



# A practical guide to developing a Dedicated Education Unit

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# A PRACTICAL GUIDE TO DEVELOPING A DEDICATED EDUCATION UNIT (DEU)

## *contents*

- 1 Introduction
- 2 What are the benefits of a DEU?
- 4 Setting up a DEU
- 9 Funding and Cost
- 11 Risk Management
- 11 Evaluative Self-Assessment
- 13 Appendix 1: Sample Timeline for DEU Pilot Workplan
- 14 Appendix 2: Expression of Interest example
- 16 Appendix 3: Sample Workshop Programme
- 17 Appendix 4: Clinical Liaison Nurse Appointment Checklist
- 18 Appendix 5: Sample Orientation Programme
- 20 Appendix 6: Preparation and Establishment

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To see the full report go to  
<http://akooteaoroa.ac.nz/projects/nursing-deu>

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# Introduction

The purpose of this document is to provide interested parties with a guide to setting up and running a Dedicated Education Unit (DEU). The tips and suggestions in this summary are drawn from the Manukau Institute of Technology (MIT) experiences of setting up and evaluating their DEUs, and the broader literature on supporting nursing education.

This guide is part of a larger project that was supported through the Ako Aotearoa National Project Fund in 2008. It complements the research report *Enhancing Nursing Education through Dedicated Education Units* (Fourie & McClelland, 2011).

The report and additional information about this project are available at <http://ako.aotearoa.ac.nz/projects/nursing-deu>

## Who is this guide for?

This guide is primarily aimed at those involved in nursing education: educational institutions such as universities or institutes of technology and polytechnics, and service providers such as District Health Boards. Although aimed at nursing education specifically, the guide will likely also be useful to other health-related disciplines that use placement experiences as part of the training of students.

The specifics of establishing and managing a DEU are likely to differ from case to case, as the contexts for each unit will be different. The advice presented here should be considered in light of the particular context and situation of both the clinical and education sector partners.

## What is a DEU?

A DEU provides a focused teaching and learning environment for clinical practice through the collaboration of the educational institution and the associated clinical provider. The main focus of a DEU is to provide a clinical environment where students' learning needs are met through appropriate teaching and learning opportunities.

All staff in a DEU are strongly focused on teaching and learning. Both staff and students are supported by an appointed Clinical Liaison Nurse (CLN) and Academic Liaison Nurse (ALN), whose roles complement one another and ensure a solid foundation for teaching and learning:

- The CLN is an experienced registered nurse who knows the unit and its staff, and is appointed by the clinical provider. Miller (2005) described this person as the interface with academia. The CLN brings a strong clinical perspective, and is a resource to the unit's staff.
- The ALN is an experienced lecturer appointed by the educational institution to provide consistent support to the students during their clinical placement in conjunction with the Clinical Coordinator (CC), CLN, Charge Nurse Manager (CNM) and DEU staff. The ALN provides sound academic input to the DEU.

The DEU model differs from the preceptor model, which is primarily a one-to-one relationship between an experienced nurse (preceptor) and a student. The preceptor model has been found to have numerous limitations, including a) a heavy caseload for the preceptor and b) a lack of continuity for the students due to flexible working hours and staff turnover. Anecdotal evidence suggests that the preceptor model is often disjointed and interrupted, and varies according to the environment, the students' experience and the motivation of preceptors.

The KPMG (2001) report on undergraduate nursing education in New Zealand identified that:

*DEUs are a good example of a model in which students work shifts alongside registered nurses but do so in a collaborative and supportive environment in which clinicians and educators work together (p88), Fourie & McClelland, 2011)*

The philosophy that underpins the DEU concept is based on a student centred clinical learning environment that is supported in partnership by both the educational and clinical institutions. Both institutions contribute to the teaching and learning environment in a complementary way so that the student gets the best of both worlds.

*Everyone is so focused on teaching you, so you are more interested in making your own learning. I think it has been ... one of the best experiences I have had on the ward. (Nursing Student quoted in Fourie and McClelland, 2011, p25)*

## DEUs in New Zealand

There has been much debate in the literature about the models and roles that best support nursing student placements. DEUs were pioneered in Australia and they have been the primary model for clinical nursing experience in Adelaide since 1999 (Edgecombe *et al.*, 1999).

