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# Better Together: A Win-Win Pediatric Academic Partnership

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**C**ollaboration, Respect, Trust, Sharing Knowledge, and Commitment are the hallmark of a strong and enduring academic practice partnership (American Association of Colleges of Nursing [AACN] & American Organization of Nurse Executives [AONE], 2012). Building these relationships takes time and creativity to find opportunities that mutually support each entity, especially in a non-academic health center setting. The purpose of this article is to describe the initiatives, processes, and outcomes of an academic practice partnership between a regional free-standing children's hospital, referred to as the practice partner (PP), and a state flagship research university, referred to as the academic partner (AP). The effectiveness of this AP partnership is directly based upon the application of the AACN and AONE (2012) Guiding Principles for Academic Practice Partnership.

As healthcare facilities and academic nursing programs are challenged to be efficient and effective in light of an ever-changing healthcare system, recent literature has focused on the value of creating academic practice partnerships (AACN & AONE, 2012; Beal et al., 2012; Jefferies et al., 2014). AACN and AONE developed a position statement, as well as a toolkit, to support the development and strengthening of academic practice partnerships. They identified eight guiding principles:

As healthcare facilities and academic nursing programs are challenged to be efficient and effective in light of an ever-changing healthcare system, recent literature has focused on the value of creating academic practice partnerships. Using the American Association of Colleges of Nursing (AACN) and American Organization of Nurse Executives (AONE) Academic Practice Partnership Guiding Principles, a children's hospital and state university are working collaboratively to improve evidence-based practice and research, create innovative educational opportunities for undergraduate and advanced practice students, promote academic progression that enables nurses to advance their education, improve access to health care services for underserved families, and implement initiatives that improve patient- and family-centered care. This article will describe the initiatives, processes, and outcomes of this fruitful partnership. The examples we provide using the Academic Practice Partnership Guiding Principles can be adapted in other healthcare facilities and nursing programs.

- Create collaborative relationships through shared missions and visions.
- Gain mutual respect.
- Share knowledge among partners.
- Commit to maximize the potential of every registered nurse (RN).
- Commit to support transitioning RNs into clinical practice.
- Support to lead practice environment changes.
- Commit to recognizing RNs for academic and other achievements.
- Work together to understand and collect and analyze professional nursing workforce data (AACN & AONE, 2012).

laboration through nursing would be a win-win for both entities. The process began with a high-level commitment to partnership on the part of the Chief Nursing Officer and the Chief Executive Officer at the children's hospital and the Dean of the college of nursing. Initial meetings were held that outlined the challenges each organization faced. Some challenges the children's hospital identified were an increasing need for beds in the neonatal intensive care unit for babies who were born with neonatal abstinence syndrome (NAS), exploring different staffing models to care for the NAS infants, the desire to incorporate more research studies and evidence-based projects as the institution moved toward Magnet® designation, and seeking to improve the patient care experience with innovative programs. The goals of the college of nursing were to increase extramural funding and research studies, provide optimal learning environment

## A Shared Vision For Partnership

A college of nursing at a public university and a children's hospital shared a similar philosophy that col-

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for nursing students in the pediatric settings, and to collaborate with practice partners on community services opportunities for faculty and students. In addition to the administrative commitment to collaboration, a strong relationship forged between the AP faculty members, PP staff nurses, and nursing management; these relationships laid the foundation for strategizing about potential initiatives that would address the challenges and benefits for each organization. After several meetings and deliberations, many initiatives were implemented, including moving beyond traditional clinical placements to creating dedicated education units, partnering to positively impact patient and family care, jointly developing evidence-based projects and research studies, creating seamless educational pathways for nurses to advance their education, and mutually supporting each other's mission. A summary of each initiative is described below.

### **Moving Beyond Traditional Clinical Placements: Dedicated Education Units**

Prior to this partnership, AP students' clinical experiences consisted of four, six-hour shifts on an inpatient medical or surgical unit, with six to eight students per clinical group. The AP faculty member supervised student nurses, with the patient's assigned staff nurse having minimal involvement in the students' educational experience. The care that student nurses were allowed to perform on pediatric patients included vital signs, physical assessments, assisting with ambulation, and medication administration excluding intravenous drugs. Participating in other procedures, such as dressing changes, urinary catheter placement, nasogastric tube insertion, and wound care, were at the discretion of staff nurses.

