A novel continuity-aligned dedicated education unit improves the experiences and workforce preparedness of final-year nursing students: A pilot study

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Several placement models support work-integrated learning in pre-registration nursing education. Most emphasize professional experiences across diverse clinical contexts to build broad skills. However, continuity in a single clinical context has shown benefits in other health disciplines. This pilot cohort study evaluated the impact of a novel Continuity-Aligned Dedicated Education Unit (CADEU) on final-year nursing student experiences, knowledge, and skill development, and perceived workforce readiness. Thirty-two students participated in the placement, with 23 providing complete data across all timepoints. Friedman tests were used for non-parametric analysis of repeated measures with Wilcoxon tests comparing timepoints two and three. Free text responses were analyzed using content analysis. Statistically significant improvements were observed in student perceptions of orientation ($p < 0.001$), feeling valued ($p < 0.001$), multidisciplinary team interaction ($p < 0.001$), and workforce preparation ($p < 0.001$). Future research should explore comparative effectiveness, economic feasibility, and scalability across diverse clinical contexts.

Keywords**:** Continuity-aligned dedicated education unit, nursing, education, placement, work integrated learning

Nursing students are required to develop strong theoretical and practical skills to enable evidence-based practice upon transition to the workforce (Hunter & Arthur, 2016). Professional skills and knowledge such as teamwork, therapeutic communication, and situational awareness are developed through exposure to learning in active clinical environments (Mathisen et al., 2023; Scott et al., 2017). This form of work-integrated learning in nursing education is termed *professional experience placement*. Students who strongly engage with professional experience placement demonstrate an increased capacity to translate theoretical learning into the practical application of evidence-based care (Abuosi et al., 2022). Thus, it is unsurprising that professional experience placement is a cornerstone of international pre-registration nursing programs (Baker et al., 2021).

Engaging pre-registration nursing students in professional experience learning within clinical settings requires both skilled facilitators and effective facilitation processes (Chu et al., 2024). Several models are used to support students to undertake professional experience placements in nursing (Box 1). These include preceptor-based models, facilitator-based models, clinical education units (or dedicated

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education units), collaborative clinical placement models, and mentor-arranged clinical practice models (Claeys et al., 2015; Jayasekara et al., 2018). Each professional experience placement model is underscored by an appropriate educational pedagogy and requires different levels of resource provision. However, evidence suggests that learning support is not equivalent between deployed models of professional experience placement (Jayasekara et al., 2018).

Several limitations have been associated with existing professional experience models including poor supervision quality, inadequate support (Schwartz, 2019), workforce challenges (Zulu et al., 2021), low-quality nursing practice (Cant et al., 2021), and unclear expectations (Arkan et al., 2018). Poor quality placement has several downstream consequences including poor preparation for the transition to independent practice (Walker et al., 2017) and the development of 'transition shock' (Ko & Kim, 2022).

BOX 1: Descriptions of work-integrated learning models in nursing education.

Placement model	Description
Preceptor-based model	Pairs each student with an experienced registered nurse who provides individualized supervision, guidance, and role modeling throughout the clinical placement
Facilitator-based model	Uses a clinical facilitator employed by the education provider to oversee and support multiple students across a ward or unit, rather than assigning a dedicated preceptor to each student
Clinical/Dedicated education unit	Embeds an educational partnership within a clinical unit where nurses act as preceptors supported by academic faculty
Collaborative clinical placement model	Groups of students together in a shared learning environment where they collaborate on patient care under joint supervision from clinical staff and academic facilitators
Mentor-arranged clinical practice model	Relies on students independently arranging placements with a qualified nurse mentor who provides guidance and learning opportunities within their practice setting

The health-related effects of transition shock include impaired physical and psychological health that strongly contribute to low retention rates of graduate nurses (Wang et al., 2024). Additionally, poor preparation for practice impacts the provision of quality nursing care and can conceivably impact patient outcomes (Hawkins et al., 2019).

Relationships are at the core of achieving high-quality clinical education. Three of these core relationships are the student-facilitator relationship, the staff-facilitator relationship, and the facilitator-facilitator relationship (Walker et al., 2024). The development of such relationships is time-and-effort intensive for students, facilitators, nurses, and educators (Sloan, 2005). Thus, it is unsurprising that evidence has long supported consolidated periods of student placement (Levett-Jones et al., 2008; Tomietto et al., 2016). Longer placements improve ward orientation and enable students to understand clinical jargon, establish relationships, and develop a sense of belonging (Levett-Jones et al., 2008). Yet, many nursing programs and educational organizations expose students to shorter placements across

diverse clinical environments rather than provide educational continuity in a single clinical setting. Such approaches require students to repeatedly engage in the process of orientation and engagement that disrupts the capacity for learning (González-García et al., 2021). Furthermore, moving between clinical settings potentially decreases the available time on placement to engage in active learning (González-García et al., 2021).

Placement models need to consider sequencing, consistency, and preparation to improve the capacity for students to learn in clinical settings (Birks et al., 2017). Current approaches to professional experience placement do not intrinsically address these considerations at the degree or program level. Innovative and collaborative professional experience placement models are therefore needed to address existing challenges in professional experience placement (Tomietto et al., 2016). A new professional experience placement model was collaboratively co-designed by the study authors in response to these challenges. The continuity-aligned dedicated education unit (CADEU) is a novel professional experience placement model co-developed between an education and clinical organizations based on the dedicated education unit concept. The model provides learning continuity for final-year pre-registration nursing students by integrating them into small clinical service teams consisting of preceptors (registered nurses), an academic liaison nurse (university educators), and a clinical liaison nurse (clinical educators). Students then complete repeated placements in the same clinical learning environment with consistent mentorship and structured education support. The model aims to enrich student learning experiences in clinical settings by placing them in a continuous, collaborative, and supportive environment. However, student perceptions of the professional experience and workforce preparation of this novel placement model require evaluation. Therefore, this study seeks to measure final year pre-registration nursing student perceptions of a continuity-aligned dedicated education unit placement model on learning experiences and preparedness for workforce transition.

Research Questions

1. How does the continuity-aligned dedicated education unit impact final-year pre-registration nursing student perceptions of their professional experience learning placement?
2. How does the continuity-aligned dedicated education unit impact final-year pre-registration nursing student perceptions of their readiness for workforce transition?

