

# Establishing Dedicated Education Units for Undergraduate Nursing Students

Pilot Project Summation Report



Supporting Clinical Learning<sup>®</sup>

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# **A Christchurch Polytechnic Institute of Technology and Canterbury District Health Board Collaborative Project**

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## Introduction

This report presents a summary of a collaborative research project undertaken by the Christchurch Polytechnic Institute of Technology (CPIT) School of Nursing and the Canterbury District Health Board (CDHB) to enhance the experience of pre-registration nursing students in clinical placements during the Bachelor of Nursing programme. The project was undertaken to address issues surrounding the quality and nature of clinical experience in environments where high levels of patient acuity, staffing shortages and changes have become commonplace. As a result a different approach to clinical learning was trialled based on the Dedicated Education Unit (DEU) model developed in Australia. The results of that trial are documented in this report. Over-arching themes of supporting clinical learning and relationship building were identified.

## Background

Clinical experience is an essential component of any undergraduate nursing programme. A wide range of clinical placements are provided by the CDHB for students enrolled in the Bachelor of Nursing (BN) at CPIT.

The current model of clinical teaching and learning for undergraduate students centres on the preceptorship model of individualised one-on-one support, provided by experienced Registered Nurses (RNs) from within the clinical environment. In this model, academic staff visit intermittently to provide curriculum integration and to monitor the student's progress with the student and their preceptor. However, given the current clinical environment of busy wards, high acuity patients and the staff mix of full time, part time and casual workers the preceptorship model has been difficult to maintain.

The impetus for establishing Dedicated Education Units (DEUs) for undergraduate nursing students was based on both anecdotal evidence and emerging quality data from within the CPIT School of Nursing and the CDHB. Data gathered using a

Clinical Evaluation Tool (CET) supported anecdotal evidence that the existing preceptorship model (Figure 1) was not meeting the needs of students, clinical or academic staff in many clinical placement areas.

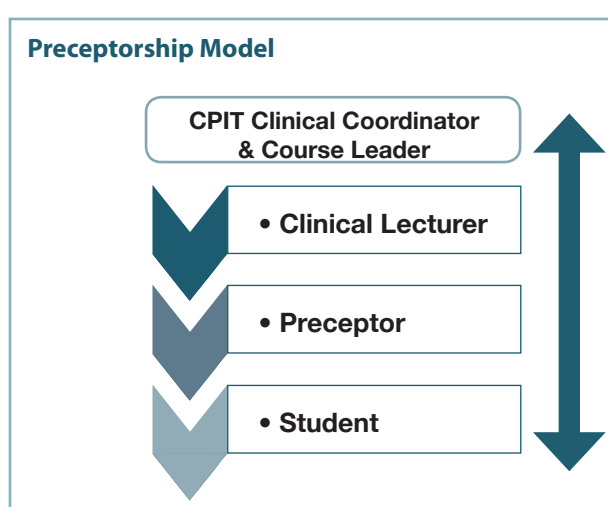


Figure 1: Preceptorship Model

Factors thought to be impacting on the successful implementation of one-on-one preceptorship include:

- the inability of undergraduate nursing students to 'mirror' the rostered-rotating shifts undertaken by RNs
- preceptor absence from the clinical environment due to sickness, study or annual leave
- the fluctuating demands of the clinical environment
- the increasing number of RNs working part time
- the impact of casual 'hospital pool' or outside agency staff on each area
- limited knowledge and understanding of the BN Programme by CDHB staff
- the perceived 'invisibility' of the CPIT Clinical Lecturer (CL)
- the challenges faced by both CDHB preceptors and CPIT Clinical Lecturers around student assessment.

These factors created challenges for clinical areas. In some cases students were working with different preceptors on a regular basis resulting in a lack of consistency in experiences and expectations, and difficulty collating data for student assessment purposes. Given these factors, Dr Cathy Andrew (Head of School, Nursing CPIT) and Ms Mary Gordon (Executive Director of Nursing, CDHB) supported the establishment in January 2006 of a collaborative Governance Group and a Project Team to investigate alternative models of clinical education with the aim to address these issues.