Traditional patient care assignments for student nurses were based on the child's age and diagnosis, as well as the likelihood of the child not being discharged before the student's subsequent shift. Educating about continuity of care was emphasized when a student was able to care for the same child for more than one shift. Developing a working and trusting relationship between the student, the child, and the family was imperative as the learner embraced the concept of – and engaged in – family-centered care. Students in the traditional

clinical setting provided care for one patient each shift and completed 24 hours of clinical experiences in the inpatient setting during their pediatric clinical rotation.

After the partnership was established, a collaborative decision was made by the PP and AP to establish a Dedicated Education Unit (DEU) following the design principles of the University of Portland DEU Model (Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007). Advantages of DEUs included students experiencing working on the units for 12-hour shifts, learning prioritization and organization, and developing a realistic understanding of the role of the nurse in the pediatric inpatient setting. Students had more opportunities to perform procedures, and were able to observe and understand the importance of teamwork and collaboration from all members of the healthcare team. In the DEU setting, students had increased exposure to critical thinking and its impact on patient outcomes (Moscato et al., 2007).

The first steps to establishing the DEU were to meet with the PP to outline the purpose, features, and roles of the AP, PP, and DEU students. This initial discussion was followed by the selection of the AP's DEU faculty and the PP's patient care unit. The pre/post-op surgical unit was selected for the first pediatric inpatient DEU because the nurses on the unit were committed to teaching, mentoring, guiding, inspiring, and supporting students, and the PP nurse manager was enthusiastic about the enhanced teaching opportunities for the staff as well as the nursing students. Staff nurses on this unit, as observed by the AP faculty, engaged traditional students in question and answer sessions with follow-up teaching moments. Further, they invited students to participate or observe procedures that were not on their assigned patient and assisted in their learning by including them in their own patient assessments and management. The PP nurse manager's commitment to excellent learning experiences for students was facilitated through her one-to-one communication with the nursing staff about effective teaching practices. She also met with the students at the beginning of their rotation to welcome them and offer guidance on how to be successful as a student and a lifelong learner. She addressed concerns that affected the students' expe-

riences by communicating with staff, students, and AP faculty. This unit was an ideal learning environment for the student who sought an enhanced pediatric experience.

Student selection for the DEU was through a competitive application process, with recommendations from a past clinical instructor, with preference given to those students who expressed an interest in a future career in pediatric nursing. The PP nurse manager selected clinical teachers from the unit's staff nurses based on characteristics that would benefit student learning, including clinical expertise and excellent teaching abilities. Mirroring the Portland DEU Model, the AP's faculty member led a workshop for all clinical teachers that included an introduction to the concept of the DEU, a review of the AP's pediatric curriculum, clinical course content, and expected clinical outcomes, and explored teaching and learning strategies to facilitate clinical learning (Moscato et al., 2007; University of Portland, 2014). No costs were incurred by the PP for enhanced credentialing of the clinical teachers or for additional payment for their services. Scheduling of the DEU students and clinical teachers was a joint effort between the PP nurse manager and AP faculty, and efforts were made to provide a variety of patient-care opportunities through the use of different shifts and clinical teachers.

The workload for the AP faculty who oversee the DEU students in terms of hours spent in preparation, facilitation, and evaluation of this experience was different from the traditional clinical experience. Scheduling 24 DEU students over a seven- to eight-week period and assuring that shifts did not interfere with lectures, exams, and other clinical experiences was more difficult and time-consuming than scheduling three groups of eight to 10 traditional students. Prior to beginning clinical shifts, the AP's faculty oriented the students to their roles, responsibilities, and expectations on the DEU. At the beginning of each "first shift," the AP faculty met the student on the unit for an orientation tour, followed by an introduction to their clinical teacher and charge nurse. Following the shift, the student and faculty dialogued through discussion board about the student's experience. After the final clinical experience was completed, all DEU students and faculty met to discuss the

pros and cons of the experience, and offered suggestions on how to improve the learning experience.

