





Implementing a **Dedicated Education Unit** for Senior Year Baccalaureate Nursing Students in Primary Care

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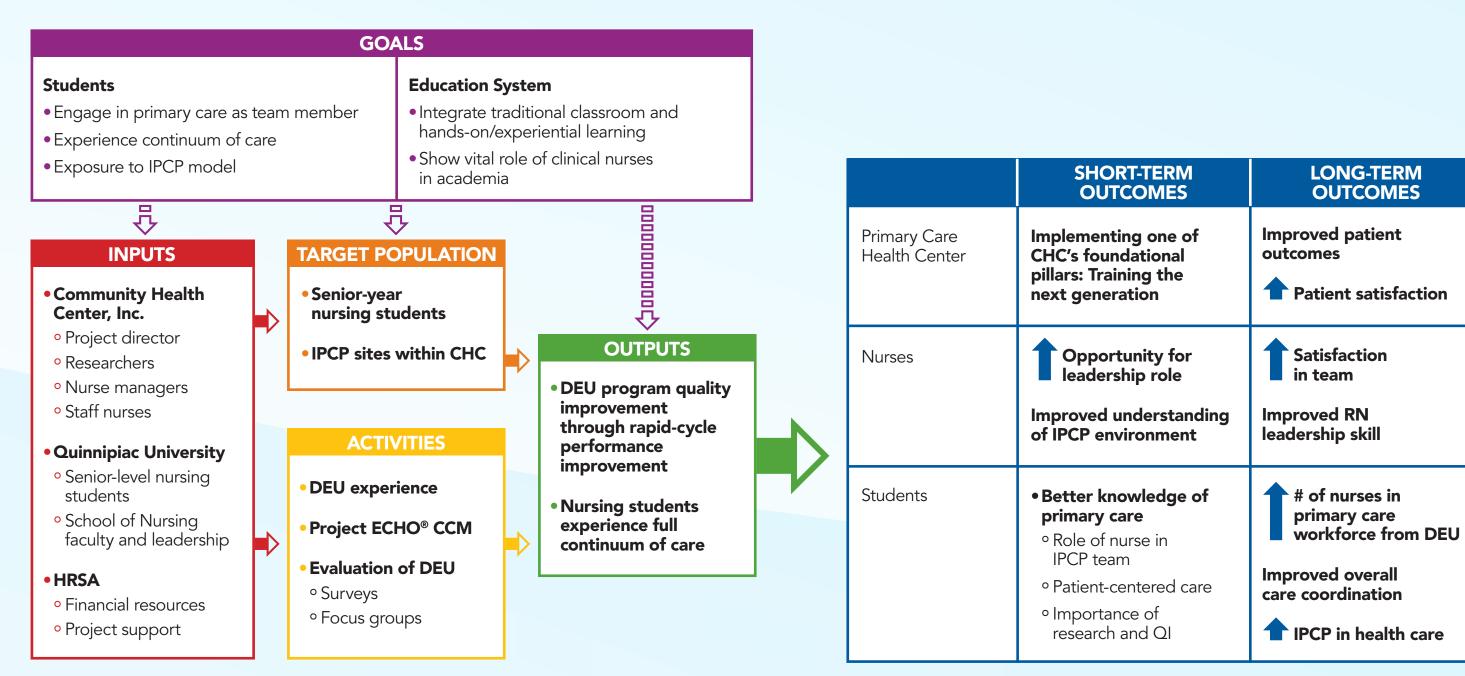
Abstract:

The Dedicated Education Unit (DEU) is a clinical-education experience that allows nursing students to receive hands-on learning with frontline nurses to ensure they are reinforcing their academic teaching while also gaining the clinical pearls and practical knowledge from those who regularly perform the job. The DEU concept came out of Flinders University of South Australia School of Nursing in the 1990s due to the growing need for quality clinical placements for nursing students. This allowed for an improved strategic partnership between academia and clinical sites, to ensure an excellent student experience while also factoring in the clinical challenges of placement sites.

