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innovation,  
education and  
collaboration'*

# DEDICATED EDUCATION UNIT QUALITY PLAN

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## 1 The Dedicated Education Unit Vision

Our vision is to have a vibrant, supportive learning environment for the health workforce of Canterbury and West Coast.

This starts with our Nursing undergraduate and training programmes providing students with the best possible foundation knowledge, skills and experience. This is vital for not only their own individual professional and career development but just as importantly for the ongoing provision of health services to our communities. It is our collective responsibility to ensure our students not only receive the best academic grounding but also the best clinical experience which positions the student for seamless and supported transition into clinical practice. To achieve this requires commitment, leadership, passion and a collaborative way of working that spans across practice settings, organisations and professional groups to create a positive and supportive learning environment for students.

Clinical experience is an essential component of any undergraduate or pre-registration nursing programme. A wide range of clinical experiences are provided throughout the Canterbury and West Coast Health systems for students enrolled in the following programmes:

- Bachelor of Nursing (BN),
- Diploma of Enrolled Nursing (DEN)
- Competency Assessment Programme (CAP), all from Ara Institute of Canterbury
- Graduate Entry Programme, Masters of Professional Practice/ Bachelor of Nursing, from Ara Institute of Canterbury and University of Canterbury
- Masters Nursing Science, University of Otago.

For nursing, our most preferred model for clinical teaching and learning is the Dedicated Education Unit (DEU) however we recognise that not all practice settings can achieve this and for some areas the preceptorship model will still be the most appropriate.

The DEU model of clinical teaching and learning expands upon the concept of one-on-one preceptor, so all staff within the specific clinical practice area offer support and learning opportunities to nursing students. Within this environment, academics and clinicians work together in partnership to facilitate student learning.

The overarching key principles of the DEU model are:

- The ongoing collaboration and open communication between clinicians and academics to support the learning needs of each student
- The provision of optimal clinical learning environments for students through the utilisation of effective teaching and learning strategies
- All clinicians working within each DEU support clinical teaching and learning opportunities for the student
- The encouragement and valuing of student peer teaching and learning.

We are proud of what we have achieved to date. We have increased the number of students undertaking nursing programmes both BN and DEN, resulting in more newly qualified nurses entering our health system, bringing the average age of our RN workforce down by two years. New and different models of care have resulted in more health services being provided to our community meaning that our nurses are working in health services that span across the health system. Our students are viewed by others as the ‘best prepared’ or ‘fit for purpose’ for entering the health workforce throughout the country and we have the highest employment rate of newly qualified nurses in the country.

*Mary Gordon – Executive Director of Nursing for Canterbury District Health Board*

&

*Dr Cathy Andrew, Head of Department, Nursing, Midwifery and Allied Health at Ara – Institute of Canterbury.*

## 2 Background

Workforce data from Nursing Council New Zealand (NCNZ), predicts the New Zealand supply of nurses will remain adequate until 2020, when at that time the aging population and growth will result in a subsequent nursing shortage of potentially 15,000 nurses by 2035<sup>(1)</sup>. NCNZ suggests an increase in the number of New Zealand (NZ) Nurse Graduates is essential to overcome this shortage. The NZ Ministry of Health's (MOH) Office of the Chief Nurse has also emphasised the need to replace nurses exiting the workforce with NZ educated new graduate nurses as the preferred approach <sup>(2)</sup>. In order to achieve this, ongoing importance must be placed on attracting students into nursing education. Ongoing development of new models for undergraduate nurse education are necessary to increase the availability of the required range of clinical experiences while ensuring that a high standard of clinical learning is maintained with increased numbers of nursing students. This will result in an increased pool of graduates for recruitment into the future nursing workforce <sup>(3)</sup>.

### 2.1 The Wider Canterbury Nursing workforce context.

The workforce demographics in Canterbury parallel that of the rest of the country, with 51% of the Registered Nurse workforce aged over 50 years <sup>(4)</sup>. The majority of undergraduate nurses in Canterbury come from Ara – Institute of Canterbury (formally Canterbury Polytechnic Institute of Technology –CPIT). The Dedicated Education Unit (DEU) model of clinical teaching and learning was implemented from 2007 in response to a review of the effectiveness of clinical learning and assessment, related to factors such as increased casualization of the workforce, preceptor fatigue and burnout. This model has proved to be highly successful and has rapidly become the preferred alternative to the preceptorship model in the vast majority of clinical settings in Canterbury. Since the DEU model has been integrated into clinical practice settings, an increasingly supportive clinical teaching and learning environment has been achieved. This DEU Quality Plan has been developed to ensure further activity is undertaken to strengthen the model and to examine how the Canterbury nursing leaders will build on the capability, capacity and readiness of the nursing workforce supply.

### 2.2 The Canterbury DEU model

The Dedicated Education Unit (DEU) model of clinical teaching and learning has been a catalyst for increased collaboration between the Canterbury District Health Board (CDHB) and Ara – Institute of Canterbury. In 2007 a collaborative research project was undertaken to address issues surrounding the quality and nature of clinical experience in environments where patient acuity was increasing and staffing models were changing. As a direct result of this the DEU model, which was originally developed at Flinders University in Australia, was adapted, piloted and consequently adopted by Ara and CDHB clinical areas as an alternative to the preceptorship model.

