

THE LIVED EXPERIENCE OF REGISTERED NURSES FUNCTIONING
AS CLINICAL INSTRUCTORS ON A DEDICATED EDUCATION UNIT

By

SUSAN L. NIEMAN

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To the Faculty of Washington State University:

The members of the Committee appointed to examine the thesis of
SUSAN L. NIEMAN find it satisfactory and recommend that it be accepted.

Chair

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Abstract

By Susan L. Nieman, BSN, RN
Washington State University
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Chair: Dawn Doutrich

In response to the current nursing shortage, nursing education programs are rapidly expanding to increase their enrollments. A critical aspect of nursing education is clinical experience. An innovative model in clinical teaching, the Dedicated Education Unit (DEU), is designed to increase collaboration between healthcare institutions and academia to facilitate student clinical experience. This qualitative study using the phenomenology method provides needed information to evaluate the lived experience of Registered Nurses (RNs) functioning as Clinical Instructors (CIs) on a DEU. After signing informed consent, staff nurses working as CIs on a specific DEU participated in semi-structured interviews. Narrative data was audio taped and transcribed verbatim. Interpretive data analysis was conducted to identify exemplars and paradigm cases. This study informs nurse educators and health care administrators about how the DEU model successfully supports nurses' functioning as CIs as they provide positive learning experiences for nursing students in the clinical setting.

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Dedication

It is believed Gertrude Stein once said, “A difference to be a difference must make a difference.” This thesis is dedicated to all the nurses and nursing students around the globe who work to make a difference.

CHAPTER ONE

Introduction

Background

The United States is in the midst of a national nursing shortage. In the report titled “What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses” (2006), the Health Resources and Services Administration (HRSA) released projections that the nation's nursing shortage would grow to more than one million nurses by the year 2020, with all 50 states experiencing a shortage of nurses to varying degrees by the year 2015 (p.1).

A key issue compounding our nation’s grave shortage of nurses is our critical shortage of nursing instructors. The American Association of Colleges of Nursing (AACN) released a study in 2007 which states, “Almost three quarters (71.0%) of the nursing schools responding to the 2006 survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level nursing programs” (p.2).

PricewaterhouseCoopers’ Health Research Institute (2007) report that more than 41,000 qualified nursing applicants were denied admission to nursing school in 2005, primarily due to a lack of instructors (p.11).

In response to the current nursing shortage, nursing education programs have been enormously challenged to meet the nations growing need for quality healthcare providers.

Meyers (2004) stated:

In the nursing world, it's been called the perfect storm: an aging nursing school faculty, a wave of nurse retirements expected in the next decade, increasing competition for nurses in clinical settings, a lack of master's and doctorate-degree

students, and economic factors making it difficult for practicing nurses to return to school. If steps aren't taken to reverse these trends, hospitals are in for some rough waters ahead (p. 25).

The shortages of nurses in both the practice environment and in nursing education are complicated by much more than simple supply and demand. Nurses in the practice environment as well as the academic setting are aging right along with the rest of our nation. The AACN *Nursing Shortage Fact Sheet* (2007) reports that the average age of an RN in March 2004 was 46.8 years of age, up from 45.2 in 2000 (p. 3). According to Murray (2008), “Unfilled faculty positions, faculty resignations, retirements, the shortage of students being prepared for the faculty role, and a myriad of other factors continue to exacerbate the shortage of qualified faculty” (p. 218). Kris Campbell (2008), executive director of the Oregon Center for Nursing (OCN) stated, “More than half of the state's nursing school faculty plans to retire during the next 12 years” (Colborn, 2008, p.2). The imminent outflow of experienced faculty members within the nursing profession due to aging and retirement reflect some of the retention issues affecting nursing faculty. Another significant factor contributing to the critical shortage of nursing faculty is recruitment. LaRocco (2006), in the article "Who Will Educate the Nurses?" reports that:

Setting aside workload, one reason nurses may hesitate to join a nursing faculty is salary. The pay of nursing faculty has lagged behind that of clinical and administrative nurses. A recent report by the Massachusetts Board of Registration in Nursing stated that twenty-one of thirty-one nursing education programs cited salary as the most significant factor affecting faculty recruitment. In a typical Boston teaching hospital, the salaries of clinical nurses range from \$54,000 to

well over \$100,000. These clinical nurses need only a bachelor's degree. By contrast, the 2005 AAUP survey of faculty compensation reported that the average salary of a full professor at a baccalaureate institution was \$74,408; the average salary of an associate professor was \$57,468 (p. 39).

One strategy to increase the number of quality nursing instructors has been the design and implementation of a new educational teaching model, the Dedicated Education Unit (DEU).

An innovative model in clinical teaching, the DEU is designed to increase collaboration between healthcare institutions and academia to facilitate student clinical experience. Developed by staff at Flinders University of South Australia School of Nursing, the DEU was designed as a joint venture between administrators, nurse-clinicians and faculty to create an optimal and efficient learning environment for students.

The purpose of a DEU is to provide students with a positive clinical learning environment. Moscato, Miller, Logsdon, Weinberg and Chorpenning (2007) stated, "The characteristics of a DEU are embodied by the collaborative efforts of both staff clinicians and faculty working together to maximize student-learning outcomes with proven teaching/learning strategies" (p.31). In the DEU model, staff nurses have an expanded role as compared to the traditional preceptor. Staff nurses on a DEU who function as Clinical Instructors (CIs) receive specific instruction by nurse educators regarding educational theories and evidence-based teaching learning strategies. An enhanced understanding of the essentials of effective teaching skills by RNs should promote both improved patient care as well as better preparation of nursing students (Brammer, 2006).

CIs working on the DEU in this study are assigned two students for the entire clinical rotation of six weeks, which provides for greater continuity in the learning experience. DEU staff nurses work closely with faculty members to assure student-learning objectives are met. Brammer (2006) reports “Quality learning experiences should promote better preparation of graduates and, ultimately, improved patient care” (p. 965). The combination of the skills and expertise of the bedside nurse and of the nursing faculty serves to not only enhance the students’ education, but may prove to be an effective tool for retention and recruitment of qualified nurses. The National League for Nursing issued the Position Statement on Innovation in Nursing Education: A Call to Reform (2003), which notes that to prepare a nursing workforce that can function effectively in this new health care delivery environment, educators and service personnel must fully collaborate to provide the best education for future practitioners (p. 25). An innovative clinical teaching model such as the DEU may provide the support staff nurses have been lacking in traditional clinical models resulting in the most effective preparation of nurses to function in the increasingly complex environment of health care.

Statement of the Problem

The increased number of nursing students has created a shortage of clinical placement options for students. More specifically, there exists a shortage of nurses willing to work with student nurses in the traditional model of clinical instruction. In an era of increased patient acuity and rapid discharge of patients, staff working in the traditional model of clinical instruction does so with a ratio of faculty to student of 1 to 8 or even 1 to 10. It is difficult, if not impossible for staff to provide close clinical supervision with ratios as high as these, let alone ensure students receive experience with

a variety of patients (Tanner, 2006). Job dissatisfaction, heavy patient loads due to high acuties, staff ratios stretched thin and filled with both new graduates and agency staff further contributes to the scarcity of clinical placement options for students.

Clinical experience is a critical component of the education of nursing students. The experiences and perceptions students receive during clinical placements are directly impacted by the delivery of instruction they receive by their instructors. As stated by Emerson (2007), “Clinical nursing instruction is the door to the real world of nursing. What students experience as they step through the door will impact the view they see and the future world they create. Clinical nursing faculty holds the key” (p. x). The clinical instructor who is able to provide practical learning opportunities which provide the most effective student learning will greatly improve the students clinical experiences and foster positive outcomes in the clinical environment.

The provision of a structured and supportive clinical learning environment enhances a student’s ability to apply theory learned in the classroom in a real life setting. The traditional clinical model of instruction lacks the structure and organization an intentional model such as the DEU provides. The lack of structure the traditional clinical model of instruction provides for students has been substantiated as a significant problem in the transition of nursing graduates to full time clinical employment (DeBellis, Longson, Glover and Hutton, 2001). As reported in a study conducted by Wotton and Gonda (2003):

Problems of students being unprepared for registered nurse practice were attributed to the tentative relationship between clinicians and academics and between universities and health care units, short clinical placements, the timing of

clinical practice, the role of clinicians, supervision by academics and a curriculum not reflective of the needs of the profession (p.121).

The DEU is an innovative collaboration that addresses several of these issues, including student to faculty ratios, supervision in the clinical environment and the intentional collaboration between schools of nursing and health care agencies designed to enhance the clinical teaching relationship. Clinical instructors in nursing education must pursue new possibilities and partnerships in order to more effectively bridge the gap between education and practice. In her review of 'Effective Academic-Service Partnerships', Frank (2008) reported, "Partnerships not only enhance nursing education, but collaboration also can help health care organizations solve problems in their organizations" (p.26). The benefits students receive from clinical experiences have been well documented, but little data has addressed the lived experiences of RNs functioning as CIs on a DEU. It is imperative that collaboration between schools of nursing and the RNs who work with students in the clinical setting create an environment that supports student learning to ensure quality education and safe delivery of care (Cleary, Horsfall and DeCarlo, 2006). The examination of the lived experience of clinical instructors on a DEU will provide insight for nurse educators and health care administrators as to how this model can successfully support positive learning experiences for nursing students in the clinical setting.

