

# **Dedicated Education Units in Europe (DEUs-EU): Implementation guide**

**Setubal, Portugal**

**Barcelona, Spain**

**Warsaw, Poland**

**Izmir, Turkey**

**Leuven-Genk, Belgium**

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Implementation guide

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## **Dedicated Education Units in Europe (DEUs-EU): Implementation guide**

### **1. Introduction**

The education of nurses in Europe has been transferred more and more from vocational or hospital-based school systems to Higher Educational Institutes (HEIs – universities or colleges) (Antohe, Riklikiene, Tichelaar, & Saarikoski, 2015; Spitzer & Perrenoud, 2006; Warne et al., 2010). Meanwhile the role of the nurse teacher has evolved in many ways. Apart from teaching, research, training, contract services, projects etc. also became part of the job.

In clinical practice the role has evolved from a clinically skilled practitioner working mainly with students to a more indirect role in practice and often acting as a liaison person between the HEI and the health care facility (Warne et al., 2010). Student nurses spend a large amount of time under the supervision of the clinical mentors in practice (Dobrowolska et al., 2015).

Europe stipulates that a pre-registered nurse has to be trained full-time for at least three years or 4600 training hours. Clinical training must constitute one half of the training (2300 hours) which makes this type of experiential learning extremely important (DG Internal Market, 2012). It is on that account that the academic nursing and midwifery faculties and the health care facilities need to be partners in training the student nurse. Both need to embrace students in a clinical practice environment that meets the criteria of a powerful learning environment in order to maximize student nurses' learning outcomes.

To improve practice education for the benefit of students, staff and patient, new health care and academic, collaboration models are needed.

#### DEU-Flinders:

In 1997 a new strategy for clinical education was introduced by the Flinders University of South Australia, (FUSA) School of Nursing to address some shortcomings. Internships were too short to integrate theory with practice and to understand the role of staff; clinical staff didn't have enough knowledge of students' educational requirements and they were often stressed by their supervision role; academics were concerned about the student's difficulty to transfer knowledge from theory to practice and students felt they had insufficient assistance from the academics when responsible for students in several units (Edgecombe, Wotton, Gonda, & Mason, 1999).

Existing health care units were further developed to provide an optimal clinical learning environment for student nurses by strategic collaboration between nurse-clinicians and

academics in the form of Dedicated Education Units or DEUs (Edgecombe et al., 1999; Gonda, Wotton, Edgecombe, & Mason, 1999; Wotton & Gonda, 2004).

The philosophy of the DEU was one of respect and trust between clinicians and academics to establish an environment that benefits student learning and clinicians and academics' practice (Edgecombe et al., 1999). Their main strategies to achieve the DEU clinical learning environment were (1) close collaboration between clinicians, teachers and students to enhance transfer of learning and development of practice, (2) more time for students to learn in practice, together with peers, (3) one-to-one relationships between clinical nurses and students based on preceptorship, (4) strong relationships of academics with weekly presence on the unit to enhance students' clinical reasoning skills and reflection, and (5) on-site tutorials for student groups by visiting academics (Edgecombe et al., 1999).

Around 10 students from third, second and first year were placed in a unit for 2 or 3 days a week during one semester (16 weeks). The third year students were supervised by a Registered Nurse and after a few weeks, second and first year students subsequently joined this clinical team and participated in peer teaching/learning, supervised by the Registered Nurse (Wotton & Gonda, 2004). Clinicians were prepared to facilitate students' clinical learning by a one-day workshop to become a mentor. And academics (nurse teachers) established a strong and long term relationship with one unit. They worked directly with students for eight to ten hours a week and they discussed and collaborated with clinicians about teaching strategies and evaluation of students' learning process and achievements (Gonda et al., 1999).

The evaluation concluded that a DEU enhanced the transfer of theory into practice and it allowed students to practice as part of the ward team (Gonda et al., 1999).

#### DEU-Portland:

The innovative DEU model as introduced by the Flinders University of South Australia was further enrolled by the University of Portland, Oregon. The main goal of the University was to increase enrollments of nursing students and to give them internships in an optimal clinical learning environment. To achieve this goal the University started partnerships with the health care organization to install DEUs (Moscato, Miller, Logsdon, Weinberg, & Chorpensing, 2007).

