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Perceptions of a Dedicated Education Unit in the Mississippi Delta

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The University of Southern Mississippi

PERCEPTIONS OF A DEDICATED EDUCATION UNIT IN THE MISSISSIPPI DELTA

by

Jacquelyn Felecia Brownlow

Abstract of a Capstone Project
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Nursing Practice

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ABSTRACT

PERCEPTIONS OF A DEDICATED EDUCATION

UNIT IN THE MISSISSIPPI DELTA

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The highest health care disparities in the country plague the Mississippi Delta. A weakened economy, minimal access to healthcare and an outdated traditional clinical learning environment place enormous strains on nursing education in this area to provide more nurses**.** The office of Nursing Workforce reported a 14% to 16% nursing turnover in the Delta compared to the national average of 13.5%. As a result, the health care organization has encountered high nurse turnover, increased staffing shortages, and a decrease in nursing quality indicators. As an effort to improve clinical education and bridge gaps between education and practice, several schools in the Mississippi Delta formed partnerships that created dedicated education units. These partnerships build an opportunity for an amalgamation of education, practice, and research by utilizing the expertise of each organization. An alliance between nurses in clinical practice and academia guarantees researches are practice based and scientifically defensible (Pittman, Warmuth, Garder, and King, 1990; Ousey & Gallagher, 2007)). The goal of this project was to evaluate participant's perceptions on the effectiveness of a dedicated education unit as a collaborative clinical learning model between education and practice to bridge the gap between theory and practice thereby improving health care delivery in the Mississippi Delta. The capstone project used a mixed study design to evaluate qualitative and quantitative data. The capstone project evaluated the perceptions of participants on

the dedicated education units about the effectiveness of the model addressing the theory practice gap. The project will examined the benefits and the level of satisfaction for staff nurses, faculty, administrators, and students on the dedicated education units provide. The results of this project provide support of the DEU as a strategy that can be useful to bridge the theory practice gap, improve practice readiness, decrease faculty shortage, cut orientation costs, and reduce nurse turnovers.

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LIST OF ABREVIATIONS

American Association of Colleges of Nursing……...AACN

Clinical Facilitator……..CF

Clinical Learning Environment Scale + Teach……...CLES+T

Dedicated Education Units…….DEU

Doctor of Nursing Practice……..DNP

Institution of Higher Learning…….IHL

Institute of Medicine……...IOM

McCloskely/Mueller Satisfaction……....MMSS

Mississippi Board of Nursing……..MSBON

Mississippi Office of Nursing Workforce……...MONW

National Council of State Board of Nursing……..NCSBON

School of Nursing……...SON

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CHAPTER 1

INTRODUCTION

There has been much discussion about the quality of care provided by nurses. The Institute of Medicine (2010) issued a statement about the future of nursing education that addressed key concerns found in the nursing profession. According to the report, the traditional and principal method of clinical education is no longer viable or efficient to meet the requirements of a changing healthcare system. Many critics called the traditional method obsolete, flawed, and extraneous (Brady & Lewin, 2007; Haigh, 2008; Sellman, 2010).

Preeminence in the nursing profession requires the synthesis of theory, practice, and research. The merger of academic, practice, and research is essential to advanced nursing professional standards and improved delivery of care. Developing sustainable partnerships between nurse educators and clinicians creates a link between theory and practice (Murray & James, 2012). Nurse leaders and health care gurus also advise that evidenced based practice helps bridge the gap between education and practice (Melynk & Fineout-Overholt, 2011). Recent research has highlighted academic practice partnership models and educational redesign as factors to help strengthen the nursing profession (Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007; Murray, Crain, Meyer, McDonough, & Schweiss, 2010; Murray, Macintyre, & Teel, 2011; Rhodes, Meyers, & Underhill, 2012).

Needs Assessment

The Mississippi Delta, known for the blues, gospel music, cotton, catfish, and hushpuppies, is located in the northwestern part of the state between the Mississippi and

Yazoo Rivers. It includes all or part of 18 counties, with a majority of the population being African American (Delta Health Alliance, 2011). It is a place incapacitated by high unemployment rates that double the national average, the highest poverty level in the country, a poor and predominately segregated education system, and the worst healthcare disparities in the country. The Mississippi Delta has the highest rate of heart disease in the country, the second highest rate of diabetes in the country, the highest rate of obesity, and the sickest people in the nation, with the least access to healthcare (Mississippi State Department of Health, 2011).

A small rural hospital in Clarksdale, Mississippi expressed deep concern about challenges with healthcare delivery. The hospital experienced a massive exodus of nurses over the last several years. The hospital is a 195 bed, level three trauma hospital in a rural, economically depressed area. A conversation with administrators of the rural hospital revealed concerns about the quality of care provided by nurses in the practice settings. Healthcare providers cited complaints such as weakness in clinical competency and knowledge, failure to recognize patient deterioration, lack of communication with healthcare providers about deterioration of condition, and increase in staff turnovers. As a result, there has been a decline in quality and safety of patient care and patient satisfaction.

Because of the information gathered from hospital administrators, the Mississippi Delta needed an innovative education strategy to improve and rebuild healthcare delivery. The root of the problem relates directly to organizational culture, climate, and process. Unlike industrial companies, healthcare organizations developed from infrastructures of human processes. These human processes require the mechanics of actions and outcomes

for the job performed. For this reason, the apparent problems for the organization and system in healthcare are staff nurses, management, and patients. Also, we must evaluate external players who affect system outcomes such as student nurses, schools of nursing, and faculty.

In order to create a better healthcare delivery system, we must address the fallacies of each player in the system and create a mutual beneficial clinical learning environment. Academic-practice partnerships such as dedicated education units (DEU) are collaborations between schools of nursing and health care organizations that create positive clinical learning environments. The DEU increase critical thinking and judgment, professionalism, and transitions to practice for student nurses and registered nurses.

Background

The concept of academic partnerships has been around for over twenty years (Wotton & Gonad, 2005). In 1990, Australia implemented an innovative approach to address problems with their clinical learning environment. The concept began to gain popularity in 2003 in the United States when the University of Portland Oregon adopted the program to help address faculty shortages, gap between education and practice, and transition to practice. They called this approach Dedication Education Units (DEU). In a DEU, a school of nursing partners with units in local hospitals or long term care facilities. The experienced staff nurses become the clinical educators for the nursing students. The staff nurses are called clinical facilitators. The role of the clinical facilitator involves

The clinical facilitators can only have two students at a time; however, the time on the unit may vary depending on the contract set by the school and health care

organization. Both partners agree on the time of operation for the DEU. Academic faculty act as a mentor and trainer for the clinical facilitators. The faculty instructs the staff on how to teach and coach the students. The academic faculty oversees the clinical rotation and serves as a resource for clinical instructors (Oregon Center for Nursing, 2013).

The DEU highlights the expertise of both staff nurses and nursing faculty (Moscato et al., 2007). The DEU model maximizes the student learning environment by using the concept of preceptors to develop a student's critical judgment and skill competency (Allen, Schumann, Collins, & Selz, 2007). The model creates an experiential learning domain which is practice focused to enhance the student learning. Several nursing bodies recognize the DEU as an innovative approach to bridge the gap between theory and practice in nursing. The model benefits the classroom and bedside clinical practice (Rhodes et al., 2012). The model facilitates the establishment of relationships between academia and practice that improves patient safety and nurse empowerment (Pappas, 2007).

Significance

The challenges of modern nursing are extremely complex and multifaceted. Nurses need to have increased knowledge and skills to practice successfully. Because of advances in technology, complex health system, nursing shortages, faculty shortages, and economic downturn, both nursing and nurse education have suffered serious setbacks (Duteau, 2012). The effect has crossed over to practice settings in the forms of nursing shortages and reduction in standards of care which affect patient outcomes (Warner &

Burton, 2009). As a result, nursing workloads, demands, and job expectations have increased.

The American Association of Colleges of Nursing (2012) reported the United States Department of Labor estimated by the year 2020 the nursing workforce will be 20% below requirements to meet society need for nurses. Similarly, the State of Mississippi's Office of Nursing Workforce (2012) reported counties in the Mississippi Delta have experienced a steady increase in vacancy rates of registered nurses in the hospital. The trends in percentages were 7%, 8.3%, and 9.9% for the years 2009, 2010 and 2011 respectively. The office of Nursing Workforce also reported a 14% to 16% nursing turnover in the delta compared to the national average of 13.5%. The reason linked to the high numbers of turnover in the area is nurse job dissatisfaction. Nursing job satisfaction affects health care delivery and organizational success. For this reason, a systematic approach is necessary to improve health care delivery in this rural area.

Problem Statement

An inter professional imbalance related to exchange of academic evidence between education and practice produced a disconnect amidst academia and clinical practice. An outdated and traditional approach to clinical learning, the nurse shortage, nurse faculty shortages, and recession, have placed considerable strains on nurse education and practice partners in rural areas of the Mississippi Delta. The facility experienced a domino effect from an overburdened education system. As a result, health care organizations encountered high nurse turnovers, increase staffing shortages, decrease patient satisfaction, decrease employee morale, and a decline in quality of care. Clinical expertise and knowledge of individualizing patient care are crucial components of health

care delivery (Moscato et al., 2007). Frustrations with education overhaul and healthcare reform have resulted in discontent among nurses in academia and clinical practice.

Aims and Objectives

The aim of the project is to bring clinical educators, experienced nurses, preceptors, and mentors together to create and use an integrated model of education and practice. The project utilizes two facts as the channel to build partnerships which lead to strategic, academic and practice initiatives that address (1) the critical need to attract and retain nurses in practice and (2) establish educational capacity in health care delivery systems through the benefits of continuing education and training for staff and a leadership preceptor program for clinical practice. Academic- practice partnerships using the dedicated education unit design include the ability to synthesize the key domains of the foundations of the nursing practice. These domains are research, practice, and education. With the bridging of these concepts, dedicated education units can help:

Decrease orientation period for new graduates

Decrease orientation cost to service organizations

Increase retention rates of new nurses

Increase scores for quality indicators and patient safety

Increase numbers of nurses with advanced degrees

Increase student enrollment

Increases pass rates for NCLEX exam

Increase the number of quality clinical sites

Improve academic advancement supporting clinical excellence

Increase job placement for students

Increased opportunities for shared learning experiences

Narrow the gap between theory and practice

It is the mission of this project to create a program that promotes clinical excellence, nursing accessibility, active collaboration, and innovative solutions that emphasize culturally competent evidenced based training and education. The vision of this project serves as a framework to provide credible information on existing and current trends for workforce development that improves patient outcomes by preparing nurses to meet the health care needs of the Mississippi Delta.

