



Clinical education

Effect of the dedicated education unit on nursing student self-efficacy: A quasi-experimental research study[☆]



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ABSTRACT

Although the Dedicated Education Unit (DEU) has shown initial promise related to satisfaction with the teaching/learning environment, few studies have examined student outcomes related to the use of the DEU as a clinical education model beyond student satisfaction. The purpose of this quantitative, quasi-experimental study was to compare student outcomes from the traditional clinical education (TCE) model with those from the DEU model. Participants were students enrolled in a four-year baccalaureate program in nursing ($n = 193$) who had clinical education activities in one of three clinical agencies. Participants were assigned to either the DEU or a TCE model. Pre-clinical and post-clinical self-efficacy scores were measured for each group using an adapted Generalized Self-Efficacy Scale (Schwarzer and Jerusalem, 1995). Both groups experienced a significant increase in self-efficacy scores post clinical education. The increase in self-efficacy for the DEU students was significantly greater than the increase in self-efficacy for the traditional students. Self-efficacy is considered an important outcome of nursing education because high self-efficacy has been linked to making an easier transition from student to nursing professional. This study supports the quality of the DEU as a clinical education model by examining student self-efficacy outcomes.

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The Dedicated Education Unit (DEU) is a relatively new model for clinical education. Use of the DEU is a little more than a decade old in the United States (Moscato et al., 2007) but has been in use longer internationally (Edgecombe et al., 1999). This model re-focuses the relationship between the nurse, nurse educator, and the student to more completely draw on the expertise of both the nurse and the nurse educator. Nurses employed by healthcare agencies typically have current and relevant expertise, are more familiar

with their specific organizational operations and are expected to engage in nursing practice that is evidence based. Nurse educators typically have current and relevant expertise about effective clinical education strategies and may be more familiar with evidence based teaching practices than their clinical partners. In the DEU, staff nurses and nurse educators form a partnership that combines the expertise of both with a focus on using evidence based clinical and educational practices to create the most effective clinical learning environment for the student. In the DEU model, a student is typically partnered with a staff nurse who takes on the role of Clinical Instructor (CI). Academic educators, called the Clinical Faculty Coordinators (CFC), partner with the CI and the student to link the classroom concepts with the practicum activities and provide guidance for the educational process.

Although the DEU has shown initial promise related to satisfaction with the teaching/learning environment, limited studies have examined student outcomes related to DEU participation beyond student satisfaction. The aim of this research was to examine the effects of the use of the DEU model on students'

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perceived self-efficacy related to their ability to achieve expected clinical performance activities. The effects of the use of the DEU model on students' self-efficacy was examined from the perspective of Bandura's (1977, 1986, and 1995) Self-Efficacy Theory. The researchers established the null-hypothesis to be "there will be no difference in the self-efficacy scores for students who participate in a DEU clinical education model when compared with those of students who participate in a traditional clinical education model (TEU)."

1. Background and significance

There is growing awareness that current clinical education models may not provide the most effective learning experiences for pre-licensure nursing students (Benner et al., 2010; Ironside and McNelis, 2011). Nurse educators and their clinical partners have been challenged to improve the quality and capacity of clinical education. In 2010, several landmark publications provided support for the transformation of nursing education. The first was "Educating Nurses: A Call for Radical Transformation" (Benner et al., 2010) and another was "The Future of Nursing: Leading Change, Advancing Health" (IOM, 2010). These works synthesized data, experience, and professional expertise to describe current educational efforts and the resultant outcomes. Internationally, the education of nurses has also been scrutinized. More than a decade earlier, The Commonwealth of Australia University Teaching (CAUTI) project "Transfer of Learning Between Clinical Practice and the University Classroom" (Edgecombe et al., 1999) focused on the need for restructuring the clinical education of nurses. These works and others showed that there was room for improvement in the preparation of nurses for practice.

