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Staff Nurses' Perception of Their Role in a Dedicated Education Unit Within the Intensive Care Unit

Linda Koharchik, DNP, RN ^{a,*}, Karen Jakub, PhD, RN ^a, Catherine Witsberger, DNP, RN-BC ^b, Kimberly Brooks, MSN, RN ^c, Denise Petras, DNP, RN-BC ^d, Yvonne Weideman, DNP, RN ^e, Madelyn Gibson Antonich, MPM ^e

- ^a Duquesne University School of Nursing, Pittsburgh, PA, 15282, USA
- ^b UPMC Presbyterian, Pittsburgh, PA 15213, USA
- ^c Magee-Womens Hospital of UPMC, Pittsburgh, PA 15213, USA
- ^d UPMC Presbyterian, Pittsburgh, PA 15214, USA
- ^e Duquesne University School of Nursing, Pittsburgh, PA 15282, USA

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ABSTRACT

The dedicated education unit (DEU), a model for clinical nursing education, is a partnership in which professional nurses are trained to participate in the clinical education of nursing students. This study evaluated the perceptions of staff nurses who acted as clinical teaching associates to senior nursing students in an intensive care unit setting using the DEU model. Other nursing programs may benefit from the outcomes experienced in this application of the DEU model.

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Introduction

Today's nursing students need to be prepared to care for complex patients in an ever-changing health care environment (Benner, Sutphen, Leonard, & Day, 2010). Therefore, maximizing student learning and outcomes is imperative. This is especially true in learning to care for the critically ill patient as clinical learning experiences in the intensive care setting often are limited. The familiar models of faculty-led clinical experiences and student observational experiences no longer may be the best models for maximizing student learning. In the faculty-led model, one faculty directs and evaluates the clinical experiences of a group of nursing students. In the observational experience, the students observe or "shadow" a nurse performing patient care. In both types of experiences, students are "guests" of the clinical site versus an integral part of the clinical unit. The result may be staff nurse disengagement from the student learning process and/or viewing the students and faculty as burdensome. This may negatively impact both the process and the outcomes of students' clinical learning experience.

E-mail addresses: koharchikl@duq.edu (L. Koharchik), jakubk@duq.edu (K. Jakub), witsbergercm@upmc.edu (C. Witsberger), brooka@mail.magee.edu (K. Brooks), petrasd@upmc.edu (D. Petras), weidemany@duq.edu (Y. Weideman), gibsonantonichm@duq.edu (M.G. Antonich).

In an attempt to engage clinical staff in the process of educating students and to engage students in the functionality of the clinical unit, the dedicated educational unit (DEU) has emerged (Walker et al., 2012). The DEU, a model for clinical nursing education, is a partnership in which professional nurses are trained to mentor and closely participate in the clinical education of nursing students. This model has demonstrated positive clinical outcomes for students, faculty, staff, and patients (Castner, Ceravolo, Tomasov, & Marino, 2012; Springer et al., 2012). The literature does not address whether these positive outcomes occur if the DEU is located in the increased patient acuity and high stress environment of an intensive care unit. The purpose of this article is to evaluate the perceptions of staff nurses acting as clinical teaching associates (CTAs) to senior nursing students in the setting of an intensive care unit where the DEU model was used.

Background

The DEU, a collaborative clinical nursing educational model, was first introduced in 1997 at Flinders University, Australia, where Wotton and Gonda (1999) described a clinical learning environment in which academic and professional nurses partnered to provide clinical teaching to nursing students. A number of positive outcomes, including quality of patient care and desirable learning environment, resulted from this initiative. Since that time, the DEU has been piloted in many institutions using a variety of structures. In some models, the

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^{*} Corresponding author.

nursing instructor is present on the nursing unit while professional nurses work directly with students (Castner et al., 2012; Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007; Rhodes, Meyers, & Underhill, 2012). In other models, the nursing instructor is available remotely and periodically conducts site visits on the clinical unit (Dapremont & Lee, 2013; Krampe, L'Ecuyer, & Palmer, 2013; Springer et al., 2012). Students have reported a favorable learning environment when asked to evaluate their experiences in the DEU (Dapremont & Lee, 2013; Moscato et al., 2007; Nishioka, Coe, Hanita, & Moscato, 2014; Rhodes et al., 2012; Springer et al., 2012). The DEU model has been shown to be effective in outcomes related to student test scores (Springer et al., 2012). Castner et al. (2012) reported a rise in patient satisfaction scores in the DEU. Dapremont and Lee (2013) associated the DEU model with influencing professional nurses to direct their career path toward becoming nurse educators. While the DEU has been used in a number of settings, a review of the literature does not yield studies where the DEU model has been used in the intensive

Implementing the Model

The project was a collaborative effort conducted by a private, metropolitan university and two hospitals within a large academic medical center. Prior to implementing the project, approval was obtained from the university Institutional Review Board (IRB) and health system's quality improvement committee. Individuals from both the academic and clinical settings developed a plan, process, and working model for the implementation of a DEU that explicates the roles and responsibilities of DEU team members (Table 1). The graphic representation of the model (Fig. 1) reflects the collaboration between the university and the hospitals and the unique three-way relationship among the students, CTAs, and the clinical instructor.

