launch included 24 students, faculty and clinical nurses. Led by Colette Herrick and Susan Wood, the energy was high, and the pace fast as topics were selected and the interview guide developed. Topics included: 1) Getting to Know One Another: *Mi Casa es Su Casa*; 2) Teaching-Learning Exchange; and 3) A Powerful Nursing Alliance. A priority was to get to know each other and truly welcome each other in their respective buildings.

Over eight months 85 nurses were interviewed. One early benefit was a newfound ease in communicating. Many of the nurses had only face recognition of each other for years. A Summit in January 2004 drew 30 nurses. Participants heard powerful examples of nursing as a profession that affords a rich continuum for learning and teaching.

- ◆ One long-time nurse manager noted, "I have never experienced a time when there was so much positive possibility here."
- ◆ A faculty researcher and oncology nurse practitioner shared a powerful example of forging fulfilling alliance through a joint research endeavor.
- ◆ One nurse shared reversing her decision to leave the nursing profession after hearing CNO Jadie Barrie articulate the organization's vision for nursing. A story followed of her making a profound difference in a patient's life (a story so moving that there was not a dry eye at the Summit)!
- ◆ Originally skeptical of 'feel-good-touchy-feely' approaches, a faculty member shared: "I have been a faculty member at the University for 20 years and this is the best thing we have ever engaged in!"

Bold ideas were popping up and organized into action items. Among them:

- ◆ Develop one Nursing Enterprise with a common mission and vision, strategic plan, information exchange systems, marketing model, orientation, defined career paths, and professional and leadership development programs.
- ◆ Create a culture where nurses: value their unique contributions; are courageous on behalf of those they serve; support life-long learning; and a culture that supports research, education, practice and leadership programs.
- ◆ Establish a center of nursing excellence in education, practice and research.
- ◆ Apply an appreciative focus and disseminate information about Appreciative Inquiry throughout the Enterprise.

The CMMT changed their name to the University of Utah Health Sciences Center Nursing Alliance Advisory Board. They focus on developing information exchange vehicles - a common newsletter and telephone directory with and for all nurses at the college and the hospital.

The Clinical Faculty Associate Program provides clinical nurses, in conjunction with faculty, the opportunity to fully participate in the training of student nurses. The Student Professional Apprentice Program offers paid internships and requires coordination among all nurses. Several strategic joint positions have been articulated and are strengthening relationship bridges.

The sidewalk between the hospital and college is now connecting rather than separating nurses!