The uniqueness of the DEU for students is that they are able to experience the ebb and flow of working a 12-hour shift, and they are able to observe important skills, such as delegation and communication. Students working hand-in-hand with their preceptors in the DEU are able to care for more patients during their pediatric clinical rotations compared to the traditional clinical setting. They provided care for four to six patients for each three 12-hour shift, giving them 36 hours of patient care compared to the 24 hours in the traditional clinical setting. In addition, the exposure to four to six patients each shift provided the students with the opportunity to learn about 12 to 18 different patient conditions compared to the six patients they would have taken care of during the traditional clinical experience. There were no increased costs of this clinical experience as compared to the traditional experience. Although the time commitment for the AP faculty was higher at the beginning of the DEU experiences, the total workload compared to the traditional clinical teaching was comparable. This DEU unit has become, as the University of Portland describes, "an optimal teaching/learning environment through the collaborative efforts of nurses, clinicians, management, and faculty" (University of Portland, 2014, p.1).

### **Partnering to Positively Impact Patient and Family Care**

The AP and PP implemented and evaluated several initiatives that have had a positive impact on patient and family care. One initiative was triggered when a nursing faculty member from the AP witnessed a young woman leaving a hospital without her child and realized that she had nothing tangible with which to validate her experience of giving birth. Knowing that the loss of a child is devastating and that evidence supported the use of tangible objects to serve as a connection to the child (Capitulo, 2005) and offer comfort during the process of grieving (Davies, 2005; Wender, 2012), the AP presented the idea about partnering with the PP to provide parents who lose a child with a keepsake. Working in partnership with a local manufacturer that fashions sterling silver fingerprint

charms bearing the fingerprint of the child, the Precious Prints Project (P<sup>3</sup>) was born (Miller, Lindley, Mixer, Fornehed, & Niederhauser, 2014; Miller, Mixer et al., 2015). The P<sup>3</sup>, described in detail elsewhere, provides the opportunity for parents to have a memento in the form of sterling silver charm of their deceased child (Miller et al., 2014). Using the AACN and AONE (2012) guiding principles, the project team was organized and included AP and PP partners, the student nurses association, and a manufacturer (Miller, Mixer et al., 2015).

The AP Dean presented the P<sup>3</sup> concept to the PP's Chief Nursing Officer and discussed the opportunity to collaborate on a shared project vision, institute the project, and secure funding for sustainability (AACN & AONE, 2012). The shared vision, a collaborative partnership to provide families who have lost a child the opportunity to have a remembrance of their child in the form of a fingerprint pendant continues to be used as a compass for the project. The development of trust and mutual respect occurred through interaction between the AP and PP's P<sup>3</sup> team members, and concerns were solved in a timely manner. Members of the National Student Nurses' Association (NSNA) at the AP adopted the P<sup>3</sup> as their philanthropic project and collected over \$30,000 in the last three years to support the project. Further, NSNA led all training sessions that taught the PP's staff nurses how to use the mold to create a fingerprint. In one year, these students applied the principles of adult learning to their teaching plans, and educated more than 100 staff nurses about the P<sup>3</sup> vision and how to create a fingerprint mold. This education is now part of the new nurse orientation program at the children's hospital. Multiple mechanisms were used to share knowledge among partners, including developing a clear, succinct process to give families the option of creating a fingerprint mold of their child. The P<sup>3</sup> could not be successful without the academic, practice, and manufacturing partners' strong commitment to help grieving families.

The PP showed commitment by including project information and successful print capture instructions in new employee orientation and one-year employee reviews. In addition, the PP allotted time during the annual

employee skills days for the NSNA to demonstrate use of the kit contents to current employees. The PP also promoted the project in publication, social media sites, and media releases. The AP formed a small group of enthusiastic faculty and NSNA representatives to oversee the continued logistics of project funding and ongoing communication. The NSNA selected the P<sup>3</sup> as their primary philanthropy project, and the project was highlighted at the AP's annual fundraising event. The AP's university selected P<sup>3</sup> as a crowd funding opportunity, called Big Impact Ideas, and \$10,500 was raised for P<sup>3</sup> over six months. The manufacturer continues to engage with the project by attending frequent P<sup>3</sup> organizational meetings and continued commitment to supplying materials at a reduced cost. To date, over 200 charms have been distributed to families, and the program has been expanded to three other practice partners in the local area.

