

Defining Roles and Expectations for Faculty, Nurses, and Students in a Dedicated Education Unit

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Disclosure Statement

All presenters and contributing members have listed no financial interest/arrangement that would be considered a conflict of interest.

Learning Outcomes

- Articulate the components of the Creighton DEU model.
- Describe the process used to identify the roles and expectations of the faculty, staff nurses, and students in the DEU model.
- Recognize the value of having standardized guides to inform teaching and learning in the DEU model.

Show of Hands.....

- How many of you are teaching in the clinical setting?
- How many of you are teaching in a traditional clinical model?
- How many of you are teaching in a DEU clinical model?

As we start to talk about our experience at Creighton University, reflect on your own experiences transitioning into the DEU clinical setting.



Creighton DEU Model (C-DEU)

A collaborative partnership involving intentional faculty presence, engagement, and frequent communication with the SNIs and students.



- Faculty present majority of shift
- Purposeful rounding at regular intervals
- Clear communication of expectations regarding student progression
- SNI evaluation of students using Creighton Competency Evaluation Instrument (CCEI) weekly.

Identification of Faculty Concerns



Problem:

Gap in the literature - Lack of resources and support in the literature to educate faculty, nurses, and students about how to best transition from a traditional to DEU model

Need to develop clear weekly progression expectations in partnership with the SNIs and share them with students.

Purpose:

Describe the development of the Creighton DEU Student Progression Guide and Creighton DEU Faculty Rounding Guide which define the roles and expectations for optimal teaching and learning in the DEU.

Time to Reflect and Share...

- When you started in the DEU clinical setting, what were your concerns moving from a traditional clinical setting?



Methods

Focus
Groups

Theme 1
Faculty role in the
teaching relationship

As faculty transitioned into the DEU model, most stated that they felt “awkward” and didn’t know what their role was now that an SNI was involved.

“I felt kind of superfluous, extraneous”.

“I didn’t get to spend as much one-on-one time because I was trying to figure out a good time to talk to the student”.

Methods

Theme 2

The ambiguity about expectations for student learning and progression

Optimal clinical teaching and learning must be driven by desired outcomes, rather than driven by the milieu of the clinical environment on any given day

Discussions revealed faculty and SNIs may not share a common vision of week-to-week progression expectations for students.

Guides

- Two guides were developed to outline the student expectations throughout the DEU experience and to outline the role of the faculty in the DEU clinical model.
- The guides help to provide consistency and transparency among the students, SNIs, and the faculty.
- The goal is to live out the guide.

Creighton DEU Student Progression Guide

Creighton DEU Student Progression Guide: Acute Care

Students should demonstrate consistent progression toward competence in goals and behaviors described below.

Week 1	<p>Day 1: Student orients with SNI by shadowing for charting, general unit routine, and medication administration</p> <p>Student should be assigned 2 patients to assess and manage while orienting Attend interdisciplinary discharge care rounds if applicable (1:1 in ICU)</p> <p>Expectation is that students will have orientation and unit tour prior to first day; ensure that EMR and PYXIS access is working; Orientation should also include overview of roles of faculty and roles of SNIs</p> <p>CF will ask SNIs: How can CF be most helpful on the first day/week?</p> <p><u>Goal:</u> Assimilation, orientation to unit & workflow; relationship development with SNI</p>
Week 2	<p>Medical-Surgical: Take 2-3 patients (as census allows); Critical care: 1-2 patients</p> <p>Attend interdisciplinary discharge care rounds if applicable</p> <p>Independent assessments (as appropriate); Obtain meds/supplies from PYXIS with supervision Provides handoff report with support from SNI</p> <p><u>Goal:</u> Increased independence; learning the flow of unit, patient care routine, and time management while performing assessments and medication administration</p> <p><u>Clinical reasoning:</u> CF and SNI provide some prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with some cueing</p>
Week 3	<p>Medical-Surgical: Take 2-3 patients (as census allows); Critical care: 1-2 patients</p> <p>Independent assessments (as appropriate); Obtain meds/supplies from PYXIS with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing</p> <p><u>Clinical reasoning:</u> CF and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>