## PRINCIPALS OF THE DEU

Practice area is dedicated to supporting undergraduate nursing students on clinical placement.

Students placed in a DEU will be supported by two key roles, the Clinical Liaison Nurse (CLN), an Academic Liaison Nurse (ALN).

The CLN is a regular staff member of the practice area who has an interest in promoting and facilitating clinical learning for nursing students.

The ALN is a tenured staff member of Ara dedicated to a DEU practice area.

All staff working within the DEU practice area support teaching and learning opportunities for nursing students e.g. Registered nurses, Enrolled Nurses, Nurse Assistants, pool nurses, allied professionals and the medical team.

DEU staff are flexible and responsive to student learning.

Education and practice organisations support, value and recognise the contribution that staff make to student learning.

Students commence clinical placement with a structured orientation.

Allocation of patient load should be commensurate with student's skill and ability.

Patient/client allocation for CLN is taken into account by Nurse Manager.

CLN is the consistent person from DEU practice area who undertakes student clinical assessment and is a support for students and staff.

Quality of patient/client care is paramount.

Peer teaching and learning is encouraged and valued.

Commitment to evidence-based practice, undertaking collaborative research, research utilisation and quality improvement.

Staff committed to on-going professional development.

Teaching and learning are valued.

Relationships are open and feedback encouraged.

Acknowledgement that 'repetition' is essential for skills acquisition.

Learning occurs through direction and delegation.

In the earlier years of the DEU models inception in 2008, the model only included Bachelor of Nursing students. Today it has expanded to include Diploma of Enrolled Nurses (DEN), Competency Assessment Programme (CAP) students and other pre-registration students. The DEU environment encourages collegial relationships between students, clinical staff and lecturers. Students are supported in a DEU by a Clinical Liaison Nurse (CLN) from the clinical area, an Academic Liaison Nurse (ALN) from the education provider and all staff actively engage with students to provide a positive learning environment. Each DEU has a minimum of six students allowing for incidental and planned peer teaching between and across year groups, which is valued and supported. It also provides students with the opportunity to practice delegation and direction skills within the clinical learning environment.

Currently there are 45 clinical settings within the CDHB and West Coast District Health Boards, Nurse Maude and Healthcare New Zealand that utilize the DEU model. These include the Acute Care setting, Community, Mental Health, Older Persons Health, Rehabilitation and Rural hospitals. Most of these DEU's have students from different Ara programs rotating throughout the year.

### 2.3 Leadership

The collaborative initiatives undertaken by the Head of Department of Nursing, Midwifery and Allied Health at Ara – Institute of Canterbury and the Executive Director of Nursing on behalf of the Canterbury District Health Board, underpin the DEU model of clinical teaching and learning. Both of these leaders are engaged and committed to improving the future workforce challenges and ensuring a high quality of clinical experience for students. They lead the DEU Governance Group (GG) and provide direction for the DEU Working Group (WG) (See appendices 1 for membership).

The DEU GG and WG members collaboratively work towards using their combined resources and experience, to develop and maintain the DEU model and to improve quality processes and the sharing of information. Together we continue to introduce more clinical areas to the DEU model within the Canterbury Health System. Furthermore we are working collaboratively with other NZ DHBs and education institutions to support their implementation of the DEU model, enabling growth of the clinical placements and greater consistency of undergraduate clinical experiences. This collaboration enables us to respond to workforce development and workforce demands both locally and nationally. Throughout this plan evidence and examples of the successful implementation and maintenance of the DEU model are provided.

### 2.4 The DEU model strategic direction

This DEU plan places emphasis on the key principles of teaching and learning in our clinical settings and the foundation directives in an attempt to meet long term health workforce requirements.