This project was implemented on two adult critical care units in two separate hospitals of an academic medical center health system. One 14-bed medical–surgical Intensive care Unit (ICU) and one 32-bed medical ICU served as the intervention units. The sample was composed of two clinical faculty and staff nurses who served as CTAs. All 14 staff nurses of the smaller unit were selected and prepared to assume the CTA role. In the larger unit, 11 of the 100 staff nurses who worked on that unit were selected for training in the CTA role. Nurses were selected for the CTA role because their nurse managers identified an aptitude for teaching and previous success or interest in the preceptor role and schedule alignment with the students' days on the unit. Steady night or weekend shift nurses were not considered for the CTA role. The majority of the staff selected for the CTA role were Bachelor of Science (BSN) prepared.

The two clinical instructors and 25 staff nurses were prepared for the CTA role by attending a required, 4-hour workshop. The staff nurses received their regular pay to attend the workshop. The workshop was collaboratively presented by one educator from the university and three educators from the hospitals. The workshop objectives

Table 1Role and responsibilities of the CTA.

- Receive training in DEU model
- Assigned to oversee the clinical education of one or two nursing students whom are assigned to the care of patients who are also assigned to the CTA
- Perform skills (including medication administration) with the assigned student(s)
- > Coordinate student teaching with the clinical instructor
- > Provide feedback to the student and the instructor daily
- > Act as role model of professional nursing for nursing students
- Convey concerns to the unit director

identified that by the at the end of the session, the CTAs who attended the sessions would be able to discuss the history and background of the DEU concept; identify the roles in the DEU and state the responsibilities of the CTA; discuss learning objectives and evaluation guidelines for senior nursing students related to the clinical setting for the clinical course: Undergraduate Program in Nursing (UPNS) 400-Care of the Critically Ill Adult; and provide feedback that is balanced, specific, and significant to the student. The session included a slide presentation with the inclusion of a video that presented the use of a DEU in Massachusetts General Hospital; the presentation of the model showing the communication lines between and among students, clinical instructors, staff nurses, and designated hospital and university leaders; and group discussion on promoting critical thinking in students and giving feedback. The CTAs were given explicit direction on student responsibilities and nursing skills that nursing students were prohibited from performing, including starting intravenous therapy, drawing blood, taking verbal orders or transcribing orders, and administering blood. Because the CTAs would be administering medications with students, the session included a presentation of best practices to be used when teaching medication administration including allowing the student to focus without interruptions, asking questions after the student has indicated that he or she is ready to administer the medication, observing the student through the entire medication administration procedure, discouraging workarounds, verifying in the electronic medical record that the student has given the medication, and having students administer the medications under their own electronic medical record password. The CTAs were provided PowerPoint© handouts, a listing of the responsibilities of the CTA, and the course objectives for Undergraduate Program in Nursing (UPNS) 400-Care of the critically Ill Adult. The education also included an opportunity for CTAs to raise questions and share their concerns.

On the first day of clinical, the students were oriented to the unit and the role of the CTA. In the larger unit, the students were assigned to the unit one 7.5-hour shift per week for a total of 4 weeks. Three groups of students completed this rotation. In the smaller unit, the students were assigned 7.5 hours per week for 11 weeks. For both units, one student was assigned to each CTA. Students provided patient care within the scope of their practice as senior nursing students in collaboration with, and under the supervision of, the CTA.

Results

Focus groups composed of the CTAs and one unit director were conducted to evaluate their perception and value of the effectiveness of the DEU. Within 2 months of the conclusion of the DEU, the investigators conducted four 1-hour long focus group discussions that explored three areas: preparation and training, working with students, and suggestions for improvement. The data from the focus groups were reviewed and summarized.

Preparation and Training

Overall, the focus group participants thought that their CTA training was very helpful. The staff nurses believed that it taught them to be more proactive with the students. The training focused on communicating with the students, so they were able to provide appropriate feedback contributing to the evaluation of the students' skills and performance. One nurse remarked, "It was good, because it taught clinical nurses how to interact appropriately with students." They also stated that it provided information on how to conduct or participate in postconferences, although several nurses remarked that they did not participate in conferences on a regular basis. When asked about the training, one unit director remarked, "A nurse came to me who hadn't completed training and had a higher expectation of the students; while someone who went through the

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