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## “Feeling part of a team” a mixed method evaluation of a dedicated education unit pilot programme<sup>☆</sup>



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## ABSTRACT

The clinical learning environment is integral to the sustainability of the nursing workforce. Traditionally undergraduate nursing students were preceptored one-to-one with a registered nurse. With an increasingly complex clinical environment and more RNs working part-time, that model has become problematic. The Dedicated Education Unit (DEU) is a model of student learning whereby students are nurtured by all staff in a clinical area, clinical and academic staff collectively support the student and student learning is a collaborative process.

In this study, a pilot DEU model in three clinical areas of one District Health Board in New Zealand was evaluated. These DEU are different from others reported in the literature as three unique nursing programmes from two Tertiary education providers (TEPs) in an urban area in New Zealand were involved in the pilot.

The approach in this study was a mixed method descriptive evaluation design, undertaken in two phases: phase one was an online anonymous survey completed by 42 nurses and nurse managers employed in three DEUs and 24 undergraduate third year nursing students who were completing their final nine week pre-graduate placement. Phase two was six separate focus groups with registered nurses and undergraduate nursing students.

Students (91%) and staff (85%) were satisfied with their participation in the DEU. Students described feeling part of the health care team and staff reported enjoying working with students from different programmes, also noting the supportive DEU structure gave them more opportunity to engage with student learning. Role clarification was an issue which needs to be resolved.

Staff from three units at a District Health Board and three unique nursing programmes were able to develop learning partnerships, collaborating together to provide a positive, nurturing learning environment for nursing students and a clinical setting where nurses enjoyed their teaching/coaching roles.

### 1. Introduction

The process of undergraduate nursing students gaining clinical experience has been problematic since nursing education moved from a hospital apprentice model into tertiary institutes. This move occurred in New Zealand in the 1970s and from that time, the approach to nursing education in the clinical environment has been revised and changed, to meet the learning needs of the student, as well as satisfy the conflicting

needs of registered nurses whose primary concern is patient outcomes. This paper describes the findings of research undertaken in 2016 to evaluate a New Zealand District Health Board's (DHB) Dedicated Education Unit (DEU). A unique feature of this DEU is that one DHB had two tertiary education providers (TEP) of nursing education providing students from three separate Bachelor of Nursing programmes. Key learnings from this pilot evaluation, including how the DHB and TEPs collaborated are discussed.

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## 2. Background

Emerging as an innovative solution to a range of issues in undergraduate nursing education including an increasingly complex clinical environment and an increase in student numbers, the Dedicated Education Unit was developed in the late 1990s at Flinders University in Australia. The Dedicated Education Unit (DEU) model uses a partnership between tertiary education and clinical providers to provide clinical education for undergraduate nursing students which is led by academics and registered nurses in the clinical environment (Moscato, Nishioka & Coe, 2013). Registered nurses undertake the clinical teaching of the student, supported by their academic colleagues (Rhodes, Meyers & Underhill, 2012).

One of the drivers for a new model of clinical education were nursing students who wanted more clinical hours to prepare them for their registered nurse practice (Dapremont & Lee, 2013). The DEU provides opportunity for exposure to a wide range of clinical experiences without increasing clinical hours (Freundl et al., 2012; McKown, McKown & Webb, 2011). The DEU model has advantages for students, RNs in clinical practice and academics. Students perceive they rapidly become part of the health team, interacting with the interprofessional team and observing nurse role modelling (Fox, 2017; Moscato, Miller, Logsdon, Weinberg & Chorpenning, 2007; Mulready-Shick, Kafel, Banister & Mylott, 2009). For RNs, benefits of the DEU include greater levels of satisfaction, and feeling part of a team providing undergraduate education (Masters, 2016; Nishioka, Coe, Hanita & Moscato, 2014). Nursing academics report stronger relationships with RNs in practice and satisfaction in coordinating, educating and supporting RN development (Mulready-Shick et al., 2009).

The DEU model has been successfully integrated (Fourie & McClelland, 2008; Jamieson et al., 2008) into New Zealand clinical learning environments in Canterbury, Counties Manukau and Hawke's Bay District Health Boards (DHBs) and in North America, Australia and Europe (Bail et al., 2014; Ekebergh, 2014; Galuska, 2015).