CHAPTER II

LITERATURE REVIEW

The main purpose of any health care organization and schools of nursing is to provide the community and customers it serves with quality health care. Advanced technology and complex health issues call for registered nurses to be more intelligent and experienced in clinical judgment and skills. With the life expectancy of the population growing, the need for registered nurses has markedly increased. According to the Bureau of Labor and Statistics (2012, para.1), "the estimated job growth for registered nurses will be 1.2 million by the year 2020." Because of the complexity in health care systems, the nursing profession has a strategic capacity to improve and create opportunities for leadership in the health care system. The overarching desire for nursing is to improve the quality and standards of care in practice that will produce better patient outcomes.

Academic practice partnerships make a substantial catalyst in global, national, and regional areas to push the nursing profession (Tornabeni & Miller, 2008). The American Association of Colleges of Nursing (AACN, 2012a) emphasized the importance of academic-practice partnerships can meet the requirements of the American Affordable Care Act. AACN believes such partnerships in expanding the mission and vision of affordable and accessible healthcare for all.

An extensive literature search using the terms academic-practice partnerships, dedicated education units, academic- service partnerships, nursing education partnerships, academic community partnerships, and education redesign provided evidenced of the problem. Databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Goggle Scholar, Medline, Agency of

Healthcare and Quality (AHRQ), and EBSCO. For this project, the literature review addressed the implementation of academic-practice partnerships. Because of the wide base of knowledge this study will highlight theory-practice gap, advantages of academic-practice partnerships, and challenges of academic-practice partnerships.

Theory-Practice Gap

The foundation of nursing practice stands on the fundamental core principles of the person, health, environment, and nursing. These core concepts are the foundations of the meta-paradigms of all nursing theories (Butts & Rich, 2012; Chinn & Kramer, 2008). The meta-paradigms offer the foundational framework for nursing theories that form the body of knowledge for the nursing profession. Nevertheless, many nurses struggle with understanding nursing theories and its relevance to practice. The body of knowledge for the nursing profession has grown tremendously from research but, critics have cited how practice has lagged considerably behind. The disconnect between academia and practice presents itself as a chasm between theory and practice which continues to exist (Brady & Lewin, 2007). However, some researchers understand the theory practice gap is not necessarily blight on the nursing profession. They see the situation as a symbol of the potential transformation for the nursing profession (Haigh, 2008; Sellman, 2010). These experts believe the theory-practice gap ignites the quest for research and gives relevance to the very notion of evidenced based practice.

Regardless of their position about the theory practice gap, nurse leaders believe education effects practice and practice effects education. Equally true, evidenced based practice acknowledges the endorsement of nursing knowledge as a consequence of scientific assessment of practice. A partnership between nurses in clinical practice and

academia guarantees research is practice based and scientifically defensible (Pittman, Warmouth, Gardner, and King, 1990; Ousey & Gallagher, 2007). Pitman et al also suggest when clinical practice is research based clinical judgment and nursing actions are reasonably sound and reduces adverse outcomes in health care delivery (Chinn & Kramer, 2008; Melynk & Fineout-Overholt, 2011).

Advantages of Academic-Practice Partnerships DEU

After years of disconnect born from the evolvement of nursing education from apprenticeship model learning to a formal education setting, the design of collaborative partnerships began as a vision to inspire collaboration between academia and practice. Advanced practice nursing promote transformational leadership and encourage innovate models to form collaborative partnerships (Haigh, 2008; Kaplan, Norton, & Rugelsjoen, 2010; Sellman, 2010). An academic-practice partnership DEU provides a means to address problems with quality care and provide successful outcomes (Tornabeni & Miller, 2008). The nursing profession must be accountable for producing quality nurses to deliver safe competent care. According to AACN (2012b), student nurses must be prepared clinically to deal with a complex healthcare climate (Ard, Rogers, & Vinten, 2008; Lanscaster & Nielsen, 2009). Likewise, healthcare organizations need competent, prudent, ethical practitioners who can deliver patient-centered care through continuing education that encourages health promotion and wellness (Fetherstonhaugh, Nay, & Heather, 2008; Levin et al., 2007). Nursing practice should be clinically driven care embodied with theoretical undertones influenced by societal demands. Many critics of academia believed faculty educators are out of touch and have unrealistic notions about clinical practice (Ousey & Gallagher, 2007).

An academic-practice partnership DEU blends the best of education and practice. The partnerships build an opportunity for an amalgamation of education, practice, and research by utilizing the expertise of each organization (Moscato et al., 2007; Murray et al., 2010; Murray et al., 2011; Rhodes et al., 2012). Current literature supports that quality health care and positive outcomes directly impact translation of research into practice (Murray & James, 2012). Academic-practice partnerships DEU models also contribute to retention of staff nurses, new graduates and recruitment of nurses (Cramer, Duncan, Megel, & Pitkin, 2009; Pappas, 2007). Because of a continuous economic turmoil and uncertainty, economic position is critical to both partners. Academic practice partnerships utilize current resources within the organization. Academia and clinical partners reduce orientation period for new graduates, reduce expensive budgets from the use of agency nurses, decreased revenue for employee training (Clark, 2008; Friedman et al., 2011; Moscato et al., 2007; Ulrich et al., 2010).

Academic partnerships build trusting relationships. These partnerships support the advancement of organizational infrastructure methods. The literature revealed an increase in nurse, patient, faculty, student, management, physician satisfaction levels (Glazer, Ponte, Stuart, & Cooley, 2009; Moscato et al., 2007; Murray et al., 2010; Murray et al., 2011; Ralph, Walker, & Wimmer, 2009; Ranse, Bail, & Grealish, 2009; Rhodes et al., 2012). Students reported that collaborative teaching and learning increased their confidence, independence, clinical reasoning, self-assessment, and collaboration. Students also enjoyed going to the clinical learning environment. The students reported a higher degree of satisfaction with communication with the staff nurses than with the SON faculty. They reported a strong desire to accomplish and acquire knowledge and skills

(Tornabeni & Miller, 2008). The studies found students' inherent determination influence successful educational outcomes (Lanscaster & Nielsen, 2009).

Likewise, satisfaction levels among registered nurses are imperative for job satisfaction and performance. Several studies conducted by researchers' link quality and patient safety to nurse job satisfaction (Duteau, 2012). The studies reported that health care organizations with better work environments have higher standards of care and more satisfied patients (Titler, 2008). In contrast, healthcare organizations with poor work environments listed patient safety a concern. According (Friedman et al., 2011) to high nurse burnout and job dissatisfaction contributed to decrease job performance. Current evidenced revealed high satisfaction levels among staff nurses and faculty participants of academic practice partnerships like the DEU(Moscato et al., 2007; Murray et al., 2010; Murray et al., 2011; Ralph et al., 2009; Ranse et al., 2009; Rhodes, Meyers, & Underhill, 2012). Both faculty and staff nurses gave high praises to the real time learning experiences the collaborations gave students. The staff nurses embraced the idea of giving back to the profession through mentoring and teaching students (Fetherstonhaugh et al., 2008; Levitt-Jones, Lathlean, Higgins, & McMilan, 2009; Moscato et al., 2007; Murray et al., 2010; Murray et al., 2011). The studies emphasized how supportive positive working environments and relationships contributed to nurse job satisfaction.

Challenges of Academic-Practice Partnerships DEU

Even though academic partnerships such as the DEU model offer a ground breaking innovative education redesign, literature reviews have emphasized some challenges with the models (Burke, Moscato, & Warner, 2009; Joynt & Kimball, 2008; Moscato et al., 2007). The most prominent issue concerning the DEU model is the

ambiguity of the goals. Participants in DEU have found that education and practice may have different opinions in the goal of the partnerships. For instance, academia's purpose for the partnership may be to create a partnership to increase the clinical learning environment; however, the clinical practice's intention may be to create a partnership to recruit for future nurses. One partner goal may overshadow the main objective for the development of the program. Both partners need a shared vision and goal to have a successful partnership (Murray et al., 2011). Partnerships that do not use shared governance principles to operate the DEU ran into major obstacles.

Another issue brought to the forefront is uncertainty of roles. Clinical facilitators are not always clear about evaluation of student in areas regarding performance and clinical misbehaviors. Current literature emphasized the importance of providing staff nurses with syllabi to understand the focus of the clinical learning environment (Murray, 2007). Several staff nurses expressed the need for a course syllabus to help in their role as clinical facilitators. Some staff nurses commented about feeling divided between responsibility to patients and the students (Levitt-Jones et al., 2009; Rhodes et al., 2012). The nurses explained they wanted to make sure they were giving the patients and students proper time to do an effective job.

Nursing faculty also experienced role confusion releasing their power to staff nurses. Clinical faculty found it difficult to stop being the mother hen and let go. The faculty found it difficult to do their job in the early initiation of academic-practice partnerships. The faculty commented that much of their frustrations came from adjusting to the new role. Faculty had difficulties focusing their attention to training and mentoring

the staff nurse rather than the students(Fetherstonhaugh et al., 2008; Moscato et al., 2007; Rhodes et al., 2011) .

In addition to challenges in roles and goals, initial startup within the health care organization was difficult. Staff nurses listed schedule adjustments as the greatest obstacle to overcome as clinical instructors on the DEU (Murray et al., 2011; Warner & Burton, 2009). Some nurses were required to work different schedules to accommodate the time required to be a clinical facilitator for the DEU. Current literature also listed following compliance with regulatory policies and guidelines to be difficult (Burke et al., 2009).