Another initiative where the AP and the PP have a positive impact on patient and family care is through a partnership between the AP's nurse-managed clinic and the PP. The Vine School Health Center (VSHC) is a nurse-managed, school-based health clinic administrated and staffed by the AP nurse practitioner faculty and other healthcare team members. VSHC is physically located in an underserved area, and outreach services are provided to 10 other underserved schools in the district via telehealth. The clinic was established in 1996; in 2004, a collaboration with the PP was established to address the need for the advanced practice nurses at the VSHC to identify a collaborative physician. The relationship between the advanced practice nurses and physician colleague, based upon mutual respect and trust, opened opportunities for smooth processes and transitions, including seamless referrals for specialist care, emergency care, and diagnostic evaluation. In addition, the PP sends referral, lab, and diagnostic results directly back to the VSHC for follow up and management. The commitment by both the AP and PP to deliver high-quality, patient- and family-centered care has led to many more collaborative school-based services in the community. The PP provided community health funds to support salaries to staff the VSHC 10 tele-health schools with RNs; these RNs can consult with the advanced

practice nurses at VSHC via telehealth every hour the school is open. Primary care services for acute illnesses and minor trauma are provided through telehealth connections and primary care physical examinations are provided in the telehealth schools by the advanced practice nurses in a face-to-face office visit. The AP and PP are collaborating to provide primary healthcare to children unable to access care in the county with health services provided through the schools.

### Exploring Evidence-Based Projects and Research Together

Hospitals that strive to meet ANCC Magnet Standards, either because they are recognized as a Magnet hospital, working on Magnet recognition, or using the Magnet standards as a guide to elevate nursing practice, work to educate nurses to design and implement evidence-based, quality improvement or research projects. The AP can provide guidance, expertise, and knowledge that strengthen the hospital's research agenda. Conversely, the public university with a very high research mission relies on partnerships for clinical research and evidence-based projects. By working together, both the PP and the AP can share resources to expand research studies and evidence-based practice projects.

One of the first initiatives to support clinical research and evidence-based projects was the collaboration of the AP and PP to create a Nursing Research Committee, with a goal to advance clinical research in the facility conducted by nurse clinicians and nursing students. Over the last three years, this committee has evolved into a very active multidisciplinary Research Council, with representation from key areas throughout the PP, the AP, and the community. The Research Council has representation on the central coordinating council of the nursing division. The Research Council provides education and ongoing mentorship to novice researchers, including performing an initial review of all nursing research proposals before they are submitted through the Institutional Review Board process. The Research Council is sponsoring a series of educational sessions throughout the various units of the PP, with the goal of sharing knowledge and increasing excitement about

research within the PP's institution. Two successful programs are *Brownie Rounds*, unit-based sessions where clinical staff members are guided through the research process in a fun interactive learning experience, and *Latte and Learning* sessions that combine a "coffee break" with discussion of research-based articles. With the help of the AP, the PP is rapidly developing a culture of evidence-based practice. Staff nurses have developed and are conducting research studies and evidence-based projects based on important pediatric clinical topics, such as perioperative safety and management of procedural pain during venipuncture. The AP and PP continue to maintain a strong collaborative research partnership, with four AP faculty having membership on the Research Council. Several students from the undergraduate Nursing Honors Program of the AP have conducted their research studies in the area of pediatric oncology with mutual support and mentorship from the PP clinical staff and AP faculty. PhD dissertation studies by students of the AP have also been conducted in collaboration with the PP.

Several formal collaborative research, evidence-based practice, and quality improvement projects are ongoing between the PP clinical staff and faculty of the AP, notably in the areas of neonatal intensive care and the provision of culturally congruent care. In 2010, the PP developed a multidisciplinary, community-wide task force to find innovative ways to address the clinical and societal challenges associated with NAS, a clinical withdrawal syndrome experienced newborn infants who were exposed *in utero* to narcotics and other addictive substances. As a continuous quality improvement project, this NAS Task Force of the PP had developed and implemented a multidisciplinary care protocol for NAS infants and families. An AP faculty member partnered with the NAS Task Force to perform a retrospective time series research analysis of the efficacy of this multidisciplinary approach to NAS care and write a manuscript to disseminate the results of this project (Saunders et al., 2014). Additionally, the AP faculty member and key PP leaders of the NAS Task Force are now in the data collection phase of an interdisciplinary research project (nursing and pharmacy) to explore how aspects of nurse staffing and pharmacothera-

peutic management of these infants interrelate to influence clinical outcome endpoints, such as days to wean from narcotics and length of hospital stay.