The first DEU was introduced in New Zealand in 2007 as a pilot by Christchurch Polytechnic Institute of Technology (CPIT) and Canterbury District Health Board (CDHB). According to Casey *et al.* (2008), CPIT became the first New Zealand nursing school to establish a DEU, and yielded benefits for its students that included quality placements and an increase in clinical placements, as well as better alignment between theory and practice. CPIT staff reported higher levels of work satisfaction and a closer relationship with their student nurses. Students also reported better communication, better access to staff and more consistent assessment practices (Jamieson *et al.*, 2008). CPIT and CDHB currently have 23 DEU areas throughout Canterbury, and they are currently the biggest users of this model in New Zealand.

In 2008, MIT and the Counties Manukau District Health Board (CMDHB), through their Collaborative Nursing Development Unit (CNDU), explored various models to support students' clinical learning. This included a visit by a staff member from each organisation to Flinders University in Adelaide, Australia and the New Zealand project in Christchurch. On the basis of this investigation it was decided to pilot two DEUs at Middlemore Hospital in South Auckland in 2009. This guide draws on that experience.

It should be emphasised that while DEUs are very similar in nature and structure, contextual clinical and education differences exist from case to case and each DEU must be adapted to suit its own particular context (see Fourie & McClelland, 2011). 📄

## What are the benefits of a DEU?

DEUs have been introduced in response to the success factors identified for quality clinical learning and have proven to be sustainable through their placement of a greater number of students at any one time in a clinical learning context dedicated to excellence (Henderson *et al.*, 2006).

A DEU provides an optimal teaching and learning environment for clinical practice through the collaboration of the educational institution and the associated clinical provider. Teaching and learning are interactive components of the educational activities in a DEU as students are actively engaged in 'real life' learning, while staff constantly extend and improve their practice through their interactions with active nursing students.

The literature shows that staff familiarity with the clinical unit and the academic programme increases student learning (Ranse & Grealish, 2007). Students in DEUs have reported feeling supported by a clinical facilitator who is dedicated to them and their learning needs (Nehls, Rather & Guyette, 1997). The use of staff who are clinically current and familiar with the environment impacts greatly on the student experience (Baird *et al.*, 1994). Nurses in a DEU reported feeling personal and professional satisfaction by being given time to support students (Henderson *et al.*, 2006). Miller (2005) described both students and faculty as being redefined as an asset rather than a nuisance or cost to the practice environment.

In the MIT/CMDHB initiative, the DEUs were very successful in meeting student learning needs as students grew in confidence and started taking on responsibility for their own learning. In agreement with Moscato *et al.*'s (2006) finding that students gained in confidence and accountability in assessment and communication skills, students became more committed to learning.

# Setting up a DEU

## Making the decision to develop a DEU

The decision to develop a DEU should be based on both the desire to improve the clinical learning experiences of students and the conviction that the current model is not as effective as it should be. Sound dialogue between the educational institution and the clinical provider must exist as a precursor to making a decision to develop a DEU together. Significant time and energy must be devoted to the decision-making process to ensure the unit's success (see page 5).

The suggestion to develop a DEU might originate from the educational institution(s), the clinical provider or both. The important thing to bear in mind is that student placements depend upon the relationship between an educational and a clinical provider. The better this relationship, the easier it will be to convince the other party of the need to develop a DEU. Unless both providers are convinced that a DEU should be developed and are prepared to commit to and support such an initiative, the initiative should not be pursued.

A Memorandum of Understanding or a similar agreement is recommended to capture the intent and to demonstrate the goodwill and commitment to working collaboratively of both organisations involved.

## Consultation and preparing the environment

Once the decision has been taken to introduce DEUs in a clinical service, such as a hospital, it is recommended that a steering committee or governance group be established. For the MIT/CMDHB initiative, the project logically fell under the governance of the pre-existing CNDU, which was established by MIT and CMDHB to drive joint initiatives and projects.