Theoretical Framework

The theoretical framework for this paper represents the principles of the Organizational Development Theory developed by Steckler, Goodman, and Keller (2002). The theory emphasis crucial steps in planning for change. The Organizational Development Theory provides a roadmap for applying and improving organizational conditions and operations. Academic practice partnerships combine the expertise of both institutions to empower nurses as change agents. As change agents in both organization, nurses become innovate leaders in organizational and system leadership to help transform healthcare.

According to Glanz, Rimer, and Viaswanath (2008), organizational developments are "a system wide process of applying behavioral science knowledge to plan change and development of the strategies, design components, and processes that enable organizations to be effective" (p. 344). Health care organizations are complex delivery systems. Organizational development theories assist organizations through continuous

quality improvement. The theories invoke assessment, diagnosis, action planning, implementation, and evaluations. The steps are exactly the same as the nursing process which aids in knowledge development, problem solving, and managing future adjustment for program effectiveness.

Program effectiveness lives in organizational development. Culture, climate, and performance of the institutions regulate organizational development. The driving force involving implementation of new programs is the wiliness of the organization to accept and adapt to change. Therefore, organizational development is the key to starting and sustaining academic practice partnerships like DEUs. Steckler et al. (2002) introduced four steps for change to help healthcare organizations address health promotion in practice and within the organization. The four stages are raising awareness, adoption, implementation, and institutionalization.

Four Stages of Organizational Development Theory

*Awareness raising***.** The first stage of organizational development theory is awareness raising. This stage involves raising interest and support at the executive levels by clarifying the problems and identifying the solutions for academic practice partnerships DEU models. Both education and practice must recognize the need to create an innovated strategy to connect the theory practice gap in nursing education. IOM (2010) called for collaboration between education and practice to improve health care delivery. The National Council of State Board of Nursing (2012) also highlighted several areas of patient care with low standards of care by new nurses. These include were errors in documentation, medication, nursing care, patient injury, and deaths. Education and practice needs to assess and evaluate the quality of the product produced.

Adoption. The second stage of the organizational theory development is the adoption of this project, the academic-practice partnership DEU. This stage also involves recognition of resources, negotiations, and modifications of the program to strengthen the partnership formed by both partners. Academic partners and practice partners must buy in to the need and implementation of the DEU model. Murray et al. (2011, p. 59) wrote, "The success of successful partnerships is dependent upon the presence of key factors throughout the phase of the relationship between and/or among the entities." Partnerships build the foundations of relationships. Everyone including regulatory agencies, management, staff, faculty, deans and directors must share a common vision. In this project, the vision is to implement an innovative evidenced based approach to improve the clinical learning environment. As a result, nursing practice will prepare experienced nursing staff embodied with nursing theories and governed by evidenced based practice model to improve health delivery and patient outcomes.

Implementation. The third stage of the organizational theory development is the implementation of the academic-practice partnership DEU. Implementation involves the technical aspects of starting the program such as the training and materials needed to began the process of change. Key players at this stage are faculty and staff nurses who will be providing education and expertise to make the program work. During this stage, the presenter explains and clarifies the roles and responsibilities of the staff nurse, faculty, and students.

Institutionalization. The final stage of the organizational development theory is institutionalization. Institutionalization involves sustaining the academic – practice partnership DEUs. During this stage, academic and practice executives continue to

prepare for continuous quality improvement. For academic partnerships to be stainable, partners must have shared vision and confidence (Novonta, Dobbins, & Henderson, 2012). According to Moscato et al., (2007), ongoing exchange must be kept between both entities. To ensure quality and continuation of the program, both partners plan to conduct evaluations and regular meetings discussing concerns, problems, and new ideas.

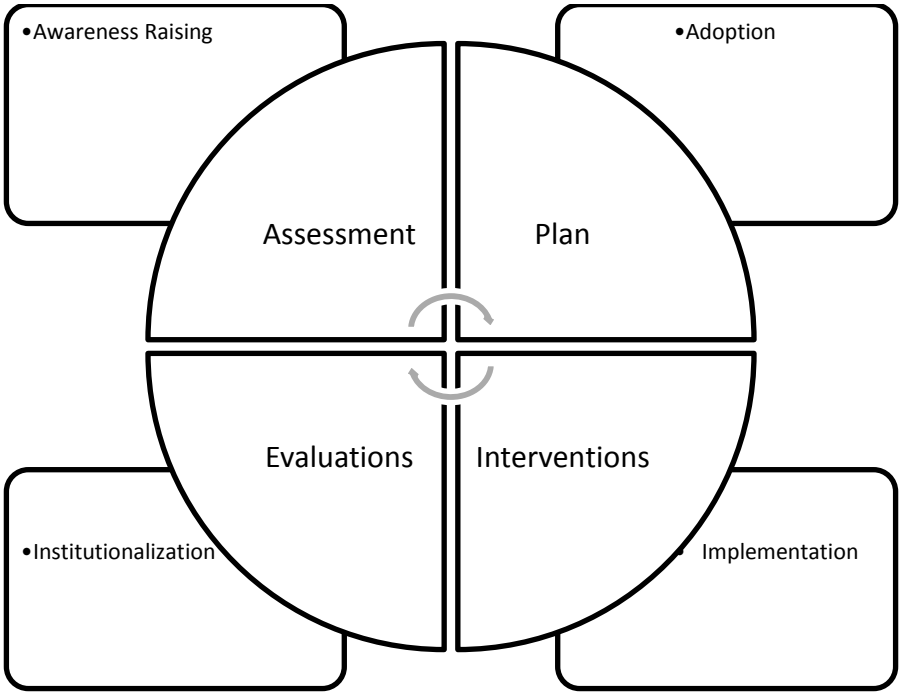

Figure 1. Dedicated Education Unit Model Organizational Development Theory & the Nursing Process. This figure illustrates how the Dedicated Education Unit Model Organizational Theory reflects the concepts of the nursing process. The four steps of the theory can help healthcare organizations to assess, plan, implement, and evaluate academic practice partnerships as a collaborative clinical education redesign model to improve health care delivery.

CHAPTER III

PROJECT DESIGN AND STUDY

The project design was the implementation and evaluation of an evidenced based innovation designed to improve the clinical learning environment. A Theory Logic Model approach established the purpose and layout for the program. This model helped determine outcome data pertinent to sustaining of the partnerships. The plan described qualitative themes used to evaluate the success of the program and participant's experiences. Descriptive data consisted of demographic information for participants and partners.

Project Activities

The academic-practice partnership DEU model built on the innovation of The University of Portland Oregon Center for Nursing Dedicated Education Unit Model (Oregon Center for Nursing, 2013) and AACN (2012a) academic practice partnership toolkit with some revision related to implementation in rural hospitals of the Mississippi Delta and schools of nursing. The project followed the guidelines of the Logic model for program development and evaluation.

Phase One. The first phase of the project determined the players for selection of partners. During this phase, the alliances identified partners on the basis of the goodness fit principle. Each partner identified a potential partner with shared vision and goals. Both partners understood each organization's program. Partners were identified according to availability. Next the partners approached the potential associate. The partners received the appropriate contact person and details on how to approach the partner about the partnerships. Information was also given on how to prepare for the first

meeting. The information described how, where and when to set up the meeting. The presenter discussed successful strategies for an initial meeting.

*Phase Two***.** The second phase of the project involved building the partnerships. During this phase, the partners established the program initiatives. Each partner outlined their goals and objectives for the program. They also defined shared and independent resources valuable to the program. The partners created the initial agreement about policy and regulations for the program which highlight the Mississippi Board of Nursing (MSBON) and Institute of Higher Learning (IHL) policies. The partners' selected the unit, staff nurses, and students. The partners defined the criteria for preceptors. Another important activity during this phase outlined the role and responsibilities of the faculty, staff nurses, nurse managers, deans & directors, CNO and students. Partners identified perceived barriers and challenges to the program. Finally, each organization made and distributed their tentative schedules for future meetings and timelines for activity completions to each organization.

Phase Three. The third phase involved the training of staff nurses as clinical coordinators, son faculty, and implementing the project. After identification of the unit used, unit managers selected staff nurses interested in becoming preceptors. The staff nurse selected completed an online module preceptor training established by Mississippi Office of Nursing Workforce (MONW). Student nurses completed a preceptor training module about interacting with preceptors. SON faculty also had an orientation with staff nurses explaining curriculum, clinical objectives, evaluating student performances, expected behaviors, evaluation forms, clinical paperwork, unsatisfactory behavior, and communication with faculty liaison.

Phase four. After successful completion of the modules and orientation, the program began. The program piloted two weeks. On the nursing unit, one RN supervised two students. The ratio was two students to one nurse. The students' shifts were from seven in the morning to three in the evening. On each assigned date, the dedicated education allows only one school of nursing to complete a shift. Student MAX, an interactive clinical schedule for schools of nursing in MS by MONW, were utilized for schools of nursing in the area to view staffing dates, times, units. Unlike the DEU units in Portland, OR and Jackson, MS, the dedicated education unit allows other schools of nursing to use an established DEU when not occupied by the partnering school of nursing. This is uniquely created because of the size and number of hospitals and schools of nursing in the Mississippi Delta.

Sample and Setting

For this study, the author used purposive sampling to select the participants for the study. Register staff nurses on the dedicated education unit evaluated their experience on the unit. Nursing administrators, school of nursing faculty liaison, deans and directors who participated and partnered for the dedicated education unit were also asked about their experience with the DEU. To be eligible for the study, participants completed an informed consent. An outpatient surgery unit at Northwest Regional Medical Center in Clarksdale, MS hosted the DEU. The school of nursing partnering with the health care organization was Coahoma Community College Associate Degree Nursing Program with sophomores in the final semester of clinical. The school of nursing partnering with the hospital is an associate degree nursing program. It is a small program

with a total number of 26 students with 13 freshman and 13 sophomore students. The program has a traditional track and a fast track for LPNs.

Data Collection

Data collection for the study included transcripts from face to face semi-structured interviews and field notes. After completion of informed consents, participants completed a focus group discussion about their experience in the DEU. The McCloskely/Mueller Satisfaction Scale (MMSS) evaluated registered nurses satisfaction of the DEU. The Clinical Learning Environment Scale + Teach (CLES +T) evaluated the students' nurses' experience about the clinical learning environment.