In the United States, clinical placements can be challenging to identify, particularly because rotations generally focus on acute settings, and because partnerships with primary care settings are typically not well established. The minimal focus on this nursing role in academic curriculum previously highlights why primary care clinical competencies are not well defined. With the growing workforce demand for primary care nurses, particularly roles in complex care management, nursing students need to have additional education and experience with frontline nurses in these settings to truly understand the care continuum and the full array of job opportunities available to them upon graduation.

A DEU was developed at the Community Health Center, Inc. (CHC) to provide senior year baccalaureate nursing students experience in an interprofessional collaborative practice environment with frontline primary care nurses that support complex care management work for the provider panels they support. This was one facet of the implementation of a complex care management program across 12 clinical sites of CHC. CHC is a statewide agency providing care to individuals with low socioeconomic status, including many that are uninsured and underinsured. It has 14 integrated patient-centered primary care sites, delivering medical, behavioral health and dental services along with other ancillary care services such as those delivered by registered dieticians, podiatrists or chiropractors to name a few. CHC delivers care in over 200 total service delivery sites, when school based clinics and health care for the homeless sites are included in the total count.

Dedicated Education Unit at CHC Logic Model



Through the DEU, nursing students learn how to deliver care to patients in the primary care setting. At the CHC, students receive support and mentorship from clinical instructors and clinical faculty coordinators who prepare them for the rigor of caring for patients in the primary care setting. The clinical instructors are nurse care managers who have experience delivering care to patients in the primary care setting. In pre-clinical conference, students receive brief didactic to support their understanding of the role of the primary care nurse and to ensure they truly understand the shift in critical thinking needed for this setting. As the students learn about primary care competencies in their academic programming in the classroom, they are reinforced with real examples in pre-clinical conference and then concurrently practice them during their rotation time at the primary care site.

Students also experience innovative healthcare practices such as team huddles, integrated care meetings, and population management. They are trained on how to use dashboards, scorecards and other data sources to inform their practice throughout the day. They also participate in innovative training delivered to CHC's nurses such as Project ECHO®: Complex Care Management, which is a telehealth model that creates a knowledge network for nurses. It includes both didactic and case-based learning, where frontline nurses and student nurses can present complex cases and get feedback and support from a multi-disciplinary team of experts on next steps in their care planning.

Students were part of focus groups during the first two years of DEU implementation to provide direct feedback that informed performance improvement between year one and year two. They contributed changes to the length and content of the DEU, as well as to further confirm the potential benefit. This ongoing quality improvement will ensure an optimized student experience, and hopefully will improve nursing preparation, and possibly increase the number of new nurses that choose primary care as their chosen career. One student shared during the focus group: "I like how they kind of changed my view about where nursing can go...it's not just, you see a patient and that's it and you move on. You can stay with that patient and follow-up with them and make sure that everything in their life is not affecting their health."

The DEU is vital in training the next generation of nurses to understand the critical role of the primary care nurse. As students build this understanding, they also learn what it means to work on an interprofessional collaborative practice team. Simultaneously, they have the opportunity to build their leadership and collaboration skills to better care for complex patients once they enter the nursing workforce, no matter which part of the care continuum.

References:

Mulready-Shick, J., & Flanagan, K. (2014). Building the evidence for dedicated education unit sustainability and partnership success. *Nursing Education Perspectives*, 35(5), 287-293.

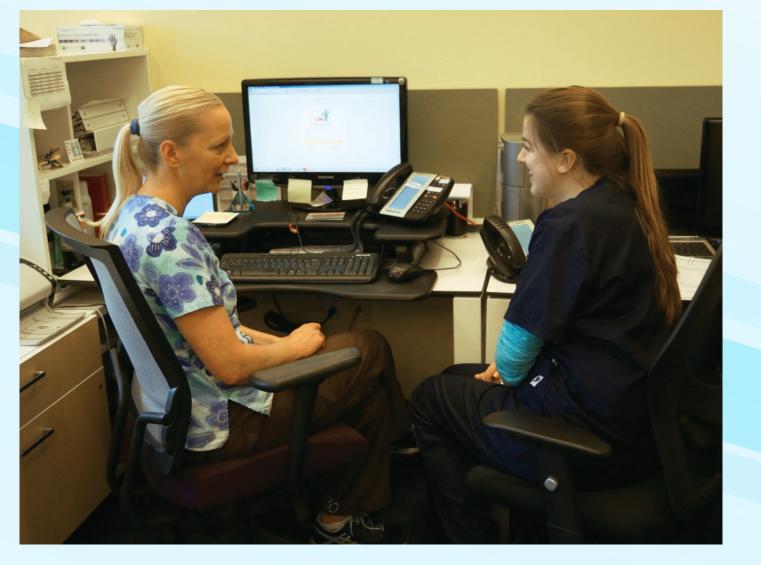
Rhodes, M. L., Meyers, C. C., & Underhill, M. L. (2012). Evaluation outcomes of a dedicated education unit in a baccalaureate nursing program. *Journal of Professional Nursing*, 28(4), 223-230.