In 2011, a collaborative working group of clinicians from one DHB and educators from two TEPS (Whitireia New Zealand (Whitireia) and Massey University (Massey)) met to collectively enhance undergraduate students' clinical learning experiences and improve RN preceptorship experience. To that aim, the DHB implemented a DEU pilot in three clinical areas in 2016. It was anticipated the DEU would provide clinical learning experiences for students simultaneously from three unique programmes based in two tertiary education providers in the region. Each programme had its own curriculum including a curriculum designed for Pacific students, an integrated curriculum based in a Polytechnic setting and a university based curriculum. The areas within the hospital piloting the DEU were a general surgical and vascular unit; a regional heart and lung unit; and at an outlying hospital, a rehabilitation unit. The surgical and heart units each placed 10 pre-graduate nursing students and the rehabilitation unit placed six pre-graduate students from both Whitireia and Massey, a total of 26 students.

The pilot DEUs were based on the Canterbury DHB model (Jamieson et al., 2008). Each clinical area has a Clinical Liaison Nurse (CLN) and each tertiary provider/programme an Academic Liaison Nurse (ALN). The CLN is a role for a senior registered nurse who is experienced in supporting clinical learning. The ALN is a registered nurse working in an educational institution with skills in integrating theory to practice and in understanding curriculum and assessment. Nursing students in each unit worked alongside registered nurse (RN) preceptors for daily support for learning, with the CLN and ALN working collaboratively to facilitate clinical learning and complete summative assessments of student learning. All staff in the DEU were orientated to the concept of developing a community of practice to support student learning. Additionally students could be assigned to work with multiple preceptors during the clinical learning block which gave more flexibility and agility for the environment to be responsive to the student's learning

needs. These DEUs were unique, in that each of the clinical areas had nursing students from three different undergraduate programmes, two from Polytechnic programmes (Whitireia Bachelor of Nursing and Bachelor of Nursing Pacific), and one from a University programme (Massey). There is little known about the experiences of nursing students from multiple undergraduate programmes and staff in a DEU environment; this paper addresses this knowledge gap.

## 3. Objectives

The aim of this research was to evaluate the impact of the DEU pilot on DHB nursing staff and nursing students from three undergraduate programmes across two education providers, Whitireia New Zealand and Massey University. The objectives of the research were to:

- Investigate the impact of the DEU on nursing staff and students
- Ascertain if the DEU is meeting the learning needs of undergraduate nursing students from Whitireia and Massey
- Make recommendations about quality improvement for the DEU.

## 4. Methods

This evaluation was undertaken using a mixed method descriptive evaluation research design. Mixed method designs integrate quantitative and qualitative data within one investigation, enabling a more complete utilization of data than separate data collection and analysis (Bamberger, 2013; Watson & Creswell, 2013). This design is appropriate in this study which combines quantitative survey data with qualitative focus group data, evaluating a pilot programme.

### 4.1. Recruitment, Confidentiality and Ethical Considerations

Following approval for this study from the TEP's Board of Studies (19/7/16) and the Ethics and Research Committee (3/8/16), participant recruitment began. Flyers were distributed in prominent places in the DEU and clinical setting, informing potential participants of the study. All nursing staff RNs, enrolled nurses (ENs), Nurse Managers, Nurse Educators, CLNs, ALNs and nursing students in the DEU were invited to participate in the study. There were no exclusion criteria regarding the nurses' years or experience, professional roles or formal clinical titles. Participants could withdraw at any stage.

This study had two phases of data collection. Phase One was an online anonymous survey of all participants and Phase Two involved six separate focus groups with registered nurses and undergraduate nursing students following analysis of survey data.

### 4.2. Data Collection

#### 4.2.1. Phase One: Survey

The survey was developed and informed by the literature and was piloted by the research team. Potential participants were invited via email or during a face to face meeting in the DEU to participate in this evaluation. Potential participants were provided with an information sheet for participants and a consent form to complete. Separate surveys (Table 1) developed by the evaluation team were used for the students and staff. Those who agreed to participate were emailed a link to the online 22 question survey. Forty-two staff members completed the survey out of a potential 160 staff, a response rate of 26%. Twenty-four nursing students completed the survey out of a potential 26 students, a response rate of 92%.

#### 4.2.2. Phase Two: Focus Groups

The purpose of the focus groups was to follow up on the data collected in the surveys, to clarify issues and to add validity to the findings by checking 'hunches' following analysis of the survey data. Potential participants were advised of the opportunity to take part in a focus

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