Statement of Purpose

The purpose of this phenomenological study is to explore and describe the lived experiences of RNs functioning as CIs on a specific DEU. The inspiration for the study's qualitative component was driven by my own experiences as a clinical nursing instructor

in the traditional model of clinical instruction. I felt disempowered and reactive as I struggled to promote positive clinical experiences for students placed simultaneously at multiple clinical sites. I quickly became motivated to move away from the incidental approach to clinical education that the traditional model of clinical instruction offered and towards an intentional, pro-active approach to clinical instruction. The fundamental role clinical instruction occupies in the development and subsequent success of nursing students deserves more than the cursory attention the ‘business as usual’ process of traditional clinical instruction provides.

Philosophical Guide to Inform Work

This is a qualitative study using phenomenology to describe the lived experience of RNs functioning as CIs on one design of a DEU. Phenomenology is a style of thought that requires that the focus remain on the things that appear in experience. The German philosopher, Martin Heidegger, argues that having thoughts and feelings is active engagement in the world; what he terms ‘being in the world’ (Wrathall, 2006 p.37). “‘Phenomenology’ means,’ Heidegger said, ‘to let that which shows itself be seen from itself in the very way in which it shows itself from itself’ (Heidegger, 1927/2006 p. 9). Wrathall (2006) states, “Phenomenology requires us to stick with the things that appear in experience, and learn to see them in such a way that they show up as they really are” (p. 9). Heidegger’s examination of phenomenological inquiry has become connected with hermeneutic analysis. According to Leonard (1989):

The goals of hermeneutics are to understand everyday skills, practices, and experiences; to find commonalities in meanings, skills, practices, and embodied experiences; and to find exemplars or paradigm cases that embody the meanings

of everyday practices in such a way that they are not destroyed, distorted, decontextualized, trivialized, or sentimentalized (p. 51).

Phenomenology becomes hermeneutical when its method is taken to be interpretive (Van Manen, 2002). From a phenomenological Heideggerian view, every experience involves an interpretation based on our background of understanding, our own view of what it means to be a human being.

Patricia Benner's (1984) model of skill acquisition provided guidance related to the complex process of instructing nursing students in an acute care clinical environment. Her model of skill acquisition evolved from her interest not in simply how the tasks of nursing are done, but instead on how nurses learn to practice the art of nursing. Benner's study was grounded in Heideggerian philosophy. An important assumption of Benner's model is that examination of lived experiences increases understanding of the influence of activities such as clinical instruction in skill acquisition. Published in 1989 with co-author Judith Wrubel, Benner's book, *The Primacy of Caring*, again makes use of clinical exemplars to "tell the story" by, "...making visible the hidden, significant work of nursing as a caring practice"(p. xi). Relevant concepts of Benner's model related to the lived experience of RNs functioning as CIs on a DEU include examination of the processes CIs undertake in guiding students through the initial stages of skill acquisition Benner has defined. Emerson (2007) stated, "The heart and soul of nursing education is the clinical practicum, where nursing knowledge is shaped into professional practice" (p.6). This study aims to uncover the hidden work of CIs supporting the development of student nurses towards professional practitioners.

Review of the Literature

There is a paucity of literature describing the lived experience of the clinical instructor responsible to impart clinical nursing education. This study will answer questions regarding the lived experience of staff working with students on a DEU based medical unit. A review of the literature was done using the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Education Resources Information Center (ERIC), Medline, Pub Med and Ovid reference tools. These databases revealed a scarcity of information using the key words, Dedicated Education Unit; however, the terms clinical instruction, clinical teaching, clinical learning, academic-service partnership, nurse education and innovation provided an adequate amount of information supporting models of clinical instruction.

The catalyst for the initial development of the DEU concept resulted from the findings of a teaching project conducted in the Commonwealth of Australia University Teaching (CAUT) titled “Transfer of Learning Between Clinical Practice and the University Classroom” in 1997 (Orrell, Gonda, Longson, and Edgecombe, 1997). The study findings revealed that both nursing students and the staff nurses working with students believed a systems change was needed in order to provide safe, quality learning experiences in the clinical setting. In response to these concerns the DEU concept was born.

The first DEU model of clinical teaching commenced in Australia with a group of thirty-six students; students from first, second and third year of their nursing program were randomly selected for placement in a single DEU (Edgecombe, Wotton, Gonda and Mason, 1999). The participants engaged in regularly scheduled meetings to monitor

functioning of the DEU and student progress. The focus on a combination of peer, clinician, and academic partnerships through the DEU model produced a much-improved relationship between clinicians and academics. This climate of partnership nourished by the DEU model produced a sense of collaboration that participants felt was lacking in the traditional models of clinical instruction (Edgecombe et al, 1999).

Since this experiment, the concept of the DEU has been progressively gaining acceptance and application in practice settings globally. Nurse educators lacking deep understanding of DEUs might conclude that the DEU would decrease the number of students that could be placed clinically, particularly in these times of scarce clinical placements. In contrast, Moscato et al (2007) reported on the experience with the DEU model in Portland, Oregon, stating:

In 2006, 333 students had their clinical medical-surgical experiences in 6 DEU clinical learning environments. Use of the DEU model allowed us to support optimal clinical learning with increased numbers of students and to more efficiently use clinical resources. We estimate that if the traditional clinical educational model had been used, we would have needed 25 medical-surgical units and 14-15 clinical faculty to provide medical-surgical clinical for the students (p. 34).

Not only does the DEU provide for greater numbers of students an optimal clinical learning opportunity, the interactive partnership between the nursing faculty and the nursing unit further strengthens the quality of instruction available to students in the clinical setting.

There are challenges to the implementation of the DEU model. Administrative costs are increased during the initial implementation of a DEU due to the staff coverage required for CI trainings as well as continued staff development and the associated changes required in staff scheduling needs (Moscatto, et al, 2007, p. 35). Staff productivity is defined as “the ability to take the usual number of patients” and is impacted by the experience level of the students on that DEU; more junior students take more CI time reducing the CI’s productivity (Moscatto et al, 2007, p.35).

In addition to financial costs, a key concern regarding the implementation of a DEU is the perception by other nursing programs of exclusivity. The creation of the DEU “locks out” other institutions from clinical experiences on that unit due to the restricted academic-service partnership. This creates a particular challenge especially for smaller, more rural schools of nursing already competing with larger institutions for quality clinical placements for their students.

As a result of the limited years of actual implementation of this model, there are many gaps in the literature regarding the DEU. No studies were discovered that specifically addressed the lived experiences of staff nurses working in a DEU model. Further research is needed to examine the lived experience of RNs functioning as CIs in DEUs. The lack of data relating to the experiences of such key stakeholders as CIs in this innovative teaching model hinders the continued refinement to the details that allow this model of teaching to be so effective.

Although there was no research located that specifically addressed the lived experience of CIs, one study conducted by Moscatto et al, briefly addressed themes derived from focus groups of CIs conducted at the end of clinical rotations (2007). Four

common themes uncovered in this study include: CIs liked being accountable for student learning, they expressed satisfaction in watching “my students grow,” there was an appreciation for the opportunity to be a primary instructor, and lastly, they felt challenged and energized by working with the students (Moscatto et al, p.35).

The expansion of enrollments in schools of nursing has necessitated rethinking the traditional clinical placements of students. The most common model of clinical instruction continues to be the traditional model. In this traditional model, a ratio of eight to ten students per clinical instructor is typical, at a time when neither the art nor practice of nursing is traditional. The traditional model of clinical education has been referred to as “education by random opportunity” (LeFlore, Anderson, Michael, Engle and Anderson, 2007, p. 170). Current forces influencing clinical nursing education are anything but random. Issues such as the higher acuity of patients in the acute and community setting, rapid patient turnover, and the computerization of records profoundly impact the clinical experiences available to nursing students today. In the traditional model of instruction, the student is often placed in several areas of a facility with staff that may or may not be receptive to working with a student (Emerson, 2007). The implementation of an innovative model such as the DEU may serve to enhance student education as well as faculty and staff nurse satisfaction by placing students with committed clinicians who are prepared to assume the role of coach, teacher and mentor and have their patient workloads adjusted appropriately.

Research Question

The research question for this study is: “What is the lived experience of RNs functioning as CIs in DEUs?” The following questions were asked to answer the primary research question:

1. Tell me a story about how you came to be a clinical instructor (CI).
2. Describe in detail your most memorable experience as a CI on a DEU.
3. Tell me about a teaching situation you felt really good about. What specifically was “good?”

More focused follow up questions included:

4. Tell me about a time when you felt you were having difficulty relating information to a student.
5. What were your concerns during this time?
6. How do you know the student understood the information/skill you were teaching?

Definition of Terms

A Dedicated Education Unit (DEU) is an existing health care unit that is further developed through strategic collaboration between nurse-clinicians and academics. It is designed to provide an optimal clinical learning environment for nursing students by utilizing well proven teaching learning strategies and drawing on the expertise of both clinicians and academics (Edgecombe et al, 1999). The Clinical Instructor (CI) is an important and integral member of the DEU. CIs are drawn from the pool of staff nurses

on a DEU who want to teach as clinical instructors and are prepared for their teaching role through collaborative staff development activities (Moscatto et al, 2007).

