THE DEDICATED EDUCATIONAL UNIT

A MODEL FOR FOSTERING HEALTHY WORK ENVIRONMENTS

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North Shore LIJ
Adelphi University
School of Nursing
Integrity  Excellence  Respect  Accountability  Diversity

North Shore University Hospital
Quality
Research
Education
Operational Performance
Service Excellence
Workforce Development
Promoting Community Health & Advocacy
Physician Partnership
Quaternary Care Facility
WHAT IS A DEDICATED EDUCATIONAL UNIT?

Why?

Benefits

Collaboration
The DEU Process

- Whom?
- Why?

Unit Selection

- How?
- Standards

Academic Coordination

- Applications
- Student Selection
- Collaborating with hospital
Students were selected by university faculty in collaboration with NSUH nursing leadership.

- Personal statement
- Interview
- GPA
Nursing Leadership selects a clinical preceptor RN based on the following criteria:

- Bachelor of Science in Nursing (BSN) Degree
- Prior role as preceptor
- Desire to participate in a mentoring relationship
- Years of experience (2+ or greater)
- No disciplinary actions in their employee file for the past 6 months
Selected RNs attended a ½ day session at the University.

Mission, Vision and Values of Adelphi University

Offering constructive feedback

Clinical Instructor role

DEU vs. traditional teaching models

Clinical preceptor role

Partnership and collaboration
Clinical Preceptor Responsibilities:

- Teach the student nurse the role of a RN
- Teach and reinforce clinical skills
- Provide feedback to students
- Complete mid semester and final evaluations
- Committed to teaching
- Maintain full patient load while teaching
Clinical Instructor Responsibilities:

- Support clinical preceptors
- Resource
- Oversee student related issues and concerns
- Communicate with nursing leadership
- Communicate with students on a weekly basis
- Collaboration
- Hand hygiene
- Patient ID
- Medication Administration
4 COHEN DEU STUDENT MANUAL
STUDENT NURSE PREPARATION

Day 1 Unit Orientation

Tour of the unit

Fire Safety

Manual review

Partner with their clinical instructor
- Basic nursing care assignments
- Documentation in the EMR

Meet Nursing Leadership
- CNO
- Neurosciences Director
- Neurosciences Educator
A DAY IN THE LIFE....
Day shift (11.5 hrs) with clinical preceptor

Hand off at beginning and end of shift

CP and SN collaboration with 2-3 patients

Neurological assessments

Physical assessments

Vital signs Q4H

Mobility
SEMESTER 2 MEDICAL SURGICAL I

Day shift (11.5hrs) with clinical preceptor

CP and SN collaboration with 3-4 patients

Demonstrates critical thinking

Recognizes abnormal assessment findings

Familiarizes self with institutional policies and procedures

Utilizes the nursing process to formulate a plan of care

Sets priorities for plan of nursing care
More collaboration and discussion

Developing improved communication skills

Incorporate evidence based nursing interventions

Acts as patient advocate

Compare the roles and perspectives of the nursing profession with other healthcare professionals

Changing relationship with CP
Kirkpatrick's Four Levels of Evaluation

1. **Response**
   - Was the employee satisfied with the workplace education and did employee complete it?

2. **Learning**
   - What did the employee learn from the workplace education program?

3. **Performance**
   - How did the workplace education program affect employee performance?

4. **Results**
   - Did improvements in employee performance attributable to workplace education affect organizational performance?
STUDY QUESTION

Does the presence of a DEU increase the overall perception of professional practice (professionalism) of the nursing unit?
REVISED PROFESSIONAL PRACTICE ENVIRONMENT SCALE (Ives Erikson et al. 2009)

PPE Scale developed in 1998 at MGH to evaluate effectiveness of a professional practice environment and monitor changes made in the environment.

Underwent revisions in 2005.

4 point Likert-type scale
- Strongly disagree (option 1) to strongly agree (option 4)
**RPPE SCALE DEFINITIONS**

**Nursing leadership & Autonomy (LACPS)**
is the quality or state of being self-governing and exercising professional judgment in a timely fashion (Aiken, Sochalski & Lake, 1997).

**Control over practice (COPS)**
signifies sufficient intra-organizational status to influence others and deploy resources when necessary for good patient care (Aiken, Havens & Sloane, 2000).

**Staff relationships with physicians (SRWPS)**
are those associations with physicians that facilitate the exchange of important clinical information.

**Communication about patients (CAPS)**
the degree to which patient information is shared and related promptly to the people who need to be informed through open channels of interchange (Shortell, Rousseau, Gillies, Devers, Simons, 1991).

**Handling disagreements & conflict (HDCS)**
represents the degree to which managing discord is addressed using a problem-solving approach (Zimmerman et al., 1993).
**Internal work motivation (IWMS)** self-generated encouragement completely independent of external factors such as pay, supervision or co-workers (Hackman & Oldham, 1976, 1980; Ives Erickson, 2000)

**Cultural sensitivity (CSS)** a set of attitudes, practices and/or policies that respect and accept cultural differences (Ives Erickson, 2000)

**Teamwork (TS)**
Is viewed as a conscious activity aimed at achieving unity of effort in the pursuit of shared objectives (Zimmerman et al., 1993)
The project was granted exemption status from NSUH Internal Review Board (IRB).

