DEU Research Report

An exploration of the utilisation of the Canterbury Dedicated Education Unit model of clinical teaching and learning to support graduate registered nurses in their first year of practice

A case study undertaken in December 2013

Jamieson[1], I., Sims, D., Casey[2], M., Wilkinson, K., Osborne, R., and Absalom, I.[3]

August 2014

[1] Jamieson, Sims, Wilkinson and Osborne (Nursing lectures: CPIT)
[2] Casey (Nurse Educator: CDHB)
[3] Absalom (Research assistant: CPIT)

Contact details

Dr Isabel Jamieson

Senior Lecturer, Department of Nursing and Human Services, Christchurch Polytechnic Institute of Technology, Christchurch, New Zealand.

Adjunct Senior Fellow, University of Canterbury, School of Health Sciences, Christchurch, New Zealand.

Isabel.Jamieson@cpit.ac.nz 0800 242 476

Executive summary

This report is a summary of a 2013 research project which investigated whether the Canterbury Dedicated Education Unit (CDEU) model of clinical teaching and learning (CTL) could be utilised to support new graduated registered nurses (RNs) enrolled in the Canterbury District Health Board (CDHB) Nurse Entry to Practice Programme (NETP).

The idea to consider the possibility of establishing a CDEU for graduate registered nurses (RNs) enrolled into the Canterbury NETP followed a discussion between the CDHB Charge Nurse Manager (CNM) of an inpatient practice area and the CDHB NETP Coordinator/Workforce manager, who were considering the possibility of supporting new graduate RNs in a model of CTL other than the traditional preceptorship. This inpatient practice area currently uses the CDEU model of CTL for undergraduate nursing students allocated to them.

Data collection was undertaken via three focus groups, with a total of 11 staff. Approval for this research project was granted by the Christchurch Polytechnic Institute of Technology's Ethics committee prior to its commencement. The Canterbury District Heath Board's Te Komiti was also formally notified of the research project prior to its commencement. Te Komiti supported the project.

Three themes emerged from the data: 1) Support, 2) Direction and Delegation, and 3) Recruitment and Retention. Theme One, Support, had five subthemes: 1) Peer support, 2) Organisational support, 3) NETP Liaison Nurse (NLN) support, 4) Team support for the graduate RNs and 5) Team support for the practice area's nursing team.

Findings indicated that the CDEU model of CTL can be utilised to support new graduated RNs enrolled in CDHB NETP. It is recommended that this model continues to be used in the inpatient practice area that tried this approach. Other practice areas within the CDHB may wish to consider using this model as well. In addition, it is recommended that emphasis be placed on preparing the new graduate RNs to undertake the task of direction and delegation, by both undergraduate educators and employers. Finally, further research should be undertaken to explore how the CDEU model of CTL could effectively be utilised as a recruitment and retention tool for new graduated nurses.

Introduction

This report is a summary of a research project which investigated whether the Canterbury Dedicated Education Unit (CDEU) model of clinical teaching and learning (CTL) could be utilised to support new graduated registered nurses (RNs) enrolled in the Canterbury District Health Board (CDHB) Nurse Entry to Practice Programme (NETP).

Background

The Charge Nurse Manager, along with the senior management team of an inpatient practice area (clinical unit) of the CDHB, had become aware that the nationally utilised preceptorship model of CTL, used to support new graduate RNs enrolled into NETPs, was becoming more difficult to manage in their particular area due to a number of issues, including;

- An increased number of part time staff and the flow-on effect of a lack of trained and consistently available preceptors
- Preceptor fatigue due to limited numbers of trained preceptors being repeatedly allocated to support increasing numbers of new graduate RNs on the NETP programme who are allocated to this area, coupled with the need for staff to provide on-going support to undergraduate nursing students.

For the past six years this particular inpatient practice area unit has been successfully using the CDEU model of CTL to support undergraduate nursing students. These concerns raised the question: Could the CDEU model of CTL be utilised to support new graduated RNs enrolled in the NETP, rather than the traditional preceptorship model?

The Research process

Literature review

The Dedicated Education Unit (DEU) model of CTL for undergraduate nursing students was developed in late 1990s by staff at Flinders University, South Australia, as an alternative to the widely accepted 'gold standard' preceptorship model of CTL[1-3]. The DEU model is now utilised in several countries including Australia, New Zealand, United States of America[1 4-8] and in various clinical settings including acute settings, community and specialist mental health services [5 9-12]

The preceptorship model is based on a 1:1 nurse/student ratio, with students mirroring the shifts of their preceptor for the entire length of their clinical placement[13-18]. In this model, a high level of commitment is required from the preceptor, as often they are allocated a student for long periods of time. In addition to this, preceptors must undertake on-going preceptor education which is in addition to other professional education requirements. The preceptorship model for nursing was established in the 1970s to ease the reality shock for new graduated RNs by exposing them to real nursing work as students [14]. The preceptorship model has been successfully implemented worldwide [19]; however, concerns have been voiced about a range of

issues, including preceptor fatigue, minimal preceptor knowledge about the undergraduate curriculum and the need to replace preceptors on annual leave, thus diminishing student/preceptor continuity[1 5 20]. As a result, several other models of CTL have been developed apart from DEU, such as team preceptorship for new nurses[21] and nursing students[22], collaborative learning units[23] and team leader models for nursing students[24].