A literature review of clinical teaching and learning models, undertaken by the Project Team, identified an Australian model of clinical education, the Dedicated Education Unit (DEU) as worth investigation. This model was developed in the late 1990s by nursing lecturers at Flinders University, Adelaide, Australia in response to a call for greater collaboration between the clinicians and academics involved in clinical nursing education (Wotton & Gonda, 2004). In addition, the KPMG (2001) report on undergraduate nursing education in New Zealand noted that “DEUs are a good example of a model in which students work shifts along side registered nurses but do so in a collaborative and supportive environment in which clinicians and educators work together” (p.88). Flinders University’s continuing use of the DEU model is testament to its success in meeting the teaching and learning needs of undergraduate nursing students, clinicians and academics alike. As a result, adaptations of the DEU model have been established in a variety of BN programmes both in Australia and the United States of America (Edgecombe, Wotton, Gonda & Mason, 1999; Miller, 2005; Moscato, Miller, Logsdon, Weinberg & Chorpenning, 2007; Pappas, 2007).

Given the results of the literature review, the Project Team was sponsored by the Governance Group to undertake a site visit to Flinders University to consult with key stakeholders about the concept and benefits of the DEU model of clinical education. Following this, the DEU Project Team tabled a report to the Governance Group recommending that:

- 1 A DEU model be piloted for CPIT nursing students undertaking their clinical placements at CDHB sites.
- 2 The pilot project should be formally evaluated using Action Research methodology to establish the efficacy of the model.

Both recommendations were accepted by the Governance Group.

## The Dedicated Education Unit Model

The DEU is a model of clinical teaching and learning which expands upon the concept of one-on-one preceptorship, so all staff within the specific clinical practice area offer support and learning opportunities to undergraduate nursing students. Within this environment, academics and clinicians work together in partnership to facilitate student learning (Figure 2).

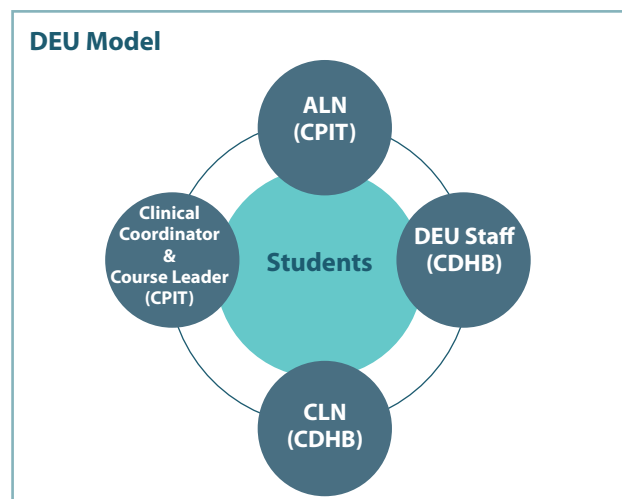


Figure 2: DEU Model

The key principles of the DEU model are:

- the ongoing collaboration and open communication between clinicians (CDHB) and academics (CPIT) to support the learning needs of each student
- the provision of optimal clinical learning environments for students through the utilisation of effective teaching and learning strategies

- all clinicians working within each DEU (for example: Registered Nurses including hospital pool and agency nurses, Enrolled Nurses, Nurse Assistants, Medical staff and allied health workers) support clinical teaching and learning opportunities for the student
- the encouragement and valuing of student peer teaching and learning.