The framework for this study is based on Phenomenology, which is derived from the Greek word phenomenon. Phenomenology is first and foremost, a philosophy or a variety of distinctive, yet related, philosophies. As reported by Melnyk and Fine-Out, (2005), “Phenomenology is the study of essences (i.e., meaning structures) intuited or grasped through descriptions of lived experience” (p. 132). It is also concerned with approach and method. As explained by Leonard (1989):

In the phenomenologic view, persons not only have a world in which things have significance and value but they have qualitatively different concerns based on their culture, language, and individual situations (p. 46).

The philosophical interpretation utilized in this qualitative study is Hermeneutics. Derived from the Greek word for interpretation, the term Hermeneutics first originated in theology in the context of Biblical interpretation (Melnyk and Fineout-Overholt, 2005). Since things can never fully be seen, they must be interpreted. The intent of this study is to describe the lived experience of RNs functioning as CIs on a DEU. A lived experience is defined as that of an everyday experience, not as it is conceptualized, but as it is lived (i.e., how it feels) (Melnyk and Fineout-Overholt, 2005). Because the practice of nursing itself is one that is ‘lived’, those living the experience can best reveal the description of the unique characteristics of clinical instruction in nursing.

Significance to Nursing

Clinical experience is a critical aspect of nursing education. The current nursing shortage necessitates not only careful examination of current trends in clinical placement,

but demands that efforts are made to increase the effectiveness of existing placements. Increasing the enrollment of nursing students is one immediate strategy to address the complexity of this problem. However, this strategy alone is simply not sustainable unless substantial changes are made in how nursing schools integrate clinical learning to prepare students.

The traditional clinical education model is taxing faculty, facilities, students, and staff, and increasingly relies on the shrinking availability of clinical placements. This makes it difficult to ensure that students get a planned experience with a variety of patients. Students need experience with patients across the lifespan, as well as ample learning experience with patients with prevalent illnesses and diseases (Tanner, 2006). Improved design of models to foster the education of nursing students in the clinical setting will contribute to the development of 'better practice' in this all too important aspect of nursing education. Defining the experience of CIs on a DEU will allow nurse educators the opportunity to thoroughly evaluate the effectiveness of clinical placements in meeting the objectives required for nursing students to be successful in the field of nursing.

CHAPTER TWO

Research Design and Methodology

Introduction

Although DEUs have been in existence and expanding in use since 1997, there remains limited research describing the lived experience of RNs functioning as CIs on DEU's. This chapter outlines the methods chosen for the study, type of design utilized, data collection method, the population sampled and human subject considerations addressed.

Design of Study

This qualitative study explores the lived experience of RNs functioning as CIs working on a DEU in Portland, Oregon. The framework of phenomenology provides a method that elicits a detailed description of events and experiences. Phenomenology does not produce empirical or theoretical observations or accounts; it offers accounts of experienced space, time, body, and human relation as we live them (Burch, 1989). In this study, the CIs were asked to reflect on their experiences as a CI on a DEU and to identify issues relating to the experience of developing nursing students' knowledge, skills, and attitudes toward nursing. The interviews were semi-structured, following a format identified by the researcher and her thesis committee prior to the start of interviews.

Setting for Study

Located on the sixth floor of the Portland Veterans Affairs Medical Center (PVAMC) in Portland Oregon, data for this study was collected on a DEU established four years ago. The University of Portland's (UP) School of Nursing has established an

exclusive agreement with the PVAMC to place their students in the structured setting created on the sixth floor medical unit DEU. This DEU is on an extremely busy acute care medicine unit with high bed occupancy and a rapid turnover of patients. The unit consists of 28 beds, 16 of which are specific for telemetry patients. The unit manager describes the staff as a cohesive workgroup with high expectations, high retention rate, and strong professional identity (S.Weinberg, personal communication, February 15, 2007). The process for selecting this site began with the researcher's interest in exploring different models of clinical instruction.

Participants

Participation in the study was voluntary and participants selected via purposive sampling. In order to be considered eligible to volunteer for the study, the unit manager identified the CIs on the unit who had completed a minimum of one rotation of instructing DEU students. Consequently, only 14 CIs were included in the pool of participants from a total of 18 CI's currently employed on this DEU. The names of three CI's were then randomly chosen from a hat provided by the unit manager. Although all 3 of the CIs whose names were initially drawn consented to participate in the study, one volunteer was unable to follow through with the planned interview. Another name was then drawn from the remaining names in the hat and that CI became the third and final participant in this study. Each participant was employed full-time as an RN and CI, working on the DEU where this study was conducted. All the RNs in the sample work exclusively in the adult acute care setting at the PVAMC, thus there is likely some homogeneity in the sample. Although males were not excluded, all participants were females between the ages of 25- 40 years of age with a mix of nursing experience.

Trustworthiness

The primary researcher is a graduate student completing the study as a partial requirement for a graduate degree in nursing. The credentials for stakeholders conducting this qualitative study include the guidance of the Director of Nursing Education at the PVAMC, the Department Managers of the DEU, as well as the graduate students' thesis committee. Advisory committee members were chosen for their proven expertise in the field of qualitative research. The interactive mentorship involved throughout the study supported the qualitative exploration of the lived experience of RNs functioning as CIs on an established DEU.

Data Collection

The researcher introduced the proposed study to the DEU managers prior to seeking staff participation. Unit managers graciously volunteered to present an outline of the proposed study during a regularly scheduled staff meeting. Once volunteers were identified and participants randomly selected, the researcher met with each participant individually. The researcher described the importance of the study and the benefits to nursing education in the clinical environment. A written informed consent was obtained from each participant and a copy of the consent form provided to each participant prior to the start of his/her interview. Data collection began following approval from both the Washington State University Institutional Review Board (WSU IRB) and the Portland Veteran Administration Medical Centers Institutional Review Board (PVAMC IRB). In addition to IRB requirements, it was necessary to complete coursework online to fulfill safety and confidentiality requirements, as well as fingerprinting and a criminal background check. The work on this study initially began in the fall of 2007 and

subsequently required two extensions from the WSU IRB and PVAMC IRB before completion in 2009.

Methods and procedures used to collect the data in this qualitative study were: observation, field notes, and open-ended interviews questioning the participants on their lived experience as CIs on a specific DEU. All written communications were provided in English as this was the native language of all the participants. Each participant was assured of confidentiality regarding the data provided. In the event a participant should develop any questions about their role or consequences of their participation, the researcher's name and telephone number, as well as the supervising professor were provided. The interviews varied in length from 45- 90 minutes and were audio recorded. The researcher transcribed the interviews verbatim. The audiotapes, signed consent forms and typed transcripts were stored in a locked file in the researcher's office.

Interpretive Analysis

The phenomenologic method was used to plan the study as well as to conduct the analysis of data. Each transcript was read independently by all participants in the analysis and then discussed, re-read and re-coded. The researcher and committee members were logistically challenged to conduct the analysis together. Meetings were held with the one committee member located on the researcher's campus on two separate occasions for discussion of the analysis. Remaining discussion and analysis of the data were completed online amongst all the committee members. Interpretive analysis of the participant's responses provides the descriptive data discovered in this study. The themes drawn from this process reflect the views and lived experiences of the participants.

Human Subject Consideration

An exemption by both the WSU and PVAMC Ethics Review Committees was received prior to the start of the study. Study participants were provided with both written information and verbal explanation of the purpose of the study prior to giving their written consent. Although the risks were assumed to be minimal in this study, due to the nature of qualitative research, the exact risks are unknown. It was explained to each participant before the start of their interview, that should they feel uncomfortable discussing or continuing to discuss further any experience that may be explored, they had the right to end that discussion at any time they chose. Participants had the right to refuse to provide specific information and could choose to withdraw from the study at any time.

CHAPTER THREE

Findings and Discussion

Findings

This qualitative study was undertaken to explore and describe the lived experience of RNs functioning as CIs on a specific DEU at the Portland, Oregon Veterans hospital. The sample size for a phenomenological study is typically 10 or fewer participants (Polit, 2004). Though the interviews were done with only three participants, data produced allowed for a pilot study utilizing the framework of phenomenology. According to Polit (2004), “There is one guiding principle in selecting the sample for a phenomenological study: all the participants must have experienced the phenomenon under study and must be able to articulate what it is like to have lived that experience” (p. 309). Each participant compellingly expressed both a passion for teaching as well as a deliberate choice to work as an RN on the DEU this study was conducted. The five core themes identified were: Seeking Balance, Supportive Collaboration, Communicating, Prior Personal Experiences and a Passion for Teaching. Each theme will be defined and supporting data from the interviews provided.

Seeking Balance

The term *Balance* refers to the tension the CIs face when trying to simultaneously maintain equilibrium between the demands of providing direct patient care and teaching nursing students. The challenge for nurses to create a sense of balance while juggling multiple responsibilities is not an issue unique to those in the dual role of nursing education and practice. As described by the CIs, a sense of imbalance was experienced as

feeling torn in multiple directions as they worked to attend to the needs of not only their two students, but also their patients and the other health care professionals with whom they work. The challenges inherent in maintaining a balance between the patient work loads and of the time spent with each student was a constant challenge for CIs in this study. Participant B stated:

It's really hard to balance when you have two people who have their own sets of questions, and so I felt... pulled in two different directions sometimes. Which I'm used to feeling with my patients, but it was yet another layer. I wished I could be two places at once.