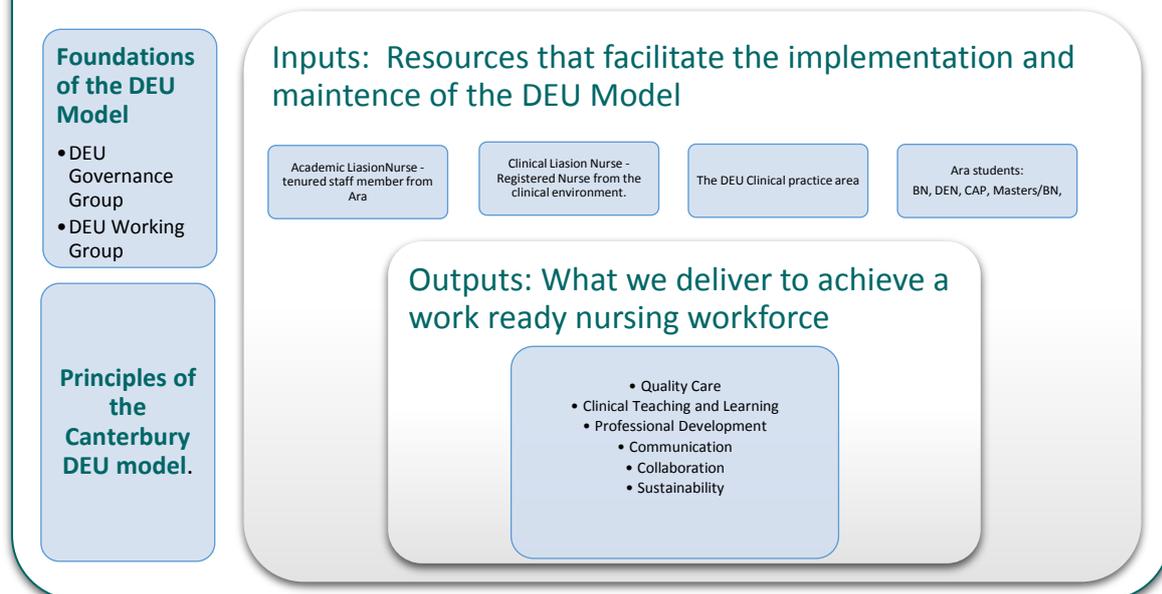
#### DEU CLINICAL PLACEMENTS

In 2016: there will be

- 102 BN DEUs,
- 21 CAP DEUs,
- 11 DEN DEUs &
- 4 Masters/BN DEUs...

A total of **138** DEU occurrences or approximately 828 students completing their clinical in a DEU.

**DEU Vision:** To provide a sustainable DEU model of clinical teaching and learning to prepare the future workforce.



The strategic direction is based on the following outputs:

**Quality Care:** The patient/client and whanau quality of care is central to the DEU and all decision-making.

**Clinical Teaching and Learning:** Ara and CDHB are dedicated to supporting the pre-registration student in their clinical experience.

**Professional Development:** recognising a commitment to evidence-based practice, quality improvement and collaborative research.

**Collaboration:** Ara and CDHB have their own structures of accountability and has the right as a separate entity to express their views independently; recognising that decisions made within one organisation will affect the other and neither can accomplish the combined DEU purpose alone.

**Communication:** reporting occurs regularly regarding the outcomes of the partnership.

**Sustainability:** Ara and CDHB will demonstrate their commitment to each other and their mutual vision by adequately resourcing the partnership. Clinical areas will be supported by portfolio holders from the DEU Working Group who will be visible and solution focused.

**Our vision** is to provide a sustainable DEU model of Clinical Teaching and Learning to prepare the future workforce. This vision is consistent with the Nursing Workforce Education Plan Canterbury Health system 2015-2018 and the requirements of the Nursing Council of New Zealand and the New Zealand Ministry of Health.

The DEU vision will assist with measuring the impact on the health workforce and identify the activities and actions that will support us to achieve our identified strategic goals.

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**Goal setting:** To support the DEU model, the DEU GG and WG have mutually developed the following three goals.

1. Collaboration and partnership continue to underpin the DEU model, the clinical environment and the learning institutions values.
2. The DEU model is maintained and effective within the wider Canterbury health system with the ability to develop and evolve.
3. Ongoing focus on quality improvement and research.

The overarching challenge is generating a nursing workforce that is work ready.

### 3 Undergraduate workforce development utilising the Dedicated Education Unit Principals of Clinical Teaching and Learning goals.

#### 3.1 Collaboration and Partnership

**Explanation:** Collaboration and partnership need to continue to underpin the DEU model foundations and principles for both the nursing student and the clinical setting. The collaborative relationship fostered by our nursing leaders has set the benchmark, where a cohesive relationship between the education and clinical providers occurs not just at a governance level but also throughout the clinical settings. The Canterbury DEU model is unique in terms of this relationship and the mutual benefits gained from it. The DEU GG and DEU WG members are often reminded of this when participating in national nursing events and we are committed to continuing to protect this.

#### Strategic goals:

- DEU relationships continue to be well supported, this includes with the CLN, ALN, students, DEU areas, DEU GG, DEU GG and with external partners.
- Ara enrolment and graduate numbers align with CDHB and national workforce needs.
- Theory to practice links correlate with best practice in clinical settings.
- Professional development is encouraged, fostered and recognised.
- DEU portfolio holders are engaged within their dedicated clinical areas.

