Title:
The Clinical Clusters Education Model Supporting Nursing Student Learning: An Implementation Case Study

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Session Title:
Evidence-Based Practice Poster Session 3
Slot (superslotted):
EBP PST 3: Sunday, 30 July 2017: 9:45 AM-10:15 AM
Slot (superslotted):
EBP PST 3: Sunday, 30 July 2017: 12:00 PM-1:15 PM
Slot (superslotted):
EBP PST 3: Sunday, 30 July 2017: 2:00 PM-2:30 PM

Keywords:
clinical workplace, nursing education and student learning

References:
Aarons, G.A., Green, A.E., Palinkas, L.A., Self-Brown, S., Whitaker, D.J., Lutzker, J.R., Silovsky, J.F., Hecht, D.B., Chaffin, M.J., 2012. Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science* 7:32.

Chambers, D.A., Glasgow, R.E., Stange, K.C., 2013. The dynamic sustainability framework: addressing the paradox of sustainment amid ongoing change. *Implementation Science 8*, 117, 11pp.

Mulready-Shick, J., Flanagan, K.M., Banister, G.E., Mylott, L., Curtin, L.J., 2013. Journal of Nursing Education 52(11), 606-614.

Abstract Summary:
This presentation reports on a project aimed to enhance nursing student learning in the clinical workplace by shifting the focus from facilitator-centred to student-centred learning consistent with a Dedicated Education Unit model.
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
On review of the poster, and discussion with author, the participant will be able to: 1. Discuss the benefits and limitations of the Dynamic Adaptation Model for	Dynamic Adaptation Model is described and each phase aligned to processes undertaken, data sources and the outcomes achieved.

implementation of the Dedicated Education Unit model in different clinical settings	
2. Identify areas for further research in regard to sustainability and specifically the tension between adaptation and fidelity in the implementation of evidence-based education programs.	The challenges for sustainability are discussed and potential and planned strategies to address them are discussed.

Abstract Text:

Clinical education in nursing has undergone significant transformation since the turn of the century. In particular, evidence to support high levels of student engagement and learning in the Dedicated Education Unit (DEU) model indicates that this approach has value for students, hospitals and universities (Mulready-Shick et al., 2013). The process of implementation of clinical education programs based on the successful DEU model has not been well addressed to date. Further, implementation of evidence-based programs, such as the DEU, often requires adaptation to meet local sociocultural contexts. The risk with adaptation is loss of program fidelity (Chambers et al., 2013), in this case student engagement and learning.

The aim of this presentation is to describe the implementation of an adaptation of the DEU model, known as the Clinical Clusters Education Model (CCEM), at one hospital in southeast Queensland. The Dynamic Adaptation Process (DAP) of implementation (Aarons et al., 2012) provides the theoretical framework for the case study of implementation. The DAP has been used for large-scale program implementation in family services. Like family services, clinical education is grounded in multiple networks of relationships and interests, therefore the selection of DAP is considered to be appropriate.

Using the DAP framework, the stages of development and evaluation are described. In the Explore phase, the aim was to shift the focus from facilitator-centred learning to student-centred learning, consistent with the DEU model. This was undertaken in a pilot study of one area of the health service, whereby the primary learning relationship was between the students and the ward staff rather than the clinical facilitator and the student group (1:8 model). In the Preparation phase, the structure of the CCEM took shape, with clinical facilitators working in teams to support student learning in a group of wards. The focus of learning shifted from a direct facilitator-student relationship to a student-ward staff focus, where students had greater locus of control over their learning experience, within established boundaries (scope of practice). The preparation phase focused on comprehension and translation of the model to the hospital context, and renegotiation of facilitator-student relationships. The Implementation phase began in early 2015 and continues today. During the implementation phase, evaluation data was collected to ascertain model feasibility and effectiveness, and implementation success. The process of implementation has been challenging as ward staff learn to engage the students into their work, providing experiences that are appropriate to their learning journey. Early data suggests that the model is feasible and effective, in terms of student learning. Initial student dissatisfaction with the model has since been replaced with student feedback indicating increased levels of confidence and satisfaction. We are entering the final phase, Sustainment. In this phase, we will focus on (1) program fidelity, mapping the elements of the DEU model that have been employed in the CCEM; (2) program adaptation, mapping deviation from the original DEU model; (3) program effectiveness, how students are engaged and learning; and (4) implementation fidelity, focused on clinician and facilitator confidence to support student learning in the CCEM and alignment of this strategic change with the multiple education partner expectations for student learning and the health service's Magnet® Recognition journey.

The DAP provides a useful framework for implementation of evidence-based clinical education models. Process evaluation is an important consideration in program implementation, focusing on the effects of adaptation on overall program effectiveness.