The study posed no risk to participants and no protected health information was gathered.

Convenience sample.

No identifiable information was requested or collected during data collection.
RECRUITMENT & CONSENT

The researchers visited the unit RN’s on both shifts and invited them to participate in the study.

The survey was conducted using an internet based website.

$5 gift cards were provided to all staff members whether they participated or not.

Consent was implied if the RN completed the survey.
SURVEY

Start DEU Semester 1
- September 2012
- Baseline Data (Time 0)

End DEU Semester 1
- December 2012
- Data (Time 1)

Start DEU Semester 2
- January 2013

End DEU Semester 2
- April 2013
- Data (Time 2)
<table>
<thead>
<tr>
<th>ITEM</th>
<th>T1 (&lt;n&gt;)</th>
<th>T2(&lt;n&gt;)</th>
</tr>
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<tbody>
<tr>
<td>Response Rate</td>
<td>46% (23)</td>
<td>47% (23)</td>
</tr>
<tr>
<td>Gender (female)</td>
<td>81% (17)</td>
<td>95% (20)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30 years</td>
<td>19% (4)</td>
<td>13.6(3)</td>
</tr>
<tr>
<td>31-40 years</td>
<td>33.3% (7)</td>
<td>27% (6)</td>
</tr>
<tr>
<td>41-50 years</td>
<td>33.3% (7)</td>
<td>40.7% (9)</td>
</tr>
<tr>
<td>51 and over</td>
<td>14.2% (3)</td>
<td>18.1% (4)</td>
</tr>
<tr>
<td>Work Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 years or less</td>
<td>41% (9)</td>
<td>22.7% (5)</td>
</tr>
<tr>
<td>6-10 years</td>
<td>13.6% (3)</td>
<td>18.2% (4)</td>
</tr>
<tr>
<td>11-15 years</td>
<td>22.7% (5)</td>
<td>18.2% (4)</td>
</tr>
<tr>
<td>16-20 years</td>
<td>9% (2)</td>
<td>18.2% (4)</td>
</tr>
<tr>
<td>21-25 years</td>
<td>0% (0)</td>
<td>9% (2)</td>
</tr>
<tr>
<td>26-30 years</td>
<td>13.6% (3)</td>
<td>9% (2)</td>
</tr>
<tr>
<td>31 or more</td>
<td>0% (0)</td>
<td>4.5% (1)</td>
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<tr>
<td>Highest Nursing Degree</td>
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<td></td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>81% (17)</td>
<td>80% (16)</td>
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<tr>
<td>Associate’s</td>
<td>19% (4)</td>
<td>20% (4)</td>
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RESULTS

![Bar Chart](image)

- **HDCS**
- **LACPS**
- **IWMS**
- **COPS**
- **TS**
- **CAPS**
- **CSS**
- **SRWPS**

**Legend:**
- **Time 0**
- **Time 1**
## RESULTS ANALYSIS

<table>
<thead>
<tr>
<th>Domains</th>
<th>Mann-Whitney P-value</th>
<th>Significant by MANN WHITNEY at .05</th>
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</thead>
<tbody>
<tr>
<td>HDCS</td>
<td>0.36011</td>
<td>NS</td>
</tr>
<tr>
<td>LACPS</td>
<td>0.30929</td>
<td>NS</td>
</tr>
<tr>
<td>IWMS</td>
<td>0.73209</td>
<td>NS</td>
</tr>
<tr>
<td>COPS</td>
<td>0.37811</td>
<td>NS</td>
</tr>
<tr>
<td>TS</td>
<td>0.66780</td>
<td>NS</td>
</tr>
<tr>
<td>CAPS</td>
<td>0.70284</td>
<td>NS</td>
</tr>
<tr>
<td>CSS</td>
<td>0.14945</td>
<td>NS</td>
</tr>
<tr>
<td>SRWPS</td>
<td>0.81924</td>
<td>NS</td>
</tr>
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**OVERARCHING THEMES & INTERVENTIONS**

<table>
<thead>
<tr>
<th>Handling disagreements &amp; conflicts (HDCS)</th>
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<tbody>
<tr>
<td>• Lack of conflict resolution</td>
</tr>
<tr>
<td>• Poor dispute resolution</td>
</tr>
<tr>
<td>• <strong>Interventions:</strong> Reflect on conflict inducing situations; clear, accurate communication of information, address conflicts in real time; nurse manager as facilitator not authority figure</td>
</tr>
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<thead>
<tr>
<th>Control over practice (COPS)</th>
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<tr>
<td>• Few opportunities to discuss patient management</td>
</tr>
<tr>
<td>• <strong>Interventions:</strong> Evaluate workload; examine patient care assignments (i.e. acuity, geography, continuity)</td>
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<thead>
<tr>
<th>Teamwork (TS)</th>
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<tbody>
<tr>
<td>• Lack of teamwork</td>
</tr>
<tr>
<td>• Perceived low value of work</td>
</tr>
<tr>
<td>• <strong>Interventions:</strong> “Functional” Nurse role; identify champions of teamwork and acknowledge positive behaviors; Nurse Manager as role model; recognition programs</td>
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ACKNOWLEDGEMENTS

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Kathleen Mann-Finnerty
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4 Cohen Nursing Staff