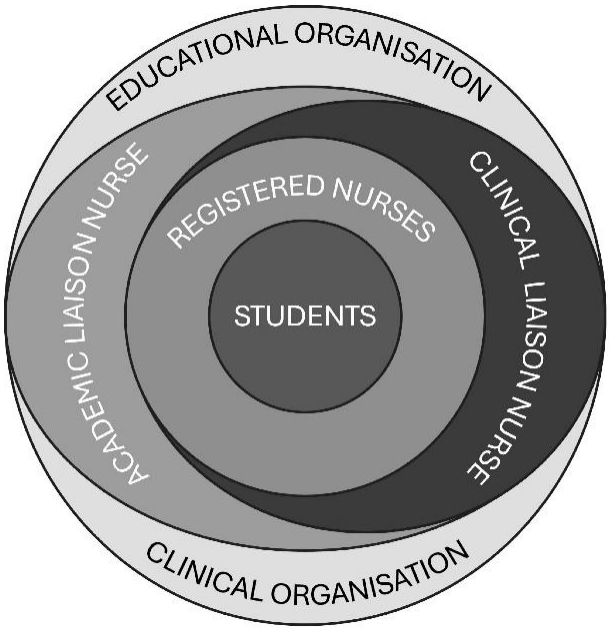
METHODS

This cohort study sought to complete a pilot evaluation of final-year pre-registration nursing student professional learning experiences and workforce preparedness within the continuity-aligned dedicated education unit placement model. The placement model was implemented in an orthopedic/vascular surgical ward at a large regional hospital in New South Wales, Australia. This ward hosts multiple disease reference groups specializing in vascular and orthopedic conditions. The ward engaged in preparatory activities prior to the arrival of students to support the transition to the continuity-aligned dedicated education unit. This included preceptorship education for registered Nurses, community of practice sessions with ward staff, and general information sessions. These activities were held across multiple days and shift times to ensure equity and access to the sessions.

The model requires final-year nursing students to complete both a 4-week and 6-week professional experience placement within the continuity-aligned dedicated education unit in semester one and semester two respectively. A rotating roster inclusive of morning, late, and night shifts was developed to enable students to follow preceptor teams. An additional purpose of the rotating rosters was to

provide authentic student experiences across the 24-hour scope of work performed by registered nurses. Participants received specialist support from the ward nurses, an embedded university facilitator (Academic Liaison Nurse), and specialist clinical nurse (Clinical Liaison Nurse). Figure 1 presents the conceptual model of the continuity-aligned dedicated education unit.

FIGURE 1: The continuity-aligned dedicated education unit conceptual model.



This model differs from traditional dedicated education unit models that have been employed in the education of pre-registration nursing students. One key difference is the capacity of the clinical service (ward) to host student placements. The traditional model could support up to four students. The implementation of the CADEU model increased the capacity to 13 students in one placement period. Secondly, the Academic Liaison Nurse was embedded into the unit in a full-time capacity. This greatly increased the presence of the education provider in the ward to facilitate timely and collaborative support. Thirdly, the Clinical Liaison Nurse was released with the direct intention of supporting students and registered nurses in clinical education. This differs from the traditional dedicated education unit designs where the expectation lies in only upskilling front-line clinical staff.

Pre-registration nursing students were recruited concurrently from the Bachelor of Nursing (University of Newcastle, Australia). Participants were eligible for inclusion if they: (a) were enrolled in the Bachelor of Nursing program at The University of Newcastle, Australia; (b) had a pattern of enrolment allowing for the sequential completion of final-year professional experience courses in semester one and semester two, 2024; (c) were currently verified with New South Wales Health; (d) were able to attend a 10-week professional experience placement; and (e) were prepared to complete professional experience placement shifts across a 24-hour roster. Potential participants used the self-select 'opt in' process used for selecting professional experience placements. Random allocation of students to the experimental model was not ethically appropriate as the benefits of the model had not been established and it was not a standardized model of professional education delivery. Students were provided with a list of 'opt in' placement options between six (6) and ten (10) weeks prior to the commencement of

their professional experience placement period. The list of available placements is visible to all enrolled Bachelor of Nursing students for approximately three (3) university working days before the commencement of the self-selection period.

This pilot study explored student perceptions of the CADEU model's impact on the quality of their learning experiences and their preparedness for the workforce through a survey series. The Placement Evaluation Tool Nursing – Student (Cooper et al., 2020) was repeatedly completed across three timepoints. Timepoint 1 captured a summative evaluation of student perceptions of their previous placement experiences within their Bachelor of Nursing Program. This consisted of at least 10 weeks of professional experience placement across varied clinical contexts in the first and second years of their pre-registration program. All placements were supported within the traditional rotational placement model. Students completed the survey again following their first 4-week placement in the CADEU (timepoint 2), and post-completion of the subsequent 6-week placement (timepoint 3). The survey was delivered electronically by email to the students' university email account prior to their first placement in the CADEU, and at the end of each placement period. This tool consists of 20 items measuring (a) clinical environment, (b) learning support, and (c) domains of participant reactions to the experience/clinical environment, self-reported learning outcomes, and behavioral change/practice impact (Cooper et al., 2020). The validated survey questions were presented as a 5-point Likert scale from strongly disagree (1) to strongly agree (5). Five (5) additional questions focused on self-reported workforce preparedness as well as clinical and professional knowledge and skill development. Each of these questions were assessed via a 10-point Likert scale that ranged from strongly disagree (1) to strongly agree (10). Participants could provide additional commentary using free text responses to open-ended questions about their experience.

A power calculation to determine the appropriate sample size was not conducted for this pilot study. Instead, the targeted population for recruitment was pragmatically determined by the maximum number of participants possible within the study model within one year. This was determined to be 13 students per placement block across three placement blocks each semester (total n = 39). Statistical analysis of repeated surveys was performed using SPSS version 29 software (IBM Corp.). Quantitative data are reported as means (+SD), numbers, and percentages (%). Friedman test was used as the appropriate non-parametric test for repeated measures of ordinal data that is not normally distributed. Wilcoxon signed-rank tests were used to compare paired ordinal data between timepoints two and three, as it was not normally distributed. Effect size was estimated using Kendall's W (Friedman) and r (Wilcoxon) using Cohen's guidelines for interpretation (0.1 to 0.3 – small effect size, 0.3 – 0.5 moderate effect size, >0.5 – large effect size) (Ordak, 2023). Statistical significance was indicated at $p = <0.05$. Qualitative data analysis was undertaken using a content analytical approach (Kleinheksel et al., 2020). This included (a) identifying units of meaning, (b) labelling equivalent units with a code, (c) grouping similar codes into a category and (d) describing categories with a theme (Kleinheksel et al., 2020).

Written ethical approval was granted from Central Coast Local Health District (1223-144C) and University of Newcastle Human Research Ethics Committee (H-2023-0431) before the commencement of the study. The study was conducted in accordance with Good Clinical Practice Guidelines and ethical principles consistent with the Declaration of Helsinki. The research team had no teaching, assessment, or facilitation roles with the participating students beyond their involvement in this study to minimize the potential for perceived coercion. All participants provided written informed consent with investigators obtaining signed and dated consent forms.