Nonetheless, the preceptorship model is currently used widely throughout New Zealand to support both undergraduate nursing students and graduate RNs enrolled into Nurse Entry to Practice Programmes (NETP)[18]. Nurse Entry to Practice Programmes were successfully piloted in three District Health Boards (DHBs) during 2002 as a means of enabling "new graduates to practise confidently as registered nurses" by offering "formal preceptoring and professional development in their first year of clinical practice" (p. viii) [25]. These programmes, which are now offered throughout all New Zealand DHBs, have subsequently proven to be a successful way to "support the confidence and competence" (p. 9) of new graduates as well as contributing positively to the recruitment and retention of these nurses.[26].

In 2006, due to concerns expressed by the Christchurch Polytechnic Institute of Technology (CPIT) Head of Department Nursing and Human Services (NHS) and the Canterbury District Health Board (CDHB) Executive Director of Nursing, about the continued viability of the Preceptorship model of CTL, nurse educators from both CPIT and the CDHB established a collaborative project team to pilot five Dedicated Education Unit (DEU) sites across the CDHB [5]. These DEUs proved so successful that the Canterbury Dedicated Education Unit (CDEU) model of clinical teaching and learning (CTL) for undergraduate nursing students is now the preferred model across the Canterbury health system, currently comprising 26 DEUs.

The DEU concept is "both a model and a process for clinical teaching and learning"(p.167) [1]. It was designed as a collaborative endeavour between an education provider and a clinical services provider, with the joint aim of providing an optimal clinical learning environment, for undergraduate nursing students, which is beneficial to students, faculty, and the DEU team (nursing staff as well as the interdisciplinary team)[1 5 27-30]. A DEU is an existing health care unit or service that is able to accommodate several students at a time by utilising all DEU nursing staff to work alongside students[1 5 30]. Other interdisciplinary members of the DEU are also encouraged to contribute to the teaching of the undergraduate nurses [5].

To facilitate the collaboration between the education provider and the clinical services provider, two key roles are established. In the CDEU model, an academic (Academic Liaison Nurse [ALN]) from the education provider is allocated to a specific DEU to liaise with students, the CPIT clinical course leader and DEU staff to support students to make links between theory and practice. A DEU Registered Nurse (RN) is formally identified as the Clinical Liaison Nurse [CLN], who acts as a liaison person between students, DEU team and the education provider. Unlike the preceptorship model, the CLNs' involvement in student orientation, day-to-day patient allocation and student clinical assessments (in conjunction with the ALN) is recognised as part of their workload and therefore budgeted for. The ALN and CLN work collaboratively to

orientate the students to the DEU workplace, work alongside the DEU team and students, and to jointly complete the formative and summative student assessments [5 9 27]. The points of difference between the two models of CTL (preceptorship model and DEU) are noted in Appendix A, while the key features are noted in Appendix B.

While the DEU model of CTL was not established with a theory in mind (personal communication with Kaye Edgecombe, 2008), it has been likened to a Community of Practice (CoP)[10 31]. "Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (p. 1)[31]. They are "not self-contained entities but are located in wider historical, cultural and institutional contexts with specific resources and constraints" (p.78) [32].

This study

The idea to consider the possibility of establishing a CDEU for graduate registered nurses (RNs) enrolled into the Canterbury NETP followed a discussion between the CDHB Charge Nurse Manager (CNM) of an inpatient practice area and the CDHB NETP Coordinator/Workforce manager, who were considering the possibility of supporting new graduate RNs in a model of CTL other than the traditional preceptorship. This inpatient practice area currently uses the CDEU model of CTL for undergraduate nursing students allocated to them. This area also uses a well-embedded model of team nursing whereby teams of staff (including RNs, Enrolled Nurses, Health Care Assistants and nursing students) work together to deliver care, rather than patients being assigned to an individual[33].

The CNM was aware that the nationally utilised preceptorship model of CTL, used to support new graduate RNs enrolled into NETPs, was becoming more difficult to manage in this particular practice area due to a number of issues, including an increased number of part time staff and the flow-on effect of a lack of trained and consistently available preceptors; and preceptor fatigue, due to limited numbers of trained preceptors being repeatedly allocated to support increasing numbers of new graduate RNs on the NETP programme who are allocated to this practice area, coupled with the need for staff to provide on-going support to undergraduate nursing students.

The CNM and Nurse Manager - NETP Coordinator/Nursing Workforce development team started to look at the opportunity for new graduate RNs to be supported by the entire CDEU team, much like the student nurses. They wondered if this model may relieve the pressure/stress being placed on the limited pool of trained preceptors and allow staff to support the new graduate RNs without the need for them to be involved in the often time-consuming assessment process. They also wanted to know if the CDEU model of CTL encourages the use of peer teaching for new graduate RNs and, in turn, could this model of CTL offer enhanced opportunities for new graduate RNs to become confident with the Nursing Council New Zealand's requirements for RNs to direct and delegate other staff?

The CDHB Executive Director of Nursing supported the request from the CNM and Nurse Manager - NETP Coordinator/Nursing Workforce development team to use the CDEU model of CTL for graduate nurses.

Further, given that the vast majority of CPIT undergraduate nursing students are allocated to DEUs throughout their three year clinical placements, the DEU Governance Group (GG) felt that it was worth capitalising on staffs' familiarity with the model when these students become new graduate RNs enrolled into the Canterbury NETP programme. This research project was endorsed by the DEU GG (see GG minutes, December, 2013 [available on request]).

Research Question

Can the Canterbury Dedicated Education Unit model of clinical teaching and learning support graduate registered nurses in their first year of practice?

