# ECLEPs Replication Manual

**Overview**

ECLEPs (Enriched Clinical Learning Environments through Partnerships) is a model for clinical-academic partnerships in long-term care (LTC) settings, including nursing homes, home, and community-based care facilities such as assisted living and residential care. The model is used by associate and baccalaureate nursing programs. The primary aims of ECLEPs are to:

- promote faculty development in gerontological nursing,

- recognize and use the expertise of LTC nurses and support these nurses through staff development,

- provide student nurses with excellent long-term care nursing experiences that foster understanding of the nurse's role in long-term management of chronic illness and the care of older adults.

ECLEPs was first developed and piloted by the Oregon Health & Science University School of Nursing (OHSU) and multiple clinical partners through a grant from the Northwest Health Foundation (NWHF). The ECLEPs model was then replicated in several communities in Southern Oregon through a grant from the Health Resources and Services Administration. With additional NWHF support, the ECLEPs model has been adapted for students in the OHSU baccalaureate completion program (RNBS).

The Replication Manual is designed to share lessons learned. We hope that other schools of nursing and long-term care agencies will find this information useful as they seek to develop and strengthen partnerships that benefit student learning and resident care. The manual is presented in five parts available in a PDF download.

- Guide for Selecting Partner Agencies
- Guide for ECLEPs Faculty
- Guide for LTC nurses called "Clinical Education Liaisons (CELs)
- CEL and Faculty Development Training
- Lessons Learned

# ECLEPs Replication Manual

## A Guide for ECLEPs Faculty

### What makes an ECLEPs site different from other clinical sites used by Schools or Departments of Nursing?

A key difference is **the intentional and <span style="color:red">active partnership</span>** where LTC staff nurses (Clinical Education Liaisons or CELs) are knowledgeable about the clinical course and student learning competencies associated with the course, and where the faculty learns about the organizational and systems aspects of the setting. Both faculty and CELs spend pre-course time learning about each other's settings and roles. ECLEPs sites are integrated into the array of clinical sites used by the nursing faculty; these sites provide essential clinical experiences for students.

### What courses are appropriate for ECLEPs sites?

Courses are appropriate if the faculty and staff believe and agree that the site can provide learning activities for students that meet course competencies. Ideally, components of ECLEPs courses have benefits for the clinical site (e.g., students take on 'real world' assignments that fit with both their competency goals and the facility's needs). ECLEPs Sites were highly rated by students and faculty as clinical settings when learning activities were tied to the real world and helped students meet core course competencies.

Initially, ECLEPS used the Chronic Illness 2 course developed through the Oregon Consortium for Nursing Education (OCNE). Because of the high prevalence of multiple and complex chronic

and mental health conditions found in residents in these settings, LTC provides a rich learning environment for students to learn assessment and chronic care management skills. ECLEPs is now used successfully for Chronic Illness 1, Health Promotion, Population Health, Leadership and Integrated Practicum courses, Community Nursing, and Integrative Practice. In fact, all courses except Acute Care 1 and 2 have effectively used ECLEPs sites for clinical education.

**How does the faculty prepare for their role in an ECLEPs site?**

In the pilot project, all participating faculty were gerontological nurses. However, not all schools of nursing have faculty with this background. This should not be viewed as a limiting factor. Some of our most successful partnerships included faculty who had no gerontological nursing background before this initiative (e.g., pediatric nurse, acute care nurse). What made them successful was their openness, their willingness to learn about gerontological content, and their commitment to LTC as legitimate and critically important area of nursing. Furthermore, these faculty nurses realized that LTC nursing uses all of the skills and knowledge of the nurse profession.