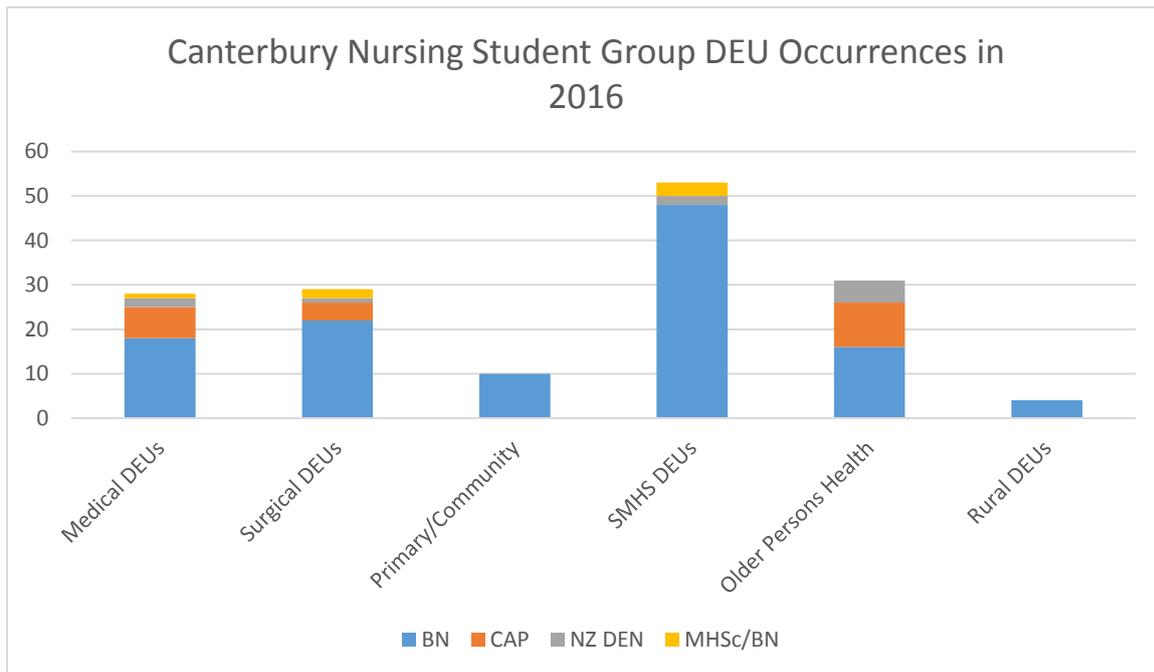
#### Enablers

- Representation on GG and WG as per the terms of reference.
- Annual reporting to Directors of Nursing.
- DEU representation in meetings with nurse leaders at both Ara and CDHB.

#### 3.2 Maintenance of the DEU model

**Explanation:** The DEU model is maintained within the wider Canterbury health system however it has the ability to continue developing and evolving. Currently the DEU model is the preferred clinical teaching and learning model for nursing students in Canterbury. To date we believe we have reached near saturation point in our DEU development as most clinical settings with the capacity to take six or more nursing students are operating as a DEU. Many clinical areas have recognised the nurse recruitment and retention benefits of being a DEU and there is an element of pride for those areas that are established DEUs.

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The principles of the DEU model were collaboratively determined and have evolved as the number of DEU’s has expanded, and different clinical settings adopt the model. Over time, some clinical areas have adapted the DEU principles to their specific practice environments. For example, in the Community based DEUs, the Registered Nurse often has a case load and works quite independently from their colleagues, unlike that in a ward setting so the model requires adaptation.

Another feature of DEU model is the aim that by the third rotation of students, the staff within the DEU have a complete understanding of the process, there is some stability with the role holders and the model becomes ‘business as usual’ for the clinical area.

In order to encourage adherence to the principles of the DEU model, biennial attendance to a DEU workshop is required by the CLNs and ALNs. Annually all senior nurses are invited to participate in a DEU forum and DEU portfolio holders from both Ara and the CDHB meet with the senior nurses twice yearly. The content of the DEU workshop was initially directed at those new to the DEU model, providing them with information to put the DEU model into practice. Since the DEU inception over nine years ago, many CDHB and Ara staff are familiar with the concept of the DEU with some first encountering the model as students. The focus of the DEU workshop has evolved to include those new to the DEU model, new to either a CLN or ALN role and those attending to maintain current and competent within their ALN and CLN role. The CDHB and Ara have formulated an introduction to clinical learning and teaching blended course, and it is an expectation that all CLNs have completed this or equivalent prior to undertaking the CLN role.

The Academic Liaison Nurse (ALN) is a Registered Nurse who is a tenured full-time or part-time academic staff member at Ara Institute of Canterbury (See appendices 2). They are responsible for the clinical teaching and learning of nursing students in a specific DEU in conjunction with the Clinical Liaison Nurse(s) (CLNs). The ALN focuses on exploring theory and practice links and supporting students to develop appropriate communication, clinical decision-making and clinical

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practice skills. They also work closely with the CLN(s) to help students make the most of learning opportunities in the DEU and are often in a position to work alongside and directly observe student practice. The ALN and CLN work together to monitor individual student learning and complete the required formative and summative clinical assessment processes for each student with feedback incorporated from all staff in the DEU.

The development of the DEU model over the past nine years has increased the number of lecturers who are working as ALNs. The close working relationships with the DEU nursing and allied health team has enhanced the partnership between clinical and academic staff resulting in increased job satisfaction for ALNs, and consequent retention of staff for Ara. The ALN role has also enabled lecturers to maintain currency of clinical practice whilst developing additional clinical teaching skills working with students across nursing programmes or different levels of students within the same programme.

The Clinical Liaison Nurse (CLN) is a Registered Nurse in the clinical setting who primarily facilitates the student clinical experience. (See Appendices 3). Most clinical areas have two or more RN's within the CLN role who generally rotate the responsibility between student cohorts/semesters. It is important to note that a significant number of clinical areas in addition to BN students also have students from other nursing programmes such as DEN or CAP., Due to different scopes of practice and variations in the Ara competency assessment forms, different CLNs often undertake the role for differing student cohorts.

Within the 45 established DEUs, there are approximately 150 CLNs. Retaining CLNs in the role has had its challenges, with reports from the CLNs of minimal incentive or recognition to do the role. The recruitment of the CLN was by nomination from the Charge Nurse Manager (CNM). The process has changed recently with an expression of interest form, where the RN requests to do the role, if accepted by their CNM they fill in a CLN agreement form and send it to the DEU Nurse Educators. Those that wish to become the CLN for their clinical area have more than two years' clinical experience and have completed the clinical learning and teaching module (or equivalent), and an interest in clinical teaching and learning. Being on the professional development recognition programme (PDRP) is not essential but CLNs are encouraged to submit their PDRP portfolio.