Design

This study utilised a descriptive exploratory case study approach, the aim being to "make the unfamiliar familiar" (para. 15) [34]. The case study approach is commonly used for qualitative studies [35]. This study is underpinned by the social theory perspective of Communities of Practice (CoP) [31]. For this research project the case is an inpatient practice area that is utilising the CDEU model of CTL to support new graduate RNs enrolled on the Canterbury NETP and allocated to this inpatient area. For the purpose of this study the inpatient practice area is considered to be a community of practice whereby all team members contribute to the teaching and learning of the new graduate RNs.

Participant recruitment

The research team advertised the research project via the CDEU staff meetings and the staff newsletter, by placing information on the staff notice board and via CDHB email.

Sampling/inclusion criteria

Participants were purposively selected from the follow groups:

- All graduate RNs enrolled with the CDHB NETP and allocated to this practice within the last twelve months
- All current staff members of this practice area
- All members of the management team from this practice area and the NETP management team

Data collection

Data collection was undertaken via focus groups. The advantages of conducting focus groups are that this method allows for participants to modify their thoughts and opinions as they listen to others[36], as well as the potential that the exploratory nature of the focus group will extend and challenge the researchers' thinking about the research question[36 37]. Three separate focus groups were held, one for the graduate RNs allocated to this CDEU and the other two for the CDHB CDEU team members.

Comments made by focus group participants, in response to the questions asked by the focus group facilitator, were recorded by hand by the focus group note taker. The notes were read back to the participants at the end of the focus group to allow for any corrections to be made. To ensure the rigour of the data, the

focus group validator asked participants if the notes were a true and accurate record of the focus group discussion. Agreement was noted as well as any dissention.

Focus group questions

Focus group 1 (Graduate RNs):

- Tell me about your experiences of being allocated to a clinical area where staff were utilising the CDEU model of CTL to support new graduated registered nurses.
- What support was offered? What support did you find most useful? What else would have been useful?
- Tell me about your experience of the assessment process with the NLN. Did it seem a valid process? Was it fair?
- Tell me about your experience with peer teaching.
- Can you tell me about your confidence/experience with the direction and delegation of other staff?
- When you compare your experiences this year of being supported in the preceptorship model and the CDEU model, what were the differences? Did you prefer one model over the other? Can you tell me why?
- Is there anything else that you would like to tell me?

Focus group 2 and 3 (CDEU team members)

- Tell me about your experience of supporting the new graduated registered nurses using the CDEU model of CTL.
- How did you offer support? What else would you have liked to be able to offer?
- Tell me about your experience of the assessment process with the NLN. Was it less time consuming? Did it seem a valid process? Was it fair?
- When you compare your experiences supporting graduate RNs in the preceptorship model and the CDEU model, what were the differences? Did you prefer one model over the other? Can you tell me why?
- Was it less stressful than being a preceptor? If so, can you describe why? If not, can you describe why?
- Is there anything else that you would like to tell me?

Ethical considerations

Approval for this research project was granted by the Christchurch Polytechnic Institute of Technology's Ethics committee prior to its commencement. The Canterbury District Heath Board's Te Komiti was also formally notified of the research project prior to its commencement. Te Komiti supported the project.

Management of potential risk to focus group participants

Given that participants of the focus groups would know each other, any potential risks to them as a result of disclosure of information was mitigated as much as possible by including information about the CDHB Employment Assistance Programme and the CDHB Maori health support workers, on the information form. Participants were also invited to bring a support person/whanau member with them to the focus group if they wished. The confidentiality process was outlined clearly in the consent form. Participants had the option to withdraw from the focus group at any time without penalty (Appendix C).

Data analysis/rigour

A note-based inductive thematic analysis was undertaken on the qualitative data [37] [38]. The steps are outlined below:

1. Focus group notes verified with participants
2. Notes typed[4] and verified against hand written notes
3. Line numbers added to line of transcripts
4. Data was colour coded according to each focus group
5. Three researchers:
    a. familiarised themselves with the data
    b. wrote memos
    c. indexed quotes, making comparisons
6. Data compared and contrasted, themes formed
7. Themes mapped and interpreted
8. Another researcher examined the findings derived from each data set, looking for consistency (a match between findings) and contrast (findings that were contradictory). No contradictions were evident. There was a high degree of consistency within and between findings.
9. Final themes established.
10. Research report written in consultation with all researchers to establish validity via collective pooled wisdom[39].

Data storage information/access to data/confidentiality

See information sheets and consent form (Appendix C)

[4] Notes were typed by the research assistant who signed a confidentially form (Appendix D)

Findings

Demographic data

Details have not been reported here because some data could identify participants. A summary of the number of those who attended each focus group is provided in Table 1 below.

Table 1: Number of participants attending each focus group

Focus group	**Number who attended**
New graduate registered nurse	4
Registered nurse senior management	4
Clinical practice area staff	3

Themes

Universal themes were evident across all three focus groups and have been combined for ease of reporting. Three themes and several sub themes were evident:

1. Support
    a. Peer support
    b. Organisational support
    c. NETP Liaison Nurse (NLN) support
        i. Go-to person
        ii. Conflict broker
    d. Team support for the graduate RNs
    e. Team support for the practice areas' nursing team
2. Direction and delegation
3. Recruitment and retention

Abbreviations used below are as follows:

GRN= Graduate RN MT= member of the management team ST = staff team member

Support

Peer support

All of the graduate RNs said that being able to offer support to their peers via peer teaching or peer discussion was something that was a feature of being in this clinical area; they enjoyed and valued the opportunities for peer support to occur. They noted that this was not always possible in other clinical areas as they were often the only new graduate RN on any given shift.