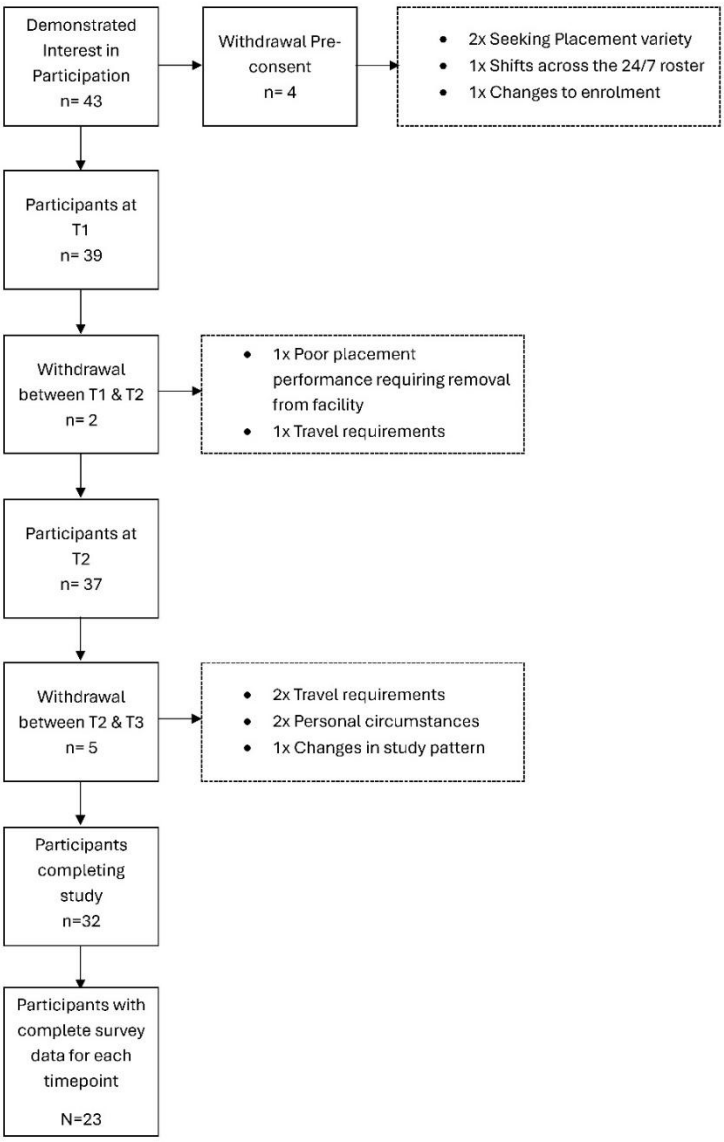
RESULTS

A total of n = 39 participants were recruited between November 2023 and March 2024. On completion of the initial 4-week professional experience placement, n = 37 participants remained in the study with n = 2 withdrawals. Reasons provided for withdrawal included poor performance during professional experience placement (n=1) and travel requirements (n = 1). Five additional students withdrew between the mid-completion and post-completion timepoints due to travel (n = 2), personal circumstances (n = 2), and changes in study pattern (n = 1). Of the n =3 2 participants who completed the program, 83% completed the pre-evaluation survey, 89% completed the mid-completion survey, and 97% completed the post-completion survey. Missing data across the timepoints from incomplete surveys resulted in n = 23 matched data sets available for evaluation (Figure 2).

Most participants were young adults with a mean age of 28.30 (SD + 8.477) years. There was a higher proportion of female (83%), domestic (87%) participants, with a minority reporting as bilingual (22%). Participant demographic data is available in Table 1. Statistically significant improvements were observed across all items of the Placement Experience Tool across three timepoints (Table 2). Key areas of substantial positive changes included orientation to the clinical area, with increased mean scores from 3.52 to 4.65 ($p = <0.001$, $W = 0.511$), and feeling valued during the placement (2.96 to 4.48, $p = <0.001$, $W = 0.628$). Participants reported greatly improved opportunities to interact with the multidisciplinary team (3.13 to 4.39, $p = <0.001$, $W = 0.599$), improved support to work within their scope of practice (3.43 to 4.65, $p = <0.001$, $W = 0.457$), and gaining skills and knowledge to further their practice (3.70 to 4.74, $p = <0.001$, $W = 0.423$). Similarly, students reported improved perceptions of staff willingness to work with them (3.35 to 4.48, $p = <0.001$, $W = 0.367$), role modelling (3.48 to 4.43, $p = <0.001$, $W = 0.377$), and patient safety (3.83 to 4.48, $p = 0.002$, $W = 0.264$).

The moderate to large effect sizes of these results demonstrates a meaningful impact on the quality of the education received by students. A visual representation of the changes in survey item means across the timepoints is presented in Figures 3 and 4. Overall placement satisfaction also demonstrated a statistically significant improvement from a mean score of 6.61 to 9.22 ($p = <0.001$). The results of this study suggest that students perceive the continuity-aligned dedicated education unit to deliver a high-quality experience across all measured domains of clinical education over time. This includes substantial improvements from self-perceived ratings of previous professional experience placements at the pre-commencement timepoint. Figure 3 illustrates the mean response to questions one to 10 of the Placement Experience Tool with Figure 4 illustrating the mean response for questions 11 to 19.

FIGURE 2: Study flow diagram.



The difference between timepoint two and timepoint three was also assessed between survey items (Table 3). Statistically significant improvements were seen in feeling valued (4.00 to 4.48, $p = 0.01$*, $r = -0.509$), supervisors identify learning needs (4.13 to 4.57, $p = 0.02$, $r = -0.445$), supervisors understanding of how to assess clinical abilities (4.30 to 4.70, $p = 0.01$, $r = -0.477$), opportunities to enhance skills and knowledge (4.35 to 4.70, $p = 0.01$, $r = -0.462$), and overall placement experience (7.91 to 9.22, $p = <0.001$, $r = 0.564$). This demonstrates potential benefits to core components of the student professional experience. Furthermore, these results suggest that the ongoing student engagement with Registered Nurses, the Clinical Liaison Nurse, and the Academic Liaison Nurse were central to improving the overall student experience.

TABLE 1: Participant demographic data.

