



Academic liaison nurse Janice Groudbe, patient Jonathan Shaw, student JungHwa Ryu and clinical liaison nurse Amy Lodder work together in an orthopaedic ward at Christchurch Hospital.

A new way of supporting student nurses in their clinical placements has been successfully piloted at Canterbury District Health Board.

By the DEU project team

DEDICATED EDUCATION

Canterbury District Health Board (CDHB) is to adopt a new model of clinical teaching and learning for undergraduate nursing students — the dedicated education unit (DEU). This model, a first for New Zealand, has been successfully piloted at the DHB and has been endorsed by the DHB's executive director of nursing Mary Gordon and the head of Christchurch Polytechnic Institute of Technology's (CPIT) school of nursing Cathy Andrew, as the preferred model in the DHB.

A team of nurse lecturers and nurse educators from the CPIT and the DHB have been working collaboratively for the past three years to establish the DEU model. The development of the new model arose because anecdotal evidence suggested the established preceptorship model, which relied on one-on-one teaching, was difficult to maintain, given the busy and often stressful demands of the clinical environment. Data collected via a trial of the school of nursing's clinical audit evaluation tool (CET) found that CDHB staff considered the CPIT clinical lecturers to be "invisible" because of movement between clinical areas to see students; CDHB staff did not have knowledge about the bachelor of nursing (BN) curriculum and assessment processes; and poor communication existed between the charge nurse managers and clinical lecturers. Given these concerns, four staff, two from each institution, were sponsored to visit Flinders University in Adelaide to research the successful DEU model developed by staff there over ten years ago.^{1,2}

Following that visit in May 2006, the team recommended the DEU model be considered. The team's written report to the CPIT and CDHB stated the DEU model ensured students were well supported during clinical placements be-

cause all DEU staff became involved in student teaching and the clinical lecturer was consistently assigned to one practice area with several students, facilitating the students' integration into the clinical environment.

Subsequently, a CPIT/CDHB project team was selected to establish and evaluate the DEU model for CPIT students undertaking their clinical placements at CDHB. A DEU governance group from CPIT and CDHB was set up to oversee the establishment and evaluation of pilot DEUs. The project team designed a logo incorporating the phrase, *Supporting Clinical Learning*, to express the DEU's focus on the clinical learning needs of individual students.

What is a dedicated education unit?

The DEU is an Australian model, currently used by schools of nursing in Australia (Adelaide,³ Canberra,⁴ and Queensland), the United States (Portland,⁵ Colorado,⁶ and Washington,⁷) and now Christchurch. A DEU is a practice area dedicated to supporting nursing students on clinical placements. The DEU environment encourages collegial relationships between students, staff and lecturers because all DEU staff are responsible for teaching the student, not just an assigned preceptor. They provide optimal learning environments for nursing students by using effective teaching and learning strategies, drawing on the expertise of both clinical and teaching staff.

Students are supported in practice by a DEU staff member, known as the clinical liaison nurse (CLN), and by the DEU's academic liaison nurse (ALN), employed by the educational provider. In addition, all interdisciplinary staff working within the DEU support teaching and learning opportunities for the students. Within a DEU there are a minimum of six students in

the practice area at any one time, so peer teaching is encouraged and valued. Student assessments are undertaken jointly by the CLN and ALN, after consultation with DEU staff and the individual student, providing a more consistent and constructive assessment of students' clinical performance.

The CLN is a RN from the DEU practice area. They support students during clinical placement: arranging an effective orientation programme, planning student rosters, and organising additional learning experiences. The CLN is familiar with the BN curriculum and acts as a liaison person for staff to discuss students' progress and learning experiences. Along with the ALN, the CLN is primarily responsible for completing clinical assessments and is allocated specific supernumerary time for this, along with planning and student orientation.

The ALN is a tenured member of CPIT's school of nursing staff who provides consistent support to the CLN, students and DEU staff. The ALN focuses on teaching students in the clinical practice area, assisting them to integrate theory and practice. They monitor student progress, communicate closely with the CLN, undertake student assessment in partnership with the CLN, educate staff about CPIT's BN curriculum and support research and quality activities.

Staff within a DEU are integral to its success and can positively impact on students' experiences. Responsibilities include seeking learning experiences for students and involving them in all aspects of nursing care. The DEU staff need to ensure an environment conducive to student learning where questions and contributions are encouraged and valued. Students are considered part of the health care team.

The benefits for students being placed in a DEU are that all staff contribute to their teaching and learning and to their assessment. Other benefits include incidental peer teaching and learning and feeling part of the health care team. This may potentially influence future recruitment and retention of staff.

The pilot project at CDHB began last year. After extensive planning, the project team presented the DEU concept to numerous staff in a variety of settings across the DHB. Interested practice areas were asked to present a poster outlining why their area would be a good DEU. Given the high quality of the poster submissions, five sites across three different hospitals were selected to become "pilot DEUs" (four medical and one surgical practice area). The DEU concept

EDUCATION UNITS — A NEW WAY OF SUPPORTING CLINICAL LEARNING

was also presented to CPIT students and staff.