To assist faculty to prepare for their roles, ECLEPs provided opportunities for faculty development early in the project. A benefit of the faculty development workshops was providing occasions for faculty from different campuses to share information and learn from each other. Many of the materials and activities shared are also widely available and could be used individually for self study professional development. Periodic meetings have been highly rated by faculty as a way to share instructional activities and success stories, and problem solve issues associated with teaching different courses in ECLEPs
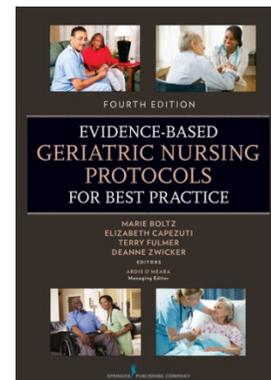
Basic knowledge in the following content areas is needed for faculty in LTC settings:

- Person centered (or directed) care
- Culture change
- Nursing competencies in long-term care (http://www.olderadultfocus.org/)
- Supervisory skills including delegation to certified and unlicensed staffs
- Age-related changes
- Common geriatric syndromes (falls, incontinence, delirium-depression-dementia, polypharmacy, functional assessment)
- Oregon community-based residential care options including

financial aspects and role of the nurse in these settings. These include SNFs/ICFs, assisted living, residential care, foster homes, and private home.

- Nursing practice in community-based residential care

Additionally, ECLEPs sponsored a geriatric nurse certification review course for faculty and staff who wished to gain additional gerontological knowledge. Three faculty subsequently sat for the certification exam and received the credential. One of these faculty considered herself a gerontology nurse. The other two had backgrounds in critical care and mental health.

**How does the faculty partner with the CEL?**

The CELs are available as resources for faculty at the ECLEPs site. Part of the CEL role is to welcome and orient faculty and students to the agency, and to be an ongoing resource in developing learning experiences. Partnership and mutually beneficial learning are central to ECLEPs, and CELs can help faculty become familiar with their residential care setting. Even some of the gerontological nurse faculty had limited experience in a LTC setting, so the CEL was critically important both to faculty development and to optimal student learning.

The faculty gets to know the site prior to student placement by making personal visits and meeting with the CEL. These pre-course meetings also help to establish and maintain communication throughout the clinical experience. Communication is critical to building effective relationships and trust. Faculty should always err on the side of over-communicating. This includes written and oral forms, including email, face-to-face, and phone contacts as appropriate.

One to three weeks prior to the beginning of the course, the faculty orients to the facility with CEL guidance. At this time the faculty provides the CEL with specific written information about the course and student learning objectives, the student schedule, and specific learning activities on a week by week basis. If changes in the schedule or learning activities occur, the faculty notifies the CEL.

During the term when students are present, faculty checks in with the CEL at least weekly. Daily base touching may be appropriate. This process helps to identify and solve problems or challenges that arise as early as possible.

**HINT:**

- One faculty cc'd the CEL on weekly emails to students where the clinical goals for the upcoming week were identified. The CEL found this very helpful as a quick way to be current regarding the students' upcoming focus and schedule.
- One CEL helped faculty to develop a schedule of learning activities that assured students would use their time well and have a variety of experiences. It also let the CELs know where students would be in case they had a unique situation students could learn from through observation, practicing skills, or brainstorming solutions.
- Some faculty and CELs have together 'rounded' on residents with the students. This activity is well received by students, and enables them to observe experienced nurses sharing their perspectives on the same resident including their approaches to care.
- Faculty may ask the CEL to attend some post conference discussions when a 'facility perspective' is helpful. Other agency staff (e.g., social worker, administrator) may also be invited to attend post conferences.

**How are learning activities connected to the OCNE competencies and benchmarks?**

Just as in traditional clinical courses, learning activities are developed with the competencies in mind. Learning activities that have been used in other settings may transfer with little or no modification to the ECLEPs site. However, faculty may want to modify existing course learning activities for use in the nursing facilities and community-based care (CBC) settings or to take advantage of unique aspects of the settings. For example, students in nursing facilities may conduct assessments using the Minimum Data Set (MDS). Examples of learning activities used in ECLEPs sites are located in the educational resource link (http://www.ecleps.org/resources.htm).

**What types of learning activities are effective?**

As with all courses, activities based on adult learning principles and best instructional practices are the most engaging and effective with students. The approaches developed for clinical redesign by OCNE are appropriate and include concept-based learning, focused direct client care, integrative practice, intervention skill-based experience, and case-based learning. Examples of learning activities using these approaches are located in the educational resource link (http://www.ecleps.org/resources.htm)
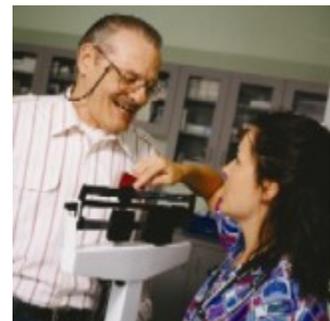
**How are students selected?**

Existing protocols for determining student clinical assignments should apply to ECLEPs sites. In the pilot project, students had three options for settings: long-term care (nursing facilities,

assisted living, memory care), a children's hospital focusing on chronic conditions, and a chronic mental health setting. Students identified their preferences and most received their first or second choice. In the rural replication project, most of the students enrolled in the course spend some time in the ECLEPs sites. In the replication sites, frequently all students in a cohort rotated through the LTC settings as well as through other types of settings.