### The Clinical Liaison Nurse Role

The Clinical Liaison Nurse (CLN) is a RN who is a permanent staff member from the DEU. They are the designated DEU staff member who oversees the undergraduate nursing students during their clinical placement in the DEU. The CLN promotes and facilitates student learning by providing consistent and accessible support for both clinicians and undergraduate nursing students for the duration of the clinical placement. They are rostered to ensure maximum contact and availability for students throughout the duration of the clinical placement. Specific supernumerary time is allocated to the CLN to provide an orientation programme for students, to facilitate learning opportunities and to complete CPIT student assessments, in conjunction with the Academic Liaison Nurse (ALN).

On a day-to-day basis the CLN liaises with key personnel regarding the students' role, learning needs and progress. The role is predominantly one of facilitation and co-ordination to enhance learning opportunities for the student rather than clinical teaching.

The CLN acts as the CDHB liaison person:

- between DEU staff, students, ALN, Charge Nurse Manager (CNM), Nurse Educator (NE) and Clinical Nurse Specialist (CNS)
- with all clinical staff in the DEU regarding the students' role, learning needs and progress
- with the ALN in relation to the student's progress and completing assessments
- to assist students with the integration of theory and practice.

In addition, the CLN works in conjunction with, and supports the ALN to enable students to meet their clinical course learning outcomes by:

- providing a structured orientation to the clinical area for students
- arranging student rosters
- allocating students to DEU staff, student peers and patients/clients
- organising student experiences including working with allied health professionals and rotating to specialist or related services
- anticipating and organising additional learning opportunities for students in relation to their patient or client
- working with students on a one-on-one basis as required
- providing ongoing feedback to students throughout their clinical placement
- working in partnership with the ALN and DEU staff to undertake student assessments
- working with the ALN to develop 'action plans' for students if required.

### The Academic Liaison Nurse Role

The Academic Liaison Nurse (ALN) is a RN who is a tenured member of the CPIT academic teaching staff. They are permanently assigned to a specific DEU to provide clinical teaching and support learning for students. The ALN works with all nursing students in the DEU as well as with all DEU staff and hence becomes known to those staff. This enhances the relationship between clinical and academic staff and facilitates ALN integration into the DEU team.

The ALN works in conjunction with, and in support of the CLN, to provide ongoing feedback to students. They help to support and encourage students to:

- socialise into the professional nursing role
- demonstrate their knowledge and skills
- explore theory and practice links, including the clinical application of Evidence Based Practice

- develop appropriate communication, clinical decision making and clinical practice skills
- identify and apply curriculum threads to clinical practice.

The ALN also supports DEU staff to:

- increase their knowledge and understanding of the BN programme
- set realistic expectations for students of different years

- undertake research and quality assurance activities
- enhance their role as clinical teachers if requested.

Table 1 summarises the key differences between the current preceptorship model and the DEU model of clinical teaching and learning:

**Table 1**

<b>Preceptorship Model</b>	<b>DEU Model</b>
No dedicated on-site support person	CLN(s) identified for each DEU
Lack of consistent Clinical Lecturer (CL)	Consistent ALN who becomes familiar with the DEU practice area
CL and preceptor responsible for student orientation	ALN and CLN responsible for student orientation. (Supernumerary time provided for the CLN.)
Individual preceptors responsible for facilitating the students learning	All DEU staff responsible for facilitating student learning
Clinical assessment completed by the preceptor and CL	Clinical assessment completed by CLN and ALN with staff input. (Supernumerary time provided for the CLN.)
Some CDHB staff unfamiliar with BN curriculum	CLN and DEU staff are familiar with BN curriculum.
Students are responsible for their own learning	Students are responsible for their own learning.
	CLN coordinates student learning on a day-to-day basis.
	CLN is supported by the ALN/CPIT Course Leader.
	CLN provides on-site, consistent and accessible support to students and staff.
	Student peer teaching encouraged.
	ALN is able to offer on-site teaching sessions/research support to staff and students.
1-2 students per ward/unit	Increased student numbers. Minimum six per DEU.
CL allocated several students across the CDHB therefore duty hours allocated to the CL spread across clinical areas.	Contact hours for the ALN are consolidated so that the ALN is able to spend increased time in the DEU. More students = more ALN support.