Data Analysis

Data analysis was completed using SPSS version 20. Descriptive analyses were used for demographic variables and individual item responses. The project utilized focus group data for qualitative analysis. The transcripts from the interviews were analyzed to identify common themes. The analysis of quantitative and qualitative data provided integrated perceptions of students, nurses, patients, and administrator's outcomes on nursing quality indicators.

Ethics and Human Subjects Protection

The project was implemented after approval from the University of Southern Mississippi Institutional Review Board. Permission from participating Deans and Program Directors of Schools of Nursing and Chief Nursing Officers of Hospital were obtained. A minimal risk to subjects was anticipated during implementation of the project. The information obtained did not include participant identifiers. All information was handled with strict confidentiality and will be disseminated in aggregate data state

only. The author will make sure participants names do not appear on any documents or presentations about the study. Employing agencies will not be identified by name for further anonymity. The digital recording of the data will be destroyed after transcription. The transcriptionist was required to sign a Code of Confidentiality Agreement. Only the author and committee members have access to the raw data. The audiotapes and transcribed data were placed in a locked box in the author's office. All information of the study will be destroyed after completion of the project.

Timeline of Project

Table 1

Timeline of Project

Months	Activities
January 2013	Beginning of Semester: Get Guidelines for Proposal Defense
February 2013	Prepare Capstone Proposal for Chair
March 2013	Summit Copy of Proposal to Chair & Committee Members
April 2013	Revise Proposal
May 2013	Organize Capstone Proposal and Meet with Stakeholders About Beginning Project
June 2013	Defend Capstone Proposal Apply for IRB Approval
July 2013	Implement Project Collect Data for Project Apply for Application of Degree by July 5, 2013 Analyze & Evaluate Outcomes of Capstone Project
August 2013	Begin witting capstone defense Complete Final Copy of Defense to Chair & Committee
September 2013	Revisions of Final Paper after Review from Chair & Committee
October 2013	Defend Proposal
November 2013	Final Copy of Paper to Graduate Reader
December 2013	Graduate

Conclusions

This project focused on evaluating the effectiveness of an academic– practice partnership using the dedicated education unit model. The partnership optimized quality improvement, evidenced based practices, patient and nurse satisfaction. The programs also added benefits like cost reduction to the facility and schools of nursing. The project demonstrated how a collaborative partnership gives birth to significant improvements in quality of care without depleting or creating new resources.

CHAPTER IV

RESULTS

This chapter includes a description of the participants and their perceptions of the dedicated education unit model. Four common themes arose from the focus group with the DEU participants. The themes were satisfaction, organizational culture and climate, theory-practice gap, and challenges. The results for nursing educations and clinical partners' outcomes are discussed below.

Nursing Education Outcomes

Table 2 represents the results for every survey and subscale in the student survey.

Table 2

Clinical Learning Environment Supervision and Nurse Teacher Scale Results

	Descriptive Statistics				
	N	Min.	Max.	Mean	Std. Deviation
Easy to approach staff	4	4	5	4.75	.500
Comfort going toward	4	4	5	4.75	.500
Comfortable discussions	4	3	5	4.00	1.155
Positive atmosphere	4	4	5	4.75	.500
Interested staff	4	4	5	4.75	.500
Staff learned names	4	4	5	4.75	.500
Sufficient learning situations	4	4	5	4.75	.500
Multidimensional content	4	4	5	4.75	.500
Good learning environment	4	4	5	4.75	.500
Staff regarded as key resource	4	3	4	3.75	.500
Was team member	4	4	5	4.25	.500
Feedback considered as a learning situation	4	3	5	3.50	1.000
Effort appreciated	4	4	5	4.25	.500
Nursing philosophy clearly defined	4	3	5	3.50	1.000
Pts.received individual care	4	4	5	4.50	.577

Table 2 (continued).

Appropriate information flow	4	4	5	4.50	.577
Documentation of nursing	4	4	5	4.75	.500
Title of supervisor	3	1	1	1.00	.000
occurrence of supervision	4	6	6	6.00	.000
Separate private unscheduled supervision with the supervisor	3	1	5	3.67	2.309
Supervisor showed positive attitude	4	5	5	5.00	.000
Received individual supervision	4	5	5	5.00	.000
Continuously received feedback from supervisor	4	5	5	5.00	.000
Satisfied with supervision	4	5	5	5.00	.000
Supervision was base done quality and promoted learning	4	5	5	5.00	.000
mutual interaction	4	5	5	5.00	.000
Mutual respect and approval prevailed in relationship	4	5	5	5.00	.000
Relationship characterized by sense of trust	4	5	5	5.00	.000
Nurse teacher capable integrating theory and practice knowledge	4	4	5	4.75	.500
Teacher capable of operationalizing learning goals	4	4	5	4.75	.500
Nurse teacher helped me reduce theory practice gap	4	4	5	4.75	.500
Nurse teacher was member of nursing team	4	4	5	4.75	.500
Nurse teacher capable of giving pedagogical expertise to clinical team	4	4	5	4.75	.500
Nurse teacher and clinical team worked to support learning	4	4	5	4.75	.500
Common meetings were comfortable experience	4	4	5	4.75	.500
Felt we were colleagues	4	4	5	4.25	.500

Table 2 (continued).

Focus of meetings was on my learning needs	3	4	5	4.33	.577

Notes: N=the sample size. Min. =Minimum number, Max. = Maximum number, Std. Deviation = Standard Deviation. Adapted from Saarikoski et al. (2008). The nurse teacher in clinical practice: Developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. *International Journal of Nursing Studies 45*: 1233-1237.

Table 3 represents example of subscales survey items on the CLES + T. Qualitative citations from this section were acknowledged from the focus group discussion and the open–ended comment section of the survey.

Table 3

Example of Survey Items

Subscale	Item Example
Clinical Learning Environment Scale:	
1. Pedagogical atmosphere	1.There was a positive atmosphere on the ward
2. Leadership style of NM	2. The effort of individuals employees was appreciated
3. Nursing care on ward	3.Patient received individual care
Supervisory Relationship:	
4. Occurrence of supervision	4.A personal supervisor was named and our relationship worked
5. Content of supervisory relationship	during this placement 5. Overall I am satisfied with the supervision I received
Role of Nurse teacher:	
6. Integration of theory and practice	6.The nurse teacher helped me to reduce the theory-practice gap
7. Cooperation between placement staff and nurse teacher	7. The nurse teacher and the clinical team worked together in supporting my learning
8. Relationship of student, mentor, and nurse teacher	8. Focus on the meetings was in my learning needs

Student Satisfaction

The students demonstrated satisfaction with the DEU as a clinical learning environment as displayed by the high means scores on each satisfaction item. The items on the satisfaction subscale were the following I felt comfortable going to the ward at the start of my shift in which 75% fully agree and 25% agree to some extent. The ward can be regarded as a good learning environment in which 75% fully agree and 25% agree to some extent. Some of the comments from the focus group were "Excellent learning experience! Very grateful I was selected to participate" (Participant, personal communication, July 22, 2013). "This was an AWESOME experience" (Participant, personal communication, July 22, 2013). "DEU is amazing. I would recommend it to anyone. I am strongly not looking forward to a non-DEU clinical experience. I think this program should definitely be continued" (Participant, personal communication, July, 22 2013). The students believed the DEU is a great experience because they are allowed to work one on one with a staff nurse. This experienced allowed them to practice more skills and experienced greater responsibility with patient care.

Organizational Culture and Climate

Students gave high ratings to the relationship with the staff. One hundred percent of the students felt they were part of the unit and not as just a student. The mean score for student-staff relationships was the highest on the survey. The mean score for the subscales item DEU nurse supervisory relationships was 5.0 out 5 (SD = .00). Students (75%) thought there was a positive atmosphere on the ward. The student's responses also indicated that 100% of the students felt they were mutual respected and accepted by the supervisor.

All of the students (100%) thought the program allowed them to ask questions freely without intimidation or judgment. One student commented "I was able to master my skills each week with my CF by my side to give me guidance, if needed. My non-DEU clinical experiences were rewarding, but if I had an issue or question, I had to find my instructor who was responsible for at least 5 or 6 other students" (Participant, personal communication, July 22, 2013). Another student stated, "Preceptors were not intimidating, they were willing to take the time to help and show us short cuts" (Participant, personal communication, July 22, 2013). Other students commented that "Due to the DEU, I am more confident in my practice" (Participant, personal communication, July, 22, 2013). "All staff (CNA's and RTs) was very helpful" (Participant, personal communication, July, 22, 2013). "Preceptors invited students to breaks and lunch" (Participant, personal communication, July, 22, 2013. Students could tell the preceptors received specialized training. Suggest they are rewarded.

The mean score for the subscale item DEU commitment of the nurse manager and organizations was 4.75 out of 5 (SD=.50). This item asked if the unit was a good clinical learning environment. Another item on the subscale asked did the nurse manager regard the staff on the unit as a key resource. The mean score for this item was 3.75 out of 5(SD=.50). An item on the subscale also addressed if the feedback from the unit manager could easily be considered as a learning situation. The mean score for this item was 3.50 out of 5 (SD = 1.0). However, two items on the subscale asked if the nurse manager could be seen as a team member and if the efforts of the individual employees were appreciated both had a mean score of 4.25 out of 5 (SD = .50). The high scores on

these items and the upper minimum scores of the previous scores shows how student's success is related to organization culture and climate.

Theory Practice Gap

As part of the DEU collaboration, students participated, witnessed, and learned how to apply evidenced based practice guidelines in patient centered care during real time experiences. All students (100%) on the unit reported that learning occurred more on the DEU unit than their experience on the traditional unit. Items on the subscale that addresses the theory practice gap were the following: In my opinion the nurse teacher was able to integrate theoretical knowledge and everyday practice of nursing. The teacher was capable of operationalising the learning goals to the clinical placement. The nurse teacher helped me to reduce the theory-practice gap. Some of the comments from the focus groups were "You have to be on your toes, constantly having to check on patients. My CF taught me how to plan the day, prioritize, and reassess a person's medication, labs, and vital signs. These are things I'll never forget" (Participant, personal communication, July 22, 2013). "I was able to master my skills each week with my CF by my side to give me guidance, if needed. I liked the 8 hours shifts because it allowed us to give report and function as a nurse" (Participant, personal communication, July 22, 2013).