**How do you prepare students for an ECLEPs clinical experience?**

Our experience indicates that students benefit from some pre-clinical discussion about their placement in an ECLEPs site. This discussion focuses on the unique partnership features of the setting including the role of both CELs and faculty in the setting. Students need to understand that faculty are responsible for the students' learning, faculty evaluate student performance and assign grades, yet the CELs are available to facilitate student learning by discussing facility resources and care scenarios with the students.

Many students need a preview of the setting and its richness for developing assessment and decision-making and other nursing skills. Many students are concerned that they will not practice or maintain their technical skills in LTC settings. These students need coaching to understand that although these settings, particularly assisted living and residential care, may not have the technological equipment and resources found in hospital settings, the level of nursing skills employed in these settings are of the highest order. Numerous opportunities exist for students to practice the following skills in the LTC setting: functional, physical and pscho-social assessments, clinical decision-making, prioritizing care, person-centered care, interpersonal communication with providers, other staff, residents and families, time management, team work, and leadership. The following are a few experiences available in the LTC setting:

- ☐ working in inter-disciplinary teams
- ☐ working with families
- ☐ continuum of care options outside of the hospital
- ☐ transitional care
- ☐ palliative and hospice care
- ☐ recognizing and managing multiple chronic conditions
- ☐ the impact of chronicity on functional and mental health
- ☐ wellness promotion while living with chronic illness
- ☐ care that addresses age-related changes in older adults
- ☐ quality performance projects
- ☐ organizational change initiatives including culture change
- ☐ continuing education for residents and staff, including staff for whom English is a second language
- ☐ supervision and delegation, including delegation of skilled nursing tasks to non-licensed caregivers
- ☐ analysis of public policy implementation

The educational resource page has several examples of pre-clinical assignments that have been used to prepare students (http://www.ecleps.org/resources.htm).

**How do students benefit from this experience?**

Students with an interest in working with older adults after graduation will have hands-on opportunities to gain clinical experience under the direction of knowledgeable and skilled nurses. Students who have not yet considered LTC careers will gain greater insight into care of older adults and appreciation for nursing in LTC settings; this will benefit their practice regardless of the career path ultimately chosen. Furthermore, it may pique their interests in nursing practice outside of the hospital setting. Finally, older adults are the 'core business of health care'[1] and the LTC setting is an excellent environment for honing practice skills with older adults.

Students participating in all phases of ECLEPs found CELs to be positive and knowledgeable role models. They also reported more positive experiences working with older adults through the ECLEPs sites than they had had through their previous clinical experiences in LTC settings. Students in the pilot sites, where those assigned to ECLEPs sites could be compared to students in other settings, were more likely than other students to imagine themselves working with older adults in their careers. Students also reported that the ECLEPs experience prepared them for effective transitional communications with nurses in the LTC setting during transitions (admissions and discharges). Students reported that the knowledge and skills they acquired related to older adults and community residential settings would be useful for them regardless of where they eventually practice.

**How much time do students spend in the ECLEPs site?**

Ideally the students are at the ECLEPs site for a full course rotation. Sustained presence at the site fosters 'deep' learning by students, and enables them to engage in meaningful activities on site. Students may have additional, off-site learning experiences during the course. Faculty need to notify the CEL and other appropriate site staff in advance when students will not be on site during regularly scheduled clinical hours. <u>Written **and** verbal notifications are desirable</u>.