Felt comfortable discussing with other graduates, being at same level. Not bothering busy senior staff (GRN).

Informal learning with peers [occurred) (GRN)

Great support [from peers] and not made to feel stupid (GRN)

Safer than asking senior RNs (GRN)

Organisation support

There was unanimous agreement amongst the graduate RNs that the orientation programme to this clinical area was excellent. The comprehensive nature of the well-organised programme was seen as both supportive and informative and contributed to their confidence to work in, and understanding of a new clinical environment.

Orientation comprehensive (GRN)

Well set out [orientation]. Well planned. (GRN)

[able to]see how [the] team works [in this area] (GRN

Well organised, expectations spelled out (GRN)

Complex area. Objectives specific to area in orientation. (GRN)

Orientation supportive (GRN)

Studied undergrad out of town – found it is supportive coming into the environment (GRN)

The management team and staff also agreed that the formalisation of an orientation programme has been beneficial for the graduate RNS and had contributed considerably to a smooth transition from student to beginning RN, compared to what has been observed in the past.

Looking in, prior to CDEU model – difficult to get a good orientation – they are now being socialised well to the area and getting a good orientation, getting the support, getting the education they need to perform on the unit at a beginner level (MT)

Other organisational factors that contributed to the successful implementation of the CDEU of CTL for the graduate RNs may have been the model of nursing care. In this unit a model of team nursing is utilised to deliver nursing care to long term patients.

Not sure – if it would work anywhere else because it is team nursing model, [this] is different to other areas around the hospital (MT)

Synergy with the team philosophy of delivery of care going to the model of Team preceptorship (MT).

Team oriented nursing in the ward that is not just in name only. Team nursing because of the nature of the speciality (ST)

Works well because the patients are there for long periods of time (ST)

NETP Liaison Nurse (NLN) support

Go-to person

All focus members were highly supportive of the establishment of the NLN role. This role was considered pivotal to the success of this adapted CDEU model of CTL for graduate RNs. The NLN was seen as the 'go-to person' who had a vested interest in supporting the graduate RNs, the management team and the staff in the clinical area, as well as the NETP team.

[She was the] Go to person (ST)

Having a person who understands the process of NETP is beneficial [for the new graduates and the staff] (MT)

Often preceptors do not know the requirements of the NETP due to work load, not wanting to take on role. This way the "preceptor" [NLN] has a vested interest (MT)

Embraced the role NLN. Grads have one person to go to – taken pressure off the individual preceptor (MT)

[the] NLN: a good overview of the requirements of the [NETP programme (MT)

The NLN was also considered pivotal in developing targeted education sessions for the graduate RNs, which took the pressure off the clinical staff to teach them everything.

Starting with the basics – identify areas for focus as spinal is specialised. (ST)

Sometimes good if not been here before as [the NLN] goes through everything from start. [Otherwise] we have to go through it (ST).

Conflict broker

The management team noted that another key attribute of the NLN role was that of being a conflict broker for the graduate RNs. The NLN was someone who could contribute to the timely resolution of clinical and personal issues for them, mitigating the escalation of events, especially regarding performance appraisals.

Previously Grads found it difficult to pin the preceptors down to do assessments and often the preceptors didn't realise the expectations of the appraisals. Sometimes the appraisals would come back from [the] PDRP [team] several times in some instances not all (MT)

Often the comments when there is an issue with graduates, is that it's "Your graduate [under preceptorship]. You deal with it". Don't get that with this model (MT)

Time frames of getting information in like appraisals are improving compared to other areas (MT)

Not getting 'crying NGs' about roster saying this is happening in life (MT)

Past (sporadic feedback from the Grad and the preceptor and issues were raised almost at the wrong point in time at the appraisals, where you can't address anything. Loop better and feedback quicker.

These issues are being addressed in more real time (MT)

Negative feedback dealt with sooner (MT)

They're speaking up sooner (MT)

Team support for the graduate RNs

The new graduate RNs welcomed the practical hands-on support that the NLN was able to offer on a day to day basis. However, they were also clear that the other members of the clinical team were equally able and willing to help them.

If it worked to work with NLN – good, but if not, works well the way it is (NG)

All agreed there was enough support (NG)

This notion of the clinical staff offering practical hands-on support was also echoed by the management team and the staff with all noting that the CDEU model of CTL had contributed significantly to the successful integration and sense of belongingness of the graduate RNs into this clinical environment.

The grads become part of the team (MT)

Rest of the team feeling like they are able to deal with situation, rather than the Preceptor. People feel a bit more able to support and share. Responsibility shared (MT)

RN team leader, RN, HCA and New Grad [all support the new graduate] (ST)

Stops New Grad clashing with preceptor. May completely change their experience (ST)

Some added a word of caution that the successful integration of the graduate RNs into the clinical area was also reliant on them being proactive about communicating their learning needs.

Grads need to be proactive and self-directed. Has the ability to fall flat if they don't communicate with staff (ST)

Team support for the practice area's nursing team

There was overwhelming agreement between the management team and staff that the CDEU model of CTL had also resulted in increased support for the staff, with a positive flow-on effect of increasing staff morale. An unexpected consequence has been the unveiling of the different practices amongst staff, which has provided a platform for the management team to consider whether these differences are 'the expected norm' or 'areas for improvement'.