Characteristic	Value
Sample population, n	23
Age in years, mean + SD	28.30 + 8.477
Sex, n (%)	
Female	19 (83)
Male	4 (17)
Student Status, *n (%)*	
Domestic	20 (87)
Female	17 (85)
Male	3 (15)
International	3 (13)
Female	2 (67)
Male	1 (33)
Bilingual, *n (%)*	5 (22)

Significant improvement from the pre-commencement timepoint was observed across all workforce preparedness measures, indicating improvements in student preparedness for workforce transition (Table 4). Self-perceived attainment of professional skills necessary for workforce transition greatly increased from a mean of 5.65 to 8.87 ($p = <0.001$, $W = 0.697$). Similar increases were noted for professional knowledge (5.61 to 8.52, $p = <0.001$, $W = 0.684$), clinical skills (6.83 to 9.17, $p = <0.001$, $W = 0.593$), and clinical knowledge (6.09 to 8.91, $p = <0.001$, $W = 0.518$). The mean overall preparedness for workforce transition was the most significant finding in the study with a mean increase from 5.61 to 8.91 ($p = <0.001$, $W = 0.774$).

All items remained statistically significant, with large effect sizes, when comparing timepoints two and three (Table 5). The level of significance and large effect size observed suggests that students perceive the continuity-aligned dedicated education unit was associated with improved workforce preparedness. However, as these students were in the final year of their program, there is an expectation that these measures would increase from baseline to the completion of the CADEU program. Measures of workforce preparedness are graphically represented in Figure 5.

Free text responses were analyzed using a content analysis framework. Several themes and subthemes were generated from this analysis. The *past placement experiences* theme was supported by the subthemes (1) *they made me feel like a burden* and, (2) *unsupportive placement environments*. The second theme, *experiences of the continuity-aligned dedicated education unit*, was supported by the subthemes (1) *staff wanted to support students*, (2) *an authentic nursing experience,* and (3) *challenges with the continuity-aligned dedicated education unit*. The final theme was *continuity in the enhanced learning environment*.

TABLE 2: Placement evaluation tool survey results across three timepoints.

Aspects of Placement	N	Timepoint 2 Mean (SD)	Timepoint 3 Mean (SD)	Friedman's Test		Effect Size (Kendall's W)
				Chi Square	p-value	
I was fully orientated to the clinical area	23	4.57 (0.507)	4.65 (0.885)	23.524	<0.001*	0.511+++
Staff were willing to work with students	23	4.13 (0.626)	4.48 (0.665)	16.889	<0.001*	0.367++
Staff were positive role models	23	4.22 (0.518)	4.43 (0.662)	17.333	<0.001*	0.377++
Staff were ethical and professional	23	4.13 (0.694)	4.52 (0.511)	20.373	<0.001*	0.443++
Staff demonstrated respect and empathy towards patients/clients	23	4.26 (0.619)	4.43 (0.590)	12.286	0.002*	0.267+
Patient safety was fundamental to the work of the unit	23	4.35 (0.775)	4.48 (0.593)	12.160	0.002*	0.264+
I felt valued during this placement	23	4.00 (0.853)	4.48 (0.593)	28.886	<0.001*	0.628++
I felt safe in the clinical environment (e.g. physically, emotionally, culturally)	23	4.43 (0.507)	4.57 (0.590)	16.680	<0.001*	0.363++
This placement was a good learning environment	23	4.39 (0.583)	4.70 (0.470)	17.148	<0.001*	0.373++
My supervisor(s) helped me identify my learning objectives/needs	23	4.13 (0.694)	4.57 (0.507)	8.492	0.014*	0.185+
I was adequately supervised in the clinical environment	23	4.22 (0.600)	4.52 (0.593)	16.820	<0.001*	0.366++
I received regular and constructive feedback	23	3.96 (0.767)	4.35 (0.775)	14.286	0.001*	0.311++
I was supported to work within my scope of practice	23	4.43 (0.507)	4.65 (0.487)	21.036	<0.001*	0.457++
My supervisor(s) understood how to assess my clinical abilities	23	4.30 (0.470)	4.70 (0.470)	14.892	0.001*	0.324++
I had opportunities to enhance my skills and knowledge	23	4.35 (0.573)	4.70 (0.470)	16.548	<0.001*	0.360++
I had opportunities to interact and learn with the multi-disciplinary team	23	4.30 (0.765)	4.39 (0.783)	27.556	<0.001*	0.599+++
I achieved my learning objectives	23	4.39 (0.583)	4.57 (0.507)	18.351	<0.001*	0.399++
I have gained the skills and knowledge to further my practice	23	4.52 (0.593)	4.70 (0.470)	19.441	<0.001*	0.423++
I anticipate being able to apply my learning from this placement	23	4.61 (0.499)	4.74 (0.499)	13.782	0.001*	0.300++
Overall, I was satisfied with this placement	23	7.91 (1.474)	9.22 (0.951)	25.948	<0.001*	0.564+++

Note: *Indicates a statistically significant finding at <0.05, + indicates a small effect size, ++ indicates a moderate effect size, +++ Indicates a large effect size. Effect sizes estimated using Cohen's suggested limits

TABLE 3: PET survey result comparison between timepoints two and three.

Aspects of Placement	N	Timepoint 2 Mean (SD)	Timepoint 3 Mean (SD)	Wilcoxon Test		Effect Size (r)
				Z Score	p-value	
I was fully orientated to the clinical area	28	4.57 (0.507)	4.65 (0.885)	-0.535	0.59	-0.101+
Staff were willing to work with students	28	4.13 (0.626)	4.48 (0.665)	-1.604	0.11	-0.303++
Staff were positive role models	28	4.22 (0.518)	4.43 (0.662)	-1.732	0.08	-0.327++
Staff were ethical and professional	28	4.13 (0.694)	4.52 (0.511)	-1.507	0.13	-0.285+
Staff demonstrated respect and empathy towards patients/clients	28	4.26 (0.619)	4.43 (0.590)	-1.387	0.17	-0.262+
Patient safety was fundamental to the work of the unit	28	4.35 (0.775)	4.48 (0.593)	0	1.00	0.000
I felt valued during this placement	28	4.00 (0.853)	4.48 (0.593)	-2.696	0.01*	-0.509+++
I felt safe in the clinical environment (e.g. physically, emotionally, culturally)	28	4.43 (0.507)	4.57 (0.590)	-1.459	0.14	-0.276+
This placement was a good learning environment	28	4.39 (0.583)	4.70 (0.470)	-2	0.05	-0.378++
My supervisor(s) helped me identify my learning objectives/needs	28	4.13 (0.694)	4.57 (0.507)	-2.357	0.02*	-0.445++
I was adequately supervised in the clinical environment	28	4.22 (0.600)	4.52 (0.593)	-1.698	0.09	-0.321++
I received regular and constructive feedback	28	3.96 (0.767)	4.35 (0.775)	-1.731	0.08	-0.327++
I was supported to work within my scope of practice	28	4.43 (0.507)	4.65 (0.487)	-1.5	0.13	-0.283+
My supervisor(s) understood how to assess my clinical abilities	28	4.30 (0.470)	4.70 (0.470)	-2.524	0.01*	-0.477++
I had opportunities to enhance my skills and knowledge	28	4.35 (0.573)	4.70 (0.470)	-2.446	0.01*	-0.462++
I had opportunities to interact and learn with the multi-disciplinary team	28	4.30 (0.765)	4.39 (0.783)	-1.037	0.30	-0.196+
I achieved my learning objectives	28	4.39 (0.583)	4.57 (0.507)	-1.713	0.09	-0.324++
I have gained the skills and knowledge to further my practice	28	4.52 (0.593)	4.70 (0.470)	-1.713	0.09	-0.324++
I anticipate being able to apply my learning from this placement	28	4.61 (0.499)	4.74 (0.499)	-1.615	0.11	-0.305++
Overall, I was satisfied with this placement	28	7.91 (1.474)	9.22 (0.951)	-3.769	0.00*	-0.712+++