The 'DEU-Portland' adapted the concept from the 'DEU-Flinders' to reach their mutual goals between HEI and health care organization. The nurse from the DEU, called clinical instructor (CI), works with the same two students for a 6-week rotation based on preceptorship and the CI takes part in a one-day workshop organized 3 times a year by the HEI. The academic teacher, called clinical faculty coordinator (CFC), has a daily presence on the DEU to support the CIs. He or she does not work directly with students but with the CIs to encourage the use of evidence-based teaching and learning strategies and to guide the learning process and evaluation of the student. On the DEU the clinical level of the students was the same and there was an exclusive use of the internship placement by one school of nursing (Moscato et al., 2007).

The authors helped staff and faculty to appreciate their new roles by visualizing the DEU as a “village” where they “raised” the nurse student while working together and focusing on talents (Moscato et al., 2007).

The evaluation of the DEU-Portland revealed a great deal of benefits for students and clinical instructors. Students felt they were welcome in a “village” with a lot of support on teaching and learning. They strongly valued the one-on-one consistency with their CI because the instructor was always available, knew their strengths and limitations and was able to challenge them individually. Apart from those benefits, they have doubled their enrollments while supporting an optimal clinical learning environment and they installed close, committed collaborative relationships with the health care partners (Moscato et al., 2007).

DEUs found their way from Australia and New Zealand through the United States even to Canada, but the many positive outcomes that have been published have primarily involved DEU implementation outside Europe. Despite the increasing focus on these types of innovative educational opportunities in European care settings, no projects exist that specifically describe the modifications of this model to the European higher education framework, the cross-border cooperation between DEU and the specific training that is needed for nurses and teachers.

Both DEU’s focus on creating an optimal clinical learning environment for students through a partnership between the HEI and the health care facility.

A learning environment is determined to facilitate learning in order to establish change in knowledge, attitude and skills. A learning environment is powerful when it effectively supports the student in learning. It is a realistic environment with a clear vision on the functionality of learning, challenges them to learn together and thus enhances their intrinsic motivation at the same time. Students feel responsible for their own learning process, determine their own actions and evaluate them autonomously. The supervision of students in a powerful clinical learning environment is based on coaching instead of conveying information (Simons, 2009).

Henderson, Cooke, Creedy & Walker (2012) conducted a review about student nurses’ perceptions of learning in practice environments. They state that there is an importance of clinical learning environments where students value a sense of belonging and that are built on open communication within the clinical team with direct interactions with students during their placements. These interactions should involve critical reasoning which can be achieved when behavioral practices encourage discussion and questioning around health care practices. Behaviors that facilitate learning about nursing practice and encourage questioning are very important to exclude traditional, not evidence-based patient care. In clinical placements with less powerful learning opportunities students try to become part of the team by ‘fitting in’ to practice environments instead of learning how to critically reflect on the practical environment. Students adopt strategies as getting the work done and learning the rules of the nursing team instead of questioning the practices and explore evidence around strategies (Henderson, Cooke, Creedy, & Walker, 2012).

Saarikoski and Leino-Kilpi (2002) reviewed literature for research into clinical teaching to develop an instrument to measure the students' perception of the clinical learning environment and clinical supervision (CLES). The main themes and conclusions of their search were:

**Atmosphere characteristics:**

The atmosphere needs to be non-hierarchical and consisting of teamwork, a good team spirit, good communication and motivated staff that works together.

**Leadership style of the ward manager:**

A democratic leadership style and a ward manager aware of physical and emotional needs of staff and students stimulates and strengthens the participation and commitment of nurses to learning experiences of students.

**Premises of nursing on the ward:**

High quality nursing care is the best context for successful learning experiences. Also there is evidence of an analogy of the relationship between students and staff to the relationship between patients and staff. The better the relationship between student and staff, the better the relationship between patients and staff and vice versa.