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Week 4	<p>Medical-surgical: Take 2-3 patients (as census allows); Critical care: 1-2 patients</p> <p>Independent assessments (as appropriate); Obtain meds/supplies from Pyxis with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing</p> <p><u>Clinical reasoning:</u> CF and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>
Week 5	<p>Medical-surgical: Take 2-3 patients (as census allows); Critical care: 1-2 patients</p> <p>Independent assessments (as appropriate); Obtain meds/supplies from PYXIS with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing</p> <p><u>Clinical reasoning:</u> CF and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>
Week 6	<p>Medical-surgical: Take 2-3 patients (as census allows); Critical care: 1-2 patients</p> <p>Independent assessments (as appropriate); Obtain meds/supplies from PYXIS with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing</p> <p><u>Clinical reasoning:</u> CF and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>

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Creighton DEU Faculty Rounding Guide

CREIGHTON DEDICATED EDUCATION UNIT FACULTY ROUNDING GUIDE

STUDENT	CLINICAL FACULTY: Rounding as indicated below; on-call if not on unit
<p style="text-align: center;"><u>MORNING</u></p> <p>0630 to 0645: students arrive, review assignments, look up patient data</p> <p>0700-0900: bedside report, assessments, vital signs, documentation, and AM meds</p> <p>0900-1100: verbal pt and med report to CF, and participate in interdisciplinary discharge care rounds as available</p> <p>*Throughout Shift: patient specific daily cares and collaborate with care team to promote positive patient outcomes</p>	<p style="text-align: center;"><u>MORNING</u></p> <p>Report from each student after assessments are done:</p> <ul style="list-style-type: none"> • Patient profile • Medication Review • Priority outcomes <p>Meet with SNI to assess student status/performance</p> <p>Help with meds, skills, as time allows</p>
<p style="text-align: center;"><u>AFTERNOON</u></p> <p>Continue cares as unit flow and patient needs require Meet with SNI to assess student status/performance</p>	<p style="text-align: center;"><u>AFTERNOON</u></p> <p>Review paperwork with students:</p> <ul style="list-style-type: none"> • Care management priorities • Clinical reasoning • Continued discussions from morning rounds <p>Meet with SNI to assess student status/performance</p> <p>Help with meds, skills, as time allows</p>

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Settings for the Guides

- OB, Mental Health, Med/Surg, and Critical Care.
- The guides can be altered to fit the clinical setting in which they are utilized.

Creighton DEU Student Progression Guide: Mental Health

Students should demonstrate consistent progression toward competence in goals and behaviors described below.

UNIT A, B, & C

Day 1	<p>Student orients with SNI by shadowing for charting, general unit routine, and medication administration</p> <p>Student should be assigned 1 patient to become familiar with charting by observing the SNI and navigating EPIC, assessments, and manage while orienting.</p> <p>Student will attend groups, be encouraged to be out on the unit for communication with other patients.</p> <p>Attend interdisciplinary discharge care rounds if applicable</p> <p>Expectation is that students will have orientation and unit tour prior to starting first day</p> <p>Orientation should also include overview of roles of faculty and roles of SNIs</p> <p>Faculty will ask question to SNIs: <i>How can CF be most helpful on the first day/week?</i></p> <p><u>Goal:</u> Assimilation, orientation to the unit and workflow; relationship development with SNI, getting comfortable on the unit and talking to patients, become familiar with navigating charts.</p>
Day 2	<p>Student should be assigned 1 patient: preferably the same patient as previous day if applicable.</p> <p>Attend interdisciplinary discharge care rounds if applicable</p> <p>Prioritize assessments and tasks for the day. Perform independently if applicable.</p> <p>Review medications to be administered.</p> <p>Administer medications under supervision of SNI</p> <p>Provides handoff report with support from SNI using SBAR format</p> <p><u>Goal:</u> Increased independence; learning the flow of unit, patient care routine, time management while performing assessments and medication administration, gaining comfortability within the unit and communicating with patients, and familiarity with assessments as applicable within the setting.</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide some prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with some cueing, open discuss of patient medications, discuss potential nursing diagnosis with student.</p>