Note: *Indicates a statistically significant finding at <0.05, + indicates a small effect size, ++ indicates a moderate effect size, +++ Indicates a large effect size. Effect sizes estimated using Cohen's suggested limits

FIGURE 3: Radar graph of placement evaluation tool survey items 1-10.

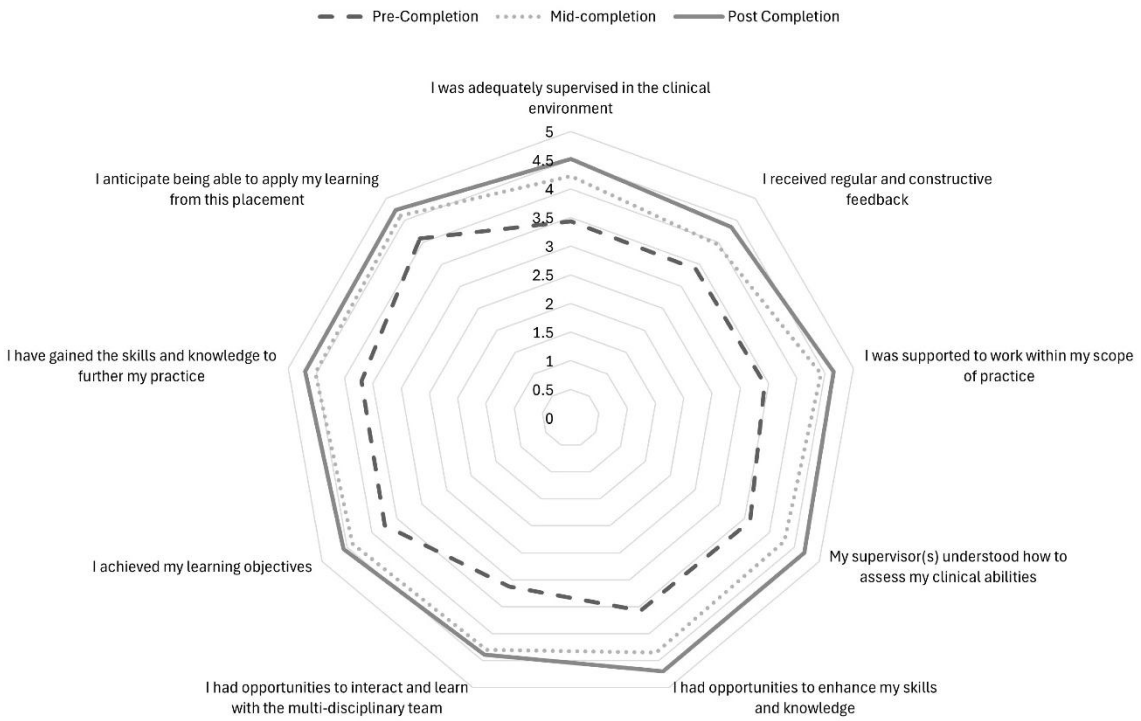


FIGURE 4: Radar graph of placement evaluation tool survey items 11-19.

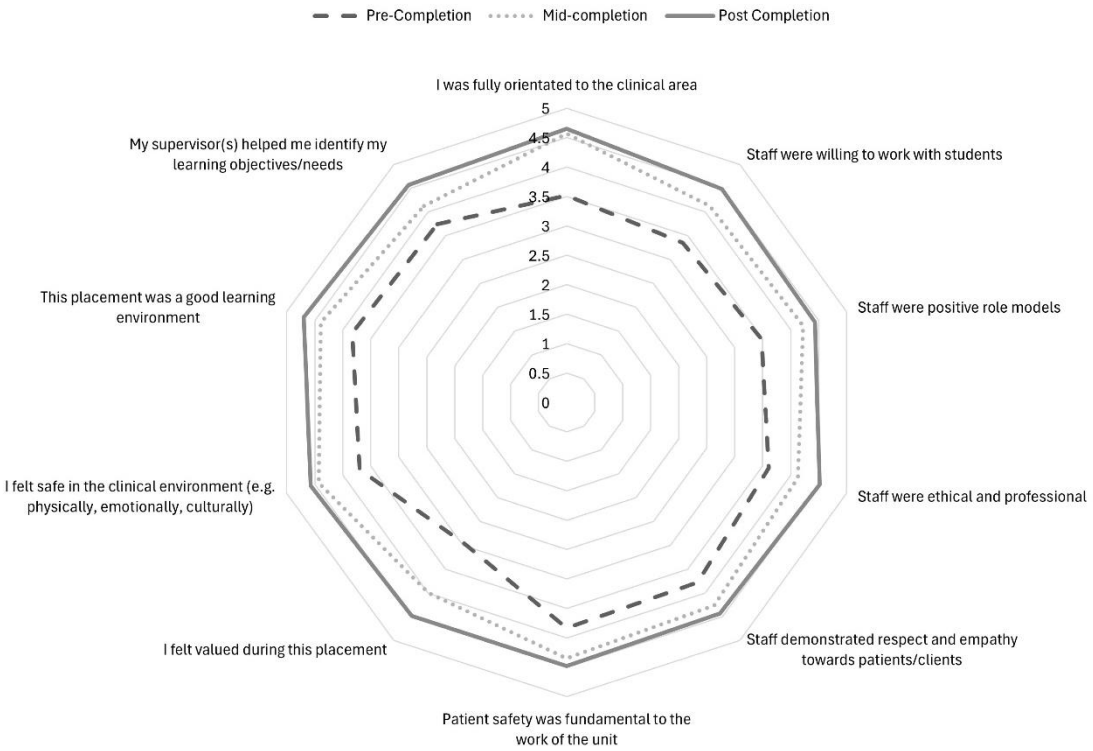


TABLE 4: Measures of workforce preparedness across timepoints.