Sustainability of the model is constantly reviewed. Retention and recruitment of CLNs requires ongoing work with many examples of nurses seeking formal promotion to senior roles after undertaking a CLN role. A key feature of sustainability has been ensuring that the clinical area receives financial support to maintain the required clinical staffing ratios and a process for managing this from a central budget has been implemented.

At times there is a lack of consistency with the CLN role. Efforts have been made to streamline the recruitment of the CLN. It has also been noted that those who remain in the role, tend to share it between two or more people. This has aided in the retention of the CLN as there is a reduction in burnout. An area that needs to be improved in relation to the CLN role is the communication channels between the CLN and the DEU Nurse Educators. This is particularly if they are under significant pressure within their clinical area and/or have a challenging student/s who requires significant additional CLN support.

Through Microster (the CDHBs electronic rostering program) the DEU area, selects the NDEU code and is allocated funding to back-fill or replace the CLN when they are doing the role. The DEU model has a predetermined formula based on student numbers and the length of time the students are on clinical placement. A letter is sent to the DEU area prior to the student's arrival outlining the

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supernumerary hour allocation for the CLNs. This differs from previous arrangements when remuneration for having students was not tangible or available to the clinical area.

#### Strategic goals:

- Core DEU model principles are adhered to.
- Workshops evolve to meet the needs of the clinical areas and those attending.
- Open lines of communication are maintained between the DEU staff
- As per the CDHB and Ara agreement – funding of the DEU model is sourced and utilised.

#### Enablers

- Recommendations from routine evaluations and feedback from workshops is addressed.
- Regular clinical visits – maintain Ara and CDHB DEU NE visibility.
- CLN Supernumerary hours are utilised and funds transferred appropriately
- ALN contact hours are utilised.
- DEU model works in conjunction with nursing faculties to meet the challenges they face with relocations, retention and recruitment of the nursing workforce.

### 3.3 DEU quality improvement and research initiatives

**Explanation:** Quality improvement and research initiatives are important measures of how the DEU model has evolved and the future direction can be generated from the findings. Research is one way to gather and recognise the work that is taking place within our DEUs to produce a work ready nursing workforce. Participation in quality improvement activities within the clinical areas identifies deficits and or gains in best practice and is audited by individual clinical areas. Ongoing student nurse involvement in these quality improvement activities is imperative to nursing workforce development and improving quality of care delivery.

The foundations of the DEU model need to continue to be innovative, to do this a research lead has been appointed. As an Ara full time researcher, her responsibility is to report on DEU related research and involve DEU GG and WG members where applicable.

In 2017 Christchurch is holding the biannual Australasian Nurse Educators Conference (ANEC). The Canterbury DEU has been well received at previous conferences. There is now an opportunity for increased exposure at the 2017 conference.

#### Strategic goals:

- Ongoing publication of DEU – CDHB/Ara research.
- Support the move toward online learning and clinical tools
- Involvement with hospital setting relocations including Burwood, the Acute services building and Christchurch City Health precinct.
- DEU representation at ANEC – CHCH 2017.
- DEU involvement in CDHB quality initiatives.

#### Enablers

- Ara Nursing staff gaining access to CDHB Healthlearn.

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- Continue to explore DEU research possibilities.
- DEU GG/WG representation on ANEC Advisory.
- DEU inclusion in CDHB initiatives; (i.e. Safety 1<sup>st</sup>, Releasing time to care, AccuChek and E-Medications).

## 4 Challenges & Goals 2016 /2017

These goals are designed for the short to medium term. The DEU working group will assume ultimate responsibility for meeting and achieving these goals within the identified timeframe (2016-2018)

Challenges for all Canterbury DEUs:

- Maintaining CLN & ALN consistency over 12-24 months within different programmes and DEUs. Ensuring positive feedback is obtained around both the CLN and ALN role.
- Managing the clinical assessment process and feedback for all students in a DEU.

Goals:

- All CLNs and ALNs to have completed Ara/CDHB Introduction to Clinical Learning and Teaching module (or equivalent).
- Encourage and support CLNs to complete the PDRP process. Obtain current statistics of CLNs who are currently on the PDRP pathway and what level.
- Modify the current DEU Workshop to be area specific. This will include ongoing education from identified evaluation recommendations, the assessment process and CLN/ALN roles and responsibilities.
- Provide ongoing support and maintain positive working relationships with clinical areas each semester.
- Less than fifteen percent CLN/ALN turnover rate in less than 12 months.
- 85 percent of CLNs are meeting the terms of the CLN agreement annually.
- Ensure DEU evaluations are completed as per the DEU Evaluation Planner (or as requested) and the action plan is implemented and reviewed prior the next DEU occurrence.

**Acute Services:** Medical wards, Surgical wards, Paediatric wards, Gynaecology, Emergency Department, Intensive Care Unit, Acute Operating Theatres.

Challenges for the Acute Services:

- Significant changes will occur over the next 5 years due to the new models of care and service realignment.

Goals:

- Promote the use of the DEU model for new graduates to increase workforce capacity, promote peer support and teaching and learning in the clinical environment.
- Support the development of a shared IT portal where health information systems and technologies are accessible within Ara to ensure readiness for clinical practice.