Day 3	<p>Student should be assigned 1 patient, 2 if SNI allows</p> <p>Independent assessments (as appropriate); Prioritize assessments and tasks for the day. Review medications to be administered. Administer meds/supplies with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI using SBAR format</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing; communicating openly with patients utilizing therapeutic communication techniques.</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>
Day 4	<p>Student should be assigned 1 patient, 2 if SNI allows</p> <p>Independent assessments (as appropriate); Prioritize assessments and tasks for the day. Review medications to be administered. Administer meds/supplies with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI using SBAR format</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing; communicating openly with patients utilizing therapeutic communication techniques.</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>
Day 5	<p>Student should be assigned 1 patient, 2 if SNI allows</p> <p>Independent assessments (as appropriate); Prioritize assessments and tasks for the day. Review medications to be administered. Administer meds/supplies with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI using SBAR format</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing; communicating openly with patients utilizing therapeutic communication techniques.</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>

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Special Care Unit

Day 1	<p>Student orients with SNI for general unit routine.</p> <p>Student should be assigned 1 patient to become familiar with charting by observing the SNI during assessment and learning the difference in charting.</p> <p>Independent assessments (as appropriate); Prioritize assessments and tasks for the day. Review medications to be administered; Administer meds/supplies with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI using SBAR format</p> <p>Student will attend groups, be encouraged to be out on the unit for communication with other patients.</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care as allowed; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing; becomes familiar with different terminology;</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with cueing.</p>
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Day 2	<p>Student should be assigned 1 patient (same as previous day if applicable).</p> <p>Independent assessments (as appropriate); Prioritize assessments and tasks for the day. Review medications to be administered; Administer meds/supplies with supervision Participate in interdisciplinary discharge care rounds by giving report on assigned patients Provides handoff report with minimal support from SNI using SBAR format</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, patient care routine; readily engages in patient care; anticipates patient needs, performs follow-up assessments as needed; responds to abnormal findings appropriately with minimal cueing</p> <p><u>Clinical reasoning:</u> Faculty and SNI provide minimal prompting in linking clinical manifestations with associated pathophysiology and plan of care; readily able to prioritize patient needs with minimal cueing.</p>
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Assessment Center – House Supervisor Observational Role

Day 1	<p>Student orients with Staff nurse for general unit routine and basics of what is expected.</p> <p>Student will observe the nurse charting, assessments if applicable, and assist with vitals.</p> <p><u>Goal:</u> Knowledgeable of unit routine, workflow, initial assessments, how to relay information to the physician, determine the patient's need for inpatient, understand the importance of outpatient assistance. Understand the variety of the roles of nursing staff, how to manage staffing needs, utilizing resources, and managing acuity of units while working off staff strengths.</p>
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Evaluation of the Guides

Two 4-question surveys were completed by SNIs and students following the first semester in which the guides were used.

Students

- Students reported that the Faculty Rounding Guide helped them to be more organized and prepared.
- “Promoted better awareness for how students should gradually increase nursing care responsibilities and independence throughout the rotation.”
- “Helped to understand the rationale for faculty’s expectations”.

SNIs

- SNIs indicated that the Faculty Rounding Guide helped them to understand the faculty role and expectations.
- “Promoted clarity of faculty expectations for the SNI”.
- Student Progression Guide supported the SNIs’ efforts to help students gain confidence and independence.

Future Work

- Continue our work to further investigate the exact impact that the guides have on the student learning experience in the DEU clinical setting.
- Compare our DEU model which utilizes the guides with a DEU model that does not utilize the guides.

Thoughts for the road.....

- Could you see the Creighton DEU Faculty Rounding Guide and the Creighton DEU Student Progression Guide being helpful in your clinical setting?
- In what ways could you modify these guides to accommodate your clinical setting?



Questions?

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