**Premises of learning on the ward:**

A good clinical learning environment has presence of practical components (meaningful learning situations, feedback, familiarization, ...) and offers opportunities for professional development in which the clinical mentor prioritizes the values, attitudes, moral comprehension, information and skills from the group. Open communication and solidarity between clinical staff and clinical nurses are essential for this learning on the ward.

**Supervisory relationship:**

One-on-one relationship provided by staff nurses was the most important element for students. The close relationship between nurse and student will provide individual support and facilitate the students' learning.

The results of the research concluded that for a 'good' clinical learning environment the two most important factors are the management style of the ward manager and the premises of nursing on the ward. On students' level the most important element was the one-on-one relationship provided by staff nurses (Saarikoski & Leino-Kilpi, 2002).

The study of Warne, et al. (2010) investigated the clinical learning experience of student nurses in nine European countries using the CLES. The study states there was a move from group supervision to a one-to-one supervision in the supervisory relationship in the participating countries. This single element was the most important element in the clinical experience. It also revealed that students who had a longer clinical placement (> 7 weeks) had a higher mean value with their level of satisfaction than students with shorter placements. Besides the level of satisfaction of the student, the duration of the internship also influenced how the quality of supervisory relationship and pedagogical atmosphere on the unit were experienced. Student nurses need time on the clinical placement to see the entire individual nursing process, with the same patients. They need time to get a clear

understanding of the nursing role, which is difficult when they get disconnected tasks during a short placement (Warne et al., 2010).

Claeys et. al (2015) examined the difference in learning culture and learning performance between a traditional clinical placement, a dedicated education unit and work-based learning.

They found a positive and significant link between the learning culture and the number of weeks spent on the clinical placement. The longer the clinical placement lasted, the better the learning culture was perceived. Also the more days per week that students were supervised by the same mentor, the more positive they experienced the learning culture. And when there were two or more meetings between the student, mentor and practice tutor, this also positively influenced the learning culture. On the other hand, there was a negative and significant link between the number of students on the clinical placement and the learning culture. When there were fewer students on the unit, this had a positive effect on the learning culture (Claeys et al., 2015).

When they investigated the learning performance of the students for the 'assessment', 'planning' and interventions' competencies, they found the highest percentages in the DEUs. Students achieved a statistically significant more positive learning performance when they mainly worked together with the same mentor. Also the more patients the student was responsible for during the clinical placement, the higher the learning performance was for the 'interventions' competency. This was statistically significant compared with students with responsibilities for a lesser amount of patients.

Students of the DEU could more often autonomously take care of patient admission and discharge and doctor's rounds. Also they reported to have more responsibility for a bigger group of patients and they came across stressful situations more often than students on traditional clinical placements.

Rhodes, Meyers & Underhill (2012) evaluated the implementation of a DEU to explore the perceptions of students, DEU nurses and university faculty regarding clinical experiences and outcomes of a clinical learning environment on a DEU using a mixed-method descriptive study design.

Students reported more trust from the nurses in their abilities. They worked one-on-one with a DEU nurse which allowed them to become more adapted and more efficient. They felt being part of the team and encouraged by their DEU nurse to grow and learn and they received increasingly more responsibilities in patient care. They stated that the DEU environment encouraged combining theory with practice and critical reasoning on the unit through independent problem solving, stimulated by their DEU nurse. Students also state that the DEU nurses need to be thoroughly picked and they have to want to be a DEU nurse (Rhodes, Meyers, & Underhill, 2012).

The DEU nurses found it rewarding to watch the student grow and most of them were satisfied with the workload of a DEU nurse. Almost all DEU nurses highly valued the professionalism with the role and pursued opportunities for professional growth. The biggest challenge was to combine the assignment of students with the assignment of patient (Rhodes, Meyers, & Underhill, 2012).

DEU nurses were mentored by the faculty in their role to teach students how to think critically and how to use EBP. They had to clarify their role and the role of the DEU nurse to the

students, so they understood the influences. Faculty enjoyed the development of the nurses as educators and saw nurses become more involved in evidence-based care and less task-oriented. A DEU is not only for development of students, but also for nursing staff development (Rhodes, Meyers, & Underhill, 2012).