## Establishing Dedicated Education Units – Pilot Project

The Project Team's aim was to investigate whether a DEU could be successfully established for CPIT nursing students undertaking clinical placements at the CDHB and to identify the advantages and disadvantages of this model in comparison to the existing preceptorship model.

### Selection Process of DEUs

A period of extensive marketing about both the DEU model and pilot project was undertaken across the CDHB by members of the Project Team. Clinical areas interested in participating in the pilot project were invited to submit a poster titled 'Why would your clinical area be a good DEU?' Using this information, five clinical areas were accepted by the Governance Group as pilot DEU sites:

- Ward 25, Christchurch Hospital (Medical)
- Ward 1a, The Princess Margaret Hospital (Assessment/Rehabilitation)
- Ward 2a, The Princess Margaret Hospital (Assessment/Rehabilitation)
- The Surgical Orthopaedic Unit, Burwood Hospital (Surgical)
- The Burwood Spinal Unit, Burwood Hospital (Medical/Surgical/Rehabilitation).

### CLN Selection

The project team worked with DEU Charge Nurse Managers to identify a suitable CLN. The CLNs were provided supernumerary time to attend a DEU workshop, prepare student information booklets, develop orientation programmes and undertake formative and summative assessments of the students, in conjunction with the ALN.

### ALN Selection

The CPIT Head of School (Nursing) selected the ALNs for each DEU. The ALNs, who were either permanent

tenured or permanent part time staff, were allocated time to work with students as per usual CPIT processes.

### Student Numbers per DEU

Following acceptance, members of each pilot DEU, in conjunction with the Project Team, decided on the optimal number of students to be allocated to their area. A range of six to ten students per clinical placement was agreed upon. It should be noted that within the existing preceptorship model these areas would have been allocated one to four students for the same period. Students were allocated to DEUs as per the established CPIT process. Students were informed about the project and provided with information about the DEU model.

### Research Question

Can a Dedicated Education Unit model of undergraduate nursing clinical education for Christchurch Polytechnic Institute of Technology and Canterbury District Health Board be established?

### Research Aims

The aims of the research project were to:

- 1 document the process of trialling DEU pilot sites
- 2 evaluate the model's suitability for the local context and its ability to support undergraduate nursing students undertaking clinical placements
- 3 make recommendations to the Governance Group about the suitability of the DEU model for the CPIT students in CDHB placements.

### Research Approach

Given the collaborative, practice orientated, and context-specific nature of the DEU pilot project, it was important to employ a research approach that would systematically explore the situation (Street, 2004) and afford opportunities for cycles of action that promoted change. An approach informed by Action Research (AR) was chosen because it offered the co-researchers (the Project Team) and participants (the ALNs, CLNs, DEU staff

and students) a collaborative approach to making improvements to, and fostering their understanding of, their practice environments (Cardno, 2003) as well as supporting and enhancing relationships between the participants and co-researchers. The basis of AR is the 'active participation and reflection by the co-researchers and research participants, in order to elicit change in an issue related to practice' (Reason & Bradbury, 2006), in this instance, the clinical learning environment of CPIT undergraduate nursing students.

In a project of this size, spanning a number of clinical areas, it was not possible to strictly adhere to a pure action research methodology, however, the approach used in this project was informed by the main characteristics of action research. These included the following key concepts described by Street (2004): focusing the research on practical knowledge and strategies in a specific context, using a systematic cyclical research process that allowed for change and improvement, retaining strong links between research, action, and evaluation while allowing for a shifting focus as required (for example, at times the research is foremost, at others implementing action takes priority). Because of the number of staff working in the DEUs, it was not feasible to utilize the totally participatory process that characterises action research, and involve all staff who were part of the DEU structure and process being implemented. However, the participatory intent was maintained in the research approach through the co-researchers who were part of the Project Team (which included both CPIT staff and CDHB staff), and the wide range of participants involved (including ALNs, CLNs, DEU staff and students).

