Shared Learning Unit:  
An Innovation in Clinical Education  

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1. Abstract:

The Shared Learning Unit (SLU) project was born out of the need to address the critical shortage of quality practice placements for students in various community and health institutions. The SLU unit was developed as an innovation to older practice placement models. On the SLU, students from nursing, resident care attendant, therapeutic recreation and health unit coordinator programs entered on to a hospital unit as a team and in collaboration with an instructor, learning experiences were developed. All staff members on the unit shared in the responsibility for student learning. The principles of interdisciplinary practice: collaboration, teamwork, and mentoring were emphasized.

The SLU provided a learning environment that was consistent with systemic change. Students developed skills necessary to work in interdisciplinary team, staff was provided with shared learning activities and ongoing support to become confident and motivated in their roles as educators and a pool of potential new employees who met or exceeded beginning competencies was available to the employer.

Finally, the SLU helped the students to develop teamwork skill and appreciation of interdisciplinary practice required by the health care worker of today.

Key Words:

Practice education, interdisciplinary practice, Shared Learning Unit

2. Introduction

Practice placements for health care students have reached a crisis point in Canada (Health Canada, 2005). The lack of availability of quality placement settings for students including a lack of qualified preceptors to provide one-on-one student supervision has been a particular concern in both the health care education community and at health care institutions (BC Academic Health Council, 2004; Clarke, Gibb, & Ramprogus, 2003).

In the past, Kwantlen Polytechnic University and other post secondary institutions have developed two models of supervision for health care students in practice placements: preceptorship and group. In the preceptorship model, a staff member volunteers to supervise one student for the designated period. Student learning remains the responsibility of one staff member with regular visits from the course instructor. In the group model, a course instructor takes a group of students from the same course onto a healthcare unit and is responsible for their learning on that unit, including assignment of clients and skills development. Challenges related to these models include increased competition for the growing number of health care students, staff downsizing, fiscal restraints, and preceptor burnout (BC Academic Health Council, 2004). As a result, post secondary institutions are struggling to obtain and maintain
sufficient quality learning experiences for students, and health care staff is faced with increasing numbers of requests to accept students.

Educational institutions have responded to the crisis by developing alternatives to the older models. Faculties of Nursing and Medicine have developed Dedicated Learning Units (DLU) or Collaborative Learning Units (CLU) (Lougheed & Galloway, 2005), to provide practice education. On these units, students are assigned to a patient load and not paired with one staff. The unit as a whole acts as the preceptor. This allows students to learn from many different experts and reduces the chance of staff burnout from the demands of the preceptor role. The shortfalls of these units are that they include students from only one of the health care professions at a time in numbers that meet the unit’s capacity. This reduces the possibility of students from other programs to access the unit.

Interdisciplinary practice has been identified as a key component in the sustainability of our health system in the future. The following quote illustrates this point:

Teamwork and collaboration in healthcare are “top of mind” issues for Canadians and their decision makers, with many reports calling for improved collaboration as a key strategy in healthcare renewal. A healthcare system that supports effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload issues that cause burnout among healthcare professionals. (Canadian Health Services Research Foundation, 2005).

Additionally:

Without formal education, many healthcare professionals fail to develop interdisciplinary team skills; however, when student are socialized to interdisciplinary practice through academic clinical learning experiences, effective collaboration skills can be developed (Hinch, Murphy, & Lauer, 2005)

3. Shared Learning Units at Kwantlen

The “Shared Learning Unit” (SLU) addresses these issues and evolves the model one step further to include opportunities for development of skills necessary to work in interdisciplinary teams. Similar to the DLU or CLU, on the SLU, all staff members share the responsibility for student learning. The difference in the SLU model lies in the fact that students from different courses, programs, and years would be included. For example, students from a unit clerk program, various nursing programs, a resident care attendant program, and a geriatric recreation program might all complete their practicum placements together on a particular unit. Collaboration, teamwork, and mentoring opportunities are sought, developed, and emphasized on the SLU.

The SLU was opened in April, 2007, at a residential centre for people with physical handicaps and to date has accommodated approximately 110 students.

The implementation occurred in three phases. In the first phase, the staff attended three workshops. The first workshop included an explanation of the SLU concept, expectations of the staff, and their roles and responsibilities. The second and third workshops were designed to help the staff review and develop their communication,
leadership, and mentoring skills. These three workshops were well attended, and the staff appreciated the opportunities.

The second phase of implementation dealt with the students. Their introduction to the SLU was provided as part of their orientation and included an explanation of their roles and responsibilities and team building activities. Whenever possible, this orientation was completed with students from different programs.

The third phase was the implementation and evaluation of the SLU. Initially, students completing their final practicums were involved. They focused on their own skill development and consolidation as well as learning about and working with different members of the interdisciplinary team. Faculty helped to organize these opportunities. For example, one group of nursing students spent the day working with the respiratory therapist on the unit with residents that were dependant on ventilators while the resident care attendant students helped out with the recreation therapist. Nursing students honed their leadership skills while they provided orientation for the next group of students starting their practicum.

4. Student Responses

The evaluation data was collected from students, staff, and unit managers who were asked to complete a questionnaire.

Students had these things to say:

- SLU is an excellent example of teamwork in action. The residents would not get the care they deserve without the team effort provided by staff. (Nursing Refresher Student)
- I think final year we need more acute environment. Maybe if they wanted to work sub acute. Or maybe it is better for the shorter period CPE5. But I did learn a lot, but I am happy to go to the acute now and use what I learned here at GP. GP is slower paced. I am happy we got to do both. (Nursing Student)
- SLU’s learning opportunities has helped me to fully understand what the other disciplines do. For example the difference between PT and OT, It also helped me to see how care for one person really involves all the departments. (Resident Care Attendant student)
- The focus for semester 8 is teamwork and leadership and I believe I accomplished this because I incorporated myself into the team environment on the unit. Also by preparing the next set of students for their placement at GP. (Nursing Student)
- Communication skills are a necessity in healthcare, especially between team members, and working at George Pearson helped to develop this skill through interaction with the staff and residents. Also by collaborating on a group project, we worked to communicate effectively and efficiently with our student peers. (Nursing Student)

The data collected from the staff is being collated. Initial indications are that the staff appreciated the need for interdisciplinary practice but felt that working with many different students did not allow them to build a trusting relationship with them. This made it difficult for the staff to give constructive feedback. The students confirmed this.
They felt that they did not always get the feedback they required and that it was difficult for them to get a sense of how they were progressing.

The managers appreciated having a faculty member on site and accessible to help coordinate the placements as well as help resolve issues on the units when required. The evaluation is ongoing, and more data is needed to determine the effectiveness of the SLU as a learning environment.

The Shared Learning Unit approach embraces multiple components of effective practice education and provides an opportunity for interdisciplinary practice, leadership, and mentoring on multiple levels. This innovation in clinical education also addresses some of the challenges encountered when trying to secure quality practice experiences for students such as limited unit capacity for students and staff burnout.

The SLU is an environment consistent with systemic change in health care. Through shared learning and ongoing support, staff become confident and motivated in their role as educators, and students are competent as beginning practitioners. Finally, through the development of teamwork skills and an appreciation of interdisciplinary practice, person-centered care can be actualized. Clients and family members will also benefit accordingly.

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