



Clinical education

Impact of the dedicated education unit teaching model on the perceived competencies and professional attributes of nursing students

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A B S T R A C T

The Dedicated Education Unit clinical teaching model is a strategy designed to create optimal teaching and learning environments. Evidence is lacking regarding the influence of the Dedicated Education Unit model on students' specific nursing competencies and professional attributes. This descriptive, comparative study took place in a private baccalaureate nursing program in the United States. The researchers compared evaluations of student competencies and attributes who participated in a Dedicated Education Unit model ($n = 163$) to students who participated in a traditional clinical teaching model ($n = 147$) immediately following the practicum in which the Dedicated Education Unit model was used. The Dedicated Education Unit group scored significantly higher in 26 of 33 specific competencies and professional attributes compared to students who participated in the traditional clinical teaching model. These data suggest that the Dedicated Education Unit model promotes knowledge, competency, and professional attribute development more effectively than the traditional clinical teaching model.

1. Introduction

Nurse educators use a variety of classroom, laboratory, and clinical teaching strategies to help prepare students for practice. Traditionally, nursing student clinical or practicum experiences heavily rely on the nursing faculty to teach students the multifaceted aspects of nursing care. In the traditional model, faculty typically supervise up to 10 students on a hospital unit and serve as the primary contact for medication administration, skills, and responding to questions. This student-faculty ratio can result in a faculty being partially responsible for the care of up to 20–30 patients. In addition to safety concerns with this model, this patient load often allows little time for meaningful teaching and student assessment (DeMeester et al., 2017). There is little evidence to support the efficacy of the traditional clinical teaching model; however, there is much literature about new nursing graduate knowledge deficits upon entry into practice (Del Bueno, 2005; Hezaveh et al., 2013; Hickey, 2009). Nurse educators should strive to develop teaching models that address these deficits.

The Dedicated Education Unit (DEU) clinical teaching model is one strategy being used to address the challenges associated with the traditional model and to enhance new graduate readiness for practice. The DEU is designed to create an “optimal teaching and learning environment” (Moscato et al., 2007, p. 32) for students in which staff nurses serve as the primary instructor in partnership with nursing faculty. This partnership capitalizes on the expertise and knowledge of both bedside clinicians and nursing faculty while maintaining safe patient care and a

high quality educational experience for the student (Moscato et al., 2013; DeMeester et al., 2017). The DEU model is supported by the Cognitive Apprenticeship model of teaching in which the student is partnered with an expert in a workplace environment (Collins et al., 1991). The expert promotes the students' development of higher order thinking and by making reasoning and decision making more explicit. In contrast, the traditional model of clinical teaching involves students being more dependent on the faculty and having varying levels of collaboration with staff nurses.

The DEU model was first implemented in Australia in the 1990s, and has gradually been adopted in the United States. Most DEU literature supports the value of the model in terms of the positive teaching-learning relationship, the learning environment, and overall student and nurse satisfaction with the teaching model (Rhodes et al., 2012; Mulready-Shick and Flanagan, 2014; Nishioka et al., 2014; DeMeester, 2016; DeMeester et al., 2017). Other research has explored DEU model effectiveness by measuring student performance on standardized tests, course exams following a DEU experience, and the National Council Licensure Examination (Sharpnack et al., 2014; Springer et al., 2012; Moscato et al., 2013).

There are no quantitative studies exploring specific nursing competencies and professional attributes of students after participating in the DEU model of teaching compared to those in the traditional model. Thus, the aim of this descriptive, comparative study was to compare evaluations of the competencies and professional attributes of nursing students who participated in a DEU model to evaluations of students

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Table 1
Statistically significant differences between the two groups ($p < 0.05$).