## **2. Conceptualizing a Dedicated Education Unit in Europe (DEU-EU)**

### **2.1. Introduction**

This Erasmus+ project with the title 'Implementation and Evaluation of Dedicated Education Units in Europe' (IDEUs-EU) will test and adapt a new model for practice-based learning throughout five European contexts: Spain, University de Barcelona – Hospital Clinic de Barcelona; Portugal, Polytechnic Institute of Setúbal – Centro Hospitalar de Setúbal; Turkey, Izmir University – Izmir University Medical Center; Poland, Medical University of Warsaw – St. Sophie Hospital, Warsaw; Belgium, University College Leuven-Limburg – University Hospital Leuven and Hospital East-Limburg.

The main goals of this transnational implementation are to strengthen the concept of DEU in a European education context, to enlarge a stronger identifiable model; to establish a sustainable widespread international network for teachers and students mobility; and to benchmark with cross-border educational and care settings using high standard quality indicators.

In the first phase of the project a European DEU model and corresponding guideline, a mentorship train-the-trainer program for nurses and teachers and related e-learning program, and a quality control system for DEU will be developed.

Secondly, the European DEU model will be implemented and evaluated in five different EU countries within the consortiums. A considerable amount of senior nursing students will be placed at a DEU in or outside their country.

Finally, the experiences and recommendations of the implementation will lead to an optimized state-of-the-art European DEU model with teaching modules and quality control that will be disseminated to a broader network of national and international care and higher education institutions.

### **2.2. Context of the partners**

Nurse education in Europe is organized by different structures and standards, according to theoretical and practice learning. Through the Bologna Treaty Process the European Union promoted harmonization between the educational systems to increase the mobility of nursing staff and students between European countries (Warne et al., 2010).

To get to know the structures and standards of the partners and to identify and understand the specific organization of the education strategy, nursing roles and clinical placements, we



first organized a transnational meeting where every partner presented their HEI and clinical partner. To further identify the main strategies, goals and problems with clinical placements and to determine the individual goals of the project, each partner completed a partner information document which was further summarized and discussed through skype meetings.

The main motivations to install a new model for practice based learning are described below.

- First, all partners report differences in learning climate on the clinical placements. Not all clinical placements are perceived as being powerful learning environments for students.
- For Barcelona and Leuven/Genk not all students perceive themselves or are perceived by nurses/midwives to be 'fit for practice' after graduation. Mostly there is not enough focus on coordination of care. Students get too many isolated tasks and not enough autonomy in taking care of patients. There is not always enough focus on understanding and learning the role of being a nurse with the full range of responsibilities. Students need to learn how to organize care for several patients and how to communicate with the multidisciplinary team, family, etc. for the continuity of care.
- Clinical nurses/midwives have one main goal, delivering patient-centered care based on quality. Some of the partners are dealing with a nurse shortage, high workload for nurses/midwives, a large amount of time allocated to administrative tasks and a lot of responsibilities in quantifying their quality of care, which makes this primary goal not always easy to reach. In the midst of these elements, students and their learning process are not always seen as important. Nurses and midwives need to find a way to combine the main goal of quality of patient care and the second goal, teaching and learning together with students. For this they need more training in teaching and supervision skills, but they also need a platform to discuss and reflect on conflicts between these two main goals and to learn from one another.
- Most partners have students from different training years, different nursing schools and for Leuven/Genk even different levels of nursing education (level 5 and level 6) on one unit. For the clinical team it's not always easy to know which student is from which school/year on the unit and which competences are prioritized. It is therefore necessary to achieve common goals based on the unit applicable for all students, and to achieve specific goals for the individual student. If there is a one-on-one supervision, it will be possible to focus on those specific goals and competences, which, however, is very difficult if all students are supervised by all clinicians.
- The academic teachers from Setubal (1<sup>st</sup> and 2<sup>nd</sup> year) and Warsaw effectively work with a group of students on the clinical placement. The academic teachers of the other partners (Setubal 3<sup>th</sup> and 4<sup>th</sup> year) visit the students (mostly individually) a few times during the internship to discuss their learning process. Until now academics mostly seem to focus on the individual student or the group of students. Students are, on the other hand, almost full-time supervised by clinicians. Shifting from supervising the individual student to increasing the collaboration between the academic teacher and the team of clinicians with a focus on the learning environment on the unit could benefit the clinical experience and outcome for students. However, there is also potential to go further than only education and to influence the quality of care and professionalization of nurses.

