THE TRADITIONAL CLINICAL EDUCATION MODEL: ONE STRATEGY TO ADDRESS CHANGE

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OBJECTIVES

- Compare and contrast the Dedicated Education Unit (DEU) clinical teaching model to the traditional clinical education model.

- Discuss the evidence for the DEU as an innovative educational model with a positive impact on clinical education.

- Describe the process of successful change in developing a DEU.
WHY CHANGE?

✓ “Our Iceberg is Melting”
  + A simple fable by John Kotter and Holger Rathgeber

WHY CHANGE?

- Traditional Clinical Education Model
  - Iceberg is shrinking related to
    - Lack of available clinical sites
    - Competition for clinical sites
    - Faculty shortage
    - Student waiting lists
What are example formats for traditional clinical placements?

- **Clinical Rotations**
  - Instructor with a clinical group: 6:1
  - Clinical nurse as preceptor
  - 1 Nurse to 1 student
  - 1 Nurse to 2 students

- **Senior Practicum**
### Clinical Rotations

- **10-12 schools on average**

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*Note: The table above lists the clinical rotations for the upcoming month.*
ONE STRATEGY TO ADDRESS CHANGE: DEU

- Innovative, clinical teaching model
- Originally developed in Australia
- University of Portland 2003
- Optimal teaching/learning environment
- Collaborative effort of nurses, managers & educators

Outcomes
- Positive clinical learning environment
- Maximize student learning outcomes
- Capitalize on the expertise of nurses and faculty
Nurses on the DEU are the primary teachers for students

Clinical faculty is present at scheduled times during the clinical rotation

DEU climate is one of mutual respect, open communication and collaboration

Represents an academic-practice partnership between one school and one practice site
DEU ASSUMPTIONS

- It is an expectation that all professional nurses, especially those in magnet facilities, will help educate the next generation of nurses.

- Nurses (CTA’s) on the DEU will be prepared for their teaching role by the academic partner.

- Patient satisfaction and clinical quality will remain stable or improve.

- The DEU provides an optimal environment for faculty and nursing staff to partner and appreciate the skills of each other toward the goal of educating students in the best possible way.
DEU ASSUMPTIONS

- Nurse, student, and faculty member satisfaction will be improved from previous clinical teaching methods.
- Nurses look forward to students, perceiving joy in the teaching role rather than seeing teaching as a burden.
- The role of the preceptor is elevated to clinical teaching assistant recognizing the passion for teaching by those who most wish to teach.
- Faculty and staff nurses cultivate a mutual respect for one another’s skills and knowledge.
<table>
<thead>
<tr>
<th><strong>DEDICATED EDUCATION UNIT</strong></th>
<th><strong>TRADITIONAL CLINICAL EDUCATION</strong></th>
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<tbody>
<tr>
<td>Partnership focus on collaboration</td>
<td>Partnership focus on scheduling</td>
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<tr>
<td>Welcome students</td>
<td>Vary in commitment</td>
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<tr>
<td>Committed staff</td>
<td>Varied teaching commitment</td>
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<tr>
<td>Emphasis on complete picture</td>
<td>Emphasis on tasks</td>
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<tr>
<td>Individualized instruction</td>
<td>Wait &amp; miss opportunities</td>
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<tr>
<td>Clear roles &amp; communication</td>
<td>Unclear roles &amp; communication</td>
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<tr>
<td>Early ID of struggling students</td>
<td>Students: difficulty getting help</td>
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</tbody>
</table>

RWJF: Evaluating Innovations in Nursing Education grant. Dedicated Education Units: An Innovation in Clinical Education University of Portland School of Nursing, [www.nursing.up.edu](http://www.nursing.up.edu). NLN Summit, Orlando, Florida, September 21, 2011
EVIDENCE FOR THE DEU

- Literature
- Quantitative & qualitative course, student & CTA evaluations
- Data gathered for quality improvement
<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Score (1 – 5 Likert)</th>
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<tbody>
<tr>
<td>I felt prepared to work with student nurse(s)</td>
<td>4.77</td>
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<tr>
<td>Student expectations were communicated to me</td>
<td>4.49</td>
</tr>
<tr>
<td>Clinical faculty was accessible to me and students</td>
<td>4.81</td>
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<tr>
<td>I felt supported by my colleagues while working with student(s)</td>
<td>4.84</td>
</tr>
<tr>
<td>I felt supported by clinical faculty</td>
<td>4.81</td>
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<tr>
<td>I was comfortable providing student(s) feedback about their performance</td>
<td>4.86</td>
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<tr>
<td><strong>I enjoyed working with student(s)</strong></td>
<td><strong>4.95</strong></td>
</tr>
<tr>
<td>Working with student(s) placed added burden on me</td>
<td>2.12</td>
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</table>
One thing about this clinical rotation that should not change is...

- I liked having the same students every day* – easier to know what each student’s strengths and weaknesses were
- Communication with instructors*
- The ability to see prep work and work with the faculty
- Students were always well prepared and willing to help with anything
- Finding additional experiences for the students
- It was great to meet the students before as well as know we were going to be scheduled with one – great for students and great for staff
- The number of hours students work (12) – students should see what happens over the whole shift
Most satisfying reward was the “a ha” and the bond formed with the student
Student enthusiasm refreshes their outlook- they’re so excited to learn
Teaching improved their own skills
More reflective about their own practice
Student experienced how the unit/staff work together and how to use resources

Hospital nursing director on limitations of traditional model:

“When you have 8 to 10 students on a unit with one clinical faculty, a lot of the focus is on skills-getting the assessment done and making sure that the students have the opportunity to do these things...Students know how to do tasks, but don’t know how to put it all together.”