Developed the model end of last year beginning of this year due to the risk of Preceptor burnout (MT)

Not forced on staff to be preceptors which is positive (MT)

The nurses are not burning out and positive for nurses not doing the paper work e.g. performance appraisals & goal setting) (MT)

However, while staff were delighted not to be burdened by the need to complete paper work, it was evident that although this was now an important part of the NLN's role, which the NLN gladly undertook, the NLN had not been adequately prepared to complete performance appraisals.

Performance appraisal guidance and formal training [would be useful]

A new graduate RN noted that:

Nobody has said they miss being a Preceptor. They are still but in different way (NG)

This view was mirrored by staff who felt that the 'burden' of having to be a preceptor and the associated need to assess had been lifted.

Burden of assessment reduced. (ST)

Takes pressure off 1 preceptor (ST)

Not preceptoring, [staff are] "happier" (ST)

One staff member wisely commented that:

Dysfunctional teams would have been a problem (ST)

Differences in practice have been more overt:

Seems more open, people coming and saying people doing things differently – do we need to review and look at who is doing it? (MT)

We had that before – inconsistent teaching new skills like bowel cares, turns etc. (MT)

Preceptors in past will say that's not my way so you need to do it this way (MT)

We knew who was doing things differently. Can address in a different way (Facilitator) – quality/team approach (MT)

Direction and delegation

The graduate RNs were asked about their experience with 'direction and delegation' as prescribed by the Nursing Council of New Zealand. They all noted that directing the practice of other healthcare workers and delegating those tasks was difficult at first, especially given that most of these staff members had worked in this clinical area for many years.

Felt it difficult because ENs and HA have been in the area for a long time (NG)

Sometimes get angst from people who have been working in the area for a long time (NG)

Other factors that contributed to the difficulties associated with 'direction and delegation' were the lack of preparation for this as an undergraduate student and hence a lack of confidence. In addition, the graduate RNs found the different scopes of practice for enrolled nurses confusing.

Before placement had not dealt with it (NG)

At the beginning, confidence low but had to step up (NG)

Need to double check with ENs what they can do – e.g. medications and scope of practice (ENs 2 scopes of practice, which made it difficult) (NG)

Recruitment and retention

The management team commented that the move to support graduate RNs via the CDEU model of CTL had resulted in a noticeable increase in the numbers of the graduate RNs allocated to this clinical via NETP area, wanting a permanent job there. This was viewed by the management team as very positive. Key factors that were thought to contribute to this were: 1) the increased support appears to prevent the burnout of graduate RNs, and 2) the familiarity that the graduate RNs had with this clinical area if they had been allocated there as an undergraduate student and supported via the CDEU model of CTL. For these nurses, the move from undergraduate student to graduate RN appeared to be seamless.

Next year – X2 Transition both indicated want to come back at some point. Complex area, element of burning out grads. Support has improved greatly. Not having the burnout ratio MT)

Didn't have same number wanting to stay on before ready to move on – more do now. (MT)

They will move onto pool if there is no FTE available in the wards, and graduates do choose to do this while they wait for a position to become vacant [in this unit] (MT)

6 out of 8 were here – 5 of those want to come back (MT)

Look back [to] last year but with undergraduate DEU – see a lot of throughput – here as students, coming back as NGs wanting to stay on. Sense of support all way through (MT)

Discussion

The intent of this case study was to explore the utilisation of the CDEU model of CTL to support graduate registered nurses in their first year of practice and to answer the research question: Can the Canterbury Dedicated Education Unit model of clinical teaching and learning support graduate registered nurses in their first year of practice?

It is very clear that the answer is 'yes'. The findings indicate that the utilisation of the CDEU model of CTL to support graduate registered nurses in their first year of practice has been overwhelmingly successful. This has built on the successful introduction of the CDEU model of CTL which supports undergraduate nursing students[5]. It is also evident that the clinical area where the CEDU was piloted can be considered a community of practice[32] because the management team and staff were united in supporting each other, as well as the graduate RNs, to deliver the best care possible to their patients. It is also apparent that the staff in this clinical area have a strong team ethos. This, coupled with their successful team nursing model approach to care delivery, appears to be an important contributor to the successful implementation of the CDEU model. This factor needs to be taken into consideration if this model is to be tried elsewhere.

Further evidence that the CDEU model of CTL did support graduate RNs was reflected by the key theme of 'support': peer support, organisational support, support from the NLN, as well as team support. These findings reflect earlier research that the DEU model of CTL does support clinical learning[5]. In addition, the themes of team support for the graduate RNs and team support for the staff of this inpatient practice area resonate with the notion of relationship building which occurs in units using the DEU model[5]. The dual benefits of the DEU model to both the learner (in this instance the new graduate RNs), and staff, mirror other researchers' findings[1 27 29 30 40].

It is also evident that concerns about preceptorship fatigue[15 20] and the burden of being a preceptor have been addressed because the CDEU model is based on all staff contributing to the learners' needs while placing the responsibility for assessment with a dedicated member of staff, in this instance the NLN. In the CDEU model, the ALN and CLN roles are seen as crucial to its successful implementation [5 27]. In this research it is also clear that the NLN role, which replaces the ALN and CLN roles, is crucial. The role of the NLN is to broker the learners' needs with the needs of the staff in the clinical area. It is clear that this was well managed in this instance. Participants from all three focus groups were unanimous that the NLN was a key contributor to the success of the CDEU model being able to support new graduate RNs. Most

importantly, the development of this role means that there is a staff member who has in-depth knowledge of NETP so that the new graduates are supported in a timely and appropriate manner in accordance with the aims of NETP. The finding of the NLN being a conflict broker was surprising, as this concept was not evident in the literature. In this instance it seems to be an important and welcomed aspect of the role.