Another initiative began when a PP unit manager and her staff identified that some Hispanic and underserved Caucasian children and families' health needs were not being met. The PP and AP collaborated to solve this cultural clinical challenge with education and research. The AP leveraged Department of Health and Human Services, Health Resources and Services Administration (HRSA) grant funds from the University of Michigan-Flint and tailored cultural competence education for unit staff (Mixer, 2015). The AP and PP co-developed and conducted a study to discover the culture care needs of Hispanic and underserved Caucasian children and families. Institutional Review Board approval and research funding were obtained from both institutions. The outcomes were numerous. The PP nurses and AP faculty and students learned to apply theory and research at the bedside. The PP, together with their institution-wide Cultural Diversity Committee, are implementing research findings to promote culturally congruent care – care that is satisfying, meaningful, and fits with the daily lives of children and families. For example, based on study findings, staff are being taught to "honor broad spiritual support systems and faith practices such as rituals and prayer; recognize that decision making may include family members who are geographically distant; initiate communication using interpretative resources with preference for face-to-face interpretation; then evaluate and verify accurate understanding of communication" (Mixer et al., 2015).

The academic-practice partnership and research findings have been disseminated through two national and one state presentation and two publications (Mixer et al., 2012; Mixer, Carson et al., 2015). Most significantly, our academic-practice partnership has produced deep, co-mentoring relationships; "a trusting, collaborative, reciprocal teaching/learning caring relationship among interprofessional colleagues working together with shared power to produce intangible and quantifiable results that mutually benefit those involved" (Mixer et al., 2012, p. 1).

## Advancing Nurses Education

Academic practice partnerships should foster lifelong learning and seamless academic progression (AACN & AONE, 2012). National trends focus on creating better educational pathways for nurses to advance their education (Institute of Medicine [IOM], 2011). Recognizing the need to increase the percentages of nurses with a BSN and higher, the PP's Chief Nursing Officer approached the AP with a concern for the barriers nurses in her facility were facing with the AP's RN to BSN program. In response to this feedback, the AP created a three-year pilot program that streamlined the process for the PP's nurses to obtain a BSN. This included a more direct entry into the RN to BSN program for PP nurses, transitioning the program to a fully online, asynchronous program, and creating flexibility in start dates and number of credits per semester to address the needs of working nurses. The pilot program began in fall 2012 and to date there have been up to eight RNs from the PP enrolled each semester in the program.

In addition to piloting a more streamlined RN to BSN program, the AP and PP designed an inter-professional blended Acute Care and Primary Care Pediatric Nurse Practitioner program. The genesis for this newly developed program came from a mutual need identified by the PP for advanced practice nurses to work across care settings with children with multiple chronic conditions. Additionally, the desires of the AP to think about ways to continue to provide relevant programs that address nursing workforce need across care settings.

Sharing knowledge between the AP and the PP has been mutually beneficial for both the AP and the PP. The PP readily provides excellent preceptorships for the AP's advanced practice nursing students in specialty care areas, such as pediatric urology, pediatric pulmonology, pediatric palliative care, pediatric intensive care, pediatric allergy, and pediatric endocrinology. In addition, these preceptors routinely provide lectures for the students.

## Mutual Support

Beyond all of the win-win initiatives mentioned in this article, there is a true spirit of mutual respect, trust, collaboration, and innovation between the AP and PP. Nurse leaders at

the PP and AP meet regularly to discuss current projects, initiatives, and collaborations, as well as discuss ways that we can support each other's vision and mission in the future. The PP provides financial support through sponsorship at the AP's annual fundraiser and by providing matching seed funding for research projects. The PP's Vice President for Development and Community Service is the co-chair of the AP's Community Advisory Board. In this position, she provides her expertise in fundraising and development activities.

