Project PDQ: Partnering for Dedicated Education Unit Development and Quality

New Jersey Nursing Initiative DEU Conference

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Context and Evidence

The **NLN** 2011 Annual Survey of Nursing Programs reports **lack of faculty** and **lack of clinical sites** as the main obstacle for **expanding program capacity**.

**AACN** 2011 Survey reported more than 75,587 qualified applicants were turned away due to a **shortage of faculty, clinical sites and resource constraints**.

**HRSA's Bureau of Health Professions** stresses that the **shortage of nursing faculty** will grow significantly in the near future with 60 percent of current faculty 50 years of age or older.

**Lack of nurses from diverse backgrounds** to meet current future needs.

**U.S. nursing shortage** projected to grow to 260,000 registered nurses by 2025.
Why Clinical Education Must Change

Obstacles to achieving quality clinical education experiences reported

Recommendations to optimize clinical learning have been articulated:

- align learning and engagement in clinical practice realities
- focus on achievement of students’ clinical learning goals
- address quality and safety improvement
- develop clinical reasoning and a spirit of inquiry

# Barriers

**NLN National Survey Study 2009 reported by Ironside & McNelis, 2010**

| Lack of quality sites able to accommodate student numbers in groups | Lack of qualified faculty |
| Limitations to student experiences imposed by agencies | Size of groups (faculty : students) |
| Inability to chart on new systems | Time-consuming nature of students learning multiple systems and technology orientation |
| Lack of access to pt data | Lack of opportunities for positive interprofessional teamwork |
Challenges

**Time Consuming Instructional Activities**

- Supervising skill performance
- Assisting student to synthesize clinical info and assessment data
- Questioning students to assess their grasp of pt clinical status
- Providing feedback on clinical paperwork

**Teaching Challenges**

- Providing guidance, supervision, feedback to each student
- Teaching students to “think on their feet” and make judgments
- Managing clinical teaching responsibilities with other faculty role expectations
- Maintaining clinical competence
Visit by Kay Edgecombe, Flinders University
So. Adelaide, Australia    Sept 2010
Overview

DEU Partnership Development
Clinical Education Partnerships

Shared Vision and Goals
Quality Education and Innovative Practice
Nursing Faculty and RN Shortages

Diverse Workforce
Patient Care Unit Development
Professional Nurse Formation

Quality & Safety Competencies
Continuous Improvement

Coordination and Relationship-building Processes

Resource Commitment
DEU Mechanisms
UMass Boston

DEU Student Quality & Safety Presentations

Nursing Student (aides) / Graduate RN hires

Varying Incentives/Rewards
- tuition vouchers, stipends
- ladders, adjunct faculty status

Investing in Professional Formation of Staff Nurses
- returning to school/prof’l devt

Board of Nursing Regulation Alignment
Project PDQ

Data Collection Processes

Surveys, Activity Logs, Interviews

Spring, 2010 - Fall, 2011 - Spring 2011 - Fall 2012
### UMass Boston Student Sample

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<th>DEU %</th>
<th>Traditional %</th>
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### Diversity:

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DEU Students Spend More Time on Instruction

Time spent on instruction (2x) compared to other activities, by group remainder: same time spent of patient care/management of care activities.
Dedicated Learning Environment
Major Findings  Project PDQ

DEU clinical education model is as effective as traditional model
Exceeds students’ perception of clinical learning in almost all items

Clinical learning is optimized, greater growth in KSAs

DEU model provides more clinical learning opportunities and
focus on QSEN competency development

DEUs provided similar total direct pt care time; however,
DEU students reported more instructional time, during pt care

Opportunity for teamwork competency devt exceeded those
available in the traditional model.
Nursing Unit Findings
Dedicated Education Unit

A Clinical Partnership of
Good Samaritan Medical Center
&
The College of Nursing & Health Sciences
University of Massachusetts Boston
Work Life: DEU CIs report benefits from working with students

- No Significant Differences

- One difference: Opportunities to Work with Nursing Students 3.83 vs. 2.80 in 2011, F=8.742 p=.01

- No Significant Differences
Work Life: DEU CIs are re-energized about their nursing practice

“I’m always like, wow, the smaller things that you…don’t even think about anymore—like the whys—why are you doing this, why are you doing that? Like how you overlook so many things that are so important.”

So I definitely think it’s made me reflect on my own skills a little bit more.”

“It definitely made me stronger as a nurse because it made me look things up a little bit more in depth than maybe I would’ve if it was just me.”

“So it kind of gives you a renewed excitement to it.
So I guess that’s, I guess that would probably be the best part.”
DEU Student Presentation
Learning Styles of the Net Generation
Lessons Learned and Recommendations for further study

Deeper dive into-

Unit sustainability (mix of staff, rotation patterns, CI retention, doses: shifts/wk, max./min. student nos.)

Model fidelity

Student performance, CI development, and CFC coaching

Transition to practice including CBA, ROI data
DEU Cycle of Sustainability

1. Staff Nurses become CIs
2. CIs become more skilled in clinical instruction with CFC coaching
3. Students, nurses, the nursing unit and educational program benefit
4. DEU students are hired as RNs on DEU units, supporting the DEU model; nurses return for advanced degrees

DEU students are hired as RNs on DEU units, supporting the DEU model; nurses return for advanced degrees.
Questions and Next Steps

What will be the challenges and opportunities to establishing DEU partnerships at your schools and agencies?

Are you DUE for a DEU?

Thank you!