Challenges

The most reported challenge during the focus survey for students was the short time span in implementing the DEU. The students felt it was a rush in getting the program started at the last minute. Other challenges the student mentioned was the early time of arrival to the unit to begin their time with the preceptors. The students were

required to be on the unit by 5:30 am was considered a challenge. Lastly, the additional training required for participating on the dedicated education unit. Some students felt they should be given rewards for participating in the training and paperwork required for the DEU.

The SON faculty reported challenges with new role of clinical liaisons. One instructor commented, "It was difficult to let go of the students and release them to the staff. You still want to carry the load and oversee every little aspect of their clinical learning" (Participant, personal communication, July 24, 2013). The faculty commented that role identity is major part of making the DEU flow effectively and efficiently. Another challenge presented by the faculty was mentoring the clinical facilitators on how to teach students. The faculty stated, " Building a rapport with the staff nurses and capitalizing on their own experience in role development from a novice nurse to expert nurse help clinical facilitators understand the importance of their role" (Participant, personal communication, July 24, 2013). As a clinical liaisons, the faculty member help mentored staff nurses in professional development.

Clinical Practice Outcomes

Satisfaction

Staff nurses' group responses revealed that nurses who participated as clinical facilitators found the DEU to be a rewarding experience. One nurse commented "Being a clinical facilitator allowed me to do what I love doing that is teaching others about nursing. Nursing is a call on my life and I love sharing with others my experiences as a tenure nurse" (Participant, personal communication, July 23, 2013). All of the nurses valued the time and the experienced on the DEU. They stated "Being a CF made me feel

good about myself" (Participant, personal communication, July 23, 2013). "I feel as new DEU unit it was a very great learning tool for the students and me" (Participant, personal communication, July 23, 2013). "The other staff would see the badge and ask about my teaching. It made me feel special" (Participant, personal communication, July 23, 2013).

The administrative staff also voiced an appreciation of the DEU. One unit manager stated, "A very rewarding and feelings of contribution to the next generation of nurses. The staff is really engaged in the teaching learning process. I was really glad to have the students here on my unit. They became part of the unit. I hated to see them leave" (Participant, personal communication, July 24, 2013). Some other comments made were "I'd tell them to do it. From an operational standpoint, it will help with their bottom line and will likely help with patient satisfaction scores" (Participant, personal communication, July 24, 2013). "I'd go for it! It's not going to do anything but help their facility. When you've got an employee that feels good about themselves, they're going to do good work, and that transfers to patients, coworkers, and students" (Participant, personal communication, July 24, 2013).

Organizational Culture and Climate

Another important component of the DEU was the building of organizational commitment and culture. All staff nurses were asked to complete the McCloskey/Mueller Satisfaction Scale. This scale is used to determine nurse satisfaction with their current jobs and performance. Items on the subscale of particular interest for the DEU were satisfaction with co-workers, satisfaction with professional opportunities, and satisfaction with interaction opportunities. The subscales item for satisfaction with co-workers asked how satisfied you are with nursing peers. The mean score for this area

was 4.6 out of 5 (SD=.548). DEU staff nurses and administrators reported they felt supported by nursing administration and other staff on the unit.

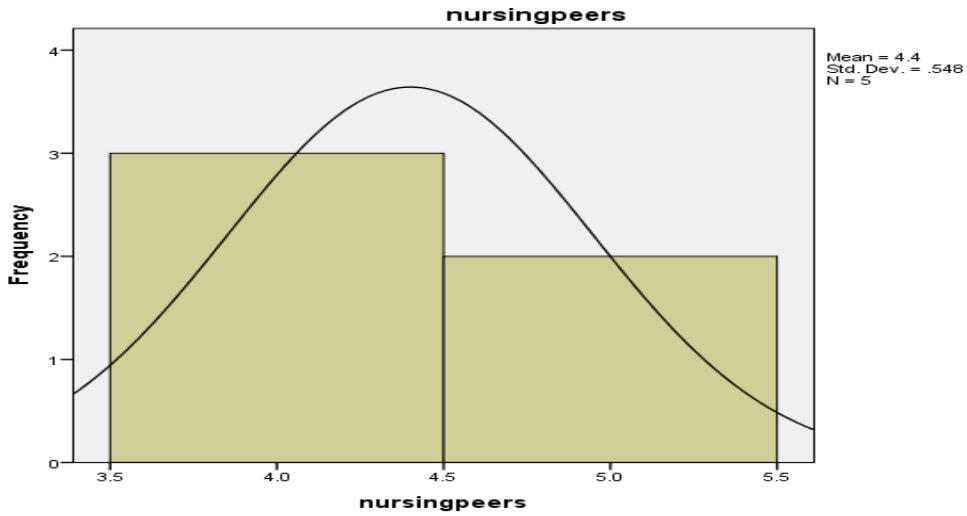

Figure 2. Frequency Distribution of Staff Relationship with Peers. This chart shows the frequency, mean, and standard deviation of staff nursing interaction with peers on the nursing unit based on responses from the MMSS.

The subscale item for satisfaction with professional opportunities addressed relationship with the SON. The questioned asked about the opportunity to interact with faculty of the College of Nursing. The mean score for this 2.0 out of 5 (SD = .707). During the focus groups nurses commented on how limited their interaction was with SON until the DEU. "One nurse commented "I would usually see them on the other floors with their students. It was great to have them to ourselves this time" (Participant, personal communication, July 23, 2013).

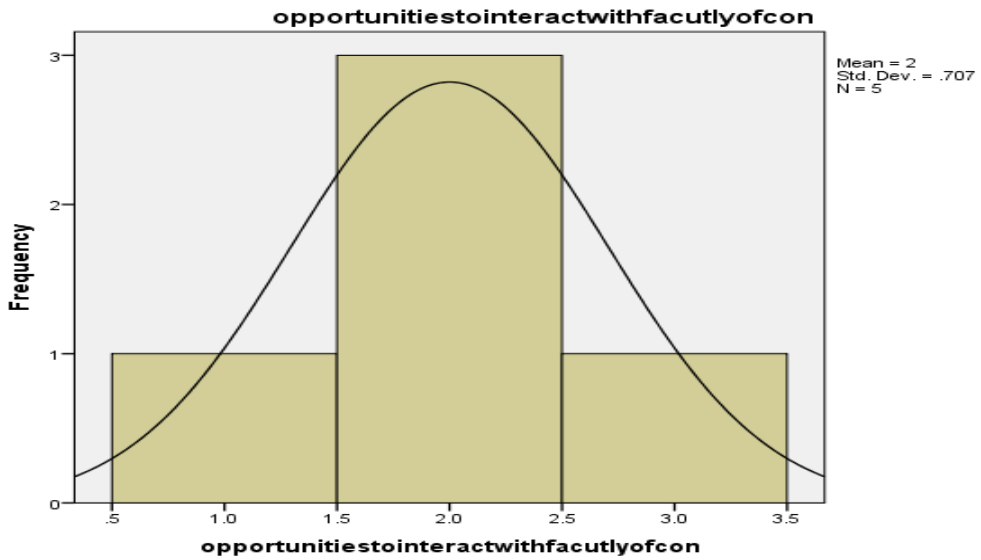

Figure 3. Frequency Distribution of Opportunities for Interaction with School of Nursing Faculty. This diagram shows the frequency, mean, and standard deviation of staff nurses opportunities to interact with the faculty of the SON based on responses from the MMSS.

The next item on the subscale asked about the opportunity to interact professionally with other disciplines. The mean score for this 3.80 out of 5 (SD = .447). Clinical facilitators reported a higher degree of team work on the unit with the DEU. One nurse commented "I even noticed how other colleges from other disciplines would take the students under their wings and nurture them" (Participant, personal communication, July 23, 2013). The unit manager stated, "The DEU helped promote teamwork and collaboration among all the nurses on the unit" (Participant, personal communication, July 23, 2013). Both staff nurses and the unit managers all had positive remarks about the level of commitment and teamwork of the nursing unit for the DEU. This evidence shows how a positive atmosphere and relationship between individuals in an organization leads to better outcomes and success.

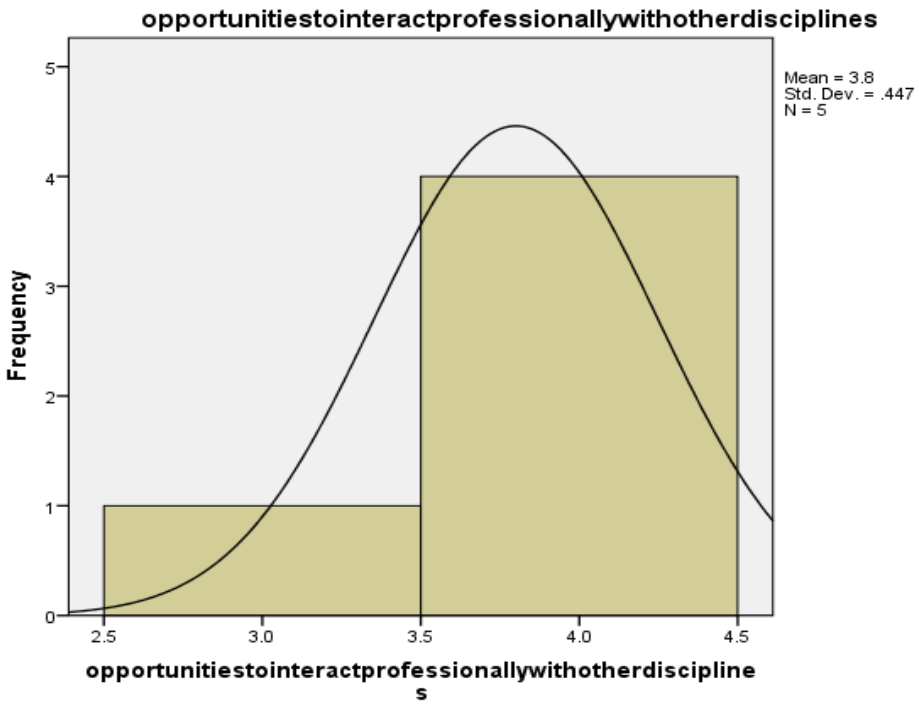

Figure 4. Frequency Distribution of Opportunities to Interact Professionally with Other Disciplines. This chart shows the frequency, mean, and standard deviation of staff nurses opportunities to interact professionally with other disciplines based on responses of the MMSS.