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- Promote opportunities to further develop DEUs into the Acute Operating Theatres and Intensive Care Unit to expand workforce development to meet future workforce requirements.

### Older person's health/ Rehabilitation: Spinal Unit, Arranged Orthopaedic Surgery, Brain Injury, Stroke, Medical and Surgical Rehabilitation, Psychiatric Services for the Elderly.

#### Challenges:

Significant changes will occur over the next 5 years due to the new models of care and service realignment.

#### Goals:

- Promote the use of the DEU model for new graduates to increase workforce capacity, promote peer support and teaching and learning in the clinical environment
- Support the development of a shared IT portal where health information systems and technologies are accessible to ensure readiness for clinical practice.
- Promote opportunities to maximise clinical learning experiences into the older person's health and rehabilitation services meet future workforce requirements.

### Primary/Community (Nurse Maude, Healthcare NZ, Community Services Team (CST)/Community Rehabilitation Enablement Support Team (CREST).

#### Challenges:

Adapting the DEU model to align with the individual community services and their evolving models of care.

#### Goals:

- Support and promote the growth of the DEU model in community services to meet future workforce requirements
- Provide ongoing support and maintain positive working relationships within community based DEUs

### Rural Services: Ashburton, Greybase\*

\*Greybase Hospital DEU includes Nelson Marlborough Institute of Technology (NMIT) and Ara students (A collaboration between West Coast DHB, CDHB, Ara and NMIT).

#### Challenges:

- Significant changes will occur over the next 5 years due to the new models of care and service realignment:

#### Goals:

- Explore the use of an adapted DEU model for students and new graduate nurses to address ongoing workforce demographic challenges such as at the Kaikoura Integrated Family health centre.

- Effectively utilise technology to enhance communication within rural service DEUs to increase peer support and teaching and learning in the clinical environment. Relevant DEU WG members to visit key DEU staff a minimum of once each semester.
- Promote the rural learning experiences to students and new graduates for future workforce growth.

**Specialist Mental Health services:** Acute Inpatient/Community Sectors, Forensics, Rehabilitation – Seager and Tupuna, Child and Family service, Intellectual disability persons health – AT&R, PSAID. Alcohol and Other Drug service.

Challenges:

- Recruitment and retention of nursing workforce including BN and DEN graduates:
- Increased demand and patient/client acuity within Mental Health:

Goals:

- Increasing number of RNs and DENs choosing to commence their nursing career within the SMHS
- Senior nursing directorate and DEU WG portfolio holders to meet with each student cohort to gain feedback on clinical experience within the service.
- NESP programme coordinator to meet with all BN, Masters Pathway/BN and DEN students prior to their transition placement and discuss SMHS nursing career opportunities.
- Completion of DEU evaluations as per DEU evaluation planner. Action plan formulated to address recommendations.
- WG portfolio holders from both Ara and CDHB to monitor student involvement in incidents as reported on Safety1st and provide additional support to CLN, ALN and student if necessary.

**Research and Quality Improvement Activities:** Research lead is Isobel Jamison from Ara.

DEU Research plan

1. An exploration of the utilisation of the Canterbury Dedicated Education Unit model of clinical teaching and learning to support graduate registered nurses in their first year of practice.
  - a. An article for submission to Kai Tiaki by December 2016
2. An evaluation of perceptions of readiness for practice: Senior nursing students. A pilot study \*(Part 1 of a 2 part project)
  - a. Data collection for this project will be completed by the end of November 2016
  - b. With research report completed by December 2017
3. An evaluation of perceptions of readiness for practice: Graduate registered nurse experience A pilot study \*(Part 2 of a 2 part project)
  - a. Data collection over the next two years
4. To be developed: A project exploring students experience in community DEU placements

Quality improvement initiatives: - How we can measure the impact of the DEU model on patient outcomes and what this means for staff in our DEUs.

- Involvement and presentation at the ANEC conference – CHCH 2017.
- Safety 1<sup>st</sup>, Releasing time to care, E-Obs, Accucheck, E-meds uptake and implementation.
- Evaluation of Otago Nursing Masters 2016/2017 DEUs.
- NESP and NetP employment statistics remain national leaders.

## 5. References

- (1) - Nursing Workforce data. Sourced from Nursing Council New Zealand, <http://www.nursingcouncil.org.nz/Publications/Reports>
- (2) Ministry of health – Chief Nurse update: [http://www.health.govt.nz/system/files/documents/pages/office-cheif-nurse-sectorupdate-dec15\\_final.pdf](http://www.health.govt.nz/system/files/documents/pages/office-cheif-nurse-sectorupdate-dec15_final.pdf)
- (3) – The future Nursing workforce: Supply projections 2010- 2035 pdf. August 2013. Sourced from Nursing Council New Zealand. <http://www.nursingcouncil.org.nz/Publications/Reports>
- (4) – Data accessed from Nursing Council New Zealand Practicing Certificate Register 2014 - 2015. <http://www.nursingcouncil.org.nz>

## 6 Appendices

### 6.1 Appendix 1: DEU Group Membership

#### DEU Governance Group

The Dedicated Education Unit (DEU) Governance Group (GG) is a decision-making group with a mandate to oversee the maintenance of current DEU practice areas, and to assist the DEU Working Group in the establishment of the DEU model to interested practice areas within Canterbury District Health Board (CDHB). The DEU GG meets once a month.