With regard to the NCNZ's requirement for RNs to direct and delegate others, it is apparent that this is a confusing and challenging task for graduate RNs. Finally, it is clear that in this instance the utilisation of the CDEU model of CTL has become a successful recruitment and retention tool. This positive and unintended consequence is pleasing given the global and national concerns about the recruitment and retention of nurses[41 42].

Limitations

The findings are limited due to the small sample size and to some extent by the method used. However, small sample sizes are consistent with qualitative research, while a case study approach was appropriate. Nonetheless, these findings are an important contribution to the on-going nursing discussions about how best to support and nurture a vital part of the nursing workforce: new graduate nurses.

Recommendations

The following recommendations are offered:

1. That the CDEU model of CTL in this clinical area be continued.
2. That other clinical areas also consider using the CDEU model of CTL.
3. The preparation of a RN to undertake the NLN includes appraisal training.
4. More emphasis be placed on preparing the new graduate RNs to undertake the task of direction and delegation by both undergraduate educators and employers.
5. Further research be undertaken to explore how the CDEU model of CTL could effectively be utilised as a recruitment and retention tool.

Conclusion

It is apparent that the CDEU model of CTL is easily able to be adapted to cater to the needs of graduate RNs even though this was not the original intention. A feature of the original DEU model has been the ability to flex the model to meet local needs while still adhering to its key principles of peer teaching and learning, dedicated staff to support the learners (in this instance the NLN) and the ability for all staff to contribute teaching and learning. During the development of the CDEU model it has often been thought by those involved that it would be possible to use this model to support graduate RNs. These findings prove that it is possible.

References

1. Edgecombe K, Wotton K, Gonda J, Mason P. Dedicated education units: 1 a new concept for clinical teaching and learning. *Comtemporary Nurse* 1999;8(4):166-71.
2. Gonda J, Wotton K, Edgecombe K, Mason P. Dedicated education units: 2 An evaluation. *Comtemporary Nurse* 1999;8(4):172-76.
3. Bott G, Mohide A, Laslor. A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing* 2011;27(1):35-42.
4. Glazer G, Erickson JL, Mylott L, Mulready-Schick J, Banister G. Partnering and leadership: Core requirements for developing a dedictaed education unit. *JONA* 2011;41(10):401-06.
5. Jamieson I, Hale J, Sims D, Casey M, Whittle R, Kilkenny T. Establishing dedicated education units for undergraduate nurisng students: Pilot project summation report. Christchurch, New Zealand: CPIT Publishing Unit, 2008.
6. Moscato S, Miller J, Logsdon K, Weinberg S, Chorpenning L. Dedicated education unit: An innovative clinical partner education model. *Nursing Outlook* 2007;55(1):31-37.
7. Orr S. USI, local hospitals launch new training model for nursing students *courierpress.com* 2013.
8. Dapremont J, Shirleatha L. Partnering to educate: Dedicated eduction units. *Nurse Education in Practice* 2013;13(5):335-37.
9. Betany K, Yarwood J. Adapting the dedicated eduction unit model for student learning in the community. *Kai Tiaki New Zealand* 2010;16(5):22-23.
10. Grealish L, Kaye L. Change and challenge: The implementation of a new modle of clinical learning for undergraduate students in a cancer setting. *The Australian Journal of Cancer Nursing* 2004;5(2):3-11.
11. Bentin J, Betony K, Moore L, Yarwood J. Community DEU empowers students and staff. *Kai Tiaki New Zealand* 2013;19(1):18-19.
12. Sims D, Cook D. Canterbury DEUs foster collegiality. *Kai Tiaki New Zealand* 2013;19(1):16-17.
13. Billay D, Myrick F. Preceptorship: An intergrative review of the literature. *Nurse Education in Practice* 2088;8(4):258-66.
14. Chickerella B, Lutz W. Professional nurturance: Preceptorships for undergraduate nursing students. *The American Journal of Nursing* 1981;81(1):107-09.
15. Maginnis C, Croxon L. Clinical teaching model for nursing practice. *Australian Journal of Rural health* 2007;15(3):218-19.
16. Myrick F, Yonge O. *Nursing preceptorship: Connecting practice and education*. Philadelphia, PA: Lippincott Williams and Wilkins, 2005.
17. Sharples K, Elcock K. *Preceptorship for newly registered nurses*. Exeter, UK: www.learningmatters.co.uk, 2011.
18. New Zealand Nurse Educators Preceptorship Subgroup. Preceptoring for excellence: National framework for nursing preceptorship programmes: Report to the Nurse Executives of New Zealand. Wellington, New Zealand: New Zealand Nurse Educators, 2010.
19. Hyrkas K, Shoemaker M. Changes in the preceptor role: re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing* 2007;60(5):513-24.
20. Barker ER. Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners* 2010;22(3):144-49.
21. Beecroft P, McClure Hernandez A, Reid D. Team preceptorship. *Journal for nurses is staff development* 2008;24(4):143-48.
22. Brathwaite AC, Lemonde M. Team preceptorship model: A solution for students' clinical experience. *International Scholarly Research Network* 2011;published online 4 may.
23. Callaghan D, Watts EW, McCullough DL, Moreau JT, Little MA, Gamroth LM, et al. The experience of two practice education models: Collaborative learning unit and preceptorship. *Nurse Education in Practice* 2009;9(4):244-54.
24. Russell K, Hobson A, Waatts R. The team leader model: An alternative to preceptorship. *Australian Journal of Advanced Nursing* 2010;28(3):5-13.