Besides seeking balance between commitment to patients and commitment to students, participants talked about needing to balance their time between students with differing skill levels. The skill sets and maturity level each nursing student brings to the clinical environment may be significantly different. Each participant in the current study described rotations in which one of their two students was not as proficient in the clinical setting as the other. The increased time one student required as compared to another contributed to a greater imbalance in the CI's workload. Participant C stated:

I was constantly keeping tabs on her to make sure she's getting things done, constantly having to check in with her. I had 'her' and then I had another student who was wonderful. So I was balancing those two students too, which was difficult.

Establishing the right balance between meeting the needs of students and of patients is directly affected by the support systems available. In their study titled,

“Elements of an Optimal Clinical Practice Environment,” Beal, Riley, and Lancaster (2008) interviewed 36 registered nurses using an open-ended interview guide and report:

The major finding of this study is that the optimal practice environment that embraces scholarly nursing practice is a place that balances care giving with professional development. Participants addressed the importance of working in a milieu that sets dual expectations for high standards of patient care along with high expectations for professional development (p. 3).

An essential component identified in this study to facilitate the CIs in their endeavor is to help them balance the teaching of students with the provision of quality patient care is the need for positive support.

Supportive Collaboration

Participants identified support from other team members as taking many different forms, each of which contributed to an overall positive experience as a CI. Participants spoke of the positive support they received from peers, unit managers, ancillary staff, the Veteran Affairs doctors and residents, the clinical liaison and faculty from the University of Portland. As Participant D stated:

It’s kind of like an All-Team effort...everyone knows the students and wants to teach. It is a teaching hospital, so even doctors are willing to teach the students and talk to them about things.

All three CIs spoke to the challenges of creating positive learning opportunities for the students in the context of the units’ population of high-acuity patients and rapid turnover rate. Study participants utilized a variety of resources to best create a sense of equilibrium between their workload of patient care and student instruction. The clinical

environment is predicted to continue to become progressively more stressful as advances in healthcare and technology continue to grow (Moscaritolo, 2009). An increased attention to detail, as well as organizational and time management skills, was considered essential by the participants to balance their teaching and care giving work. Participant B stated:

I talked to other CIs and got some tips from them about handling difficult situations. I think my biggest fear was making the students feel supported, but at the same time keeping all the patients safe... balancing the two worlds.

The partnerships established on this DEU amongst the CIs, students, PVAMC staff and school faculty were described as a cornerstone of this DEUs healthy work environment. Key elements essential for a supportive and healthy work environment have been identified by the American Association of Colleges of Nursing (AACN) and include, but are not limited to the following: a philosophy of quality, safety, interdisciplinary collaboration, and professional accountability (2002). Nursing is relational, thus the supportive collaboration described by the participants working on this unit supports the tenets defined by the AACN of a healthy work environment.

Each participant reported the support by other CIs on the unit was especially helpful at the start of their first teaching rotation. The CIs with prior experience teaching students willingly provided how-to tips and templates to the newer CIs that were described as “much like a daily ‘to-do’ list.” Support in this fashion increased collegiality amongst all unit nurses as the efforts by the CIs to provide structure for the students eased the transition students had into the normal routines on the unit. Specific resources identified by participants included: support from peers, support from the PVAMC

management, and support from the faculty from the school of nursing. A teaching/learning culture was established where CIs were willing to help each other and the students. Participant D stated:

I mean even if my students are busy doing something else another student might come up to me and be like ‘Hey, do you mind helping me get this out, or is this right, am I doing this right?’

According to Moscato et al (2007):

The DEU model was visualized as a “village” working together and contributing talents to “raise” the student nurses. This image helped staff and faculty appreciate their roles as being broader than the student and nurse interaction of either the traditional clinical faculty of preceptor models (p. 32).

In regards to the investment of the unit’s identity as a DEU, participants reflected that the entire staff of the unit embraced their milieu as a teaching environment. At the start of each rotation, it was truly a team effort to coordinate staffing the various shifts needed to accommodate students on the floor as well as the secretarial support needed to assist with logistical concerns and Information Technology (IT) support to aid the students through the maze of computer information they will need to know while on the DEU. The charge nurse on the DEU is instrumental in assisting the CIs in determining patient loads while they are with students. The CIs are given a lighter patient load in terms of both acuity and numbers the first week students are on the floor with them, and as the students gain experience and skills, the loads are increased to the standard patient load on this unit. One participant described her initial mixed feelings as she anticipated

the creation and start of the DEU on the unit where this study was conducted. Participant B stated:

It was just really interesting because everyone was really excited; it took a lot of work. I remember thinking ‘wow’ not as in ‘is it worth it?’ but like, they must really be committed. I think I started on a positive foot seeing how invested they were. And I knew I wanted to work here when I graduated.

In this setting, the sense of camaraderie does not end at the bedside with the CIs, but extends to include the supportive collaboration between unit management and the School of Nursing (SON) with which the unit is associated. The relationship between unit management and the SON is described by the participants in this study as open and receptive to the needs and concerns of the CIs. Literature regarding seminars, conferences, teaching strategies and faculty contact information was located in the units’ conference room on a bulletin board of information maintained by the SON. Participant D stated:

I think we’re so well supported by our faculty, but also by the University of Portland ... for continuing our education and developing our nursing skills in teaching as well...they send us articles on nursing education and information on how we can become better CIs. I think by helping us in this manner, it will help us further build that support.

At the start of the students’ rotation the CI needed to know the student’s skill level and the target skill levels for students at the conclusion of the clinical rotation. Staff members on the unit worked together with the clinical liaison to find learning opportunities and make them available to the nursing students. These efforts included

offering learning opportunities with patients other than those to whom the student was directly assigned. Through the focused collaborative relationships between staff, students and faculty on the DEU, a supportive foundation for the clinical education of nursing students was created.

Participant B stated:

I like that the clinical faculty are present...we kind of know where they're at in class. And I would say the more information we get from them the better, like, "Hey we're doing this, this week" or "This is what you need to focus on." And the students relay some of that information, but it's also helpful to be on the same page as the faculty... if they notice a certain deficit or certain strength in the student we touch base about it.

As Felton (2000) so aptly stated:

Nurse educators are in the business of nursing education. The business of nursing education is nursing and, thus, has no meaning unless it informs and enhances the skilled practice of nursing. Quite simply, this presumes that nursing has a knowledge base, that providers of quality nursing services are indispensable to individuals and communities, and that nursing makes a difference in the quality of people's lives (p. 83).

Communication between the CIs, unit management and the SON was considered paramount to all the participants in order for them to optimize the students learning experiences and not simply provide a clinical experience to be endured.

Communicating

Communication was described by all the participants as critically important in both their role as a CI and a nurse on the DEU. Communication is a multifaceted concept, defined by Bower (2000) as, “The sending and receipt of messages and a shared social experience between two or more people, each of whom has his or her own expectations, experiences, and intentions” (p.224). The importance of communicating both positive and negative concerns about their nursing students with the SON liaison faculty was described by one participant “...it just needs to be open communication...If I’m noticing something it’s probably important for them to know in their evaluation” (Participant B, 2008). In addition to sharing helpful pearls of wisdom regarding the day-to day supervision of students, all the participants spoke to the importance of conferring with other CIs for support and guidance on navigating stressful situations with students in the clinical setting.

The entire unit worked together to support the students’ clinical experience, guided by the communication between the unit managers and the SON clinical liaison. The significance of the relationship and open communication between the CIs and the clinical liaison was described by Participant D:

Well, I think we’re like the eyes and the ears for the clinical faculty. We can catch problems ahead of time...work on skills that we know the student needs and work to make sure they get those skills. Then, if there are any problems with the student, we can go to the clinical faculty, which are always supportive of us, and then they work with us to develop what we should do to help that student learn better.

The partnership between the DEU staff, the SON liaison and the nursing students was positively enhanced by the efforts of all the stakeholders to communicate intentionally. Communication is central to the DEU as a clinical model. According to Moscato et al (2007), “Built on mutual respect, open communication and collaborative relationships, the DEU is unique in that it is a partnered commitment to student learning” (p. 31). In contrast to the students completing clinical on a DEU, students in traditional models of clinical instruction are routinely teamed with different precepting nurses each day and develop limited relationships with the individual clinical staff.

The CIs in this study spoke to not only the importance of effective and consistent communication amongst themselves and the faculty, but also between themselves and their students. A frank lack of support and poor communication experienced by the participants in this study during their own rotations in traditional clinic settings has had a profound impact on the manner in which they communicate and engage with their students today. Participant C stated:

I really enjoy just building that relationship with them. I like being seen as the leader or experienced nurse to be there to facilitate their learning. I really enjoy that aspect. And to have them come and just like, “Hey, I’m here, let’s go, let’s learn”...that enthusiasm is great for me.

The participants all expressed a desire to not simply direct their students to complete tasks, but rather to guide their students through experiences on the DEU. One participant spoke of an experience in which her student had drawn up the correct type of insulin ordered, but had done so in the wrong type of syringe. The close supervision provided by the CI averted a potential devastating overdose of insulin to the patient had

the student given the insulin. The CI reported that this experience was significant for her because she guided the student through the process, not simply the task of drawing insulin. The participant described ‘walking her through it’ and as opposed to telling the student directly what she’d done wrong, spoke with the student about the correct steps involved in insulin administration. Participant B stated:

‘Okay, well this syringe is actually not meant for insulin’ ...and we recalculated the dose. So I said, actually if you’d given the dose of insulin...And she said, “It would be too much”...And the [student] was like,” I was wondering how I would get a needle...” (...Because our syringes are needleless). I said, “Any time you have those little questions, ask someone to come double-check it with you. Or if its insulin in a hospital protocol you have to check every time. This is why.

