

Benefits, Challenges, and Costs to Academic-Practice Partnerships in Implementing and Utilizing a Dedicated Education Unit (DEU) Model of Clinical Education

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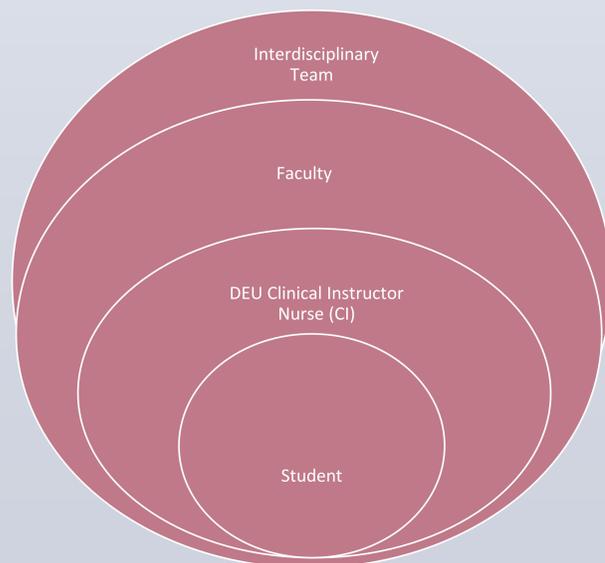
ABSTRACT

Purpose: This is an integrative review using the terms *Dedicated Education Unit, Academic-Clinical Partnerships, and Academic-Practice Partnerships* to evaluate the benefits, challenges, and costs to Academic-Practice Partnerships when implementing and utilizing Dedicated Education Unit (DEU) model of clinical education.

DEFINITIONS

Dedicated Education Unit: "Existing health care units that are further developed through strategic collaboration between nurse-clinicians and academics. They are designed to provide an optimal clinical learning environment for nursing students by utilizing well proven teaching/ learning strategies and drawing on the expertise of both clinicians and academics" (Gonda, Wotton, Edgecombe, & Mason, 1999, p.172)

DEU Nurse Clinical Instructor: "clinically experienced nurses interested in teaching to serve as primary teachers of the students and work in collaboration with University faculty to develop as clinical instructors and build an optimal learning environment for students" (Moscato, Miller, Logsdon, Weinberg, & Chorpensing, 2007, p.32).



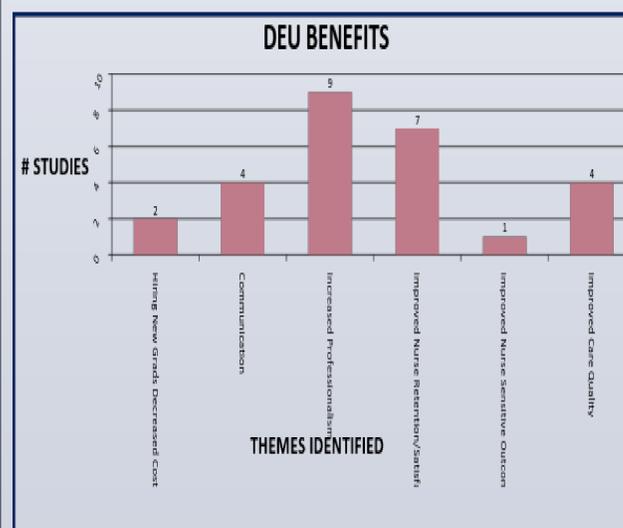
Dedicated Education Unit Diagram

METHODS

- Systematic literature search: PubMed, CINAHL, EBSCO, Cochrane library
- Search terms: *Dedicated Education Unit*
Academic-Clinical Partnership
Academic-Practice Partnership
- Past 20 years, 1995-2015
- 27 research articles identified
- Data analysis using iterative process
- Analysis of text
- Categorization of data
- Review of notes
- Development of themes and categories