While there are a number of AR models, this project was informed by the Cardno and Piggot-Irvine Model (1994) which consists of three phases; reconnaissance (investigation and analysis of current situation), intervention (planning and action) and evaluation (reflecting on process and outcomes). Within each phase there are four stages; planning (what data to collect), action (data collection), observation (analysis of data) and reflection. This

project ran over two cycles of reconnaissance, intervention and evaluation as per Table 2 (Action Research phases and project timeline).

### **Ethical Considerations**

The project was approved by the CPIT Ethics Committee on 15 June 2007.

All focus group participants were provided with an information sheet and a consent form prior to their involvement. Consent for the Clinical Environment Tool questionnaire was implied by its completion and submission. Further, Administration Confidentiality Forms were signed by the research assistants who were privy to raw data.

### **The Participants**

- The co-researchers (The Project Team [three CPIT School of Nursing staff and three CDHB nursing staff]).
- The ALNs (five CPIT School of Nursing staff).
- The CLNs (five CDHB nursing staff).
- All DEU staff from the five pilot sites (CNMs, RNs, ENs, Hospital Aides, and members of the interdisciplinary team).
- The students (54 students from year two of the BN Programme and five from year three; a total of 59 students).

### **Data Collection**

Data was collected throughout the duration of the clinical placements between August and November 2007. To facilitate data triangulation, four differing methods of data collection were employed.

#### **1 Focus Groups**

Focus groups were held at the end of each clinical placement (in cycle 1 and cycle 2: [Table 2]). These were divided into three peer groups (students; ALN/CLN/Charge Nurse Managers; and DEU Staff). Focus group numbers were restricted to a maximum of 12 hence participants for the student and DEU staff focus groups were randomly selected from



- 1 Planning and organisation
- 2 Supporting teaching and learning in practice
- 3 Clinical learning environment
- 4 Clinical assessment
- 5 Relationships and collaboration.

The final section of the CET tool invites general comments.

### 3 Research Diaries

Consistent with methods of AR the Project Team members maintained research diaries throughout the research project to record observational data gathered from the DEU that they were allocated to oversee.

### 4 ALN and CLN Personal Logs

Throughout the duration of the pilot project, the ALNs and CLNs were encouraged to maintain a personal log of duty hours outlining the nature of work undertaken.

## Data Analysis

A thematic analysis was conducted on the qualitative data collected from the focus groups, research diaries, and the comments from the CET questionnaire. The analysis was firstly conducted on each data set separately, and then these findings were triangulated. The work logs were analysed by comparing the hours logged to the allocated work hours.

A descriptive statistical analysis of the CET data was undertaken using the Statistical Package for Social Sciences (SPSS) version 15 software designed for quantitative data analysis.

To further establish the rigour of the data, two members of the Project Team, who had not been involved with the initial analysis of the qualitative data, examined the findings derived from each data set with respect to consistency (a match between findings) and contrast (findings that were contradictory). No contradictions were evident in the data. There was a high degree of consistency within and between findings.

## Findings

Analysis of the collected data showed the DEU model of undergraduate nursing clinical education could be successfully established within the CPIT and CDHB clinical partnership. There were no significant differences in the data between cycles. In addition, no significant changes were made between cycles one and cycle two therefore key findings from the described data collection methods from both cycles are summarised below.

### Key Themes

Two key themes were evident in the findings.

- 1 Supporting Clinical Learning.
- 2 Relationship Building.

The following sections detail further the findings that contribute to these themes.

### Undergraduate Nursing Students

#### Focus Group Results: Students

Twenty five undergraduate nursing students (representing 42% of the eligible cohort) participated in a focus group. The overarching theme evident from the data collected through the focus group discussions was that of 'support' from the ALN, the CLN, the DEU staff and their peers. In addition the students saw the clinical assessment process as fair and valid and therefore supportive of student learning.

