

EVALUATION OUTCOMES OF A DEDICATED EDUCATION UNIT IN A BACCALAUREATE NURSING PROGRAM

MATTIE L. RHODES, PhD, RN, CNS,* CLARE C. MEYERS, MS, RN, CNS,† AND
MEGHAN L. UNDERHILL, PhD, RN, AOCNS‡

Quality clinical learning environments (CLE) are crucial to student education and clinical learning and are influenced by both academic and nursing service factors. The University at Buffalo School of Nursing implemented an innovative academic–service partnership model for clinical education of students called a Dedicated Education Unit (DEU). The aims of this study were to (a) investigate students' perceived outcomes of the DEU model on the CLE and (b) explore staff nurses' and faculty's perceived outcomes of the DEU. Qualitative and quantitative methodologies were used. Descriptive statistics and thematic analysis of focus groups are reported. Students and DEU nurses reported high scores for satisfaction. Focus group themes for students, faculty, and DEU nurse revealed appreciation for the benefits of the DEU model. The DEU is a worthwhile approach to clinical education that can enhance student's ability to receive diverse clinical experiences and access to clinical experts. Such programs can strengthen academic/service relationships. (Index words: Evaluation outcomes; Dedicated education unit model; Clinical learning environment; Innovative clinical teaching strategy) J Prof Nurs 28:223–230, 2012. Published by Elsevier Inc.

A GOOD QUALITY clinical environment is crucial to student education and clinical learning. The clinical environment provides an excellent place for student learning to occur (Nielsen, 2009). Student learning and development of clinical expertise proceed on a continuum of novice to more advanced levels. The novice has very little knowledge and experience to base actions on so they rely on context-free rules for understanding clinical situations and decision making (Benner, 2001; Tanner, 2006b). The expert nurses on the other hand have the depth of knowledge to be able to consider a clinical situation rapidly and intuitively (Benner, 2001; Tanner, 2006b). These expert nurses can play a major role in student learning by providing role modeling, coaching, and feedback to students (Astin,

Newton, McKenna, & Moore-Coulson, 2005; Sand-Jecklin, 2009; Stockhausen, 2005).

The nursing shortage has affected nursing at the bedside and has impacted nursing education. The national RN vacancy rate in long-term care and in hospitals is 8.1% (American Association of Colleges of Nursing (AACN), 2009; Fang, 2009). This shortage of nurses is also reflected in the numbers of faculty openings at colleges and universities, especially in clinical supervision of students. The vacancy rates within schools reporting vacancies were 9.7% for nursing faculty for the Year 2009–2010 (AACN, 2010).

Traditionally, the nursing education model in the United States has been one where the university faculty enters the clinical setting and provides direct supervision of a number of students in the application of classroom knowledge and laboratory skills to their patients. Students are assigned one or two patients for complete care and are required to preplan and develop a nursing plan of care for a clinical day. As student enrollment in nursing programs increase and the available pool of faculty decrease, schools of nursing have to be more innovative in setting up quality clinical experiences. Innovative evidence-based pedagogies are needed for students to learn problem solving in the

*Clinical Associate Professor, School of Nursing, University at Buffalo, State University of New York, Buffalo NY.

†Clinical Assistant Professor, School of Nursing, University at Buffalo, State University of New York, Buffalo, NY.

‡Post-Doctoral Research Fellow, Clinical Inquiry Specialist, The Phyllis F. Cantor Center/Dana-Farber Cancer Institute, University of Massachusetts, Boston, MA.

Address correspondence to Dr. Rhodes: State University New York, University at Buffalo, Buffalo, NY. E-mail: mlrhodes@buffalo.edu
8755-7223/11/\$ - see front matter

clinical setting, which maybe missing in clinical education (Tanner, 2006a).

In response to the need to improve the clinical learning experience and in the light of these critical faculty shortages, the University School of Nursing implemented an innovative academic–service partnership model for clinical education of students called Dedicated Education Unit (DEU). A DEU is a client unit that is developed into an optimal teaching/learning environment through the collaborative efforts of nurses, management, and faculty (Edgecombe et al., 1999). For this research, the DEU model was modified to meet the needs of the University at Buffalo and our clinical partners.