## Conclusion

A free-standing children's hospital relies on strong partnerships to accomplish the goals of excellent patient care, support for professional growth of nurses, and preparing pediatric nurses for the future. A research-intensive university relies on strong partnerships for successful clinical education and support for research and evidence-based projects. Working together, the AP and PP can strengthen each organization's ability to accomplish goals, while being good stewards of hospital, community, and university resources. As academic institutions and health-care facilities struggle to contain costs, prepare nursing students for the realities of today's practice environments, advance the educational level of practicing nurses, and create a culture of evidence-based inquiry, creative partnerships can significantly impact the ability to provide optimal patient- and family-centered care for children and their families. ■

## References

- American Association of Colleges of Nursing (AACN) & American Organization of Nurse Executives (AONE). (2012). *AACN-AONE Task Force on Academic-Practice Partnerships. Guiding principles*. Retrieved from <http://www.aacn.nche.edu/leading-initiatives/academic-practice-partnerships/GuidingPrinciples.pdf>
- Beal, J.A., Alt-White, A., Erickson, J., Everett, L.Q., Fleshner, I., Karshmer, J., ... Gale, S. (2012). Academic practice partnerships: A national dialogue. *Journal of Professional Nursing, 28*(6), 327-332.
- Capitulo, K.L. (2005). Evidence for healing interventions with perinatal bereavement. *MCN, The American Journal of Maternal Child Nursing, 30*(6), 389-396.
- Davies, R. (2005). Mothers' stories of loss: Their need to be with their dying child and their child's body after death. *Journal of Child Health Care, 9*(4), 288-300. doi:10.1177/1367493505056482
- Institute of Medicine (IOM). 2011. *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Jefferies, P., Rose, L., Belcher, A.E., Dang, D., Hochuli, J., Fleischman, J.F., ... Walrath, J.M. (2014). A clinical academic partnership. A clinical education redesign. *Journal of Professional Nursing, 29*(3), 127-136.
- Miller, L.H., Lindley, L.C., Mixer, S.J., Fornehed, M.L., & Niederhauser, V.P. (2014). Developing a perinatal memory-making program at a children's hospital. *The American Journal of Maternal Child Nursing, 39*(2), 102-106. doi:10.1097/NMC.000000000000016
- Miller, L., Mixer, S.J., Lindley, L.C., Fornehed, M.L., Niederhauser, V.P., & Barnes, L. (2015). Using partnerships to advance nursing practice and education: The precious prints project. *Journal of Professional Nursing, 31*(1), 50-56.
- Mixer, S.J. (2015). Application of culture care theory in teaching cultural competence and culturally congruent care. In M.R. McFarland & H. Webhe-Alamha (Eds.), *Culture care diversity and universality theory and ethnonursing research method* (3rd ed., pp. 369-387). New York, NY: Jones & Bartlett.
- Mixer, S.J., Burk, R.C., Davidson, R., McArthur, P., Abraham, C., Silva, K., & Sharp, D. (2012). Transforming bedside nursing care through practice-academic co-mentoring relationships. *Journal of Nursing & Care, 1*(108). doi:10.4172/2167-1168.1000108
- Mixer, S.J., Carson, E., McArthur, P.M., Abraham, C., Sylvia, K., Davidson, R., ... Chadwick, J. (2015) Nurses in action: A response to culture care challenges in a pediatric acute care setting. *Journal of Pediatric Nursing, 30*(6), 896-907. doi:10.1016/j.pedn.2015.05.001
- Moscato, S.R., Miller, J., Logsdon, K., Weinberg, S., & Chorpensing, L. (2007). Dedicated education unit: An innovative clinical partner education model. *Nursing Outlook, 55*(1), 31-37.
- Saunders, C., King, T., Smith, S., Buchheit, J., Cook, K., Edds, J., & Mefford, L. (2014). Neonatal abstinence syndrome: Evaluating the effectiveness of an evidence-based multidisciplinary care approach. *Journal of Perinatal and Neonatal Nursing, 28*(3). 232-240. doi:10.1097/JPN.000000000000049.
- University of Portland. (2014). *Dedicated Education Unit University of Portland. Model: Purpose, features, & roles*. Retrieved from <http://www.up.edu/showimage/show.aspx?file=20802>
- Wender, E. (2012). Supporting the family after the death of a child. *Pediatrics, 130*(6), 1164-1169. doi:10.1542/peds.2012-27

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