Undergraduate nursing students valued the "...one on one teaching at the bedside [from the ALN]" noting that it was "...great having the ALN working with us" ...because the ALN "...could see what we are capable of". The CLN was described as "...the one constant..." or "...our rock..." that students felt they "...could go to".

Importantly, the students emphasised that they felt welcome and part of the DEU team. In their words; they were not seen as an "annoyance" or "the student". The students also valued being overtly acknowledged by members of the interdisciplinary team, which they attributed to the comprehensive, "fantastic" orientation programmes.

### **CET Results: Students**

Thirty seven completed CET forms were received, representing a return rate of 63%.

Data from the CET indicated the majority of students (88%,  $n=33$ ) felt well prepared. In addition, 89% of respondents also felt that staff were well prepared for their arrival. Significantly, 95% ( $n=37$ ) of the students agreed, or strongly agreed, the individual DEUs supported them with an effective orientation programme.

The majority of students (97%,  $n=36$ ) found the DEU staff were approachable for teaching and support towards the development of their clinical skills. These same students also reported that they were able to negotiate their individual learning needs. Importantly, 84% ( $n=29$ ) felt ALNs and CLNs were available to help them integrate theoretical concepts into their clinical practice.

A significant percentage of students either agreed, or strongly agreed, their formative (95%,  $n=35$ ) and summative (83%,  $n=30$ ) assessments provided a fair and valid reflection of their current clinical ability and competence.

Finally, all students (100%,  $n=37$ ) agreed, or strongly agreed, that a good relationship, built on mutual respect existed between the students, the DEU staff, the ALN and the CLN. In addition, 92% ( $n=34$ ) agreed, or strongly agreed that a collaborative partnership existed between the ALN and the DEU staff which served to provide students with an optimal clinical learning experience.

### **Focus Group Results ALNs, CLNs and Charge Nurse Managers**

Several points were raised from this group, including the development of effective, collaborative working relationships between the CDHB and CPIT within each DEU. It was felt the ALN was consistent in encouraging and facilitating this relationship into the culture and practice of the clinical area. This approach helped foster a positive teaching and learning environment for students and staff.

Although the ALNs and CLNs described some initial confusion regarding their specific roles, they felt the mutual support they were able to offer each other during the pilot project was *“invaluable”*. Both ALNs and CLNs said a well-planned orientation was critical to student learning and socialisation into each DEU. Orientation programmes were developed and delivered in a collaborative fashion, again aiding integration of the ALN into the area.

Whilst the ALNs developed different approaches to utilising their allocated contact hours, they all found being in an individual area on a daily basis for longer periods of time beneficial. One described the experience of working with patients alongside students as *“invaluable”*.

Student assessment was seen by both ALNs and CLNs as *“a positive experience for those involved”*. However, all stated the allocated time for assessment needed to be increased. This was supported through the ALN/CLN personal logs. As a result, an extra 30 minutes per student was allocated for assessment in cycle two.

### **Academic and Clinical Liaison Nurses**

#### **ALN and CLN Personal Log Results**

The personal logs demonstrated that some ALNs and CLNs worked more than their allocated hours. Whilst the ALNs attributed this to an initial need to build relationships and establish clinical credibility within the DEU, CLNs identified an ongoing need to spend time facilitating student learning on a daily basis.

#### **ALN and CLN CET Results**

There was a 100% response rate from ALNs and CLNs. Their responses indicated that overall, they believed there had been good planning and organisation to support teaching and learning within individual DEUs. All respondents strongly agreed, or agreed they were able to work collaboratively to support students and DEU staff throughout the clinical placement. Not only were DEU staff welcoming to the ALN (100% strongly agreed or agreed), they also took an active interest in teaching students.

The ALNs and CLNs indicated they had a clear understanding of the required assessment process and they were able to work together, along with students, to formulate reliable and valid formative and summative clinical assessments.