Education and clinical practice providers are usually large organisations. Ideas/decisions made at an executive level require good consultation and communication. Sufficient time should be allowed for consultation which should include consideration of education, practice and student needs. It is helpful to have specific wards ask to become DEUs rather than shoulder-tapping CNM to participate. That said, being interested does not necessarily mean that the ward is suitable for a DEU, and so it is appropriate that the ward submit an expression of interest. Factors to consider in the suitability of a ward as a DEU include staffing, leadership, mix of experience, commitment to education, organisational change, and budget limitations.

In the MIT/CMDHB initiative, the concept of the DEU was explained and the reasons for establishing one were highlighted in short presentations – including time for questions and answers – at senior nurse manager meetings. MIT was invited to these meetings to talk about the initiative and to demonstrate the cooperative nature of it. Similarly, the concept was presented to nursing education staff at MIT. CNMs of different wards all had the opportunity to reflect on the concept and whether or not they wished to participate in the initial pilot.

The wards chosen for this pilot were a general medical ward and an assessment, treatment and rehabilitation ward. Their selection as DEUs was based on their capacity and commitment to support the clinical learning of nursing students.

## Implementation plan

It is vitally important to develop a timeline of activities to be undertaken. For instance, involvement of key personnel, arranging advertising to appoint an ALN and CLN, developing communication trees, negotiation of increased student numbers, establishment of a steering group and preparation of clinical and academic staff all take time. The implementation plan keeps everyone on track. See Appendix 1 for a sample timeline.



## Expression of Interest

Support from all levels of the management team is crucial prior to submission of an expression of interest to establish a DEU. All levels of staff need to be fully informed of the requirements and specific implications of committing to this process. In the MIT/CMDHB initiative, the completed expression of interest was tabled for consideration and sign-off at a CNDU meeting. See Appendix 2 for an expression of interest example.

## Presentation at ward/department meetings

The DEU philosophy and concept should be presented to all staff at information sessions within an agreed timeframe. It is recommended that these sessions are facilitated by key staff representing both the educational and clinical providers, to promote the collaborative partnership. The presentations discuss the key roles within the DEU, staff responsibilities and expectations and they also include the timeline for implementation of their DEU.

## Workshops for staff

Workshops/implementation sessions are designed to allow DEU staff the opportunity to participate in the development of their own unit. The programme can be tailored to meet individual service needs in terms of timeframe, but the content remains the same. These workshops should be presented by key staff from both the educational and clinical partners, and focus on ways to facilitate the student learning experience, linking the theoretical knowledge to clinical practice. An important part of the workshop is the interactive sessions where all staff have the opportunity to contribute to the daily operation of their DEU, including setting the expectations for staff and students.

During the MIT/CMDHB pilot project, the workshops were for a full day and were held at MIT to introduce staff members to the academic environment. Being away from the clinical area can often give greater freedom to discuss any concerns and ask questions. The workshops have evolved over time and, with a view to meeting service and staffing needs, they are now held on site at CMDHB and

run over four hours, twice in one day. This allows the CNM to have greater flexibility when rostering staff to attend, ensuring maximum attendance and participation. See Appendix 3 for a sample workshop programme.

## Recruitment of key staff

The ALN and CLN work very closely together to support the students and staff in clinical practice. Their working relationship is critical to the success of the DEU so it is important to take time to consider their individual strengths and weaknesses and how they complement each other.

The ALN is a permanent member of the educational institutions' lecturing staff who provides consistent academic support to the students during their clinical placement. They become a *bona fide* team member because of this close working relationship. The sense of belonging allows the ALN to be better able to assess student performance and facilitate valuable learning experiences in the DEU. An expression of interest is circulated to all academic staff for any new ALN positions. This allows interested staff to articulate their vision for the role. This is followed up by an informal interview with the Dean of Faculty (see page 6).

The CLN is a senior Registered Nurse (RN) seconded from the clinical provider. They are the key contact for students, and they take responsibility for the coordination of the student experience, orientation, assessment and staff support in partnership with the ALN and CNM (see page 7).

For the MIT/CMDHB initiative the CLN had a 0.6FTE supernumerary position, reflecting the clinical placement days for the majority of the students. This allowed them the time to concentrate on their important role. The CLN appointment is made in a similar way to the ALN role. However, some CNM may well identify and approach the "ideal" candidate during the consultation phase. This can often streamline the process and make the decision to go ahead easier. However, in line with the DEU philosophy, all staff should be given an equal opportunity to express their interest. See Appendix 4 for an example CLN appointment checklist.