Domain	Question	Traditional Mean (n = 147)	DEU Mean (n = 163)	Significance ($\alpha < 0.05$)
Affective	1. Communication with RN	4.00	4.26	.017
Affective	2. Communication Unlicensed Personnel	3.85	4.10	.016
Affective	3. Communication with other disciplines	3.75	3.94	.062 ^a
Affective	6. Bedside Presence	4.15	4.36	.034
Affective	5. Performs as a “team player”	4.22	4.53	.001
Affective	7. Taking Responsibility	4.16	4.37	.049
Affective	10. Spiritually Sensitive Care	4.10	4.33	.021
Psychomotor	12. Technical Skill	4.01	4.26	.023
Psychomotor	13. Complex Skill Performance	3.74	3.97	.035
Psychomotor	14. Medication Administration	4.04	4.31	.010
Psychomotor	15. Assessment Skills	3.95	4.18	.035
Psychomotor	16. Management of Complex Patients	3.59	3.92	.038
Psychomotor	17. Prioritization	3.63	3.90	.013
Psychomotor	18. Time Management Skills	3.59	3.84	.024
Cognitive	19. Knowledge of Pathophysiology	3.71	4.09	.001
Cognitive	20. Knowledge of Pharmacology	3.59	3.94	< .001
Cognitive	21. Knowledge of laboratory values and implications	3.58	3.94	.001
Cognitive	22. Knowledge of basic delegation principles	3.63	3.94	.002
Cognitive	23. Identification of priority outcomes for patients	3.68	4.01	.001
Cognitive	24. Knowledge to assess	3.88	4.14	.014
Cognitive	25. Accesses resources to support decision making for patient care	3.72	4.02	.002
Cognitive	26. Differentiating pertinent patient data from non-pertinent data	3.65	3.99	.003
Cognitive	27. Ability to See the Big Picture	3.65	3.99	.001
Cognitive	28. Asking Questions Appropriate to Patient Care	4.16	4.40	.019
Overall	Overall Confidence	3.78	4.02	.052 ^a
Overall	Overall Competence	3.96	4.17	.040

^a Nearing significance.

who participated the traditional clinical teaching model just following the practicum experience in which the DEU model was used.

2. Methods

2.1. Sample and setting

This study took place from 2014 to 2017 with eight senior-level student cohorts totaling 481 students in a private midwestern United States baccalaureate nursing program who were beginning their senior capstone clinical immersion course. In the semester just prior to the capstone course, these students participated in a 6-week acute care practicum in which they were randomly assigned to DEU model or traditional teaching model clinical groups. Following that practicum, all students began the capstone clinical immersion in a new setting and each with a new nurse preceptor. The preceptors, baccalaureate-prepared nurses with at least two years of experience who serve as the primary instructor for the student, were asked to evaluate their assigned student's competencies and professional attributes at the beginning of the capstone experience.

2.2. Instrumentation

The research team developed the survey tool used to evaluate student competencies and professional attributes (Rusch et al., 2018). The tool was based on faculty assessment of student clinical performance, feedback from clinical partners, the Quality and Safety Education for Nurses (QSEN) competencies (Quality and Safety Education in Nursing, 2017), and a review of literature about new graduate readiness for practice. A list of priority nursing competencies and professional attributes for new graduates was created. Content validity was established through review by 11 practicing nurses and nurse managers in seven different health care settings across in the United States who had at least five years' experience with mentoring nursing students and new graduates (Rusch et al., 2018).

Based upon the review, the total number of survey items was reduced from 37 to 33 along with some minor editing and word changes.

The first competencies and attributes were categorized into three domains: affective (11), psychomotor (7), and cognitive (11). The remaining four questions were related to the student's overall confidence, competence, and readiness for the capstone clinical immersion experience. The tool uses a Likert-type scale of 1–5 to rate each item. A rating of one (1) indicates that the senior student is not meeting the preceptor's expectations, and a rating of five (5) means that the senior student is exceeding the preceptor's expectations. Reliability of the tool was established with a Cronbach's Alpha of 0.983.

2.3. Procedures

Approval from the University's Institutional Review Board was granted for this study. The survey was emailed to preceptors after completion of the first week of the preceptorship asking them to evaluate the degree to which their assigned student was meeting or was not meeting the preceptor's expectations for performance. Preceptors were asked to complete the survey after 3 to 4 shifts of working with the assigned student to capture the student's initial abilities following the previous clinical rotation. The preceptors were not informed of which clinical teaching model their assigned student experienced prior to the capstone immersion. The survey was anonymous, but students were aware that their performance was being evaluated as part of the course. The preceptors were encouraged to contact the college faculty directly to share specific concerns about their assigned student.

3. Results

Surveys were sent to 481 nurse preceptors with 310 returned, yielding a 64% response rate. There were 163 completed surveys from the DEU students' preceptors and 147 from the traditional model students' preceptors. Given that each survey item utilized a 5-point scale at the ordinal level of measurement, the Mann-Whitney U analysis was utilized (SPSS Statistics version 25). Mean scores for each of the 33 survey items were higher for DEU students compared to the traditional model students. Statistically significant differences between the two groups ($p < 0.05$) were found in 26 items (See Table 1) of the tool:

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