Theory Practice Gap

The clinical practice partners reported high satisfaction with the DEU model in bridging the theory practice gap. One CF commented "I found myself researching concepts online in preparation for my clinical day with the students" (Participant, personal communication, July 23, 2013). Another nurse stated, "She noticed everyone referring to additional resources on the unit to make sure they were accurate in what to tell the student" (Participant, personal communication, July 23, 2013). The clinical nurse educator also commented, "I have ordered more nursing books and resources to add to the library for nurses to use in their clinical experience with the students" (Participant, personal communication, July 23, 2013). All of the nurses reported how DEU

encouraged the requisition of more knowledge. It also increased their desire to learn new approaches to improving their job performance and meeting the patient needs.

Challenges

Challenges for the clinical facilitators included the initial implementation of the DEU regarding role identity. Most of the nurses had difficulty with understanding their role as a clinical facilitator. Even though preceptors had training to become a CF they still expressed apprehension about performing their new role. One nurse commented "It was time I was unsure about if I was grading the student properly. Also, I wanted to know how much I could discipline them if needed. Luckily this problem did not occur" (Participant, personal communication, July 23, 2013). Some nurses commented that having a lighter assignment load would help the CF transition to their new role. One nurse commented, "The only challenge for me came in the afternoons after the students left. Those times were especially busy because I now needed to assess and document on the patients previously covered by the students, I received an additional patient who had been covered by another nurse earlier, and this is a busy time of day because of discharges" (Participant, personal communication, July 23, 2013).

Another area of concern for the clinical facilitator was the need for financial reimbursement. One CF stated, "It is a great model, but it does take dedication from the nurse's perspective and they should be compensated financially. They have to adjust their schedules to instruct the students and commit to that student and school. They should benefit from it in all ways" (Participant, personal communication, July, 2013).

Clinical partners' administrative staff perceived the greatest challenge was scheduling staff for the training. The nurse manager discussed how changes had to be

made in schedules to allow the clinical facilitators to attend meetings about the DEU. There were also provisions made in schedules for the preceptors to complete the training for the DEU. One administrative assistant suggested having a stronger relationship between the hospital and school of nursing to transition the program. Another suggestion was to increase the communication between hospital and school of nursing to improve sustainability of the DEU.

CHAPTER V

DISCUSSIONS

This chapter gives a synopsis of the study and a discussion of the results related to findings in the current literature. The purpose of this study was to evaluate participant's perceptions on the effectiveness of a dedicated education unit as a collaborative clinical model between nursing education and clinical practice. The model was used to bridge the gap between education and practice thereby improving health care delivery in the Mississippi Delta. The research question was: Does the implementation of academic-service practice partnerships like the dedicated education unit compared to traditional clinical rotations improve satisfaction levels of students nurses, nursing staff, faculty, and administrators.

Finding from this study support the need for collaboration between nursing in academia and clinical practice that has been recognized for the last 20 years. A persistent and deep professional disconnection has occurred between education and clinical practice as a result of substantial changes in nursing education and practice, for example, constant change in health care environment and delivery, advance in technology, societal demands.

This study illustrates how the DEU fosters a positive atmosphere, collaboration, and teamwork. In addition, the study illuminates how the DEU provides students, nurses, faculty, and administrators a good clinical learning environment. IOM (2010) called for a radical change in nursing education with emphasis on teamwork and active collaboration. Nursing leaders suggest that nursing education redesign includes aligning

education with clinical practice, incorporating real world practice curricula, and incorporating core concepts in clinical education.

The subscale student satisfaction on the CLES-T was considered very valuable to assess the effectiveness of the DEU. The students placed high value on having a good relationship with clinical facilitators and the clinical learning environment. Students reported feeling welcomed and encouraged in their clinical experiences on the DEU. The implementation of DEU has been shown to significantly increase the level of satisfaction with all students.

DEU nurse also reported very favorable comments for the program. Clinical facilitators felt they received great recognition for their role as a clinical facilitator from peers. The DEU nurses also commented on the positive feelings they felt from the feedbacks from the students. All of the nurses believed they had made a significant impact on the education of future nurses. They believed this impact would help students transition to their new roles and the nursing profession.

School of nursing faculty believed the role change to clinical liaison was a significant challenge. During the focus group, faculty explained how changes in role always create some degree of difficulty with any new position. They also commented on how the degree of success of any program is placed on how well one can adapt to new situations and roles. The role of the faculty is to arrange clinical learning activities, evaluate student assignments, and mentor staff nurses. Even though nurses had ambivalence about their role, they perceived the DEU as an optimal clinical experience. They believed students were able to use classroom theory and apply it to clinical practice.

The students were able to experience real life simulations to help understand concepts brought out in lecture.

Administrator and nurse managers from the hospital also believed the DEU was an effective clinical learning environment; however, they listed some areas of concern. The major challenge reported was the schedule challenge of initial setup. Schedules adjustment for initial training of preceptors and shift for clinical facilitators was addressed by using the ambulatory care unit.

Limitations and Implications

Limitations

This study presents certain limitations. First, the study was generalized to only one geographical area. The study also limited itself to the satisfaction of the DEU from the nursing profession. The students who participated in the study were selected based on high academic achievement and clinical strengths. Even though, a small number of samples sized were used for this study, the finding could be used to generalize to larger health care organizations to show the significance of collaborative partnerships in the nursing profession.

Recommendations

A major concept that warrants further investigation is to assess organizational readiness to become a DEU (Murray et al., 2010). Research should be conducted to analyze how important is the identification of appropriate units to implement dedication education units and other academic service partnerships. In the same way, research analyzing the effects of role development and adaptation on the implementation of academic service partnerships. The exploration of the DEU on the patient outcomes

would be beneficial to clarify the effects of academic partnerships on improving health care delivery. The study of a larger sample of participants may provide a better extensive view on the effectiveness of DEU.

Implications

Implications for practice. This study has created an inclusive image of the experiences of participants of the DEU as a collaborative clinical learning environment. This study illustrates how the nursing profession can emerge as an effective leader in organizational systems to help advance the nursing profession. The doctoral prepared nurse uses the knowledge of organizational and system leadership to become change agents and transformational leaders. The US Department of Labor and Statistics reported an increase in demand of nurses by the year 2010. The dedicated education builds educational capacity by reducing the number of clinical faculty need to teach the students. The DEU also allows the use of existent resources by each clinical partner without creating increasing fiscal strains. DEU helps improve care delivery on the units. Because of improvements in standards of care, patient safety and quality is achieved. Quality nursing care helps drive improved health care outcomes for all populations. Collaborative academic partnerships promote unity between education, practice, and research which helps encourage clinical excellence.

Implications for research. This project suggests research addressing outcomes research improves the quality of health care delivery for the nursing profession. The study also demonstrated how the DNP knowledge of systems leadership and research helps develop programs to improve staff development. The doctoral prepared nurse must establish relationship with clinical practice partners to identify research questions

impacting clinical practice and education. The doctoral prepared nurse then designs and implements research studies design to improve healthcare outcomes related to the proposed research questions. The DNP also facilitates staff nurses in understanding the implications for the study regarding practice. For this study, the advanced practice nurse was able to evaluate research about organizational culture and climate. The advanced practice nurse later used the research data to evaluate how the implementation of academic service partnership could improve satisfaction levels of participants in the Mississippi Delta.

*Implications for education***.** The project helps shapes the role of the doctoral prepared nurse in the evaluation of clinical education redesign for the nursing profession. The DNP influence as the highest clinical degree provides a visionary leader to meet the challenges of a new health care system. The project demonstrates the clear connection between advanced level of education and practice leadership. For instance, nursing faculty with master degree was able to mentor and teach staff nurses while coordinating and planning the clinical learning activity. The staff nurses who did not have advanced degrees were required to facilitate the clinical practice setting on the dedicated education unit. The requirement for staff nurses usually does not require involvement of research to complete the job task. However, the advanced practice nurse who is doctoral prepared requires the integration of practice, research, and education to operate at the organizational system level.

The foundations of the DEU support the consensus of the literature that describes mentorship and leadership at advanced educational degrees such as the DNP to strengthen the nursing profession. The doctoral prepared nurse is able to analyze and

evaluate new educational pedagogy for clinical practice. The design and implementation of DEU helps expert staff nurses serve as mentors and preceptors that build critical thinking skills for students. The study proves the importance of doctoral prepared nurses in leadership to develop a supportive clinical learning environment. This leadership creates care systems that merge the expertise of nurses across education and practice.

Conclusions

This study provides a description of the experiences of participants on a dedicated education unit in the Mississippi Delta. The aim of this study was to explore the perceptions of participants on a dedicated education unit. Qualitative and quantitative data revealed four themes: satisfaction, organizational culture & climate, theory practice gap, and challenges. The effectiveness of the dedicated education units lies on the synthesis of education and practice. Registered nurses participation on the DEU commented that students profited from the interface of education and practice.

The vague relationship between academia and practice can be conquered through the endorsement of interdisciplinary collaborative modeling in nursing. Developing collaborative partnerships encourages the spread of sovereignty in practice and supports shared decision making. Additionally, the need for effective organizational development during change within the organization causes the implementation of partnerships models. Nurses deliver care within organizational system and cannot operate separately. Therefore, doctoral prepared nurses are well prepared to act as catalysts of change for a constantly changing health care system.