The focus on communication between the CIs and their students reflect the organizational commitment to guiding nursing students through a positive clinical experience. The continuity the DEU model established between students and one CI for the entire clinical rotation is not however, without the potential for complications. Each participant spoke of challenges they encountered with students when the CI had difficulty explaining a task or process. The student responses and/or personal characteristics contributed to the challenges described by the participants. Participant C spoke of the challenges she encountered while working with a student who was much older than herself. The CI expressed difficulty confronting an older student with poor time management, explaining that the difference in their ages made it awkward for her to assert her authority. Participant C stated:

Having to be so authoritative when she is much older than I was difficult...It took a lot because it felt like I was talking to a brick wall. She wasn't absorbing what I said and she didn't grasp the importance and it didn't matter what I said...I didn't raise my voice, but by being very assertive, she finally got it.

Even with the best of intentions, the above Participant found communication difficult. Each of these participants state they experienced difficulty communicating with preceptors during their own experiences in traditional models of clinical instruction. All of the participants became emotional at some point during their interviews, related to descriptions of a lack of communication between themselves and their preceptors when they were students. The lack of communication and subsequent perceived lack of commitment by some of the preceptors towards each of the CIs in this study while they were students have profoundly influenced their commitment to providing visible interest and guidance for the nursing students in their care.

Prior Personal Experiences

All CIs strived to bring their students a clinical experience 'valuable' and 'positive' as opposed to the 'negative' experiences these CIs encountered as students. Participants spoke of truly appreciating the intentional design and focus on student learning outcomes inherent in the clinical model of the DEU. The genuine lack of interest these study participants felt they received from some of their clinical instructors clearly set the tone for how they each chose to work with students now. Participant B stated:

I compare my experiences as a student and other hospitals in clinical rotations. And I think how *lucky* are these students to have the same person, because I know when I went through ... that's why the model was created. And why we're doing

it. Outcomes for students are so much better... you know, I would show up on a ward sometimes, and they'd be like, 'Oh, um'... they wouldn't even be expecting me, like, 'What are we going to do with you'. And they'd just, not throw me, because they were pleasant people, but, they would put me with someone who would say, "Ok, hop on," and we'd just be running. So I think it's a very positive improvement in education and I think that by coming here, they get a really valuable experience.

Each of the CIs in this study described negative situations they had personally suffered as students in traditional models of clinical instruction. One participant shared the impact on her own learning from working with unit nursing staff that was uninterested, acted as though her arrival was completely unexpected and was ignorant of her capabilities and skills. Participant C stated:

We walked into the room and they said, 'Oh, you guys have students today' and the nurses just rolled their eyes and said, 'Oh great' and I was like "Really?!" ...and a nurse raised her hand and said, 'Okay, I'll take one of you'. You felt like you're just being picked for a baseball team LAST. So it was just an awful experience.

A culmination of the negative personal experiences experienced during their clinical rotations positively affected the current teaching style of CIs with their own students in their DEU setting. Participant C stated:

The one thing I want them to feel is that they belong here. And that I want them here, and I want to be their preceptor...to get to know them as a nurse and as a person, versus just me by the book. I want to seem like a human being to them,

approachable and build a relationship with them. Whether I see them after clinical or not, I want to make them have an excellent experience here.

All of the participants in this study expressed genuine hurt and frustration about prior personal experiences during clinical rotations. Each CI expressed a passion for not only nursing, but also a passion for teaching. Participant C stated:

I know the importance of the DEUs and to have a preceptor who actually wants you there versus having you being dumped on her...here, you know well in advance when you'll have students with you. I have students starting October 21 and I'll have students three days a week every week until December...Because I've had nurses that didn't want me [as a student], and I've had the nurse that wanted me. You could just tell...you always hate...you always remember the bad experiences.

Passion for Teaching

Each participant spoke of intentionally choosing to work on this DEU and of a desire to teach students in a different manner than what they had received at times as student nurses. Participant D stated:

I think it's really a neat program...you have the same clinical instructor every time you have students. The students know your expectations and as an instructor you know what their expectations of you are. Really, it just makes it a better learning situation. I know their skills, and at the end of the six weeks I know what they are capable of. I know their strengths and weaknesses.

Each of the CIs expressed “a passion for teaching.” One participant described her teaching experiences on a DEU as providing an opportunity to slow down and really be present for her students and patients. Participant B stated:

I was able in that moment...I don't know if I want to say grateful, but I was able to stop and slow down and say, you know; think about the patient....but also thinking about her learning experience through the process. And slow down. Because I feel like, as nurses in an inpatient ward we can get, you know, our pace is so quick and we're going, going, going through to get things done.

In a similar manner, Participant C reported, “... it changed in a way just because ...when you're teaching a student you're learning yourself” (2008). One participant shared she had a much greater attention to detail, that she was actively ‘looking for things’ now in her nursing practice, constantly seeking out opportunities for her students. Guiding students through the process of learning to think critically was an important aspect of the teaching style of all the participants. Participant B stated:

I know that if they are able to find the answers themselves and walk through it and think critically...one it's more memorable because it's not someone just blurting the answer, but it almost creates the pathway in their brain of the next situation...so that they have the tools. I'm not just telling them to go do something. They're not even really critically thinking in that situation, I'm just giving them the answer.

Participants spoke of their desire to teach as a natural progression as their own nursing practice and level of comfort with nursing skills had progressed beyond that of a novice to proficient or expert nurse levels. Participant B stated:

How do I know that the student understood the information or skills I was teaching? A lot of the time I just ask them. I'll say something like, 'I know sometimes its painful and I don't want you to feel on the spot, but just verbalize what your understanding is'. It's one thing to say," I understand." I'm like, "Can you tell me...Can you describe what we just talked about?"

These CIs expressed the importance of the student seeing their patients as a whole person, someone with a past and future impacted by a plan of care, not merely a set of tasks for the here and now. Participant D stated:

Just presenting our patients to the students; how often do you get to work with such a unique population as the Veterans? They have amazing co-morbidities based on what they experienced in war time, or based on their age...He was a Vietnam Vet, what kinds of things was he exposed to ...agent orange, PTSD [post traumatic stress disorder]. So how does that affect his high blood pressure, how does that affect his PTSD? And we really try to understand why our patients have some of these problems based on their experience from the war...it's a neat thing to make those connections.

All of the CIs in this study spoke of both personal and professional realizations they had made for themselves as a result of their experiences as CIs on a DEU.

Participant B stated:

I know it's affected me...giving my patients more time and prioritizing. I don't know if that has just to do with being longer out of school and building my own practice, or if its being a CI or if it's a combined effect. I'm able to prioritize a

lot better than I used to and I think teaching somebody has allowed me to develop that a lot quicker.

Discussion

The DEU is designed to increase collaboration between healthcare institutions and academia to better facilitate the education nursing students receive in the clinical environment, while simultaneously providing excellent patient care. As educators and nurses, we can better assist our students and ultimately our patients over gaps in the education process with the application of new teaching models that reflect current practices. The traditional clinical education model with a standard 1:8 ratio of clinical instructor to students simply adds distance to the gap of quality instruction available to students. As Tanner stated (2002):

Revolutionizing clinical education is no longer an option- we must. The nursing care fundamentals of the 20th century simply are not relevant in the 21st century. Technology, accessibility of information, the emerging impact of genomics, and the move toward “early engagement health services” should alter dramatically both what and how we teach. Moreover, new understandings of how human beings learn from their experiences also should shape our processes of clinical instruction (p. 51).

It is essential to the role of nursing as a profession that the connection between nursing education and practice helps prepare student nurses for the realities of today’s increasingly complex health care environment. According to participants in this study, the structure of a DEU provides these RN’s an opportunity as CIs to collaboratively assist students in a positive clinical experience. Participant C described her experience as a CI

on a DEU as an enhanced positive experience due to the relationships she developed with her students. Participant C stated:

You build a relationship...you build and you're able to teach. I think the students learn more when they have just one nurse who's teaching them...I know last week they gave injections; I know they can do that. I know they know what metropolol is. I can see their progress and let them do more.

The current nursing shortages across the nation have challenged healthcare institutions and nursing programs to provide practice environments for nursing students that can effectively create the integration of theoretical knowledge into clinical practice. Partnerships begun at the institutional level make available the necessary support nurses functioning as CIs at the bedside count on to provide optimal teaching experiences for nursing students in the clinical setting. Participant B sums her experience as a CI as a positive experience, "As a clinical instructor, just to slow down in those moments where you can and really let them guide... their own learning. The process is very rewarding."

Conclusion

This qualitative study was conceptualized within a Heideggerian phenomenological perspective to uncover the lived experience of RNs functioning as CIs on a DEU. The overall experience of being a CI was both challenging and rewarding for the nurses involved in this study. Participant D (2008) summed up her lived experience as a CI on a DEU with:

I think its definitely rewarding... I enjoy doing it, I enjoy helping students learn, and I've been there before, and if someone can be patient and teach a student in a way that they can learn, I think it makes a world of difference...you know, there's

so many people that want to be a nurse and there's not enough programs, there's not enough hospitals that are willing to take students, so I think it's a good way to give back to the shortage.