Current membership includes:

- Executive Director of Nursing: CDHB - Mary Gordon
- Head of School: Department of Nursing, Midwifery and Allied Health, Ara - Dr Cathy Andrew
- A nominated Operational Director of Nursing: Canterbury Health System - Lynne Johnson and West Coast Health System – Karyn Bousfield
- A nominated member of the Nurse Entry to Practice Programme (NETP) CDHB: Becky Hickmott, Nurse Manager Workforce Development
- Nurse Manager Professional Development Unit CDHB: Janette Dallas
- Clinical Manager Ara - Department of Nursing & Human Services: Rose Whittle
- Clinical Coordinator Ara - Department of Nursing & Human Services: Debbie Cook
- CDHB DEU Nurse Educators
- DEU Working Group members

#### DEU Working Group

The DEU Working Group consists of Nurse Educators from CDHB and Nurse Lecturers from Ara. We promote the DEU model; support the existing DEUs and evaluate the experiences that students and staff have while working in the DEU model. We meet on a monthly basis.

Current Membership includes:

Canterbury District Health Board:

- Jacinda King
- Sarah Gibbon
- Raylene Shaw
- Leona Robertson

Ara Institute of Canterbury:

- Debbie Cook
- Rose Whittle
- Natalie Conley
- Karen Edgecombe

## 6.2 Appendix 2: DEU Academic Liaison Nurse Roles & Responsibilities

The Academic Liaison Nurse (ALN) works in collaboration with the Clinical Liaison Nurse (CLN) and DEU staff providing consistent support to assist students to: link theory to practice; socialise students into the professional nursing role; monitor progress and help staff set realistic learning goals for students.

### The ALN role includes:

- Working in collaboration with DEU Nurse Leader (NL), CLN and staff before during and after clinical placements. This includes involvement in student orientation.
- Sharing and discussing expectation of performance with students.
- Communicating concerns about student to: student, CLN, NL and Clinical Course Leader.
- Undertaking formative and summative clinical assessment of students in partnership with CLN.
- Participating in evaluation of the overall effectiveness of the DEU practice area with respect to students learning outcomes.
- Supporting DEU staff in their student teaching role and updating them on curriculum as required.
- Collaborating with DEU practice area on research and quality activities.
- Encouraging student's involvement in quality assurance activities as appropriate.

### Handy hints for ALNs:

- The DEU philosophy is about being flexible and creative, working together with the CLN and CNM to support students within the philosophy of the model.
- Work with the CLN to facilitate the student orientation. The CLN is given supernumerary hours to facilitate this but how it works on the day is decided between the ALN and CLN.
- When planning students' learning experiences take into consideration contemporary issues in clinical practice (e.g. 'Releasing Time to Care' project, ISBAR, eObservations).
- Ask the student to explain their clinical experiences to date. Focus on individual student learning needs and facilitate learning opportunities with the CLN and DEU staff.
- Work with the CLN/NL to plan year one medical/surgical exposure day (e.g. Pair Year One students with Year Two/B or Year Three/B student).
- Work with the CLN to ensure support for students on appropriate shifts.
- Review student rosters to ensure they are fair and equitable. In collaboration with CLN or Nurse Manager Facilitate changing of rosters as the weeks progress to reflect the learning needs of students (e.g. if a student needs wound care assessment and management experience and the dressing is being changed on the next morning shift then it may be necessary for a student to swap shifts).
- Encourage students to have a variety of learning experiences. Encourage Year Three and CAP students to work more independently (under supervision) once orientated to the practice area and practice direction and delegation skills with Year One and Year Two students as appropriate.
- Give students clear expectations of the expected level of performance in relation to their year/part in the programme and how they can achieve the NCNZ Competencies within each Domain of Practice in your DEU. Discuss this with the CLN before the students arrive and have examples for them.
- Be clear with students about the purpose of the daily Clinical Practice Diary at the beginning of the placement and who will review it and when.

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- If you have concerns about a student discuss these with the student, CLN and the Clinical Course Leader. If required formulate and document an action plan on the Ara form 'Notes on Student Progress' outlining specific learning objectives and timeframes. This should be linked to the formative and/or summative clinical assessment forms.
- Work with the CLN to encourage students involvement in quality assurance activities taking place in the clinical area if appropriate (e.g. perform clinical audits and feedback to staff.
- Offer DEU staff academic support as required (e.g. literature searches, participating in collaborative research).
- Teach students in clinical within your scope of practice. This may include planning patient care, medication administration, or patient assessments. Do this in conjunction with the RN who is responsible for the patient care.

### ALN hours

The ALN hours are calculated according to the numbers of students per DEU and their year/part in the DEN/BN Programme. The following hours include time for formative and summative assessments.

- Year 2, Part A and B students: 30 minutes per student per day.
- Year 3, Part A students: 9 hours per student for the 6 week block (approx 1.5 hrs per week).
- Year 3, Part B students: maximum of 10 hours per student for the 11 week block (approx 1 hr per week).
- DEN, 30 minutes per student per day.
- CAP, 1.5hrs per week

Contact hours are direct contact with students in a clinical placement including hours used for orientation and student clinical assessments. The time allocated for clinical assessment is 1.5hrs per student for formative assessment and 1hr per student for summative assessment. The allocated contact hours include a loading factor which allows for clinical preparation with the CLN, meetings related to the clinical placement and marking of clinical work. The loading factor for Part Time (P/T) ALNs clinical contact hours is decided by the Head of Department and is usually 0.2.