Measures of Workforce Preparedness	N	Timepoint 1 Mean (SD)	Timepoint 2 Mean (SD)	Timepoint 3 Mean (SD)	Friedman's Test		Effect Size (Kendall's W)
					Chi Square	p-value	
I have the Professional Knowledge required to safely transition to the workforce	23	5.61 (2.017)	6.91 (1.379)	8.52 (1.377)	31.462	<0.001*	0.684+++
I have the Clinical Knowledge required to safely transition to the workforce	23	6.09 (1.703)	7.39 (1.469)	8.91 (1.125)	23.807	<0.001*	0.518+++
I have the Professional Skills required to safely transition to the workforce	23	5.65 (1.722)	7.39 (1.559)	8.87 (1.180)	32.074	<0.001*	0.697+++
I have the Clinical Skills required to safely transition to the workforce	23	6.83 (1.850)	7.70 (1.363)	9.17 (0.984)	27.277	<0.001*	0.593+++
I am prepared to transition to the workforce	23	5.61 (2.039)	7.09 (1.807)	8.91 (1.240)	35.620	<0.001*	0.774+++

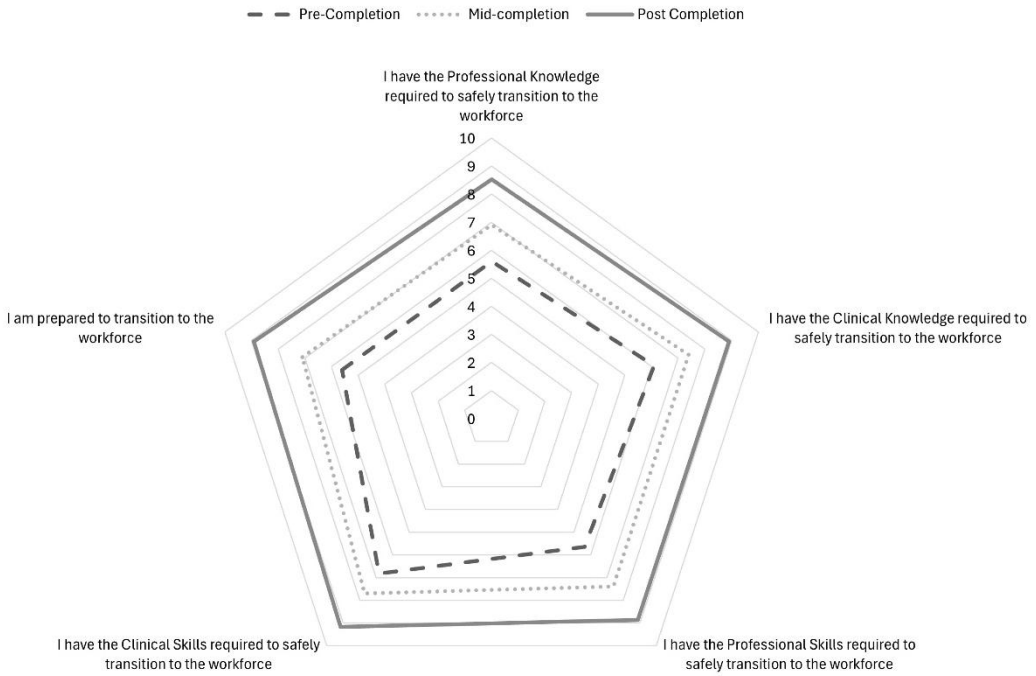
Note: *Indicates a statistically significant finding at <0.05, + indicates a small effect size, ++ indicates a moderate effect size, +++ Indicates a large effect size. Effect sizes estimated using Cohen's suggested limits

TABLE 5: Measures of workforce preparedness between timepoints 2 and 3.

Measures of Workforce Preparedness	N	Timepoint 2 Mean (SD)	Timepoint 3 Mean (SD)	Wilcoxon Test		Effect Size (r)
				Z score	p-value	
I have the Professional Knowledge required to safely transition to the workforce	23	6.91 (1.379)	8.52 (1.377)	-3.941	<0.001*	-0.745+++
I have the Clinical Knowledge required to safely transition to the workforce	23	7.39 (1.469)	8.91 (1.125)	-4.027	<0.001*	-0.761+++
I have the Professional Skills required to safely transition to the workforce	23	7.39 (1.559)	8.87 (1.180)	-4.064	<0.001*	-0.768+++
I have the Clinical Skills required to safely transition to the workforce	23	7.70 (1.363)	9.17 (0.984)	-4.194	<0.001*	-0.793+++
I am prepared to transition to the workforce	23	7.09 (1.807)	8.91 (1.240)	-3.905	<0.001*	-0.738+++

Note: *Indicates a statistically significant finding at <0.05, + indicates a small effect size, ++ indicates a moderate effect size, +++ Indicates a large effect size. Effect sizes estimated using Cohen's suggested limits

FIGURE 5: Radar graph of survey items 21-25.



Past placement experiences

The pre-commencement survey required students to rate their previous placement experiences. Past placements were mostly associated with negative student experiences. Participants described how the environment of previous placements were focused on clinical service delivery. Consequently, students felt that they were a burden to the nurses and felt unsupported in their learning.

They made me feel like a burden

Many students reported feeling like a burden rather than valued members of the nursing team. "Some nurses made me feel like a burden to them" (Participant 10 – male). This was seen as a narrow viewpoint by the students who saw their mentors as their future nursing colleagues. "I have often felt like an additional task for nurses, rather than a future colleague who will potentially work as part of their team" (Participant 34 – female). Some students were impacted by this burden narrative and pressured to engage in placement activities outside of their scope of practice. "There have been moments where I have felt that I am an imposition and have been expected to do too much out of my scope of practice" (Participant 27 – female). Such attitudes could be personal perceptions. At other times, students appeared to recognize that low support and engagement from nurses on their placement were driven by system factors. "I've had placement days where nurses do not have the time or resources to support a student" (Participant 22 – female).