Staff interested in becoming a CLN had to meet specific selection criteria, including a demonstrated interest in teaching students. A workshop for charge nurse managers, nurse educators, clinical nurse specialists, CLNs and ALNs from the pilot practice areas took place before student placement. This enabled members of the governance group and project team to clarify and answer questions concerning the DEU model in more depth. The workshop also provided an opportunity for each DEU to collaborate, decide on student numbers and discuss how the model would work in their area. Orientation programmes were developed to reflect students' learning needs. Communication and support strategies were discussed and goals were set.

The pilot project ran between August and November 2007 when year two and three BN students were placed in the pilot DEUs. Evaluation data was collected using a mixture of quantitative (CET) and qualitative methods (focus groups) in which students, staff, CLNs and ALNs voluntarily participated. Project team members also kept research diaries for analysis.

The statistical programme Statistical Package for Social Sciences, version 15, was used to analyse quantitative data collected from the CET. Thematic analysis was carried out on all qualitative data collected during the pilot project. The overwhelming themes that emerged were of collaboration between CPIT and CDHB and support. The students felt well supported by the staff, the CLN and the ALN. Student statements included: "great having the ALN working with us" and "the ALN could see what we are capable of" and the majority reported they were not referred to as the "annoyance" or "the student" and they did not experience a "whose going to take them?" attitude.

Data from staff showed that DEU staff "val-

PRECEPTORSHIP	DEDICATED EDUCATION UNIT
<ul style="list-style-type: none"> • No dedicated on-site person • Lack of consistent clinical lecturer (CL) • CL and preceptor responsible for student orientation • Individual preceptors responsible for facilitating the student's learning • Clinical assessment completed by the preceptor and CL • Some CDHB staff unfamiliar with BN curriculum • Students are responsible for their own learning • one to two students • CL allocated several students across the DHB so duty hours allocated to the CL spread across clinical areas 	<ul style="list-style-type: none"> • CLN's identified for each DEU • Consistent ALN who becomes familiar with the DEU practice area • ALN and CLN responsible for student orientation (supernumerary time given to CLN) • All DEU staff responsible for facilitating student learning • Clinical assessment completed by CLN and ALN with staff input (supernumerary time given to CLN) • CLN staff are familiar with BN curriculum • Students are responsible for their own learning • CLN co-ordinates students 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 • Increased student numbers, minimum of six • Contact hours for the ALN are consolidated so the ALN is able to spend increased time in the DEU to offer support to students and DEU staff.

Key differences between the preceptorship and dedicated education unit models.

ued the significant presence of the ALN", as one ALN was allocated to the DEUs for the whole semester. Staff stated having extra students was a positive experience and they particularly liked being able to contribute to assessment "without the added burden" of completing the form. The consistency of one CLN and one ALN improved communication and contributed to a positive teaching and learning culture within the practice area.

Following data evaluation, a final report, including a variety of recommendations, was submitted to the governance group. These have been accepted, with a plan for implementation over the next four years. However, the preceptorship model will continue in areas where it is sustainable and continues to work well.

The project team continues to support the existing DEUs. In July 2008 two more surgical areas opted to become DEUs, while a "DEU site approach" has started at Ashburton Hospital. The project team have continued to market the DEU

concept to CDHB and CPIT staff. Currently, the team is working with several areas to increase the numbers and diversity of future DEUs.

For CPIT and CDHB, the DEU model appears to address the key concerns with the preceptorship model. The collaboration between CPIT and CDHB staff has been instrumental to the success of the project and a precedent has been set for future collaborative projects. •

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References

- 1) Edgecombe, K., Wotton, K., Gonda, J. & Mason, P. (1999) Dedicated Education Unit: 1 A new concept for clinical teaching and learning. *Contemporary Nurse*; 8: 4, 166-171.
- 2) Gonda, J., Wotton, K., Edgecombe, K. & Mason, P. (1999) Dedicated Education Units: 2 An evaluation. *Contemporary Nurse*; 8: 4, 172-176.
- 3) Wotton, K. & Gonda, J. (2004) Clinician and student evaluation of a collaborative clinical teaching model. *Nurse Education in Practice*; 4, 120-127.
- 4) Ransie, K. & Grealish, L. (2007) Nursing students' perceptions of learning in the clinical setting of the Dedicated Education Unit. *Journal of Advanced Nursing*; 58: 2, 171-179.
- 5) Moscato, S.R., Miller, J., Logsdon, K., Weinberg, S. & Chorpenning, L. (2007) Dedicated education unit: An innovative clinical partner education model. *Nursing Outlook*; 55:1,31-37.
- 6) Pappas, S. (2007) Improving patient safety and nurse engagement with a dedicated education unit. *Nurse Leader*; 5: 3, 40-43.
- 7) Miller, T.W. (2005) The Dedicated Education Unit: a practice and education partnership. *Nursing Leadership Forum*; 9: 4, 169-173.

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