The DEU is one example of a structured approach to learning that supports students, clinical instructors, nurse educators and the patients they are responsible for.

Limitations

The purpose of this phenomenological study was not to develop generalizable results but rather to develop deep understandings of the CIs' experiences. Aspects of this study may be recognized by some RNs or stories may resonate with some as similar to their own experiences. This study presents data from one DEU with a partnership with one school of nursing. Moreover, only three CIs were interviewed—all young (25-40 years old) Caucasian women with one to six years of nursing experience and all are currently living in a single geographic region. Their perspectives are expected to be colored by their contexts.

Recommendations

This study shows system changes in one clinical setting that supports a positive learning experience for both students and clinical instructors. There is a definite need for further exploration to identify strategies which support nurses as educators in clinical practice. Suggestions include expanding study to other sites, comparing DEU models, comparing DEUs and traditional models directly using mixed methods and identifying strategies to further enhance the support of both learners and instructors in practice settings. It is imperative that healthcare providers and academia come together to support one another in the instruction of future nurses. Further research to identify the best

practice strategies to support the education of nurses is imperative. The art and tradition of nursing will benefit from a turn from the old ways towards strategies that support and enhance the quality of nursing education and are reflective of today's healthcare needs.

REFERENCES

- American Association of Colleges of Nursing. (2002). Hallmarks of the professional nursing practice environment. Washington, DC: AACN. Retrieved February 14, 2009, from CINAHL with Full Text database.
- American Association of Colleges of Nursing. (2007). Nursing shortage fact sheet. Retrieved January 2, 2007, from www.aacn.nche.edu/Media/pdf/NursingShortageFactSheet.pdf.
- Andrews, G., Brodie, D., Andrews, J., Hillan, E., Thomas, B., Wong, J. & Rixon, L. (2005). Professional roles and communications in clinical placements: A Qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies*, 43, (1), 861-874.
- Beal, J., Riley, J., & Lancaster, D. (2008). Essential elements of an optimal clinical practice environment. *Journal of Nursing Administration*, 38(11), 488-493. Retrieved February 14, 2009, from CINAHL with Full Text database.
- Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley.
- Benner, P. & Wrubel, J. (1989). *The Primacy of Caring: stress and coping in Health and Illness*. Menlo Park: Addison-Wesley.
- Bower, F. (2000). *Nurses Taking the Lead: Personal Qualities of Effective Leadership*. Philadelphia: W.B. Saunders Company.
- Brammer, J., (2006). A phenomenographic study of registered nurses' understanding of their role in student learning – An Australian perspective. *International Journal of Nursing Studies*, 43, 963-973.

- Burch, R. (1989). On phenomenology and its practices. *Phenomenology + Pedagogy*, 7, 187-217.
- Cleary, M., Horsfall, J., & DeCarlo, P. (2006). Improving student learning in mental health settings: The views of clinical stakeholders. *Nurse Education in Practice*, 6, 141-148.
- Colborn, D. (2008). Supply of nurses needs urgent care. Retrieved on March 8, 2009 from http://www.oregoncenterfornursing.org/documents/Oregonian_Article.pdf.
- Dall, T. (2004). What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses? Retrieved on November 11, 2007 from <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>.
- DeBellis, A., Longson, D., Glover P., & Hutton A. (2001). The enculturation of our nursing graduates. *Contemporary Nurse*, 11 (1), 84-94.
- Edgecombe, K., Wotton, K., Gonda, J. & Mason, P. (1999). Dedicated Education Units: A New Concept for Clinical Teaching and Learning. *Contemporary Nurse*, 8 (4), 166-171.
- Emerson, R. (2007). *Nursing Education in the Clinical Setting*. St. Louis, MO: Mosby.
- Fagerström, L. (2006). The dialectic tension between 'being' and 'not being' a good nurse. *Nursing Ethics*, 13(6), 622-632. Retrieved February 16, 2009, from CINAHL with Full Text database.
- Felton, G. (2000). Perspectives on faculty development. *Journal of Continuing Education in Nursing*, 31 (2), 83-87.

- Frank, B. (2008). Chapter 2. Enhancing nursing education through effective academic-service partnerships. *Annual Review of Nursing Education*, 6, 25-43. Retrieved April 1, 2009, from CINAHL with Full Text database.
- Giddens, J., Brady, D., Brown, P., Wright, M., Smith, D., & Harris, J. (2008). A new curriculum for a new era of Nursing Education. *Nursing Education Perspectives*, 29(4), 200-204. Retrieved February 14, 2009, from CINAHL with Full Text database.
- Gran-Moravec, M., & Hughes, C. (2005). Nursing time allocation and other considerations for staffing. *Nursing & Health Sciences*, 7(2), 126-133. Retrieved February 16, 2009, from CINAHL with Full Text database.
- Hanson, K., & Stenvig, T. (2008). The good clinical nursing educator and the baccalaureate nursing clinical experience: attributes and praxis. *Journal of Nursing Education*, 47(1), 38-42. Retrieved February 14, 2009, from CINAHL with Full Text database.
- Health Research Institute. (2007, July). *What Works: Healing the Healthcare Staffing Shortage*. PricewaterhouseCoopers Health Research Institute, 1-43. Retrieved February 15, 2009, from CINAHL with Full Text database.
- Holaday, S., & Buckley, K. (2008). Addressing challenges in nursing education: through a clinical instruction model based on a hybrid, inquiry-based learning framework. *Nursing Education Perspectives*, 29(6), 353-358. Retrieved February 15, 2009, from CINAHL with Full Text database.
- LaRocco, S. (2006, May). Who will teach the nurses? *Academe*, 92 (3) 38-39.

- LeFlore, J.L., Anderson, M., Michael, J.L., Engle, W.D., & Anderson, J. (2007). Comparison of self-directed learning versus instructor-modeled learning during a simulated clinical experience. *Simulation in Healthcare*, 2, 170-177.
- Leonard, V. (1989). A Heideggerian phenomenologic perspective on the concept of the person. *Advances in Nursing Science*, 11 (4), 40-55.
- Melnyk, B., & Fine-out, E. (2005). *Evidence-Based Practice in Nursing & Healthcare*. Philadelphia: Lippincott Williams & Wilkins.
- Miller, T. (2005). The Dedicated Education Unit: A Practice and Education Partnership. *Nursing Leadership Forum*, 9 (4), 169-173.
- Moscaritolo, L. (2009). Interventional strategies to decrease nursing student anxiety in the clinical learning environment. *Journal of Nursing Education*, Retrieved February 15, 2009, from CINAHL with Full Text database.
- Moscato, S., Miller, J. Logsdon, K., Weinberg, S. & Chorpenning, L. (2007). Dedicated education unit: An innovative clinical partner education model. *Nursing Outlook*, 55 (1), 31-37.
- Murray, T. (2008, May 05). An Academic Service Partnership to Expand Capacity: What Did We Learn? *Journal of Continuing Education in Nursing*, 39(5) 217-224.
- Meyers, S. (2004). The nursing faculty shortage: Hospitals take action. *Trustee*, 57(10), 24-27.
- National League for Nursing. (2003). Position Statement on Innovation in Nursing Education: A Call to Reform. Retrieved on February 15, 2009, from CINAHL with Full Text database.

- Paton, B. (2007). Knowing within: practice wisdom of clinical nurse educators. *Journal of Nursing Education*, 46(11), 488-495. Retrieved February 15, 2009, from CINAHL with Full Text database.
- Polit, D. F., & Beck, C. T. (2004). *Nursing Research Principles and Methods* (Seventh ed.). Philadelphia: Lippincott Williams & Wilkins.
- Raines, D. (2006). CAN-Care: an innovative model of practice-based learning. *International Journal of Nursing Education Scholarship*, 3(1), 1-17. Retrieved February 15, 2009, from CINAHL with Full Text database.
- Ranse, K., & Grealish, L. (2007, April 15). Nursing students' perceptions of learning in the clinical setting of the Dedicated Education Unit. *Journal of Advanced Nursing*, 58(2), 171-179. Retrieved November 2, 2008.
- Smith, E. L., & Tonges, M. C. (2004). The Carolina nursing experience: A service perspective on an academic-service partnership. *Journal of Professional Nursing*, 20, 305-309. doi:10.1111/j.1365-2648.2007.04220.x.
- Streubert, H. & Carpenter, D. (1999). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. (2nd ed.). Philadelphia: Lippincott.
- Tanner, C. (2002). Clinical education circa 2010 [Editorial]. *Journal of Nursing Education* 41(2), 51-52.
- Tanner, C. A. (2004). Nursing education research: Investing in our future. *Journal of Nursing Education*, 43(3), 99-100.
- Tanner, C. A. (2005). What are our priorities? Addressing the looming shortage of nurse faculty. *Journal of Nursing Education*, 44(6), 247-248.

- Tanner, C.A. (2006). The next transformation: Clinical education.
Journal of Nursing Education, 45, 99-100.
- Tanner, C. A. (2008). From Random Access Opportunities to a Clinical Education Curriculum. *Journal of Nursing Education*, 47 (1), 3-4.
- Van Manen, M. (2002). Phenomenology Lived Experience: Taking a Measure of the Topic. Retrieved March 20, 2009 from <http://www.phenomenologyonline.com>.
- Wotton, K. & Gonda, J. (2004). Clinician and student evaluation of a collaborative clinical teaching model. *Nurse Education in Practice*, 4, 120-127.
- Wrathall, M. (2006). *How to Read Heidegger*. New York, N.Y.: W.W. Norton & Company Ltd.