### 2.3. Main goal of a DEU-EU

The main goal of the DEU-EU is to create (or sustain) clinical placements with a powerful learning environment for students developed by partnership and collaboration between a health care organization and a higher educational institute for nursing/midwifery (HEI). All stakeholders are partners in learning and their partnership is based on trust.

#### Characteristics of a powerful learning environment on a DEU-EU:

Based on the literature described in the introduction, the following elements were taken to define a powerful learning environment. The elements are categorized in ward characteristics, supervision characteristics and internship characteristics.

Ward characteristics:

- The management style of the ward manager needs to be flexible and based on ethical leadership.
- The quality of nursing care needs to be high.
- The team has to be motivated and needs to communicate openly and impartially based on a good team spirit and teamwork.
- The ward needs to offer opportunities for professional development and the nurses need to prioritize the values and attitudes of the group.

Supervision characteristics:

- The mentor has a one-on-one relationship with the student during the internship to provide individual support based on trust.
- The supervision of the student needs to be based on coaching.
- The student needs to be able to learn in a realistic environment that challenges the student.
- The supervision needs to be combined with critical reasoning, bedside training, discussion and questioning about the role of the nurse and quality of care.
- Their needs to be a strong liaison between the mentor and the link teacher with close collaboration and organized meetings to discuss the learning process of the student.

Internship characteristics:

- The duration of the internship needs to be long enough for students to see the individual nursing process, to understand the role of nursing and to reach the objectives of the internship depending on the educational phase.
- This has to happen in a realistic environment without getting too many disconnected tasks.
- It is important that students are able to work the same shifts as the nurses, so they can be supervised by the same mentor and schedules can be matched. The expert

group decided that at least 70% of the days the student needs to work with the clinical mentor.

- The amount of students on the unit needs to be matched with the amount of mentors on the unit to balance the learning opportunities and the realistic situation.

## **2.4. Definition of a DEU-EU**

A Dedicated Education Unit Europe (DEU-EU) is a nursing or midwifery unit in the hospital, home or long-term care that has been developed into an optimal clinical learning and teaching environment due to partnership and collaborative efforts between a health care organization and higher educational institutes for nursing/midwifery (HEI).

Staff nurses provide bedside clinical training and coaching of students and the HEI supports the staff nurses in that specific role. Moreover, the staff nurses are responsible for the clinical training of students and the HEI is responsible for guiding the staff nurses in bedside clinical training. The health care facility and the HEI are committed partners in training academics, nurses/midwives and students, and together they work towards the use of proven teaching and learning strategies, but also use the latest practice based on evidence on the unit and in the HEI.

## **2.5. Key elements of a DEU-EU**

Described elements need to be in place at a DEU-EU to achieve the common goal of creating or sustaining a powerful learning environment based on a collaborative approach between a HEI and a health care facility.

- A DEU-EU is a unit where quality of care is important.
- The unit is led by a head nurse with a flexible leadership style with close connection with his/her team.
- The nursing team works together in open communication and reflection based on trust and a 'no blame' culture.
- There is close collaboration and participation based on trust between the DEU-EU-team that consists of key persons from the health care organization and the HEI (see below).
- Students operate in a realistic environment with a realistic patient load.
- The amount of students on the unit is matched with the amount of clinical mentors.
- The student and the clinical mentor work one-on-one during the internship with a focus on a gradual development of competencies in order to plan and coordinate patient care autonomously.
- The clinical mentor and link teacher support and coach the student and his/her learning process.
- The link teacher has a weekly presence on the DEU-EU and collaborates with the team of clinical mentors and nurses to create a powerful learning environment.

He/she supports and coaches the clinical mentor in their supervising role and discusses practice based on evidence with the DEU-EU team, nurses and the HEI.