## DEU Outcome Evaluation: Student

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Score (1 – 5 Likert)</th>
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<tr>
<td>I felt welcomed on this unit</td>
<td>4.81</td>
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<tr>
<td>I would want to work on this unit</td>
<td>4.63</td>
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<tr>
<td>My staff RN displayed interest in my learning</td>
<td>4.76</td>
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<tr>
<td>I was exposed to learning opportunities</td>
<td>4.77</td>
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<tr>
<td>My staff RN and clinical faculty member communicated with one another about my learning</td>
<td>4.77</td>
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<tr>
<td>Overall, the value of this rotation in preparing me for the future was</td>
<td>4.81</td>
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<tr>
<td>If this was your MS II rotation: How did this compare to your MS I rotation</td>
<td>4.61 (N = 36)</td>
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</table>
One thing about this clinical rotation that **should not change** is...

- Working with one nurse the entire rotation*. It was nice not having to prove myself week after week to a new nurse.
- The welcoming, collaborative atmosphere*. Everyone asked how I was doing even if they were not my CTA.
- Being teamed up with a nurse who wants to teach was such a different experience. I felt my nurse was really involved in my learning experience.
- The environment, the staff, the MDs were also great at teaching and providing opportunities for learning
- The model is well planned – this was an outstanding learning platform
- Great attitudes of staff and their willingness to provide us with opportunities to learn
“When you are on a DEU, you get to learn from nurses who know the floor and the routines. When we were on a traditional unit, our faculty didn’t know the floor and wasn’t always familiar with the routines. On a DEU, all that information and experience is at your fingertips. And you can ask all the questions you want because the nurse teacher is right there. She is not running off to help someone else.” (Student)

KOTTERM’S 8 STEPS TO SUCCESSFUL CHANGE*

- One Example to Consider:
  - Set the stage
    - 1. Create a sense of urgency
    - 2. Pull the team together
  - Decide what to do
    - 3. Develop the change vision and strategy
  - Make it happen
    - 4. Communicate for understanding and buy in
    - 5. Empower others to act
    - 6. Produce short term wins
    - 7. Don’t let up
  - Make it stick
    - 8. Create a new culture

DEU TEAM

- DEU Project Manager
- Regis Affiliate/Clinical Faculty
- Regis Course Faculty
- SAH Clinical Teaching Assistants
- SAH Nurse Educators
- SAH Nurse Managers
- Students
HOW DID OUR PARTNERSHIP DEVELOP?

- History – St Anthony School of Nursing merged with Loretto Heights School of Nursing in 1948

- Shared mission, vision, faith based

- Connection already in place – tuition discounts, on-site programs, shared staff

- Reached out to stakeholders at Regis
METHODS: PLANNING

SAH

- Presented at leadership meetings
- 3 medical/surgical units, inpatient rehab, short stay unit, ED, ICUs, peri-op services all interested in participating
- Met individually with managers, unit based educators and staff nurses
- Decided on an academic partner

REGIS UNIVERSITY

- Researched DEU model
- Developed outcomes
- Identified program coordinators
- Collaborated with administration, faculty
- Shared meetings with SAH
- Created DEU roles and responsibilities
- Developed CTA educational plan
CLINICAL TEACHING ASSISTANT (CTA) DEVELOPMENT

- SAH preceptor workshop
- Regis University DEU CTA Orientation Workshop
  + Simulation with student for CTA to practice
- Commitment to continuing education
  + Ongoing anecdotal data
  + Evaluation surveys
- Rewards
**Rotation Implementation**

- Collaboration with rotation schedule
- Arrange CTA schedules with educator/manager
- Student application process
- Students paired and assigned to CTA
- Day prior to clinical, unit educator makes CTA patient assignments, identifies student assignment
- Course information posted with assignment sheet
- Clinical faculty daily rounds with students and CTAs
WIN-WIN WITH A DEU

- Word is out
  - Increased requests for DEU

- Repeats
  - Students in multiple rotations

- Hired as new graduates
  - Almost half (48%) of new graduates hired at SAH were DEU students
  - Very low new graduate turnover
  - Familiarity by nurses & new graduates
  - Potential for decreased orientation time
SUSTAINABILITY & ONGOING CHALLENGES

- Focus on sustainability & partnership success
  - Quarterly DEU Steering Committee meetings
- Recruitment & retention of CTA’s
  - Leadership support with CTA recognition
  - CTA preparation and ongoing education
- Maintain continuity of concepts of DEU with new leadership and staff
QUESTIONS?
Darcy Copeland, RN, PhD
- Assistant Professor of Nursing, University of Northern Colorado
- Nurse Scientist / St Anthony Hospital
- Non-presenting author and one of the original team developers

Many thanks to all of the individuals who have contributed to the education of the next generation of nurses and made the DEU program successful!
- SAH CTA’s and staff, SAH and Regis University nurse leaders and educators