# Example Flowchart for Establishing a DEU

(Adapted with permission from CPIT/CDHB DEU Working Group, 2009)

## Establish an Action Group if it does not already exist

### Initial contact with DEU Coordinator (could be based in educational or clinical institution)

Two Action Group members (one from each organisation) arrange to meet key clinical institution personnel (e.g. Clinical Nurse Director, CNM, Nurse Educator, Clinical Nurse Specialist) to discuss DEU model of clinical teaching and learning.

Clinical institution personnel interested in developing a DEU?

**YES**

CNM contacts DEU Coordinator to initiate expression of interest.

CNM talks with management/ward staff to enlist their support and sign-off.

**NO**

CNM contacts DEU Coordinator to end process.

Two Action Group members (one from each organisation) present 20-minute DEU information sessions to staff.

Two Action Group members (one from each organisation) discuss and confirm individual implementation plans.

DEU Coordinator and CNM complete checklist for appointment to Clinical Liaison Nurse (CLN) role.

Education organisation allocates Academic Liaison Nurse (ALN) to practice area.

#### Implementation Plan:

- Timing of the DEU
- DEU Workshops
- CLN/ALN Orientation
- CLN/ALN Planning Time
- Clinical Orientation Day

## Academic Liaison Nurse: Roles and Responsibilities

The ALN is a permanent member of MIT lecturing staff who provides consistent support to the students during their clinical placement in conjunction with the Clinical Coordinator (CC), Clinical Liaison Nurse (CLN), Charge Nurse Manager (CNM) and DEU staff.

### The ALN organises student experiences to meet their learning outcomes by being responsible for:

- consultation with the CLN, CNM and DEU staff before, during and after clinical placements
- maintaining a presence in the DEU for half an hour per student per day
- providing a structured orientation for students in conjunction with the CLN
- assisting students in the transference of knowledge and skills from theory to practice
- development of student communication and clinical reasoning
- assisting students to recognise and discuss the complexity of interacting factors inherent in clinical decision making
- working with students on a one-to-one basis as required
- providing ongoing feedback to students throughout the placement
- completing student assessments working in partnership with the CLN and unit staff
- working with the CLN to develop action plans to assist students to meet competencies
- providing education and support to the CLN
- supporting unit staff to participate in student teaching and take direct responsibility for the supervision and delegation of students as required
- implementation of strategies for effective problem solving in collaboration with the CLN and CNM in relation to student learning experiences
- supporting collaborative research and quality activities
- contributing to the evaluation of the DEU.

*(Adapted with permission from CPIT/CDHB DEU Working Group, 2009)*





# Clinical Liaison Nurse: Roles and Responsibilities

The CLN is a Registered Nurse (RN) from the DEU whose role is to support students during their clinical placement in conjunction with the CC, ALN and the CNM.

## The CLN acts as a liaison person:

- between unit staff, CNM, students and ALN
- with unit staff regarding the student's role, function and progress within the DEU
- with the ALN in relation to student progress and completing clinical assessments
- between education and service providers to assist with the integration of the theoretical and clinical component of the Bachelor of Nursing programme
- monitoring student attendance.

## The CLN organises student experiences to meet their learning outcomes by being responsible for:

- providing, with the ALN, a structured on-site orientation for students
- organising student day-to-day experiences
- allocating students to RNs, student peers and patients/clients
- arranging student rosters and liaising with the CC and ALN
- anticipating and organising extra experiences for students in relation to their patients/clients and learning outcomes
- collaborating with RNs and Allied Health Professionals in other associated areas such as endoscopy clinic, theatre, radiology, plaster room, rehabilitation unit and other clinical areas that the student may access when assigned to a patient to gain experience and understanding of the interventions and diagnostics that are part of the patient's episode of care
- working with students on a one-to-one basis as required
- encouraging unit staff to participate in student teaching and take direct responsibility for the supervision and delegation of students as required
- ensuring the competency of students in certain skills as required by the healthcare agency and in conjunction with the ALN.