Overview of Typical DEU Schedule:

- 8:30 a.m.–4 p.m.
- Project ECHO® Complex Care Management session (bi-weekly, 2 hours)
- Clinical time with front line nurse preceptors
- Post-clinical conference (30 minutes)

The goal of the DEU at CHC is to build nursing student competencies in Interprofessional Collaborative Practice (IPCP) by providing training and experience in complex care management within an IPCP environment. These core competencies were developed based on those created by QSEN with translation to make them more appropriate for the primary care setting (Cronenwett et al, 2007). They still focused on the main domains of:

- Patient-Centered Care
- Quality Improvement
- Teamwork and Collaboration
- Safety
- Evidence-Based Practice
- Informatics





Evaluation:

Pre-and post-intervention surveys from Years 1 and 2 of the DEU are currently being evaluated. These evaluations will provide feedback on the impact the DEU has had on the student's leadership and collaboration skills. The focus groups conducted in year 1 revealed three main themes:

- 1. Gained Real Life Knowledge: The students valued the knowledge they gained during their clinical rotation at CHC. They recognized that the educational format was different from what they had previously experienced. Learning in this environment made them gain confidence not only with providing education for patients but also within themselves. They recognized that it was an important aspect of their role as nurses and said, "pulling out the big points that we would want to teach, especially...as nurses teaching is...the biggest thing that we do with patients. So it helped us...reinforce...exactly what we need to know,...have us have...confidence when we're in the room."
- 2. Valued the Holistic and Interdisciplinary Approach: The interdisciplinary approach to patient care was an eye opener for many of the students.

They felt that the nurse care managers (NCMs) cared "so much about every aspect of the patient," and were on the phones everyday making sure that their patients had everything they needed to stay healthy. The NCMs were "not treating the diagnosis" but "treating the whole person." They valued learning "how holistic is really used." This was something they had learned in their didactics at school but had not seen implemented at any other clinical site.

Project ECHO® CCM was a valuable experience and helped them understand interdisciplinary team work in providing care to patients with complex medical needs. One of the students said that, "you need to look at every perspective to figure out how to take care of them." They were also able to see what community nurses do and felt like they had "learned a lot in just six weeks about primary care and what that type of nursing is."

A few of them said that this experience had changed their view of inpatient nursing as well and they would be more inclined to look at their patients discharge plans beyond the inpatient walls.

3. Bumps in the Path: The rotation at CHC was not without challenges. When they first came on board, they did not know where to go and there was a lack of patient experiences to ensure a good experience for all students. The didactic in the morning was not very helpful because they "had to let go of the idea that if we had a diabetic didactic in the morning we would do retinopathy visits all afternoon because you can't force all the diabetic patients in Middletown to come in the day we are doing a diabetic didactic."

Conclusion:

CHC's translation of the DEU model to primary care successfully supports pre-licensure training in this setting and provides nursing students with hands-on learning experiences. Through student feedback and focus group evaluations, it is evident that the DEU at CHC provides nursing students with a better understanding of the role of the primary care nurse and its overall role in the care continuum. The DEU exposes students to the process of care management and how to utilize primary care resources to successfully manage complex patients. Several adjustments have been made to the DEU model since its implementation through the process of rapid cycle performance improvement. Ongoing evaluation will work toward continued advancements in the overall DEU model.