Unsupportive placement environments

Negative perceptions often led participants to feel unsupported and restricted in the availability to engage in learning opportunities. "Needs and wants for a learning experience can be overlooked"

(Participant 6 – male). A lack of engagement in learning opportunities often led students to feel unsupported by the registered nurses. "My most previous placement was a very difficult time for me. The staff were unsupportive and unwilling to teach and help me learn" (Participant 15 – female). Ultimately, negative approaches to students on placement left them feeling as outsiders rather than valuable team members. "I experienced trouble fitting in due to not all staff at previous placements wanting to work with students" (Participant 5 – female). Some students described positive experiences with previous placements. However, this was reliant on students demonstrating flexibility and personal advocacy for their education within a clinical setting. "Lots of learning opportunity as long as you are open minded, stay in your scope, advocate for yourself and have a positive learning attitude" (Participant 4 – female).

Experiences of the Continuity-aligned dedicated education unit

Students provided feedback on their experiences of completing placement within CADEU model. Students described a strong contrast to prior placement experiences. The model was supportive of their learning and enabled improved student support. Some areas of tension were identified with several suggestions for improvement were presented.

Staff wanted to support students

One of the most notable differences that students observed in the CADEU model was the preparation of staff to support their learning. "The staff were well prepared and educated to support students which fostered a comfortable and safe environment to learn and develop skills" (Participant 34 – female). This extended beyond working with students to include the broad facilitation of their learning. "The preceptors amongst the nursing staff in [the ward] were exceptional … They were happy to humour my questions and personal learning goals" (Participant 42 – male). Students further described how staff moved from the demonstration of skills to encourage completion of the skills by students. "The nursing staff took the time to allow students to observe the skills and encouraged us to do the skill once shown" (Participant 27 – female). This rapport building and encouragement led to Registered Nurses on the ward to promote students to lead the provision of care in a supported way. "Staff were much better at letting us students learn and shadowing us rather than walking away and doing their own thing" (Participant 8 – female).

The focus on student practice within a supportive environment was attributed to increased knowledge and skill attainment by student participants. "I feel I do have a much higher grasp of education and skills gained from this placement" (Participant 17 – male). Importantly, it was identified that this environment was only possible due to the adoption of education as a core function of the ward. "This is likely due to the education program being a core element of the wards operational model whereas there is less emphasis on student support on other wards" (Participant 34 – female). Ultimately, this led students to reflect positively on their experiences. "This is the best decision I have made … The helpfulness of the staff and support made a massive difference" (Participant 10 – male).

An authentic nursing experience

Authenticity was a highly regarded component of placement in the continuity-aligned dedicated education unit. "The placement was the most authentic nursing experience with good patient ratios, helpful staff culture, and functioning support systems" (Participant 6 – male). Students described how the authentic environment clarified expectations for them as they transition to independent practice. "The placement was an excellent way to become aware of what will be expected of me as a new

graduate nurse" (Participant 27 – female). The authenticity of the professional experience placement also appeared to facilitate opportunities for further learning.

> The usage of miniature in-services related to the DEU student experience was a fantastic modelling of how further training and education will be applied as RN's. I felt this placement overall was a great exposure to the idealised work expectations of an RN. (Participant 6 – male)

Overall, students responded that this model of placement should be how professional experience placements are conducted for pre-registration nursing students. "I think this is definitely the way placements need to be conducted from now on" (Participant 13 – female).

Challenges with the continuity-aligned dedicated education unit

Several challenges within the continuity-aligned dedicated education unit were identified by students in their feedback. Most students described increased learning opportunities. "There were a lot of learning opportunities" (Participant 27 – female). However, some students felt that some areas of their professional skills needed supported development. "Would like more learning opportunities when it comes to overlooked things such as paging a doctor, ordering medications, putting in tasks" (Participant 25 – female). Other students highlighted the variable nature of dedicated support from the academic and clinical liaison nurses across the rotating roster. "There [needs] to be a much more thought out rostering system that ensures all students have equal time with and without the support systems" (Participant 4 – female). The rostering system was identified as a point of tension for some students who highlighted issues concerning travel. "Hours/weekends made it difficult with travel" (Participant 32 – female). Similar concerns were raised about the completion of night shifts with students reporting impacts on their exposure to learning and their university workload. "There is no new learning opportunities and negatively adds to student uni workload" (Participant 25 – female). Students did report exposure to a night shift was valuable learning. However, they reported that repeat night shifts were not valuable to them.

> I think having one or two like we did in our first block is a good experience to know what night shift looks like. However, myself and all students I talked to found it was a bit of a waste of clinical hours. (Participant 4 – female)

Additionally, night shifts increased student fatigue which made it more difficult for them to learn.

> I found I was tired on my nights which made it hard to learn, and then because we only got one or two days off … Making it even harder to learn things on am and pm shifts when there is stuff to learn. (Participant 4 – female).

Continuity in the Enhanced Learning Environment

Continuity in the professional experience placements across the participant's final year of study was highly valued. Participants reported how the structure of the program provided them with more learning opportunities over time. "This program was very well constructed. Having two placements on [the ward] allowed me to fully develop my skills and build rapport with the staff members which resulted in more clinical opportunities" (Participant 15 – female). Several students attributed this to feeling familiar with the staff and clinical environment. "The support of having familiar faces around makes for a more comfortable learning experience, where you feel more comfortable asking for learning opportunities" (Participant 22 – female). However, other students attributed this to the learning

relationships that had built with the clinicians on the ward. "On returning to the same ward the staff already know our current knowledge and skill level and continued our learning right where we left off" (Participant 8 – female).

Familiarity with the ward staff and clinical environment reduced energy consumption and focus on navigation, wayfinding, and learning ward processes. Instead, students were more able to focus their attention on the patients and their own learning in the clinical setting.

> The familiarity was a positive, as less energy was consumed getting to know the place so we could practise more effectively for more time. It was good to get to know the staff more familiarly than if we were doing a quick placement. (Participant 21 – female)

Familiarity improved student confidence. "It was fantastic to be familiar with staff and the ward to be able to feel confident in broadening and honing our skills" (Participant 27 – female). In fact, some students compared their skill attainment to that of new graduate nurses. "[I] felt like we were on the same level as new graduate nurses" (Participant 29 – male). Consequently, many students felt prepared to transition to the workforce due to the continuity-aligned dedicated education unit model. "I definitely feel more ready to transition to a RN because of the CADEU" (Participant 15 – female).

DISCUSSION

This pilot study aimed to evaluate a novel continuity-aligned dedicated education unit model for final year pre-registration nursing students. The findings of this study demonstrate that students perceive the CADEU model to improve their placement quality and workforce preparedness. Satisfaction from placement within the continuity-aligned dedicated education unit statistically significantly improved compared to baseline placement experiences ($p = <0.001$). Several quality measures were strongly significant including feeling valued on placement ($p = <0.001$), interacting with the multidisciplinary team ($p = <0.001$), and orientation to the clinical area ($p = <0.001$). Overall, this study appears to demonstrate that students perceive the model to enhance their clinical education experience, preparing them for future roles in the healthcare workforce.