BENEFITS

- Hiring new graduates decreased cost
- Conflict management/Collaboration/Communication Improved
- Increased staff professionalism and problem solving
- Improved staff nurse recruitment, retention and satisfaction
- Improvement in DEU nurse sensitive outcomes
- Improved care quality in DEU based on evidence-based practice



CHALLENGES

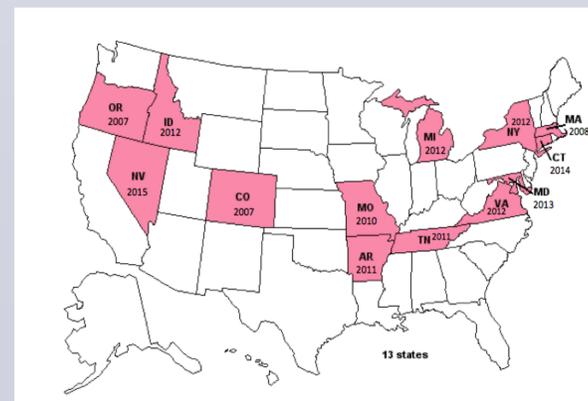
- Initial impact on nurse productivity may increase costs
- Cost:
 - Administrative for release time
 - Staff nurse coverage: orientation, development, recognition
 - Charge nurse time for scheduling assignments

COSTS

- Most studies did not identify costs
- Studies noting cost did not identify specifics
- One article identified detailed analysis of DEU cost concerns
- Cost savings noted with DEU model
- Hospital increased costs to orient/train nurse clinical instructors
- Impact on nurse productivity unknown
- Hospital cost savings result of hiring DEU student as new graduate, resulting in decreased orientation time & costs
- Hospital cost for nurse clinical instructors to attend workshop
- Hospital total cost savings: 4 hospitals, over \$34,000 saved
- Schools increased faculty capacity, saving costs
- Overall school savings: 9 DEU units over \$11,000 saved
- Schools incurred expenses:
 - Orientation/education of CI
 - Nurse CI appreciation workshop
- Overall net savings to academic-practice partners: over \$46,000
- Preceptor internal vs. monetary rewards



DEDICATED EDUCATION UNITS IN U.S.A.



CONCLUSIONS

Considerations to faculty and schools of nursing in implementing a Dedicated Education Unit model of clinical education are extensive.

Benefits included improved education quality allowing consistent student training and acquisition of knowledge. Increased student satisfaction and interdisciplinary teamwork and collaboration are evident in a DEU. Faculty and nurse CI improved satisfaction and faculty capacity may potentially increase.

Challenges to implement a DEU include maintaining clear communication with the practice partner, and collaborating to identify and train nurse CI's. The nursing regulatory environment may present barriers. Faculty roles and responsibilities change in a DEU environment. Small pilot studies have comprised most of the DEU evaluation. The impact of a DEU clinical experience on student academic performance has been difficult to determine.

Cost of DEU implementation was noted in a small number of studies, and only one study provided a detailed analysis of cost. Overall savings to both schools of nursing and hospitals were noted after accounting for orientation and recognition of nurse CI.

RECOMMENDATIONS FOR FUTURE RESEARCH

- Large multi-site studies evaluating DEU benefits, challenges, & costs are needed
- Longitudinal, long term studies measuring long-term impact of DEU
- Evaluation of the impact of a DEU on patient, staff, and academic-practice partners
- Assessment of DEU clinical experiences on new graduate transition to practice
- Study of effect of DEU on patient care outcomes
- Appraisal of DEU benefits in academic-practice partnerships
- Studies evaluating DEU on different specialty care units
- Student outcomes when paired with a consistent DEU nurse in comparison to multiple nurses
- Collaboration among DEU nurses vs. traditional unit nurses
- Impact of DEU collaboration on nurse to nurse bullying
- DEU Clinical performance evaluation using standardized clinical tools
- Student perceptions of DEU compared to traditional units
- Change in role of DEU faculty compared to traditional faculty
- Clinical instructor role supporting QSEN competencies in DEU