## 2.6. Different roles in a DEU-EU

### DEU-EU Team

To create a powerful learning environment and to support students clinical learning there should be a clinical teaching team or DEU-EU team. This DEU-EU team consists of individuals with responsibilities and essential characteristics that are described below, the clinical mentor, the link teacher and the head nurse/midwife.

Every HEI and health care organization has a DEU-EU coordinator that oversees all the DEU-EUs installed by the HEI through close contact with every DEU-EU team.

### Clinical mentor

The clinical mentor is a nurse or midwife working on the unit where the DEU-EU is installed. She works directly with students during the internship and coaches them to gradually develop competences to plan and coordinate patient care autonomously.

### **Inclusion criteria of the clinical mentor:**

- Level 6 (Bachelor's degree).
- Mentors should be recognized by the head nurse/midwife to have the competences
- Followed a training in mentoring/coaching.

### **Role and responsibilities of the clinical mentor:**

- Develops a partnership with the student
- Assists the student to identify the acquired competencies
- Assists the student to set goals: **S**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime-sensitive
- Works bedside to craft experiences leading to achieve the goals
- Provides effective feedback
- Motivates effectively to continue acquiring competencies at an increasing level
- Encourage experiences to assist the student to be socialized into the profession
- Collaborates closely in partnership with the academic teacher, achieving formative feedback according to the learning process of the student.

- Participates in the evaluating process by achieving summative (final) feedback according to the goal achievement.
- Works together with the head nurse and academic teacher in creating a powerful learning environment.
- Collaborates with the DEU-EU team in the use of the latest practice based on evidence.

#### **Practical characteristics of the clinical mentor:**

- Works bedside with students. Every student on a DEU-EU works with the same clinical mentor during the internship and follows their working schedule.
- Directly observes and guides the student's activities with patients.
- Gives structured and effective feedback and gradual autonomy to the student during the clinical placement.

#### **Specific skills and competences of the clinical mentor:**

##### *Personal attributes:*

- Demonstrates enthusiasm and interest in coaching and mentoring
- Shows interest in the student's learning needs and growth
- Fosters a positive learning relationship and environment
- Adapts easily to change
- Demonstrates effective communication skills and conflict-resolution skills
- Demonstrates openness to learning with the students
- Displays respect for diversity
- Possesses self-confidence and patience
- Recognizes personal limitations and consults with others

##### *Collaboration:*

- Collaborates with the student
- Integrates the student in the social culture of the unit and team
- Establishes and maintains collaborative partnership with the link teacher, head nurse, team and other partners, as appropriate
- Networks with other clinical mentors to share best practices

##### *Facilitating learning:*

- Assesses the student's clinical learning needs in collaboration with the student and the academic teacher
- Possesses coaching skills
- Establishes trust and maintains confidentiality, demonstrates respect
- Makes time for the mentor relationship, is approachable and welcoming
- Provides support and encouragement

- Engages mutually in the relationship
- Celebrates achievements and successes with the student
- Supports critical reasoning
- Encourages independence and autonomy
  - “Letting go of care”: Clinician needs to be able to guide the student in creating their own working method. Clinician needs to let go of their own working method.
  - “Letting go of student”: Clinician needs to be able to trust students to give them progressive autonomy and responsibility (according to the students observed competences).
- Plans clinical training activities in collaboration with the student.
- Evaluates the clinical outcome with the student and academic teacher.

*Professional practice:*

- Practices autonomously and consistently in accordance with relevant evidence-based nursing standards.
- Assists the student to acquire the knowledge, skills and judgment to work evidence-based.
- Clarifies the roles, rights and responsibilities related to mentorship and coaching.
- Demonstrates knowledge of the educational program of the HEI.
- Knowledge of the setting (mission, policies, interdisciplinary roles,...).

Link teacher

The link teacher is allocated to the HEI as lecturer and is part of the DEU-EU-team. She serves as the bridge between the HEI and health care facility. She has a strong relationship with the team, is allocated with a defined workload to the unit and has affiliation with the patient population on the unit.