## The CLN undertakes student assessments by:

- providing ongoing feedback to students throughout the placement
- completing student assessments working in partnership with the ALN and unit staff
- working with the ALN to develop action plans to assist students to meet competencies.

*(Adapted for MIT/CMDHB use from CPIT/CDHB DEU Working Group, 2009)*

## ALN/CLN orientation

An orientation programme should be considered for these key staff members prior to student placement. This allows the ALN and CLN to get to know each other, learn more about the clinical and theoretical requirements of the programmes, and meet with key clinical and/or academic staff members. The programme can be aligned according to the specific needs of the individual DEU.

See Appendix 5 for sample orientation programmes for ALNs and CLNs.

## Student numbers

Student numbers should be based on models of care and staff skill mix in each DEU. For example, collaborative conversations with staff should consider the ward's philosophy for care, bed numbers, and the capacity and ability of the ward when deciding on student numbers.

For the MIT/CMDHB example with a 20-bed surgical unit a maximum of 16 students were placed concurrently. Two to three third-year transition students commenced two weeks before eight second-year students, followed by four consecutive groups of four first-year students. This approach allowed the more senior students to be involved in peer teaching by assisting with the orientation and socialisation of their colleagues.

Opportunities for peer learning can be optimised due to the simultaneous placement of students from different levels of the Bachelor of Nursing programme. Peer support among students is recognised as an important factor that can assist in developing a positive clinical learning environment (Nolan, 1998). Students have an interest in each other's learning and the DEU philosophy encourages them to discuss their challenges and progress.

## Action Group

An Action Group was established by CMDHB and MIT as part of the action research process in 2009. The name was chosen as it seemed to fit with the year-long action research project that was being used to evaluate the establishment of the two pilot inpatient DEUs. The purpose of the Action Group was to oversee the operational side of the action research project and to inform the CNDU of any resource requirements related to the DEUs. The CNM, the ALN and CLN along with the Undergraduate Coordinator from CMDHB and the Clinical Coordinator from MIT are key members of this group as the DEU, by nature, requires close cooperation and communication between the educational and clinical providers.

The collegial nature of meetings enable debate and discussion of day-to-day issues, both clinical and academic, that impact on nursing practice and student learning. This allows innovative and practical solutions to be trialled and implemented, if successful. Members also find time to socialise, to celebrate their successes but also to continue to grow as a group. Just as students said they felt part of the nursing team with a keen sense of belonging, the same was true for the action group members. The group could develop posters with student photos to identify individual DEUs, design badges to promote the concept, or present at local conferences to spread the word.

In the MIT/CMDHB pilot, regular meetings of the Action Group were influential in the success of the establishment of the DEUs. It is recommended that organisations establishing a DEU should consider a similar setup. The Action Group remains a vitally important part of the DEU initiatives as they continue to develop. The development of terms of reference for the Action Group, which clearly state the roles and responsibilities of the members, is recommended (see page 9).

# MIT/CMDHB DEU Action Group Terms of Reference

## Purpose

Co-ordinate day-to-day operational issues within the DEU areas.

Facilitate staff communication regarding the processes in place.

Provide feedback and support to areas.

Participate in ongoing evaluation, including student/staff satisfaction.

## Membership

DEU Charge Nurse Managers

Clinical Liaison Nurses

Academic Liaison Nurses

DEU Coordinator, CMDHB

Clinical Coordinator, MIT

## Facilitator

Clinical Coordinator, MIT

## Meetings

Weekly

Frequency to be reviewed mid-semester.

Additional meeting times negotiated with members where necessary.

## Agenda

Standard agenda with other items to be agreed at the beginning of each meeting.

## Minutes

To record summary of the discussion, action points, accountabilities and timeframes.

## *Funding and Costs*

Preparation and establishment of DEUs require commitment from the tertiary provider and the health organisation to have discussions involving people, resources and time requirements with a financial overview. A business case is desirable with a focus on long term gains and opportunity costs as key deliverables. Factoring in the initial preparation needs to be done with a clear expectation of recruitment processes and associated costs.

Any income generated from clinical placements along with lecturer time also requires factoring

into the total picture. As this is a partnership it is important to have clarity regarding each organisations responsibility in resource commitment to the initiative. Payments for clinical placements cover the ongoing costs of running the DEU. Some initial investment may be needed for key staff members to socialise the idea of a DEU and set it up (largely release time) (see page 10).