APPENDIX

Research Question

The research question for this study is: What is the lived experience of RNs functioning as CIs in DEUs?

The interview questions:

1. Tell me a story about how you came to be a clinical instructor (CI).
2. Describe in detail your most memorable experience as a CI on a DEU.
3. Tell me about a teaching situation you felt really good about? What specifically was good?

More focused questions the researcher might ask include:

4. Tell me about a time when you felt you were having difficulty relating information to a student.
5. What were your concerns during this time?
6. How do you know the student understood the information/skill you were teaching?

Subject Name: _____	Date: _____
Title of Study: Dedicated Education Units: A New Concept for Clinical Teaching	
Principal Investigator: Kelly A Goudreau, DSN, RN, ACNS-BC	VAMC: 64E - Portland, OR

WHO SHOULD I CONTACT IF I HAVE QUESTIONS OR CONCERNS OR WISH TO OFFER INPUT?

About the research, call Susan Nieman at 360-448-7551 (home) or 360-989-0333 (cell).
About your rights, call Portland VA Medical Center Research Service at (503) 273-5122.
If you become sick or injured, contact your PCP. If you become sick or injured during your regularly scheduled work period follow your units' regular procedures.
Other research team members include Kelly Goudreau, DSN, RN, CNS-BC, Director of Education at 503-250-8267 ext 56015.

WHAT IS THE PURPOSE OF THIS STUDY?

This is a research study. The purpose of this study is to learn about the lived experience of Registered Nurses functioning as clinical instructors on a Dedicated Educated Unit. You have been invited to be in this research study because you have been identified by your unit manager Steve Weirberg as a clinical instructor. As a clinical instructor, you are a BSN prepared nurse who has received specific instruction by nurse educators from the University of Portland School of Nursing regarding evidence-based teaching and learning styles and have instructed nursing students during at least one rotation of clinical experience at the Portland VA.

WHO IS PAYING FOR THIS STUDY?

There is no sponsor for this research.

ICF Version Date: 06/16/2005

Do not change anything below this line.

Subject's Identification (Last, First & last 4 digits of Social Security #)

LAST FIRST SSN (last 4 digits)

Template Version Date: 02/06/2008

VA FORM 10-1086
4/98 1991

Renew Approval By:

MAY 13, 2009

Portland VAMC IRB





Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC

VAMC: 648 – Portland, OR

DO THE RESEARCHERS HAVE A PERSONAL FINANCIAL INTEREST IN THIS STUDY?

No.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately three people will agree to be in this research study at the Portland VA Medical Center.

HOW LONG WILL I BE IN THIS STUDY?

If you agree to join and do not withdraw from the study before all procedures are complete, your participation in this study will last for approximately two weeks.

WHAT WILL HAPPEN DURING THIS STUDY?

Each study participant will be interviewed for approximately one hour on three separate occasions. The interviews will be semi-structured, intended to allow study participants the opportunity to describe in detail teaching experiences they have encountered working in the DEU setting. Interviews will be audio taped and transcribed verbatim by a professional typist.

WHAT ARE THE RISKS and POSSIBLE DISCOMFORTS of PARTICIPATION?

Potential risks to the participants include stress and discomfort speaking about teaching experiences that may be embarrassing or have been frightening to them. Should a participant become uncomfortable discussing an experience during an interview they will be informed of their right to immediately end that conversation and not revisit that topic. That participant can choose to have data removed from the study that they feel uncomfortable sharing at any time they choose during the study.

WILL I BENEFIT BY PARTICIPATING?

You will not benefit from being in this study. However, by serving as a subject, you may help us learn how to benefit nursing students and patients in the future.

DO I HAVE TO PARTICIPATE IN THIS STUDY?

No, you may choose not to be in this study.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 require that the research team obtain your permission to use health information that is linked to you, called "protected health information." This section of this form explains what type of information will be collected for this research study and describes what that information will be used for. It also explains how your information will be kept confidential.

ICF Version Date: 06/16/2008

Do not change anything below this line.

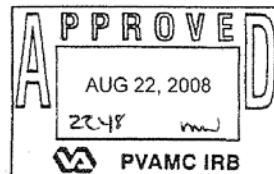
Template Version Date: 02/06/2008

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APR 1991 **10-1086**

Renew Approval By:

MAY 14, 2009

Portland VAMC IRB



PVAMC IRB



Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC VAMC: 648 – Portland, OR

WHAT HEALTH INFORMATION ABOUT ME WILL BE COLLECTED?

Health Information

<input type="checkbox"/>	Complete Medical Records:
<input type="checkbox"/>	History and Physical Exam:
<input type="checkbox"/>	Consultation Reports:
<input type="checkbox"/>	X-ray Reports:
<input type="checkbox"/>	Laboratory tests:
<input type="checkbox"/>	Operative Reports:
<input type="checkbox"/>	Discharge Summary:
<input type="checkbox"/>	Progress Notes:
<input checked="" type="checkbox"/>	Questionnaires, interview results, focus group survey, psychology survey, psychological performance tests: To analyze research results
<input type="checkbox"/>	Photographs, videotapes, audiotapes or digital or other images:
<input type="checkbox"/>	Tissue and/or blood specimens:
<input type="checkbox"/>	Other:

Purpose of Health Information

Highlight applicable items below, hold down the left mouse button, and move the item to the right of the appropriate item in the Health Information Table or copy and paste. Delete any of the remaining Purpose table below once you are done.

<input type="checkbox"/>	To learn more about the condition/disease being studied
<input type="checkbox"/>	To learn more about the costs of treating the condition/disease being studied
<input type="checkbox"/>	To improve health care for persons with the condition/disease being studied
<input type="checkbox"/>	To analyze research results
<input type="checkbox"/>	To facilitate treatment, payment and operations related to the study
<input type="checkbox"/>	To complete research obligations in this study
<input type="checkbox"/>	To comply with federal or other governmental agency regulations
<input type="checkbox"/>	To monitor for adverse events/side effects
<input type="checkbox"/>	To determine the safety and effectiveness of the treatment(s)
<input type="checkbox"/>	To perform quality assessments related to research at the VHA
<input type="checkbox"/>	To place in a repository or "bank" for future research purposes
<input type="checkbox"/>	Other: (explain purpose)

If the research project will disclose any of the following types of information to anyone outside of the VHA, check each applicable box. If none apply, check "none of the above."

ICF Version Date: 06/16/2008

Do not change anything below this line.

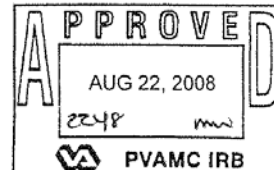
Template Version Date: 02/06/2008

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MAY 14, 2009

Portland VAMC IRB



Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC

VAMC: 648 – Portland, OR

The information disclosed may include information relating to

- Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection.
- Treatment for drug or alcohol abuse.
- Mental or behavioral health or psychiatric care.
- Sickle cell anemia.
- Genetic testing.
- None of the above.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

Your information used for this study will be kept confidential as required by law. The results of your participation in this study may be used for publication or for scientific purposes, but the results will not include any information that could identify you. Your identity will not be disclosed unless you give specific, separate consent to this or if it is required by the law. The law requires us to keep study records for six years following the end of the study.

Audio tapes of interviews will be stored at VCLS 208R, the office of Dawn Doutrich, PhD, RN, CNS thesis chair in a locked file cabinet when not in use.

WILL I BE ABLE TO SEE MY RESEARCH DATA?

During this research study, you will be able to see the research data collected about you. After the study is complete and the study results are determined or published, you may request the published information.

WHO ELSE WILL BE ALLOWED TO SEE INFORMATION ABOUT ME?

Others who will have access to your information for this research project are the Portland VA Medical Center Institutional Review Board (the committee that oversees human research) and authorized VA personnel and other federal agencies, such as the Office for Human Research Protections (OHRP) and the Government Accounting Office (GAO), in order to meet VA and other federal or local regulations. Thesis committee members Dawn Doutrich, Carol Allen, Lida Dekker and Susan Nieman, graduate student will have access to the data. Additionally, the transcriptionist will have data access. She is professional and understands the importance of confidentiality.

WILL I BE TOLD ABOUT THE STUDY RESULTS?

We will contact you with results of this study after the study is completed if you so choose.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

No

None of the participants will pay for any of the following because they are only for research study purposes: Interviews for research that is concerned with improving educational practice.

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Template Version Date: 02/06/2008

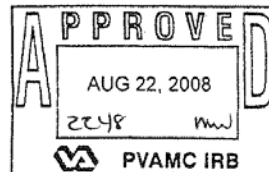
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10-1086

Renew Approval By:

MAY 14, 2009

Portland VAMC IRB





Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC

VAMC: 648 – Portland, OR

WILL I BE PAID FOR PARTICIPATING?

No, you will not be paid for being in this research project.

WILL ANYONE PROFIT FINANCIALLY FROM THIS STUDY?

No

WHAT WILL HAPPEN IF I AM HURT?

