Clinical Faculty Coordinator
Development and Adaptation of the Portland Model to Long-Term Care Settings

Chad O’Lynn, PhD, RN, RA

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Clinical Faculty Coordinator (CFC)

- Academic faculty employed by the school of nursing—the school’s presence on the DEU
- Serve as an “instructor for the instructors”
- Assists and mentors clinician teachers/instructors develop expert teaching skills
- Available at all times students are in the setting
- Assumes ultimate responsibility for the evaluation of students’ clinical performance
- Up to 18 students (though Oregon BoN allows up to 24)
CFC Development

Selection

- Expert teachers
- Clinical expertise need not match the site, though is helpful
- Willing to step away from a primary teacher for student role to the role of a master teacher
CFC Development

Orientation

- Expectations of the role
- Review of theoretical foundations
- Instructional guide for relationship building and day-to-day operations
- Mentorship from seasoned CFC
CFC Development

Maintenance and Growth

- Monthly CFC meetings
- Regular evaluations
- Increased involvement with unit operations (e.g. committees, initiatives)
- Assist in professional development of clinician instructors/ teachers
Long-Term Care: The Need for Innovation in Clinical Education

Inadequate Preparation of Students

- Students well-prepared for episodes of care. Schools must better prepare students for care management of complex chronic illness and transitional care (IOM, 2010)

- The overwhelming majority of nurses are, by default, geriatric nurses, yet receive minimal education in caring for elderly clients (AACN, 2010)

- Schools must increase the competence of geriatric nursing in students (IOM, 2008)
Need for Innovation

- Few clinical experiences in LTC settings provide students opportunities to practice skills beyond the fundamental level (Williams et al., 2006)

- Due to inadequate educational experiences in LTC settings, some students perceive geriatric care as primarily custodial in nature and lacking in intellectual stimulation, workplace complexity and challenge, and career opportunities (Reinhard et al., 2002; Williams et al., 2006)

- Negative stereotypes of geriatric care constitutes a significant disincentive for recruitment into geriatric nursing (IOM, 2008)
The Need for Innovation

University of Portland

- In 2010, most adult health (medical-surgical) students placed on Dedicated Education Units (DEU) except those in LTC

- Disparities in the quality of the clinical experiences were suspected, with DEU students having better outcomes

- Decision was made to expand DEU model into the LTC setting
Adjusting the Model to the Long Term Care Setting

Developing the Partnership

- LTC skilled facility already hosting our students in a traditional model
- Selecting and training the clinician instructors and teachers
- Selection of faculty with geriatric nursing and non-acute care experience
Adjusting the Model to the Long Term Care Setting

Combating our Own Biases and Myths

- Lack of complex clients in the LTC setting
- The Board of Nursing will not allow the model
- Nursing and Medication Aides don’t think critically and would make poor teachers/role models for BSN students
- Students will be unhappy with their placements
Adjusting the Model to the Long Term Care Setting

Differences with the DEU-LTC Model

- Team of instructors
- Rotation through roles
- CFC does provide a limited amount of bedside instruction and supervision

“It takes a village to educate a nurse!”
DEU-LTC Model
## Sample Student Rotation Schedule for DEU-LTC

<table>
<thead>
<tr>
<th>Week</th>
<th>Orientation</th>
<th>OT/ PT</th>
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We Have Lift Off!

- Launched in August 2010
- To date, have completed 12 rotations of students over six semesters
- Clinical tied to Adult and Elder Health I course
- Added second LTC facility in January 2012
- Introduced senior practicum students in January 2012
- Introduced graduate student in May 2012
Comparative Evaluation: Acute Care DEU vs. DEU-LTC

Sample: 2010-2012

- Students randomly assigned either to DEU-LTC or to a DEU based in an acute-care hospital for clinical rotation
  - 76 students on DEU-LTC
  - 237 students on acute-care DEU
Comparative Evaluation

Outcome Measures

- Hospital scenario formative simulation: post-op hip
- Hospital scenario summative simulation: post-op tumor resection/ pain crisis with oxygen desaturation
- Hospital scenario summative simulation: GI bleed and hypovolemic shock
- ATI Medical-Surgical standardized exam score
- Adult and Elder Health I course grade

- Qualitative data via focus groups
Findings

Quantitative Findings

- No significant differences found on any outcome measure

Qualitative Findings

- Improved staff development since DEU launch
- Improved staff working relations and professionalism since DEU launch
- Should we return to the traditional model? A resounding, “NO!”
Comparative Evaluation

Other Supporting Observations

- Sharp reduction in negative student evaluations of clinical site since DEU launch
- Never before seen positive comments from students about being challenged and stimulated in the LTC setting
- Slight increase in requests for geriatric or LTC senior practicum placements
- External validation
  - Director of external nurse practitioner service
  - Corporate administrators
Lessons Learned

- “Imposter teacher”

- Tendency of aides to defer questions about teaching or criticism of students to RN or CFC

- Slower rise to confidence among new teachers who are aides vs. new instructors who are RNs

- CFC may need to provide more time on unit during a DEU-LTC launch than a DEU-hospital launch for the first few weeks
THANK YOU!

Chad O’Lynn, PhD, RN, RA

University of Portland
School of Nursing
5000 N. Willamette Blvd.
MSC-153
Portland, OR 97203
olynn@up.edu
503-943-7357
Bibliography


References