The development of good relationships and effective communication between the ALN and CLN ensured prompt and efficient problem solving. The only area where an ALN and one other CLN strongly disagreed was regarding whether they felt prepared to undertake their role, and that those roles and responsibilities were clearly communicated.

### DEU Staff

All DEU staff were invited to participate in a focus group and complete a CET at the end of each clinical placement. One focus group was undertaken in cycle one, however due to a lack of response from DEU staff, the focus group planned for cycle two was cancelled.

#### DEU Staff Focus Group Results

The themes from the DEU staff focus group centred on collaboration, integration and sustainability. Those present valued the significant presence of the ALN and commented on how the *“comfortable collaboration”* between CLN and ALN benefited the group. In addition, DEU clinical staff appreciated the role taken by the ALN and CLN in student assessment. They felt they were still able to contribute to the assessment process *“without the added burden”* of completing the required forms. As a result, it was felt the *“students seemed to be more relaxed with staff”*. As with other focus groups, DEU clinical staff also identified the importance of area specific orientation programmes. It was felt these tailored programmes *“immediately assisted the student’s integration [in] to the clinical area”*.

#### DEU Staff CET results

A total of 41 CETs were returned from DEU clinical staff across the five pilot sites. The majority felt well prepared for the arrival of students (65%  $n=27$ ) while 80% ( $n= 33$ ) agreed, or strongly agreed that students were well prepared. The majority of staff (67%,  $n=27$ )

also agreed, or strongly agreed that they had access to information about the DEU model. Ten staff felt they did not have sufficient information about when the ALN would be available to their DEU, however they agreed the ALN had been a great support to them and the students.

With regards to teaching, 97% ( $n=39$ ) of DEU staff indicated they derived great satisfaction from being able to teach the students. All of the respondents agreed, or strongly agreed that the DEU staff supported the clinical teaching and learning process. Additionally DEU staff said having extra students present in their DEU was a positive experience, with four staff noting that the increase in student numbers had a positive impact on the timely provision of nursing care.

## Discussion of Findings

The results of the pilot project demonstrated that the DEU model could be successfully established within the local context of the CPIT and CDHB partnership.

The DEU model has been able to address concerns raised about the sustainability of the preceptorship model and its ability to meet the needs of students given the fluctuating demands of the clinical environment. Because student learning is supported by all DEU staff the ‘burden’ on individual staff members is eliminated. In fact DEU staff noted that having extra students present in their DEU was a positive experience. Furthermore individual staff absence does not hinder student learning or assessment. However, concerns were raised by the CLNs and DEU staff about the long term sustainability of the CLN role. The Project Team recommended that the CLN be allocated release time on a daily basis, in addition to on-going monitoring of the role.

The collaborative nature of the ALN and CLN roles support student learning in important ways. The CLNs were provided with education about the BN programme, which enabled them to assist students integrate theoretical concepts into their clinical practice. The joint development of orientation

programmes contributed to students feeling at home in their DEUs and 'part of the team' early in their placement. In addition, the combined approach to student assessment resulted in students viewing their formative and summative assessments as 'fair and valid'. Previous concerns related to the 'invisibility' of the clinical lecturer were addressed by the ability of the ALN to be present in the DEU for extended periods of time. As a result the ALN becomes accepted as a valued member of the DEU team. This further enhanced the collaborative relationship between the two organisations.

Given the positive research results the Project Team recommended that the DEU be adopted as the preferred model of undergraduate nursing clinical learning. This recommendation was accepted by the Governance Group and endorsed by Dr Cathy Andrew (Head of School, Nursing, CPIT) and Ms Mary Gordon (Executive Director of Nursing CDHB).

## Future Directions

In addition to recommending that the DEU be adopted as the preferred model of undergraduate nursing clinical learning, the Project Team also presented strategic and operational recommendations, which were informed by the research results. In February 2008, all recommendations were accepted in full by the Governance Group, with a plan for implementation over the next four years.