Every reasonable effort to prevent any possible injury from this study will be taken. In the event the study results in any physical injuries to you, the VA will provide necessary medical treatment (not just emergency care) at no cost to you. This does not apply to treatment for injuries that result from if you do not follow the study procedures. For eligible veterans, compensation damages may be payable under 38 United States Code 1151. For all study participants, compensation damages resulting from the negligence of federal government employees may be available in accordance with the provisions of the Federal Tort Claims Act. For additional information concerning claims for damages, you may contact VA Regional Counsel at (503) 326-2441. You have not waived any legal rights or released the hospital or its agents from liability for negligence by signing this form.

WHO SHOULD I CONTACT IF I AM INJURED DUE TO THE RESEARCH?

If you believe that you may have suffered a research related injury, contact Susan Nieman at 360-448-7551. In the event of a life-threatening emergency, call 911 or go to the Emergency Care Unit (ECU).

WHAT ARE MY RIGHTS?

You may ask questions about research or about your rights as a subject. Susan Nieman at 360-448-7551 will answer any questions you may have about this research study. If you have any questions regarding your rights as a research subject, you may contact the Portland VA Medical Center Research Assurance and Compliance Coordinator at Research Service (503) 220-8262, ext 54989 or VA Regional Counsel at (503) 326-2441.

Participation is voluntary. Your participation in this research study is voluntary. The authorization to use your protected health information is also voluntary. You may refuse to sign this Informed Consent Form and authorization. However, in order to participate in this study you must sign the Informed Consent Form and authorization. The authorization is included within this document.

ICF Version Date: 06/16/2008

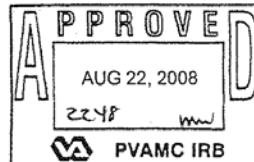
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Renew Approval By:

MAY 14, 2009

Portland VAMC IRB





Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC

VAMC: 648 – Portland, OR

What if I decide not to participate? You do not have to join this or any other research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or if you drop out of the study at any time, there will be no penalty or loss of any benefits to which you are otherwise entitled. This will not affect your relationship with or treatment by the Veterans Health Administration. You will still receive all the medical care and benefits for which you are otherwise eligible. This will not affect your rights as a VHA patient. If at any time you wish to drop out of the study, please call Susan Nieman at 360-448-7551.

Can I drop out after I sign this consent form?

You may drop out of this study at any time without prejudice to yourself or to any future medical care with this institution or with the Department of Veterans Affairs (DVA).

My signature below indicates that I have read, or had read to me, all of the above information about the study, and my rights as a research subject have been explained to me. I authorize the use of my identifiable information as described in this form. I voluntarily consent to participate in this study.

Notes:

- *If this study will be enrolling only patients who are capable of consenting for themselves, delete all references to the Subject's Legally Authorized Representative.*
- *If the sponsor or IRB requires a witness to the consenting process in addition to the witness to the participant's signature (always required) and if the same person will serve both capacities, a note to that effect should be placed under the witness's signature line.*
- *The witness to the signing by the participant or legally authorized representative (and if applicable, to the consenting process) must not be associated in any way with the research study.*

Printed Name of Subject or Subject's Legally Authorized Representative

Signature of Subject or Subject's Legally Authorized Representative

Date

Time

Relationship to Subject, if Subject's Legally Authorized Representative

ICF Version Date: 06/16/2008

Do not change anything below this line.

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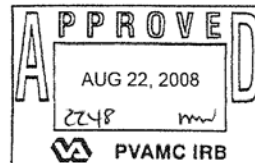
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Portland VAMC IRB





Department of Veterans Affairs

VA Informed Consent Form

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Subject Name: _____ Date: _____

Title of Study: Dedicated Education Units: A new Concept for Clinical Teaching

Principal Investigator: Kelly A Goudreau DSN, RN, ACNS-BC

VAMC: 648 – Portland, OR

Printed Name of Witness to participant's signature

Relationship to Participant/Position Title

Signature of Witness

Date

Time

Printed Name and Position of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Time

"I have received a copy of this informed consent/authorization document."

*Initials of patient or patient representative: _____

ICF Version Date: 06/16/2008

Do not change anything below this line.

Template Version Date: 02/06/2008

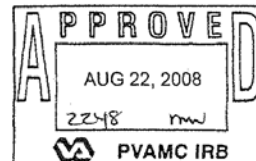
VA FORM
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10-1086

Renew Approval By:

MAY 14, 2009

Portland VAMC IRB



-----Original Message-----

From: irb@wsu.edu [<mailto:irb@wsu.edu>]

Sent: Thu 5/29/2008 9:59 AM

To: Doutrich, Dawn Liam

Subject: IRB Amendment Approval, IRB Number #10245-002

MEMORANDUM

TO: DAWN DOUTRICH

FROM: Patrick Conner (for) Kris Miller, Chair, WSU Institutional Review Board (3005)

DATE: 5/29/2008

SUBJECT: Review of Protocol Amendment, IRB Number #10245-002

Your proposal to amend the protocol titled "Dedicated Education Units: A New Concept for Clinical Teaching", IRB Number 10245-002 was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the IRB has approved your amendment request on 5/29/2008.

This amendment includes:

- 1) changing date of data collection (5/30-10/31/2008),
- 2) inclusion of VA IRB approved IC.

IRB approval indicates that the amendments described to the previously approved study protocol do not invalidate the exempt status of the project. This approval does not relieve the investigator from the responsibility of providing continuing attention to ethical considerations involved in the utilization of subjects participating in the study.

If any more changes are made to the study protocol you must notify the IRB and receive approval before implementation.

If you have questions, please contact the Institutional Review Board at (509) 335-3668. Any revised materials can be mailed to Office of Research Assurances (Campus Zip 3005), faxed to (509) 335-6410, or in some cases by electronic mail, to irb@wsu.edu.

Review Type: Exempt

Review Category: Exempt

Date Received: 5/22/2008

OGRD No.: N/A

Agency: N/A

Thank You,


Institutional Review Board
Patrick Conner
Office of Research Assurances
PO Box 643005
Pullman, WA 99164-3005
Phone:(509) 335-7195
Fax:(509) 335-6410
patrick_conner@wsu.edu

You have received this notification as you are referenced on a document within the MyResearch.wsu.edu system. You can change how you receive notifications by visiting <https://MyResearch.wsu.edu/MyPreferences.aspx>

Please Note: This notification will not show other recipients as their notification preferences require separate delivery.

Institutional Review Board #2
Portland VA Medical Center
Portland, OR

IRB APPROVAL - PI Change

Date: August 22, 2008
From: Anne Dodge-Schwanz, IRB Coordinator 
Investigator: Susan Nieman
Protocol: Dedicated Education Units: A New Concept for Clinical Teaching (VA #03-2208)
ID: 02248 Prom#: 0010 Protocol#: N/A

The following items were reviewed and approved at the 07/09/2008 meeting:

- Consent Form - Change PI to Kelly Goudreau (rcvd 6/16/08)
- Project Revision/Amendment Form - re: Change in PI to Kelly Goudreau (06/16/2008; rcvd 6/16/08)
- Research Personnel Change Form - Change PI to Kelly Goudreau (rcvd 6/16/08)

The Portland VAMC IRB is not connected with, has no authority over, and is not responsible for human research conducted at any other institution, except where a Memorandum of Understanding specifies otherwise. Separate consent forms, initial reviews, continuing reviews, amendments, and reporting of serious adverse events are required if the same study is conducted at multiple institutions.

Institutional Review Board #2
Portland VA Medical Center
Portland, OR

Report of Institutional Review Board #2

Project/Program Title: **Dedicated Education Units: A New Concept for Clinical Teaching (VA #03-2208)**

Principal Investigator: **Susan Nieman**

VAMC: **Portland**

Review Date: **07/09/2008**

Items Reviewed: **Consent Form - Change PI to Kelly Goudreau (rcvd 6/16/08)**
Project Revision/Amendment Form - re: Change in PI to Kelly Goudreau (06/16/2008; rcvd 6/16/08)
Research Personnel Change Form - Change PI to Kelly Goudreau (rcvd 6/16/08)

COMMITTEE FINDINGS:

1. The information given in the Informed Consent under the Description of Research by Investigator is complete, accurate, and understandable to a research subject or a surrogate who possesses standard reading and comprehension skills. Yes No N/A
2. The informed consent is obtained by the principal investigator or a trained and supervised designee under suitable circumstances. Yes No N/A
3. Every effort has been made to decrease risk to subject(s)? Yes No N/A
4. The potential research benefits justify the risk to subject(s)? Yes No N/A
5. If subject is incompetent and surrogate consent is obtained, have all of the following conditions been met: (a) the research cannot be done on competent subjects; (b) there is no risk to the subject, or if the risk exists the direct benefit to subject is substantially greater; (c) if an incompetent subject resists, he will not have to participate; (d) if there exists any question about the subject's competency, the basis for decision on competency has been fully described. Yes No N/A
6. If the subject is paid, the payment is reasonable and commensurate with the subject's contribution. Yes No N/A
7. Members of minority groups and women have been included in the study population whenever possible and scientifically desirable. Yes No N/A
8. Comments: (Indicate if Expedited Review) **Approval for Kelly Goudreau to replace Sherrie Schuldheiss as responsible clinician.** Continuing Review: **03/11/2009**
Approval Expiration: **05/14/2009**

RECOMMENDATION: Approve Disapprove / Revise

SIGNATURE OF CHAIRPERSON

Wayne M. Clark, M.D., Chairperson



DATE

08/22/2008