## Preparation and establishment

See Appendix 6 for a summary of the key activities involved in the setup. An estimation of work hours that can be used as a guide for costs is provided on page 10.

## Maintenance of the DEU

ACTIVITY	ACCOUNTABILITY	HOURS
Governance group meetings per year (10 hours per person)	Group members	80
Communication with key stakeholders	Academic Coordinator	2
	Service Coordinator	4
Backfill for supernumerary time with students	CLN	8
Backfill for preparation time	Bureau nurse	8
Backfill for orientation day	Bureau nurse	8
Acknowledgements	ALN	0.5
	CLN	0.5
	Admin	1
Travel time community DEU	ALN	10
	CLN	10
Evaluation analysis	Academic Coordinator	2
<b>TOTAL</b>		<b>134</b>

## Ongoing costs

As a result of the income generated from the increased nursing student placements in the DEU, a formula was worked out to provide a contribution towards the cost of releasing the CLN, as per the table below.

CLN		HOURS	DAYS	TOTAL PER SEMESTER
Backfill for supernumerary time with students	CLN	8	33	
Backfill for preparation time	Bureau nurse	8	1	
Backfill for orientation day	Bureau nurse	8	1	
				<b>35 days</b>

The DEU wards are paid their allocated funding in two instalments at the end of every semester in June and December.

## Key Considerations and Risks

The risks that could occur in relation to the establishment of DEUs will of course depend on the environment in which they are being implemented. Below are three key risks identified through the MIT/CMDHB experience:

1. *Payment for clinical placements.* Currently the income generated from the payment for clinical placements covers the cost of release time for the CLN. In the event of this payment being discontinued, this income stream would be lost. Organisations should consider potential alternative income streams to mitigate against this.
2. *Increased student numbers.* Increased demand for numbers of nursing student placements from Bachelor and Diploma students in the DEU, may affect the current placement model. It is important to maintain a high level of quality for placements not included in the DEU.
3. *Support for key staff.* The risk of key staff leaving either organisation or experiencing a change in personal circumstances needs to be considered when appointing people to the key roles. Discussion with CNM regarding impact of annual leave/ study leave/ commitments during student placements needs to be had early on in the developmental process. 📌

## Evaluative Self-Assessment

Action research was selected by MIT/CMDHB as an appropriate method for evaluating the establishment of the DEUs as it is a systematic inquiry to effect positive educational changes in the clinical learning environment. Kemmis and McTaggart (1988) assert that action research is a collective and collaborative process that lends itself well to mutually beneficial collaborative partnerships (See, for example, Fourie & McClelland, 2011). Action research enhances the lives of learners as well as the lives of teachers. It encourages continuous learning and reflection which are critical for the practice of nursing.

The evaluative self-assessment for the MIT/CMDHB DEU initiative examined its success in meeting the objectives identified, namely:

- To document the process of implementing the DEUs.
- To evaluate the model's potential ability to support undergraduate nursing students within CMDHB.
- To make recommendations to the CNDU on completion of the project as to the model's suitability for use as an ongoing undergraduate nursing clinical education.
- To build research capacity through team research between MIT and CMDHB. 📌



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# Appendix 1: Sample Timeline for DEU Pilot Workplan

	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12	Wk 13
Sell concept to CN/CND/ others involved in pilot areas	█												
Presentation and discussion with Department staff of concept of DEU		█											
Workplan signed off by CNDU Governance Group				█									
MIT develop flyer, orientation programme and associated documents for CLNs		█	█	█	█								
Agree increase in student numbers for DEU to be functional					█								
Confirmation of pilot areas					█								
Presentation and discussion with ward staff of pilot areas							█						
In consultation with CNs, identify possible CLNs							█	█					
Recruitment of CLN/s									█	█			
Identification of ALNs									█	█			
Small group (MIT/CMDHB) established as steering group to develop roles/ processes/evaluation criteria; oversee day-to-day implementation and report to CNDU											█		
Preparation of students for participation in DEU											█		█
Preparation of clinical staff for participation in DEU												█	█
CLNs coordinate student entry and experience with Clinical Coordinator												█	█
CLNs and ALNs released for orientation and team building												█	
DEUs Operational													█
Daily meetings of CN/CLN/ ALN for first 1-2 weeks then at least weekly													█
Focus groups/survey of participants to gain feedback on effectiveness of implementation processes													█

## Appendix 2: Expression of Interest example

### Expression of Interest for the Establishment of a Dedicated Education Unit

We are delighted that you are interested in establishing and developing a Dedicated Education Unit (DEU) in your area. This is a real opportunity to develop a culture of learning within your place of work and we look forward to working with you in support of the development of the nursing profession.