The ALN in conjunction with the CLN develops a plan for when they will be present in the DEU based on the hours that they had been allocated/per student/per DEU. The ALN reports to the Ara Clinical Course Leader for course and student related issues. P/T staff should contact the Clinical Manager for any professional or workload issues. Full Time (F/T) staff should also contact their Nursing Manager in relation to these issues. Please refer to Clinical Manager (for P/T tenured staff) or Head of School/Nursing Manager (for F/T staff) for more information.

### Additional hours for ALN's

ALN's can negotiate additional contact or non-contact hours with the Clinical/ Nursing Manager for the following reasons:

- There are students from different years/programmes in a DEU.
- Multi-sited DEUs, e.g. across a clinical service or hospital.
- When the ALN or CLN is new to a DEU.
- When establishing a DEU.
- When a student(s) requires significant additional input.
- To attend any additional clinical course related meetings.
- To undertake additional marking as requested by the Clinical Course Leader.
- To attend an DEU workshop.
- To attend the Ara Clinical Teaching and Learning course, Introduction to for Registered Nurses (GCCT700) Zero fees (if required).

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### Appendix 3: DEU Clinical Liaison Nurse Roles & Responsibilities

The Clinical Liaison Nurse (CLN) is a Registered Nurse (staff member) from the DEU whose role is to promote and co-ordinate student learning opportunities during their clinical placement.

The CLN role can be assigned to one or more Registered Nurse(s) for each DEU, they will be responsible for specific tasks associated with the clinical placement of nursing students in conjunction with the Academic Liaison Nurse (ALN) and Nurse Leader (NL). The CLN is not a designated senior nursing role nor is it an appointed position. The CLN will first present an expression of interest to their Nurse Leader. If they are to become the CLN, they complete a CLN agreement form to send to the DEU NEs.

#### The CLN acts as a liaison person:

- Between students,
- DEU staff, ALN and Nurse Manager.
- With DEU staff regarding student's role, learning needs and progress within the DEU.
- With the ALN regarding student progress
- Between education and service provider to assist students to make the link between theory and practice.

#### The CLN organises student experiences in routine nursing care on a day to day basis by:

- Providing orientation for nursing students on their first day.
- Allocating students to DEU staff, peers and /or patients/clients.
- Arranging student rosters and liaising with the ALN.
- Anticipating and organising extra experiences for student in relation to their patient'/clients' and in collaboration with the RN supervising the student, i.e endoscopy clinic, theatre and community agencies etc.
- Working with students on a one-to-one basis as required and reviewing clinical practice diaries.

#### In addition the CLN will:

- Update the ALN with student's progress as necessary. Work with the ALN to develop a student action plan where necessary.
- Complete student clinical assessments in partnership with the ALN.
- Encourage DEU staff (including MDT) to participate in student teaching.
- Encourage students to be self-initiating, self-correcting and self-evaluating.
- Be involved in collaborative research and quality activities as appropriate.
- Participate in the evaluation of the overall effectiveness of the DEU practice area with respect to students learning outcomes.
- Demonstrate a commitment to ongoing professional development eg PDRP, post graduate study.
- Have an understanding of the programme curriculum and what level the students should be at.

#### Collaborative assessment process

This is an example of how the collaborative assessment takes place in a DEU:

Formative assessment 1.5 hrs per student

- Prior to meeting, CLN seeks feedback from RN's and other relevant clinical staff to inform assessment meeting.

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- Student hands in self-assessment to CLN or ALN before day of assessment.
- At the time of assessment the ALN and CLN spend the first 30 mins looking at student self-assessment and discussing where they think the student is according to assessment form.
- The student is called in and the ALN, CLN and student discuss student progress and set goals for rest of placement.
- The assessment form is written up completed within the timeframe of 1.5 hours

A similar format would be followed for the Summative assessment to be completed within the timeframe of 1 hour.

The CLN role is allocated supernumerary time throughout the student placement. These hours are outlined below.

### Microster

CDHB staff allocate the CLN hours using: N DEU - Nursing Dedicated Education Unit with the following hours attributed:

- 8 hours for attendance at the DEU Workshop
- 8 hours for attendance at CPIT Introduction to Clinical Teaching for Registered Nurses GCT700. (If the CLN has already completed this previously then it is not repeated).

Each semester the DEU Nurse Educator will calculate the supernumerary hours for the CLNs and email this to them, the CNM and the respective DON.

### Per Placement/Semester

This will vary depending on the number of students. The hours are as follows:

- 8 hours for preparation for the student placement.
- 8 hours for student orientation.
- 1 hour per week of the placement for CLNs to use to manage the placement or undertake improvements to the DEU resources. This is flexible as to how it is utilised over the placement, thus it can be allocated as an hour each week or allocated as 2 hours per fortnight or taken as one block of 5 or 6 hours per placement (depending on the placement length).
- 1.5 hours per student for completion of formative assessment.
- 1 hour per student for completion of summative assessment.