The development of DEUs can be linked to the call for transformation of nursing education. Although several models of DEUs are currently in use, most DEUs have as a central concept that a more comprehensive collaboration between the nurse educator, staff nurse, and student provides the optimal clinical learning environment. Since 2009, Robert Morris University (RMU) has been using the University of Portland's model as the framework for our own DEUs. In partnership with the largest healthcare system in our region, we have successfully sustained and expanded the use of DEUs. The partnership resulted from a desire to establish new creative clinical education models that enhanced the student experience, expanded faculty capacity, created optimal working/learning environments, and enhanced the preparation for practice of new graduates. The initial partnership has expanded from one DEU in one acute care facility to multiple DEUs in three separate clinical facilities within the healthcare system and is expanding to additional healthcare systems in our region.

2. Literature review – dedicated educational unit

A database search from 2005 through June 2015 yielded 41 peer-reviewed articles with "Dedicated Education Unit(s)" in the title. Several articles discussed the development of DEUs in Australia, New Zealand and the United States (Betany and Yarwood, 2010; Burke and Craig, 2011; Glazer et al., 2011; Jeffries et al., 2013; Moscato et al., 2013; Ranse and Grealish, 2007). These authors described the importance of a strong collaborative academic and service partnership, which included open communication and support from all stakeholders. They provided additional details about the implementation of the model in clinical practice settings and offered suggestions about overcoming challenges. This is valuable information for those who are considering implementation of the DEU model but does not provide substantive evidence of best practice. Research focused on outcomes related to the use of

the DEU can contribute to the establishment of best practice.

Student satisfaction with the learning experiences in the DEU model has been described by several authors. Betany and Yarwood (2010) discussed the adaptation of the DEU to a community-based environment in New Zealand. The adaptations using the DEU resulted in improved satisfaction among both students and clinicians in the alternative clinical learning environment. Rhodes et al. (2011) surveyed students who participated in a DEU for their senior year ($n = 85$). They found that student mean scores ($M = 4.6$, $SD = 0.44$) on the scale indicated satisfaction with the DEU clinical learning environment. O'Lynn (2013) and Harmon (2013) examined the outcomes of DEUs in non-acute care settings and found positive outcomes for both students and the clinical partners.

Other studies have focused on student perceptions of the quality of the DEU learning environment. In a qualitative study of nursing students in Australia who participated in learning on a DEU, the authors found that the engagement and participation of students in the DEU site was valuable and enhanced the learning experience for students (Ranse and Grealish, 2007). One study compared students' perceptions of their clinical learning experiences in a DEU with their experiences in the TEU. The authors found that students in the DEU were more likely to agree that their clinical learning experience was of high quality. Data from focus groups indicated that students perceived several advantages in the DEU model: a welcoming environment, consistent mentoring and commitment to teaching, more opportunities for communication, teamwork and time management (Nishioka et al., 2014). Another study examined the perspectives of students in a DEU and found that because of the reliable support of the DEU staff nurses, students experienced increased self-confidence (Hannon et al., 2012). Sharpnack et al. (2014) found the DEU was valuable in facilitating the transfer of knowledge in second-degree students when compared to outcomes from the TEU model.

Several studies have evaluated the effectiveness of the DEU in facilitating nursing student achievement of quality and safety competencies related to the six competencies defined by Quality and Safety Education for Nurses (QSEN) competencies. McKown et al. (2010) linked the DEU clinical education model to the development of quality and safety competencies. Mulready-Shick et al. (2009) also found a link between enhanced quality and safety competency development among students on the DEU.

Springer et al. (2012) reported there is some evidence that DEU students had higher scores than comparison units for some faculty-made and standardized exams but the differences were not always significant. There also was no difference reported in satisfaction when compared with other units, however, they reported a difference from the student perspective of the level of accountability for the nurses in the DEU which may have contributed to the relationship between the student and the DEU nurse. The authors stated that these findings are contradictory to what is reported in other studies but attribute the findings to the Magnet status of the particular hospital and students are welcomed across the facility.

The research included above provides valuable information about student outcomes related to their participation in the DEU education model. They also provided the context for our research that examined the effects of the use of the DEU model on students' perceived self-efficacy related to their ability to achieve expected clinical performance activities.

3. Literature review-self-efficacy

Bandura's (1977, 1986, 1995) Self-Efficacy Theory is based upon the belief in one's abilities to plan and carry out courses of action required to produce desired results. Expectations of self-efficacy determine if behavior will be initiated, how much effort will be

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