Key recommendations included:

- **Pilot DEUs**  
The five pilot sites will continue as DEUs and additional DEUs will be established.
- **The future role of the Project Team**  
The Project Team remain in place until February 2009 in an advisory role to provide on-going support to established new DEUs.
- **Nurse Coordinator – Pre-registration Nursing Students Role**  
A new CDHB nursing position be established to continue the collaborative approach to allocation and support for pre-registration nursing students.

- **ALN**  
Formal support for ALNs to be involved in research and/or quality activities within their DEU.
- **CLN Release Time**  
That CLNs be allocated the following supernumerary time while the DEU has students on placement:
  - 8 hours annually to attend a DEU workshop
  - 8 hours administration/preparation per student placement prior to the arrival of students
  - 8 hours for orientation activities with students
  - 1.5 hours per student for formative assessment
  - 1 hour per student for summative assessment
  - 0.5 hours daily for CLN related activities.

## Conclusion

The purpose of this collaborative project was to explore an alternative model of clinical learning that is effective in the current health care climate of high patient acuity and frequent staff turnover. Whilst a direct comparison with the preceptorship model was not completed as part of data collection and analysis, many of the anecdotal issues that featured as areas of concern with preceptorship have been identified as the strengths of the DEU model. In particular issues around student assessment, including potential inconsistency due to the lack of availability of preceptors, and the impact on the validity of assessment, was addressed by a collaborative approach to assessment involving the CLN and ALN. The themes of supporting clinical learning and relationship building were reflected in positive perceptions that students contributed to the clinical environment and in turn that students felt valued and appreciated by the clinical area.

The Project Team believe that the collaborative nature of the DEU model enabled them to successfully work across both organisations. This has enhanced the overall feeling of collaboration and responsibility for student learning across the two organisations. The resulting recommendations from this project will ensure that whilst our DEU model reflects the principles and strengths of the Australian model, it does so with a distinct 'Canterbury twist'.

## Glossary

<b>Academic Liaison Nurse (ALN)</b>	A Registered Nurse (RN) who is a permanent full time/part time staff member of CPIT School of Nursing who provides consistent support to the Clinical Liaison Nurse (CLN), DEU staff and students.
<b>CDHB</b>	Canterbury District Health Board
<b>Charge Nurse Manager (CNM)</b>	A RN who is the direct line manager of staff, within a clinical practice area.
<b>Clinical Lecturer (CL)</b>	An RN who is either a permanent/part time or casual staff member of CPIT School of Nursing allocated to a clinical practice area.
<b>Clinical Liaison Nurse (CLN)</b>	A nursing role undertaken by a Registered Nurse from the DEU. The CLN support students during their clinical placements, and acts as a liaison between the DEU staff, students and ALN. The CLN will be seconded to this role, from their DEU, while students are on clinical placement.
<b>CPIT</b>	Christchurch Polytechnic Institute of Technology
<b>Dedicated Education Unit (DEU) model</b>	A clinical practice area dedicated to supporting undergraduate nursing students on clinical placement. The DEU expands the one-on-one preceptorship model as all staff offer support and learning opportunities to undergraduate nursing students.
<b>DEU placement</b>	The 'DEU placement' is defined as beginning two weeks prior to the arrival of students and ending when students complete their placement.
<b>Preceptor</b>	A RN who provides one-on-one support to a student on clinical placement.
<b>Preceptorship model</b>	An individualised teaching/learning method whereby each student is assigned to a particular preceptor so he/she can experience daily practice with a role model and resource person immediately available within the clinical setting. The students are allocated a CPIT Clinical Lecturer who visits them for short periods each week to check on their progress and undertake their clinical assessment with assistance from their preceptor.
<b>Stage one, two, three, four, five and six students</b>	'Stages' refer to the length of time a student has been in the three year BN Programme. Stage one and two students are in their first year, stage three and four in their second year, while stage five and six students are in the third and final year of the programme.
<b>Year one, two and three students</b>	See above.

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