The outcomes of this study bolster the findings in current literature. The DEU impacts the advancement of the nursing profession through its support of students'

learning, utilization of clinically relevant research, retention strategy leading to improvement of patient care. The challenges such as role confusion and time limitations added extra stress for the initiation of the DEU. The problems can be addressed by ample planning and clearer goals before initiation of the DEU. This mixed study support the growth of prospect collaborative partnerships in nursing to provide professional development, career opportunities, and satisfaction. These partnerships play an essential role in influencing change through strategic partnerships in nursing education and practice.

APPENDIX A

CAPSTONE PROJECT RELATED DNP ESSENTIALS

DNP Essentials	DNP Capstone Essentials Outcomes
Essential I: Scientific Underpinning for Practice	Academic-practice partnership DEU models helps bridge the foundation of knowledge between nursing theory, research, and practice. Expert staffs nurses will help enhance the critical thinking of student nurses by engaging them in real life clinical learning environment. Both academia and practice will work together to show the connection between evidenced based guidelines derive from nursing theories and research to produce positive clinical outcomes.
Essential II: Organizational & System Leadership for Quality Improvement & System Thinking	The academic-practice partnership DEU models is designed from an organizational development theory which allows nurses at all levels especially advanced practice nurses to become change agents in academia and practice. As change agents and transformational leaders, nurses are empowered to change the infrastructure and processes of health care delivery system by redesigning nursing education and practice through continuous education and training of both novice and expert nurses with the infusion of theory and research best practice guidelines.
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based practice	Academic-practice partnerships DEU models are the fusion of theory, research, and practice. This concept directly impacts the three domains of nursing to interact. The successful implementation of the project allows the translation, integration, evaluation, and application of an innovated evidenced based teach strategy. DEU create partnerships to improve health care outcomes.
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	Academic-practice partnerships DEU models use databases to track nursing quality indicators that improved patient outcomes.

DNP Essentials (continued).

Essential V: Healthcare Policy for Advocacy in Health Care	An academic-practice partnership DEU models allows the advanced practice nurse to advocate for a change in education redesign. APN are responsible for creating policy and procedures for clinical learning environment. As a leader, the advanced practice nurse must advocate for change and write policies and procedures to IHL and NLN for compliance with regulation and polices governing associate nursing degree programs.
Essential VI: Interprofessional Collaboration for Improved Patient and Population Health Outcomes	An academic–practice partnership DEU models also the APN to be a consultant for other schools and health organizations wanting to start DEU models. The capstone projects foster collaboration among larger healthcare networks and schools of nursing. Another future goal is to make DEU function and partner with different schools of nursing by having uniform clinical evaluations and guidelines between all hospitals and schools.
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	Academic-practice partnerships DEU models help provide health promotion and reduce risk/illness prevention by educating and training of nursing staff and nursing students. Advanced practice nurse help develop quality training programs on quality nursing indicators that help improve health care outcomes for all populations.
Essential VII: Advanced Nursing Practice	Academic-practice partnerships DEU models helps expert staff nurses serve as mentors and preceptors for student nurses to help improve critical thinking and judgment. They also help improve patient outcomes by providing holistic patient centered care capturing the uniqueness and diversity of individual clients including needs, communication, education, nursing care, advocacy, and health promotion.

APPENDIX B

PERMISSION FOR CLES + T SCALE

Mikko Saarikoski
RN, PhD, Principal Lecturer
e-mail: mikko.saarikoski@turkuamk.fi
Postal address:
Turku University of Applied Sciences
PL 20, 20 701 Turku
Finland

Agreement form

15.04.2008

Agreement for using the Clinical Learning Environment, Supervision and Nurse Teacher (*CLES+T*) evaluation scale

I agree to abide by the following principles in using the *CLES+T* evaluation scale as a research tool in my/ our empirical study:

- The CLES+T should only be used in its original form (minor alternations are permissible, for example in order to ensure the terminology of *CLES+T* reflects different cultural aspects). All such changes should be reported to the authors.
- Any research reports that have used the *CLES+T* should acknowledge the original source by using the following reference: Saarikoski et al. 2008. The nurse teacher in clinical practice: Developing the new sub-dimension to the Clinical Learning Environment and Supervision (CLES) scale. International Journal of Nursing Studies 45: 1233-1237.
- The instrument cannot be published in its original form (e.g. as Appendix) without the permission of the copyright holder, Elsevier Sciece Ltd. UK. The *CLES+T* scale has been published originally in the above article.
- Authors should be sent one copy of publications in which the *CLES+T* scale has been used as a research instrument (see the address above)

Name of the re-user: Jacquelyn Brownlow
Jacquelyn Brownlow
your signature

Research organisation: The University of Southern Mississippi

Address: College of Nursing
118 College Drive Hattiesburg, MS 39406-0001

Name of the research (or research project): Perceptions of Dedicated Education Units in the Mississippi Delta

Language version: English (United States)

I give the permission: Mikko Saarikoski

Date: Turku 25th April 2013

Please, complete this form informing about your study and send two signed copies to the address above (or scan a copy - signed by you - as *.pdf -file and send it to me using e-mail). The filled form (signed by me) will be returned to you.

APPENDIX C

MCCLOSKLEY/MUELLER SATISFACTION SCALE (MMSS)

THE UNIVERSITY OF IOWA
COLLEGE OF NURSING

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Jacquelyn Brownlow for the purpose as stated in the request dated April 26, 2013.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead

Sue Moorhead, Associate Professor, College of Nursing

Date: May 9, 2013

The University of Iowa
The Center for Nursing Classification & Clinical Effectiveness
College of Nursing 407 CNB
Iowa City Iowa 52242 USA

APPENDIX D

THE UNIVERSITY OF SOUTHERN MISSISSIPPI IRB APPROVAL LETTER

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.6820 | Fax: 601.266.4377 | www.usm.edu/irb

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months.

Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **13062701**
PROJECT TITLE: **Preceptions of a Dedicated Education Unit in the Mississippi Delta**
PROJECT TYPE: **New Project**
RESEARCHER(S): **Jacquelyn Brownlow**
COLLEGE/DIVISION: **College of Nursing**
DEPARTMENT: **Department of System Leadership & Health Outcomes**
FUNDING AGENCY/SPONSOR: **N/A**
IRB COMMITTEE ACTION: **Exempt Approval**
PERIOD OF APPROVAL: **06/28/2013 to 06/27/2014**
Lawrence A. Hosman, Ph.D.
Institutional Review Board

APPENDIX E

PERMISSION LETTER FOR NORTHWEST REGIONAL MEDICAL CENTER

NORTHWEST MISSISSIPPI REGIONAL MEDICAL CENTER
Clarksdale, Mississippi

June 14, 2013

Northwest Regional Medical Center
1970 Hospital Drive
Clarksdale, Mississippi 38614

Dear Jacquelyn,

I am pleased to write a letter of support for your proposal regarding your research on Perceptions of a Dedicated Education Unit in the Mississippi Delta. As you are aware, Northwest Regional Medical Center is dedicated to innovated evidenced based quality improvement projects that advance the nursing profession.

If your application is successful, it will provide us with an opportunity to also assess the extent of academic practice partnerships in the Mississippi Delta and to embark on new projects to determine the impact of collaborative partnerships at the academic, clinical practice, and community levels. Your initiative is well positioned within one of our goals to improve health care delivery and patient outcomes for the population we serve.

Sincerely,

Loreather Stacker

Loreather Stacker, BSN, RN
Interim Chief Nursing Officer
Northwest Regional Medical Center

1970 Hospital Drive • P.O. Box 1218 • Clarksdale, MS 38614 • p 662.627.3211 • f 662.627.5440 • www.northwestregional.com

APPENDIX F

PERMISSION LETTER FOR COAHOMA COMMUNITY COLLEGE

Permission Letter for Clinical Site

January 21, 2013

Dr. Martha Catlette, Vice president of Health Sciences
Coahoma Community College
901 Ohio Street
Clarksdale, MS

Dear Dr. Catlette,

My name is Jacquelyn Brownlow. I am a registered nurse pursing a doctor of nursing practice (DNP) at The University of Southern Mississippi. As part of my degree requirements, I will evaluate the outcomes of an academic-practice partnership dedicated education unit.

With your permission, I would like to come into your school and gather participation for the project. All of your students' information will be kept in strict confidence at all times and no part of my project will interfere with the education provided at your facility. I would like to emphasize that participation is strictly voluntary and all data gathered will be coded to insure protection of the subjects.

Please contact me at your earliest convenience with any additional questions or concerns. I will need a written consent from you prior to the initiation of the project either granting or denying my permission to utilize your school to gather my research.

We appreciate your consideration of this matter.

Sincerely,

Jacquelyn Brownlow, RN, MSN

APPENDIX H

PARTICIPANT'S INFORMATION SHEET

My name is Jacquelyn Brownlow. I am a registered nurses (RN) and graduate students at The University of Southern Mississippi. As part of our degree requirements, I will be conducting a research project to evaluate outcomes of academic-practice partnerships dedicated education units. I respectfully ask you to consider participating in the project. If you participate in this study, you will be asked to complete at least two questionnaires and an interview.

It is your choice to participate in this study. Your participation is strictly voluntary and if you chose to participate your identity will remain unknown to other participants or anyone else outside of this study. Do not place your name or other identifying information on any documents that are to be submitted into the researchers. It is necessary for you to read this letter and ask any questions that you may have about this document and/or the research project. You are not obligated in any way to participate in this study. Your choice to participate or decline to participate will not, in any way, influence your job or grades you receive from any of your employer or school. However, I do ask that if you choose to participate in this study that you participate openly and honestly at all times.

Below is my contact information. If you choose to participate, or if you have any additional questions at any point, please feel free to contact me using the information listed below. Please let me thank you in advance for your consideration and cooperation in this study.

CONTACT INFORMATION

Jacquelyn Brownlow, RN, MSN (662)-299-2243 email address:

jacquelyn.brownlow@eagles.usm.edu

APPENDIX I

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT

INFORMED CONSENT

In signing this document, I agree and indicate that my participation in this study is strictly voluntary and that my expectations within this study have been clearly stated as indicated within the content of this consent form. I know that my participation in this study will no way influence my employment or education that I receive, and I will not be subjected to any kind of physical, mental, or emotional harm as a result of my participation in this study. Also, I understand that I have the right to withdraw from this study at any point within the study.