The success of establishing a DEU requires the support of all levels of staff, who need to be fully informed of the requirements and specific implications of committing to this process.

In order to process your request we require you to complete the form attached to this document and return it to the CMDHB DEU Coordinator. Signatures are required by all those listed, apart from the CNDU who will have final sign-off and notify you of the result of your application.

We welcome the opportunity to discuss this concept further with you and your colleagues. If you have any questions before going ahead with your application, please contact –

[Contact Details of Nurse Leader]

### Expression of Interest for Establishment of a Dedicated Education Unit

Name of person making request, with contact details:	
Area for establishment:	
Please discuss your understanding of the DEU concept and how this will enhance the student experience in your facility.	
Is there specific information about your area that needs to be considered?	
What key objectives would you like to see achieved by establishing a DEU in your area?	

The DEU concept supports an increased number of students from of all levels and both the Bachelor of Nursing (BN) and Diploma of Enrolled Nurse programmes.

What numbers of students do you envisage supporting in your area?

- BN6 (transition)
- BN5 (Community)
- BN4 (Mental health)
- BN3 (inpatient setting)
- BN2 (inpatient and community setting)
- Diploma of Enrolled Nursing

Have you identified experienced preceptors who will be able to support one to two or more students at different stages of the programme at the same time?

Can your area identify a potential CLN?

Is your area willing to support this concept and welcome the ALN as part of the team?

The DEU concept has been discussed and agreed upon by the following:

NAME	ROLE	SIGNATURE	DATE
	CNM		
	Facility Manager		
	Unit staff	(CNM to sign)	
	CEO		
	CNDU Representative		
	CNDU	(Final sign-off)	

## Appendix 3: Sample Workshop Programme

### DEU Workshop (four-hour)

Date:

Venue:

TIME	TOPIC	FACILITATOR
0700–0730	Setting the Scene What do you know? What do you want to know?	
0730–0800	Bachelor of Nursing Overview	
0800–0830	What is a DEU?	
0830–0900	Morning Tea	
0900–0945	The DEU experience and research	
0945–1045	Your DEU: How will it function? <ul style="list-style-type: none"><li>• Day-to-day issues</li><li>• Roles and responsibilities</li><li>• Orientation</li><li>• Expectations staff/students</li><li>• Education sessions</li></ul>	
1045–1100	Evaluation Where to from here?	

*(Adapted with permission from CPIT/CDHB DEU Working Group, 2009)*



# Appendix 4: Clinical Liaison Nurse Appointment Checklist

## Checklist for Appointment to Clinical Liaison Nurse (CLN) role

NAME:	WARD/DEPARTMENT:	TICK BOX	CNM:
Date of last Performance Review			Date:
Level on PDRP programme			Competent/ Proficient/ Expert <i>Please circle relevant one</i>
DEU model, CLN Roles and Responsibilities discussed			
Discussion with CNM regarding impact of annual leave/ study leave/ commitments during student placements?			
Access to a workplace computer/office space?			
CMDHB email address			
Contact details			Ward ext: Cellphone:
Letter from DEU co-ordinator confirming appointment and responsibilities			
Orientation programme received			
Comments/Other Requirements:			
Name of RN: _____ has been appointed to CLN role for the DEU model in the practice area. Date:		CNM Signature:	
I (Name of RN) _____ accept appointment of CLN Role for the DEU model in the practice area. Date:		CLN Signature:	
Please keep a copy for yourself and fax or send a copy of the checklist to DEU Coordinator		Date:	

cc. Nurse's Personal File

(Adapted with permission from CPIT/CDHB DEU Working Group, 2009)