The CADEU model provides a structured framework of support for students to improve their learning quality. This includes the embedding of academic and clinical liaison nurses within the daily functioning of the clinical service. Their integration with the team-based approach to preceptorship creates consistency and continuity for the student. Moreso, the inclusion of these roles mitigates the part-time associated challenges of clinical educators to provide individual supervision and feedback (Ryan & McAllister, 2021) due to increased exposure to student practices. Previous research describes how a collaborative placement model increases student participation in professional experience placements (Williamson et al., 2020). The collaborative approach of educational and clinical liaisons in the continuity-aligned dedicated education unit appears to strengthen the engagement of nurses and students. Furthermore, it appears to have embedded education as a cultural tenet within the clinical service. This approach represents a collaborative pathway forward for work-integrated learning. The collaborative presence of educational organization and industry partners should be explored in placement models across other professional education programs.

Students felt valued during their placement in the continuity-aligned dedicated education unit ($p = < 0.001$). Moreso, students reported improved perceptions of staff willingness to work with them ($p = < 0.001$). This may be associated with pedagogical cooperation (Strandell-Laine et al., 2018). It is defined as the cooperation between students and preceptors during professional experience learning (Cant et

al., 2021; Strandell-Laine et al., 2018). Pedagogical cooperation is influenced by pedagogical atmosphere. Pedagogical atmosphere is characterized by an educational environment that embodies respect, acceptance, engaged preceptors, and opportunities for learning (Papastavrou et al., 2015). It is plausible that the support structure implemented in the CADEU is conducive to the creation of a pedagogical atmosphere by integrating students into small collaborative preceptorship teams aligned with the academic and clinical liaison nurses. A Chinese cross-sectional descriptive study reports the positive impact of pedagogical atmosphere through a higher level of student learning engagement. Higher engagement is associated with a higher level of professional commitment (Zhang et al., 2024).

A unique feature of the continuity-aligned dedicated education unit is the focus on professional experience continuity. It has been previously established that longer professional experience placements support student learning (González-García et al., 2021) and allow students to develop belonging (Levett-Jones et al., 2008). Additionally, placement continuity has been associated with improved access to learning opportunities and engagement in professional socialization (McKenna et al., 2009). The significant improvement in associated survey items such as *I had opportunities to enhance my skills and knowledge* ($p = <0.001$), *I felt valued during this placement* ($p = <0.001$), and *staff were willing to work with students* ($p = <0.001$) suggests that placement continuity benefited participating students. These sentiments were reflected in the free-text commentary, which described benefits to student orientation, wayfinding, preceptor relationships, and professional socialization. However, some literature discounts continuity in professional experience placements by asserting exposure to a range of medical conditions is needed to support career development and choice, and diverse specialization skill exposure (Anyango et al., 2024). The principle of continuity throughout placement models should be considered in the design and implementation of future work-integrated learning models for higher education students. This is reflected in the work integrated learning literature by calls by students for longer placements in science-based programs (Rayner & Papakonstantinou, 2015).

Several limitations of existing professional experience placement models are addressed in the continuity-aligned dedicated education unit model. For example, the model addresses: (1) unconnected learning placements that do not support student learning (Roxburgh et al., 2012), (2) inadequately delivered preceptorship and mentorship on professional experience placements, (3) preceptors' lacking academic competence or understanding of student learning needs (Cant et al., 2021; Chu et al., 2024; Ford et al., 2016), and (4) lack of training and support of preceptors (Clarke et al., 2020). It has been previously recommended that clinical and educational organizations collaborate to enhance clinical learning environments (Tomietto et al., 2016). The collaborative co-designed nature of the CADEU model addresses the reported challenge of disconnected perspectives between healthcare organizations and tertiary education organizations (Tomietto et al., 2016). This approach appears to have positively impacted on student learning experiences and workforce preparedness in this study. Such findings are similar to studies that report dedicated education units as superior to traditional clinical placement models in student engagement and applying theory to real-world practice (Claeys et al., 2015; Marcellus et al., 2021).

Implications of these findings extend beyond the field of nursing. Key principles such as continuity of experience, embedded support roles, and authentic workplace engagement offer transferable strategies for designing work-integrated learning programs in diverse disciplines. Providing sequential placements within the same organization can reduce cognitive load, foster belonging, and accelerate skill development (Whiteing et al., 2024), while integrating academic and workplace mentors strengthens collaboration and embeds education as a core function of practice settings. These findings

suggest that work-integrated learning models should prioritize a pedagogical atmosphere and organizational readiness to create environments where learning is valued alongside service delivery.

This pilot study has several key limitations. The professional experience model was not part of the standard education delivery in the pre-registration nursing program. Therefore, participants were required to opt in for the study. This creates a potential volunteer bias. Additionally, the variable rates of survey completion impact the study by decreasing the participant data available for analysis. Thirty-two (32) participants completed placement in the model. However, incomplete survey results meant that only 23 completed all surveys across all time points. This reduces the power of the study and the generalizability of the findings. The study is also limited by the lack of a comparison group and the reliance on self-reporting measures. The results suggest that students perceive the model to improve their placement quality and workforce preparedness. However, further research is required to determine how effective it is compared with more established approaches to professional experience placements. Further evaluation of the CADEU model in pre-registration nursing professional experience placements is essential. Future research should also explore the economic viability of the CADEU model as well as the short-term and long-term outcomes for students, nurses, and patients.

CONCLUSION

This pilot provides the first evidence that a continuity-aligned dedicated education unit significantly enhances the quality of work-integrated learning and workforce preparedness for final-year nursing students. Students reported significant associated improvements in orientation, feeling valued, multidisciplinary team interactions, and overall placement satisfaction compared to prior placement experiences in other placement models. Measures of workforce readiness including professional and clinical knowledge and skills also improved markedly across two sequential placements in the same ward. Qualitative feedback confirmed that continuity, embedded academic and clinical support roles, and an authentic nursing environment created a pedagogical atmosphere that fostered confidence, skill development, and professional socialization. These findings verify the unique properties of the continuity-aligned dedicated education unit model, including structured continuity, expanded placement capacity, and integrated education support, as vital drivers of enhanced learning outcomes. Further exploration is required to determine the effectiveness of the model in comparison to standard approaches. Future research should explore how the model impacts workforce and patient care.

DISCLOSURE OF THE USE OF GENERATIVE AI

The authors declare that GenAI was not used in the research or writing of the manuscript.

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The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

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Types of manuscripts sought by IJWIL are primarily in two forms: 1) *research publications* describing research into aspects of WIL and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

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