**Inclusion criteria of the link teacher:**

- Past and/or future long-lasting allocation to the unit
- Knows the patient population and the health care organization
- Has a master’s degree and pedagogical competences

**Role and responsibilities of the link teacher:**

- Develops a partnership with the student
- Assists the student to identify the acquired competencies
- Assists the student to set goals: **S**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime-sensitive

- Collaborates closely in partnership with the clinical mentor, achieving formative feedback according to the learning process of the student.
- Is responsible for the evaluation process by assimilating summative (final) feedback according to the goal achievement, in collaboration with the clinical mentor and the team.
- Supports the clinical mentor in coaching the students through meetings and training on the job.
- Supports together with the clinical mentor the learning process of the student.
- Works together with the head nurse and clinical mentor in creating a powerful learning environment.
- Supervises the team in the use of teaching and learning strategies .
- Collaborates with the team in the use of the latest practice based on evidence.

#### **Practical characteristics of the link teacher:**

- Allocated to the DEU-EU through a strong collaboration with the head nurse and team to install a powerful learning environment for students.
- Weekly attendance at the DEU-EU to meet students, clinical mentor, head nurse and team with the main goal to install or sustain a powerful learning environment, but also to work towards the use of the latest practice based on evidence on the unit and in the HEI.
- Has a joint appointment at the hospital and the HEI

#### **Specific skills and competences of the link teacher:**

##### *Personal attributes:*

- Demonstrates enthusiasm and has skills in coaching and mentoring
- Nurtures a positive learning relationship and environment
- Can implement change
- Easy accessible for nurses and students
- Has effective communication skills and conflict-resolution skills
- Has an openness to learning with students and nurses
- Possesses self-confidence and patience
- Recognizes personal limitations and consults with others

##### *Collaboration:*

- Collaborates with the team, nurses and students
- Establishes and maintains collaborative partnership with the clinical mentor, head nurse, team and other partners, as appropriate
- Close collaboration with head nurse for the organization of the DEU-EU
- Networks with other link teachers to share best practices

##### *Facilitating learning:*

- Possesses teaching skills to optimize teaching and learning skills of nurses
- Stimulates critical reasoning of nurses and students through meetings and interaction
- Detecting behavioral patterns and change them.
- Assesses the students clinical learning needs in collaboration with the student and the clinical mentor
- Provides support and encouragement
- Engages mutually in the relationship
- Celebrates achievements and successes with the nurses and students
- Encourages independence and autonomy
- Plans clinical learning activities in collaboration with the nurses and the student

*Professional practice:*

- Possesses teaching skills
- Practices autonomously and consistently in accordance with relevant evidence based nursing standards
- Assists nurses and students to acquire the knowledge, skills and judgment to work evidence-based
- Clarifies the roles, rights and responsibilities related to mentorship and coaching
- Demonstrates knowledge of the mission, policies, interdisciplinary roles etc. from the health care facility

Head nurse/midwife

The head nurse/midwife is the key person to install the DEU-EU. He/she needs to be open to install it and he needs to inform, coach and guide his/her team in achieving the goals. Direct and open communication is the key criterion.

**Inclusion criteria of the head nurse/midwife:**

- Experience in leadership
- Motivated to put learning besides caring as second main goal of the unit
- Competences to inspire the team in achieving these goals
- Open communication skills
- Clinical leadership with the result of being leader of a unit where patients' experiences and outcomes are good, and where the team makes every effort to do more

**Role and responsibilities of the head nurse/midwife:**

- Coordination of the DEU-EU.
- Key person of the DEU-team with close collaboration with the partners.
- Communication of key elements and key roles to the nursing team.



- Scheduling of students and clinical mentors to have a one-on-one schedule.
- Motivated to install a powerful clinical learning environment.
- Supporting the clinical mentor and link teacher in their functionality.

### **Specific skills and competences of the head nurse/midwife:**

- Professional skills and competences: clinical leader that strives for a fundamental improvement of the quality of care, organization of patient care and supervision of students, guiding and coaching of the link teacher and the clinical mentor to improve student supervision and quality of care.
- Relational qualities and competences: motivates and inspires the team in optimizing the supervision of students and reflection of care.
- Pedagogical skills and competences: support and coaching of clinical mentors and students, enhance critical reasoning of students and nurses.
- Organizational skills and competencies: responsible for the organization and communication of the DEU-EU, coordination of the student supervision.