I have been informed that the purpose of this study is to evaluate the outcomes of academic-practice service partnerships DEU models. I have been provided with an information sheet with the researcher's contact information as well as a detailed description of the purpose and the expectation of this study. I understand that should I have any additional questions or concerns at any point during this study, I can contact the researcher with the information in which I have been provided. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

In signing this form, I agree to fully disclose all required information honestly and to the best of my knowledge. I agree to complete all required documentation, fill out questionnaires, surveys, or any other similar data collection tools. In addition, I understand that any information in regards to my participation within this study will be held strictly confidential and will only be shared between me and the researchers conducting this study. I have been assured that no personal information will be shared with anyone else without my prior written consent.

If sharing of information or recollection of events shared cause me emotional distress or anguish, I understand that resources are available upon request. Questions concerning the research, at any time during or after the project, should be directed to Jacquelyn Brownlow at 662-299-9943 This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

Date_____ Participant's Signature _____

Date_____ Researcher's Signature _____

REFERENCES

Allen, P., Schumann, R., Collins, C., & Selz, N. (2007). Reinventing practice and education partnerships for capacity building. *Journal of Nursing Education, 46*(4), 170-175.

American Association of Colleges of Nursing. (2012a). *Academic practice partnerships: interactive toolkit for developing and sustaining partnerships*. Retrieved from http://www.aacn.nche.edu/leading-initiatives/academic-practice-partnerships

American Association of Colleges of Nursing. (2012b). *Nursing shortage fact sheets*. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

Ard, N., Rogers, K., & Vinten, S. (2008). Summary of the survey on clinical education in nursing. *Nursing Education Perspectives*, *29*(4), 238-245.

Brady, N., & Lewin, L., (2007). Evidenced based practice nursing: bridging the gap between research and practice. *Journal of Pediatric Health Care, 21*(1), 53-56.

Burke, K., Moscato, S., & Warner, J. (2009). A primer on the politics of partnership between education and regulation. *Journal of Professional Nursing*, *25*(6), 349-351 doi:10/1016/j.profnur.2009.10.002

Bureau of Labor Statistics, U.S Department of Labor. (2012). *Occupational Outlook Handbook Registered Nurses.* Retrieved from http://www.bls.gov/ooh/Healthcare/Registered-nurses.htm#tab-6

Butts, J., & Rich, K. (2012). *Philosophies and theories for advanced nursing practice.* Sudberry, MA. Jones & Bartlett.

Chinn, P.L., & Kramer, M.K. (2008). *Integrated Theory and Knowledge Development in nursing* (7th Ed.) St. Louis, MO: Mosby Elsevier

Clark, L. (2008). Partners in practice. *Nursing Management, 15*(3), 12-13.

Cramer, M., Duncan, K., Megel, M., & Pitkin, S. (2009). Partnering with rural communities to meet the demand for a qualified nursing workforce. *Nursing Outlook, 57*(3), 148-157.

Delta Health Alliance (2011). *The Mississippi Delta overview*. Received from http://www.deltahealthalliance.org/about-dha/overview

Duteau, J. (2012). Making a difference: the value of preceptorship programs in nursing education. *The Journal of Education Continuing Education in Nursing, 43*(1), 37-43.

Fetherstonhaugh, D., Nay, R., & Heather, M. (2008) Clinical school partnerships: The way forward in nursing education, research, and clinical practice. *Australian Health Review, 32*(1), 121-126.

Friedman, M., Cooper, A., Click, E., & Fitzpatrick, J. (2011). Specialized new graduate RN critical care orientation: retention and financial impact. *Nursing Economics$, 29*(1), Retrieved from www.medscape.com

Glazer, G., Ponte, P., Stuart, M., &. Cooley, M. (2009). The power of partnership: addressing cancer health disparities through academic-service partnerships. *Nursing Outlook, 57*(3), 123-131.

Glanz, K., Rimer, B.K., & Viaswanath, K. (2008) *Health behavior and health education: theory, research and practice.* San Francisco, CA: Jossey-Bass

Haigh, C. (2008). Embracing the theory/practice gap. *Journal of Clinical Nursing, 18* 1-2, doi:10.1111/j.1365-27022.2008.

Institute of Medicine. (2010). *The future of nursing: leading change, advancing health.* Retrieved from http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Joynt J., & Kimball, B. (2008). Blowing open the bottleneck: designing new approaches to increase nurse education capacity. White paper commissioned by the Robert Wood Johnson Foundation to champion nursing in America and U.S. Department of Labor, Employment and Training Administration prior to the Nursing Education Summit. Retrieved from http://www.rwjf.org/files/research/3335.32415.pdf.

Kaplan, R., Norton, D., & Rugelsjoen, B. (2010). Managing alliances with the balanced scorecard. *Harvard Business Review*, *88*(2), 114-121.

Lanscaster, K., & Nielsen, A. (2009). The influence of concept-based learning activities on student's clinical judgment development. *Journal of Nursing Education, 48*(8), 441-446.

Levin, R., Vetter, M., Chaya, J., Feldman, H., & Marren, J. (2007). Building bridges in academic nursing and health care practice setting. *Journal of Professional Nursing*, *23*(6), 362-368

Levitt-Jones, T., Lathlean, J., Higggins, L., & McMilan, M. (2009). Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing. 65*(2), 316-324.

Melnyk, B.M., & Fineout-Overholt, E. (2011). *Evidenced-based practice in nursing & healthcare: a guide to best practice.* Philadelphia PA: Lippincott Williams & Wilkins.

Mississippi Office of Nursing Workforce. (2012). *Research 14th Annual Survey of Hospital*. Retrieved from www.monw.org

Mississippi State Department of Health. (2011). *Disease and statistics*. Retrieved from http://.www.msds.ms.gov/msdhsite/_static43html

Moscato, S., Miller, J., Logsdon, K., Weinberg, S., & Chorpenning, L. (2007). Dedicated education units: an innovative clinical partner education model. *Nursing Outlook, 55*(1), 31-37, doi:10.1016/j.outlook.2006.11.001

Murray, T.A. (2007). Expanding educational capacity through an innovative practice-education partnership. *Journal of Nursing Education, 46*(7), 330-333.

Murray, T. Crain, C., Meyer, G., McDonough, M., & Schewiss, D. (2010). Building bridges: an innovative academic-service partnership. *Nursing Outlook, 58*(5), 252-351 doi:10.1016/j.outlook.2010.007.004

Murray, T. Macintyre, R., & Teel, C. (2011). An Analysis of partnership performance: The St. John Mercy Medical Center-Saint Louis University School of Nursing Dedicated Education unit project. *Journal of Professional Nursing, 27*(6), 58-63. doi10.1016/profnurs2011

Murray, T. A., & James, D.C. (2012). Evaluation of an academic service partnership using a strategic alliance framework. *Nursing Outlook, 60*(4), E17-E22. doi:10.1016/j.outlook.2011.10.004

National Council of State Board of Nursing. (2012). Future innovations in nursing education. *Leader to Leader*. Retrieved from https://www.ncsbn.org/1927.htm

Novotna, G., Dobbins, M., & Henderson, J. (2012). Institutionalization of evidenced informed Practices in healthcare setting. *Implementation Science.* Retrieved from http://www.implementationscience.com/content/pdf/1748-5908-7-112.pdf

NLN Innovation Task Group. (2009). How can state boards of nursing encourage curricula reform? *Nursing Education Perspectives, 30*, 59-61.

Oregon Center for Nursing. (2013). Oregon Nursing Leadership Council strategic plan: Solution to Oregon's nursing shortage. Retrieved from http://www.oregoncenterfornursing.org//

Ousey, K., & Gallagher, P. (2007). The theory practice relationship in nursing education: a debate. *Nurse Education in Practice, 7*, 199-205.

Pappas, S. (2007). Improving patient and nurse engagement with a dedicated education unit. *Nursing Leader, 5*(3), 40-43.

Pittman, L., Warmouth, C., Gardner, G., & King, J. (1990). Developing a model for collaborative research. *Australian Journal of Advanced Nursing*, *8*(2), 34-40.

Ralph, E., Walker, K., & Wimmer, R. (2009). Practicum and clinical experience: postpractium students view. *Journal of Nursing Education, 48*(8), 434-440.

Ranse, K., Bail, K., & Grealish, L. (2009). Investing in the future: residential aged care staff experiences of working with nursing students in a community of practice. *Journal of Clinical Nursing, 19*, 2291-2299. doi: 10.1111/j.1365-2702.03133x

Rhodes, M., Meyers, C., & Underhill, M. (2012). Evaluation outcomes of a dedicated education unit in a baccalaureate nursing program. *Journal of Professional Nursing, 28*(4), 223-230. Doi10.1016/j.profnur.2011.11.019.

Sellman, D. (2010). Mind the gap: philosophy, theory, and practice. *Nursing Philosophy, 11*, 85-87.

Steckler, A., Goodman, R.M., & Kegler, M.C. (2002). Mobilizing organizations for health enhancement: theories of organizational change. *Health behavior and health education: theory, research, and practice.* San Francisco CA: Jossey-Bass.

Tanner, C. (2008). From random access opportunity to a clinical education curriculum. *Journal of Nursing Education, 47*(1), 3-4.

Titler, M.G. (2008). The evidenced for evidenced based practice implementation. In. A. Hughes, RG. (ed.) *Patient Safety and Quality: An Evidenced based handbook for Nurses.* Rockfield, MD. Agency for Healthcare Research and Quality (US). Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK2659/

Tornabeni, J., & Miller, J. F. (2008). The power of partnership to shape the future of nursing: the evolution of the clinical nurse leader. *Journal of Nursing Management, 16*(5), 608-613.

Warner, J., & Burton, D. (2009). The policy and politics of emerging academic partnerships. *Journal of Professional Nursing, 25*(6), 329-334

Ulrich, B., Krozek, C., Early, S., & Ashlock, C. (2010). Improving, retention, confidence of new graduates nurses: results from a 10year longitudinal database. *Nursing Economics, 28*(6), 363-365. Retrieved from http://www.medscape.com