The Clinical Clusters Education Model (CCEM) supporting nursing student learning: an implementation case study

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The aim of this presentation is to describe the implementation of the Clinical Clusters Education Model (CCEM) in a Health Service in South East Queensland, Australia. The CCEM is an adaptation of the Dedicated Education Unit (DEU) model for nursing clinical placements. Since the development of the DEU model, evidence supports high levels of student engagement and learning indicating that this approach has value for students, hospitals and universities.[1]

The impetus for change stemmed from the recognition of the local drift to a facilitator-centric rather than student learning centric focus.

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,[2] in this case student engagement and learning.

Figure 1: *The change from Facilitator-centred 1:8 model to Clinical Clusters Education Model*

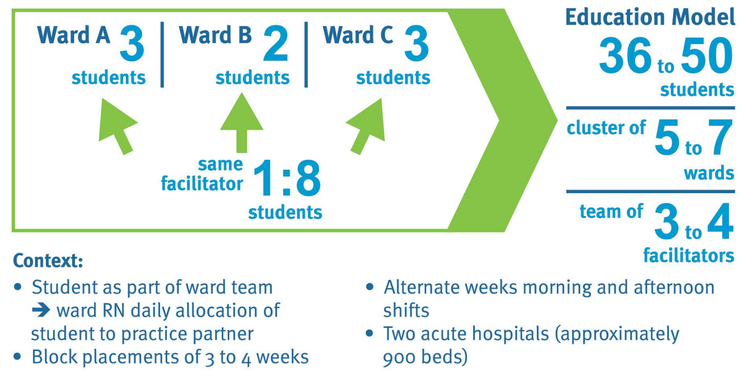
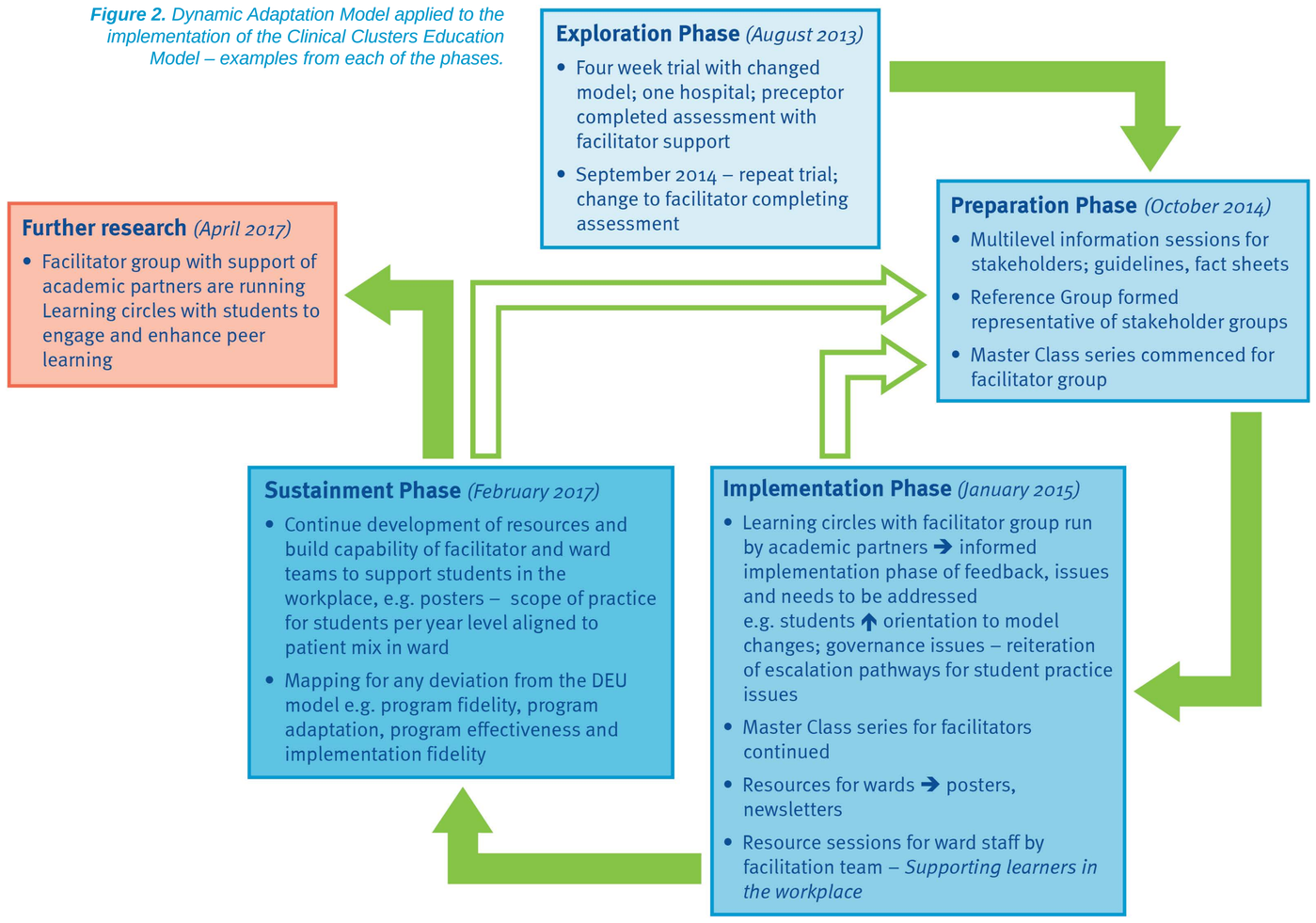


Figure 2. *Dynamic Adaptation Model applied to the implementation of the Clinical Clusters Education Model – examples from each of the phases.*



Outcomes to date

During the implementation phase, evaluation data was collected to ascertain model feasibility and effectiveness, and implementation success. 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.

An ongoing challenge for sustainment of the CCEM is the continual churn at least a 30 % turnover of temporary staff within the facilitator group across the year. Hence a critical factor is the evolution of orientation and development strategies that stay aligned to the direction of the model.

Further research

In April 2017, led by our academic conjoint positions we are implementing a strategy to explore students' engagement in peer learning. The strategy is coordinated by the facilitator group and utilises learning circles with student groups to explore a clinical situation/ topic of their choice.

The framework for implementation: Dynamic Adaptation Process

The Dynamic Adaptation Process (DAP)[3] which includes the phases of **Exploration, Preparation, Implementation** and **Sustainment** 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 summarized in Figure 2. After two, separate four week trials at one hospital in the **Exploration Phase,** the structure of the CCEM started to take shape in October 2014. In this **Preparation Phase,** 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 re-negotiation of facilitator-student relationships.

The **Implementation Phase** began in early 2015 and continues today. 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.

In February 2017 we entered the **Sustainment Phase**. In this phase we are focusing on mapping the elements of the DEU model that have been employed in the CCEM, any deviation from the original DEU model and the effectiveness of student engagement and learning.

A **key benefit** of the phased DAP model for implementation is that 'this process is continuously iterative, in that ongoing experience can inform continued adaptation as needed' (p 9).[3] For instance changed practices, feedback or outcomes during the implementation phase have highlighted particular aspects of preparation that need to be developed or modified to enhance the capability of facilitator and ward staff to support the CCEM.

References

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