25. Ministry of Health. *New graduate first year of clinical practice nursing programme: Evaluation report* Wellington, New Zealand Ministry of Health, 2004.
26. Haggert C, McEldowney R, Wilson D, Holloway K. *Growing our own: An evaluation of Nurse Entry to Practice Programmes in New Zealand 2006-2009*. Wellington, New Zealand: Ministry of Health, 2009.
27. Casey M, Hale J, Jamieson I, Sims D, Whittle R, Kilkenny T. Dedicated eduction units: A new way of supporting clinical learning. *Kai Tiaki New Zealand* 2008;14(11):24-25.
28. Casey M, Hughes M. Supporting EN students. *Kai Tiaki New Zealand* 2011;17(2):28.
29. Castner J, Caravolo D, Tomasov B, Nariano K. Dedicated educational units: What's the impact on patient satisfaction? *Nursing Management* 2012;43(4):14-18.
30. Fourie W, McClelland B. Enhancing nurisng education through dedicated eduction units. Wellington, New Zealand: Ako Aotearoa, 2011.
31. Wenger E. Communities of practice: A brief introduction. hand out from Communities of Practice senimar and workshop: College of Education, University of Canterbury, New Zealand, 30 June 2008.
32. Hughes J, Jewson N, Unwin L, editors. *Communities of Practice: Critical perspectives*. New York: NY: Routledge, 2007.
33. Spence D, Vallant S, Round D, Aspinall C. Preparing registered nurses depends on us and all of us. *Nursing Praxis in New Zealand* 2012;28(2):5-13.
34. Becker B, Dawson P, Devine K, Hannum C, Hill S, Leydens J, et al. Case studies: writing@CSU: Colorado Sate University, 2012.
35. Burns N, Grove SK. *The practice of nursing research: appraisal, synthesis, and generation of evidence*. 6 ed. St.Louis, MO: Saunders Elsevier, 2009.
36. Gerrish K, Lacey A. *The research process in nursing*. 6 ed. Oxford, UK: Wiley-Blackwell, 2010.
37. Krueger RA. *Analyzing and reporting focus group results*. Thousands Oaks, CA: Sage Publications, 1998.
38. Doody O, Slevin E, Taggart L. Focus group interviews part 3: Analysis. *British Journal of Nursing* 2013;22(5):266-69.
39. Colorado State University. Writing @CSU writing guide: Case studies. Fort Collins: Colorado State University, 2012.
40. Casey K, Fink R, Jaynes C, Campbell L, Cook P, Wilson V. Readiness for practice: The senior practicum experience. *Journal of Nursing Education* 2011;50(11):646-52.
41. Jamieson I. What are the views of Generation Y New Zealand registered nurses towards nursing, work and career? University of Canterbury, 2012.
42. Nursing Council of New Zealand. The Future Nursing Workforce: Supply Projections 2010 – 2035. Wellington, New Zealand: Author, 2013.

Appendix A

Comparison of the Preceptorship and Dedicated Education Unit models of Clinical teaching and Learning

(From http://www.cdhb.govt.nz/deu/DEU-philosophy.htm 22 February 2013)

Preceptorship Model	DEU Model
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 co-ordinates 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 6 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

Appendix B

Key Features of the Canterbury DEU Model

Key Features of the Canterbury DEU Model
Practice area is dedicated to supporting undergraduate nursing students on clinical placement.
Students placed in a DEU will be supported by two key roles, the Clinical Liaison Nurse (CLN), and Academic Liaison Nurse (ALN).
The CLN is a regular staff member of the practice area who has an interest in promoting and facilitating clinical learning for undergraduate students.
The ALN is a tenured staff member of Christchurch Institute of Technology (CPIT) dedicated to a DEU practice area.
All staff working within the DEU practice area support teaching and learning opportunities for undergraduate nursing students; e.g., Registered nurses, Enrolled Nurses, Nurse Assistants, pool nurses, allied professionals and the medical team.
DEU staff are flexible and responsive to student learning.
Education and practice organisations support, value and recognise the contribution that staff make to student learning.
Students start placement with a structured orientation.
Allocation of patient load should be commensurate with student's skill and ability.
Patient/client allocation for CLN is taken into account by Nurse Manager.
CLN is the consistent person from DEU practice area who undertakes student clinical assessment and is a support for students and staff.
Quality of patient/client care is paramount.
Peer teaching and learning is encouraged and valued.
Commitment to evidence-based practice, undertaking collaborative research, research utilisation and quality improvement.
Staff committed to on-going professional development.
Teaching and learning are valued.
Relationships are open and feedback encouraged.
Acknowledgement that 'repetition' is essential for skills acquisition.
Learning occurs through direction and delegation.

Appendix C: Information sheet and consent form

Information sheet

Information sheet: Canterbury Dedicated Education Unit research project

Researchers: Dr Isabel Jamieson (principle researcher, CPIT), Deborah Sims (associate researcher, CPIT), Michelle Casey (associate researcher, CDHB), Rachael Osborne (associate researcher, CPIT), Katie Wilkinson (associated researcher, CPIT)

Background

Researchers from Christchurch Polytechnic Institute of Technology (CPIT), Department of Nursing and Human Services (NHS) and the Canterbury District Health Board (CDHB) are collaborating to investigate the utilisation of the Canterbury Dedicated Education (CDEU) model of Clinical Teaching and Learning (CTL) to support new graduated registered nurses.