# Appendix 5: Sample Orientation Programme

## Orientation for Academic Liaison Nurse

ACTIVITY	LIAISON	DATE COMPLETED
1. Position Description	Undergraduate/Clinical Coordinator	
2. Background reading: DEU Philosophy Research	Undergraduate/Clinical Coordinator	
3. MIT/CMDHB Action Research	Research Team	
4. Action Group Meetings: a) Terms of reference b) Minutes	Undergraduate/Clinical Coordinator	
5. ALN role: Hours Day-to-day operation CLN role Teaching Student assessment	Clinical Coordinator	
6. BN Semester 1 & 2: • Roles and responsibilities • Assessments	Semester Coordinator	
7. BN Semester 3: • Emit access • Learning Outcomes • Timetable • Classroom Teaching • Assessments • Guided Learning Tool • Student expectations/scope of practice • Clinical Assessment	Semester Coordinator	
8. BN Semester 6: • Emit access • Learning Outcomes • Timetable • Assessments • Student expectations/scope of practice • Clinical Assessment	Semester Coordinator	
9. Student Activities in DEU: • Clinical Orientation • Rosters • Weekly Plan • Learning Opportunities • Tutorials	ALN/CLN	
10. Documents on Memory Stick	Undergraduate Coordinator	

## Orientation to the Clinical Area

ACTIVITY	LIAISON	COMPLETED
1. Orientation to clinical area: • Charge Nurse Manager • Clinical Liaison Nurse • Nurse Educator • Clinical Nurse Director		
2. Clinical Orientation to Ward		
3. Meet with DEU/Undergraduate Coordinator		

## Orientation for Clinical Liaison Nurse Ward

ACTIVITY	LIAISON	COMPLETED
1. Position Description	Undergraduate/Clinical Coordinator	
2. Background reading: DEU Philosophy Research	Undergraduate/Clinical Coordinator	
3. MIT/CMDHB Action Research	Research Team	
4. Action Group Meetings: • Terms of Reference • Minutes	Undergraduate/Clinical Coordinator	
5. ALN role: Hours Day-to-day operation Teaching Student Assessment	Clinical Coordinator	
6. BN Semester 2: • Roles and responsibilities • Emit Guest Access	Semester Coordinator	
7. BN Semester 3: • Learning Outcomes • Timetable • Assessments • Emit Guest Access • Guided Learning Tool • Student expectations/scope of practice • Clinical Assessment	Semester Coordinator	
8. BN Semester 6: • Learning Outcomes • Timetable • Assessments • Student expectations/scope of practice • Emit Guest Access • Clinical Assessment	Semester Coordinator	
9. Student Activities in DEU: • Clinical Orientation • Rosters • Weekly Plan • Learning Opportunities • Tutorials	ALN/CLN	
10. Undergraduate student placements	Undergraduate Coordinator	

## Appendix 6: Preparation and Establishment

The following table summarises the key activities involved in the setup, with an estimation of work hours to be used as a guide for costs.

ACTIVITY	ACCOUNTABILITY	HOURS
Meeting with CNM staff/others to sell the concept/restart	Academic Coordinator	2
	Service Coordinator	2
Presentations to ward staff	Academic Coordinator	0.5
	Service Coordinator	0.5
Planning by coordinators (selection/timings/placements)	Academic Coordinator	4
	Service Coordinator	4
Recruitment and selection of ALN	Academic Coordinator	2
	Academic HOD	2
Recruitment and selection of CLN	Service Coordinator	2
	Senior Nurse Representatives	2
ALN/CLN orientation, planning and preparation	Academic Coordinator	4
	Service Coordinator	4
	ALN(Senior Lecturer)	4
	CLN(Senior RN)	4
	Clinical Nurse Manager	2
Workshop preparation (admin/photocopying/folders/rooms)	Academic Coordinator	2
	Service Coordinator	2
Delivery of workshops for staff x 2	Academic Coordinator	15
	Service Coordinator	15
	Participants	8
<b>TOTAL</b>		<b>81</b>

*> To see the full report go to [www.akoatearoa.ac.nz/nursing-deu](http://www.akoatearoa.ac.nz/nursing-deu)*