## **3. Implementing a Dedicated Education Units in Europe (IDEUs-EU)**

### **3.1. Implementation criteria of a DEU-EU**

#### **1. Agreement between HEI and hospital**

Every HEI and hospital need to complete an agreement. This first needs to be signed by the dean of the HEI and the chief nursing offices of the hospital.

#### **2. Selection of the unit**

After the agreement is completed, the nursing management and coordinators of the DEU-EU of the HEI select a unit based on the criteria described above or subscribe vacancies on which units can apply. The selection of the applicants also happens in collaboration between the HEI and the hospital.

For the first pilot, medical-technical units will not be selected, only general medical wards, critical care wards, surgical wards, geriatric wards, maternal wards, gynecology wards etc.

At this stage the HEI also selects possible link teachers through selected choice or application. This also happens by taking the criteria described above in account. Internship periods and duration combined with discussion about the amount of students on the unit is being determinant. Students can be allocated to the unit randomly or can be informed about the concept and choose to go to a DEU-EU. The system of assigning students to a unit that is currently used in the HEI will be used to assign students to the DEU.

For the first pilot there will be a minimum of 2 students for each period of internship on the DEU-EU. There can be more periods in one academic year and more DEU-EUs in one hospital.

Peer teaching between higher-year students and lower years is a possibility on a DEU-EU. If there are students from different educational stages, they need to be supervised one-on-one.

### 3. Preparation of the unit

- Meetings are organized between nurse management, head nurse of the selected unit, DEU-EU coordinator of the HEI and the link teacher. This to discuss the goal, definition and implementation criteria.
- The team of nurses, paramedics and doctors are being informed about the DEU-EU. This needs to be repeated regularly to ensure everyone is fully aware of the definition, goal and characteristics. It is important that the medical team is fully involved during implementation of the DEU-EU.
- The selection of clinical mentor can start by appointing nurses that are willing to take the role and possess the right competences or by applications.
- After these decisions the final agreement is being extended with an addendum containing the specifications of the unit, the DEU-EU nurses and the DEU-EU link teacher.
- The head nurse, two DEU-EU nurses and the DEU-EU link teacher follow a train-the-trainer course of five days to learn more about installing a powerful learning environment and how to coach a student in becoming a nurse. With this training and an E-learning tool they can train others.
- The quality improvement indicators must be installed together with the DEU-EU team.
- The DEU-EU team meets on a regular basis before, during and after implementation to discuss substantive and practical elements.

#### **3.1. Investment of the HEI and Health facility**

To install a DEU-EU both partners need to make investments to achieve the mutual goals.

HEI:

- Investment in a coordinator of the DEU-EU
- Adopting the link teacher role described above
- Informing and/or selecting students
- Investment in meeting time

Health facility:

- Investment in a coordinator of the DEU-EU
- Investment in meeting time
- Informing and/or selecting DEU-EU nurses
- Investment in professionalization time for DEU-EU nurse and head nurse

#### **4. List of definitions**

##### **Dedicated Education Unit Europe (DEU-EU)**

A Dedicated Education Unit Europe (DEU-EU) is a nursing or midwifery unit in the hospital, home or long-term care that is developed into an optimal clinical learning and teaching environment through partnership and collaborative efforts between a health care organization and higher educational institutes for nursing/midwifery (HEI).

##### **Higher Educational Institute (HEI)**

University, University College or Polytechnic Institute.

##### **Clinical mentor**

The clinical mentor is a nurse or midwife working on the unit where the DEU-EU is installed. Students directly work together with one clinical mentor during the internship and the clinical mentor coaches them to gradually develop competences to plan and coordinate patient care autonomously.

##### **Link teacher**

The link teacher is allocated to the HEI as lecturer and she has a weekly presence on the DEU-EU. There she collaborates with the team of clinical mentors and nurses to create a powerful learning environment by supporting and coaching the clinical mentors in their supervising role and discussing practice based on evidence with the DEU-EU team, nurses and the HEI.

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