Purpose

The purpose of this research case study is explore whether the Canterbury Dedicated Education Unit model of clinical teaching and learning can support graduate registered nurses in their first year of practice.

Data collection

To do this we will conduct two focus groups:

1) New graduate registered nurses enrolled with the CDHB Nurse Entry to Practice programme and allocated to work in a clinical area that has utilised the CDEU of CTL to support new graduates. This focus group will consist of up to eight participants.

2) Staff members from (and other CDHB staff members associated with) the clinical area utilising the CDEU of CTL to support new graduated registered nurses. This focus group will consist of up to twelve others.

Participation

We invite you to participate in one of the above focus groups.

It is anticipated that each focus group will take about 1-1.5 hours.

Your participation will involve you sharing your experiences of being involved in the use of the Canterbury Dedicated Education Unit model of clinical teaching and learning to support graduate registered nurses in their first year of practice.

Risk management

No risk greater than those experienced in ordinary conversation are anticipated. However, if something during the group causes discomfort, you are able to seek support from Employment Assistance Programme (EAP) (ch@eapservices.co.nz). CDHB Maori health support workers are available to you if you wish to use their services, their details are as follows: Ranga Hauora, Burwood Hospital: Mere Hibbs or Olivia Paku, phone number: 03 3788 791 ext. 99873 You are welcome to bring a support person/whanau member with you.

Right to withdraw

You have the right to leave the focus group at anytime without penalty. You have the right to have your comments withdrawn from the study. You have the right not to answer any questions.

Confidentiality:

The information collected will be kept confidential, no names will be used. Anonymous data from this study will be analysed by the research team name above and reported to the CDEU Governance Group. No individual participant will be identified or linked to the results. The results of this study may be presented at conferences or in a journal publication however, your identity will not be disclosed. All information obtained in this study will be kept strictly confidential. All materials will be stored in a secure location within the NHS department for 5 years and then destroyed. Access to files will be restricted to the named researchers.

Information about the results:

The research report will be available for participants in 2014.

Researchers contact details

If you have any questions about the research project or your participation in it you are welcome to contact a member of the research team:

Isabel Jamieson, phone 940 8250 Isabel.jamieson@cpit.ac.nz

Deb Sims, phone 940 8012 Deborah.sims@cpit.ac.nz

Michelle Casey, phone 03 337 7899 or ext: 69668 michelle.casey@cdhb.health.nz

Consent form

Title of the research project: An exploration of the utilisation of the Canterbury Dedicated Education Unit model of clinical teaching and learning to support graduate registered nurses in their first year of practice.

Researchers: Dr Isabel Jamieson (principle researcher, senior lecturer CPIT), Deborah Sims (associate researcher, principle lecture CPIT), Michelle Casey (associate researcher, educator, CDHB), Rachael Osborne (senior lecturer CPIT), Katie Wilkinson (Lecturer CPIT)

Purpose of research: The purpose of the study is to explore how the Canterbury Dedicated Education Unit (CDEU) model of clinical teaching and learning (CTL) can support graduate registered nurses in their first year of practice.

I have read and understood the information sheet for this research study and the details have been explained to me.
I have had the opportunity to discuss this study and my questions have been answered.
I understand that I have the right to ask further questions at any time. I understand that my participation in the study is entirely voluntary.
I understand that this interview will be audiotaped.

I agree to participate under the following conditions:

- I am free to withdraw at any time until the data analysis begins without giving reasons and without any disadvantage.
- My participation in this study is confidential and no material which could identify me will be used in the reports or publications from this study.
- I may decline to participate in the discussion or answer any questions.
- I can leave the group at any point during the focus group.
- I agree not to disclose any information discussed during the focus group.
- Notes of the focus group discussion will be taken by a note taker who has signed a confidentiality agreement.
- I will have the opportunity to verify the notes, check for any inaccuracies or to withdraw any comments I made that I do not want to be included.
- If the tapes are transcribed the transcriber will sign a confidentiality agreement.
- Transcripts will only be seen by the above named researchers.
- The transcripts and this consent form will be stored securely at Department of Nursing and Human Services, Christchurch Polytechnic Institute of Technology for five years and then destroyed.

I wish to receive a copy of the results YES/NO

If you indicted 'yes' please supply your details on the paper provided.

Participant's signature: _____ Date:

Researcher's name _____ Researcher's signature _____Date:

Appendix D: Confidentially form: Research assistant

Confidentially form: Research assistant

Canterbury Dedicated Education Unit research project

Researchers: Dr Isabel Jamieson (principle researcher, senior lecturer CPIT), Deborah Sims (associate researcher, principle lecture CPIT), Michelle Casey (associate researcher, educator, CDHB), Rachael Osborne (senior lecturer CPIT), Katie Wilkinson (Lecturer CPIT)

The above research project is being undertaken to explore how the Canterbury Dedicated Education Unit model of clinical teaching and learning can support graduate registered nurses in their first year of practice?

Data from this study will be used to answer the research question: Can the Canterbury Dedicated Education Unit model of clinical teaching and learning support graduate registered nurses in their first year of practice?

I agree to not to disclose any information that I am privy to.

Initial:_____

Date:_____