The purposes of this study were to evaluate the implementation of a DEU and to better understand the benefits and degree of satisfaction that educating student nurses on a DEU provides. Of primary interest was exploring the perceptions of students, DEU nurses, and university faculty regarding the outcomes of clinical experiences and clinical learning environment on a DEU.

The following questions were examined:

1. What are the student nurses' perceptions of the clinical learning environment on a DEU?
2. How satisfied are students with the clinical learning environment on a DEU?
3. How satisfied are DEU nurses working with students on a DEU?
4. What are the perceptions of faculty providing clinical experiences for students on a DEU?
5. What are the perceptions of DEU nurses and nurse managers (NMs) working on a DEU?

Background

The DEU Model

The DEU model draws from the experiences of Flinders University in South Australia (FUSA), where the DEU model was developed (FUSA, 1999). As a joint collaboration between nurse clinicians and university faculty, DEUs are intended to provide positive clinical learning environments where students learn and nurses also benefit. Nurses and faculty work together to maximize the achievement of student learning outcomes, and students capitalize on the expertise of both clinicians and faculty (Edgecombe, Wotton, Gonda, & Mason, 1999).

The DEU concept is built on the belief that the clinical nurse's educational role is vital to the development of students' professional skills and knowledge. Nurses on the DEU are the primary teachers of the students. Hospital staff agrees to collaborate with faculty to be preceptors, educators and clinical expert role models for the students (Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007).

The DEU is a practice-focused approach to curriculum designed to enhance student learning about nursing work by assisting students to engage in and create meaning from practice (Ranse & Grealish, 2007). This model facilitates relationship building between nursing service

and academia (Wotton & Gonda, 2004). DEUs have been perceived by clinicians, students, and faculty as positive and have assisted to ground theory introduced from university classroom to actual clinical practice (Wotton & Gonda, 2004).

The DEU clinical education model has been shown to facilitate teaching and learning of quality and safety competencies (Mulready-Shick, Kafel, Banister, & Mylott, 2009). Colorado Nurse Leaders implemented a DEU as an approach to new graduate orientation and socialization (Pappas, 2007). The main focus of which was established to improve patient safety and nurse engagement. Results within the quality improvement literature demonstrate improvement in frequency of falls and increased medication errors reporting, as well as improvement in new RN retention rates. New RN retention rates were improved for the group of RNs orienting in the DEU program, 94% of RNs from the program with DEU orientation curriculum versus 85% retention of RNs with traditional orientation curriculum (Pappas, 2007).

Clinical Learning Environment

The DEU clinical environment can have positive implications for both nursing students and RNs. Undergraduate students' perceptions of their clinical experiences have an impact on their learning outcomes (Dunn & Hansford, 1997). The quality of the learning environment is based on factors such as perceived relevance and nature of the clinical setting, opportunities for learning, and relationship with other participants in the clinical practice arena (Chan, 2001; Dunn, Ehrich, Mylonas, & Hansford, 2000). A supportive environment and opportunities to practice are important for learning (Pearcey & Elliott, 2004).

Students view the clinical practice setting as the place where they can learn to be a nurse (Elliott, 2002) and place value on the input clinicians have on their learning (Jackson & Mannix, 2001). Attending to student nurses' learning needs is the responsibility of the nurse clinician, the faculty, and the health care organization as well as the educational institution (Vallant & Neville, 2006). It is also recognized that staff nurses often can be the most influential factor in the quality of student experience and development of a positive learning environment (Papp, Markkanen, & von Bonsdorff, 2003).

Working as a DEU nurse can also assist RN professional development. Nurse perceptions of professional development have a positive correlation with autonomy and recognition, role clarity, job satisfaction, quality of supervision, peer support, and opportunities for learning (Hart & Rotem, 1995). An expected and valued part of the role of the professional nurse is participation in the education of student nurses (American Nurses Association (ANA), 2004; Palmer, Cox, Callister, Johnsen, & Matsumura, 2005).

The DEU model was modified to meet the needs of the University at Buffalo and our clinical partners. One clinical faculty coordinator (CFC), university faculty, is

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