### Dedication Education Unit: An Academia and Clinical Practice Partnership Aimed at Improving Outcomes

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### Clinical Problem

- Nursing student perspectives of floor nursing are fragmented due to an academic-practice gap1
- Missed nursing care (MNC) is a prevalent error of omission occurring on patient care units internationally2
- The level of care expected by patients and the care being taught in nursing schools are not what is being delivered on the units3

### Study Aims

To assess & evaluate outcomes of the Dedicated Education Unit model:
- Feasibility of DEU implementation
- Perception and satisfaction of stakeholders
- Teamwork on the unit
- Quality of care delivered (MNC)

### Methods

- Descriptive, quasi-experimental design measuring quantitative & qualitative measures
- 118 participants (unit staff, WSU undergraduate nursing students)
- Data were collected at 2 points in time: fall 2015 (traditional model- “control group”) & spring 2016 (DEU model- “intervention group”)

### Quantitative Results

#### CNT Perceptions of Clinical Learning Environment

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<th>Unit atmosphere</th>
<th>Leadership style</th>
<th>Nursing care</th>
<th>Supervisory relations</th>
<th>Work life satisfaction</th>
<th>Prof satisfaction</th>
<th>Student benefits</th>
<th>Role definition</th>
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<tbody>
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<td><strong>DEU</strong></td>
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<td><strong>Traditional</strong></td>
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#### Comparison of MNC between Traditional & DEU models

- Increased levels of satisfaction among staff (p= 0.05)
- Increased satisfaction with level of teamwork (p= 0.18)
- Of the 25 nursing care items assessed by the MISSCARE Survey, 21 (84%) improved or remained the same
- No significant difference in overall mean values of MNC between groups (p = 0.78)

### Qualitative Results

#### Key Themes from CNT Focus Groups:

- Increased Time on Student Teaching Tasks
  “I had busy assignments and the students wanted to be involved so it took longer and I got behind a little bit, but not in a bad way.”
- Integrating Students into Caring Actions
  “The students were less focused on small tasks; they were more focused on the role of the nurse and prioritizing skills, which are very helpful skills for a nurse.”
- Difference compared to Traditional model
  “There was less burnout than with the traditional clinical model. With the traditional model, I would see students and my heart would sink; I didn’t want to feel that way, but I did.”

### Conclusions

- To our knowledge, this quasi-experimental study is the first to use MNC as a quality indicator when assessing transition to the DEU model.
- According to perceptions of staff on the unit, the DEU model maintained or improved the quality of care as assessed by the MISSCARE Survey.
- Transition to the DEU model has potential for higher quality of care and more satisfied nurses and nursing students.
- Further research related to quality of care outcomes with larger numbers of staff and students in the DEU model is warranted.