The ECLEPs site may be used for multiple courses so that students get to know the facility well during their student careers. Faculty may have students re-visit the ECLEPs site for additional clinical experiences after their initial clinical at the site. Students and staff need to have clarity on the goals for re-visits to the site-how the learning experience/activities will be different and how students will demonstrate new competencies. Setting familiarity may facilitate opportunities for in-depth learning in courses including leadership, population health, and

---

[1] Bednash, G., Mezey, M., Tagliareni, E. (2011). The Hartford Geriatric Nursing Initiative experience in geriatric nursing education: Looking back, looking forward. *Nursing Outlook, 59, 4,* 228-235. (special issue)

integrative practicum.

In the replication sites, and especially for Chronic Illness 1, students from several nursing programs were rarely in a setting for more than four days. In spite of the limited time in the buildings, students still reported benefit from being at ECLEPs sites, often referring to the learning activities, the enthusiasm of the faculty, and quality of nursing observed.

Regardless of the time is a setting, the goal is to facilitate student/staff familiarity with each other, and student familiarity with the setting and population. This results in less time needed for the student to orient to the setting.

**How many students are placed in a ECLEPs site at one time?**

This is determined by the faculty and CEL/site based on factors used in all student site placements.

**What are students expected to do/learn at the ECLEPS site?**



Students engage in course learning activities as at any other site. Students talk with the CEL and other staff, residents, and family members as appropriate, to tailor their learning experiences in ways that take advantage of being in the setting. Because this is a long-term partnership, the CEL and faculty may have identified specific projects that are either ongoing or need to be initiated by the students. These projects are selected based on both site needs and student learning needs. This approach is especially effective for RNBS students (see descriptions of learning activities).

**How much supervision do students have by the clinical faculty? CEL?**

Supervision is determined in ways similar to non-ECLEPs sites. CELs are not clinical teaching associates and are not responsible for formal evaluation of student performance. CELs are available to help students identify learning opportunities/resources in the facility, to demonstrate 'thinking out loud like a nurse', and to be involved in other student-related activities that the CEL and faculty have negotiated. CELs do not assign grades. For more information, see role descriptions for CELs, faculty, and students.

In some ECLEPs sites, CELs were very active in working with faculty to plan learning activities and identify appropriate residents that students could work with. Unfortunately, at some sites, this did not extend into direct content with students. In these settings, students were unaware of the CEL role and did not know who the CEL was. In these situations, the students were less likely to report a positive experience in the setting.

**How does the post conference work?**

Faculty determines post-conference schedules and activities in ways similar to other clinical post conferences. In previous ECLEPs courses, students have shared and discussed the commonalities and differences among various LTC clinical placement sites in post conference. The discussions depend in great part on the course objectives/competencies. CELs and other facility staff have sometimes attended post conferences either to present information (e.g., social worker discussing patient transitions; CEL attending a case study presentation or discussing the role of the RN in LTC ; differences and similarities to the RN role in acute care) or to add their setting/role-specific perspective to the topic being discussed.

# ECLEPs Replication Manual

## Guide for LTC nurses called "Clinical Education Liaisons (CELs)

### What is a "Clinical Education Liaison" (CEL)?

The clinical education liaison is typically a registered nurse who bridges the clinical setting and the students who come to the long-term care setting with specific learning goals. The CEL works with his/her organization to develop the site as a learning community for staff as well as for students. Check here  for the CEL role description.

### Why is the CEL critical to nursing student education?

Student career goals are often shaped by their clinical experiences. Effective and satisfying clinical learning is largely dependent upon the staff nurses who mentor and guide students. Currently, LTC programs face nursing shortages and high turnover. More nurses with LTC expertise who can serve as positive role models are needed to recruit nursing graduates into LTC careers.



### Are CELs always RNs?

The major role of the CEL is to help students understand the role of a nurse in the long-term care setting. At least one CEL should be an RN. However, other staff can contribute to student learning and may include social workers, LPNs, administrators. CELs who are not nurses but working in partnerships with nurse CELs helps to emphasize and serve as a role model for the interdisciplinary nature of LTC. The key is to select CELs who are committed to student education and staff development and have the time and resources needed to perform the role.

### What does the CEL do?

- Participates in the CEL training program to learn about course goals and assignments
- Is knowledgeable about best practices in gerontologic nursing and current trends in residential care systems (e.g., culture change, resident-centered care, empowering staff, leadership at point of care).
- Helps to create a learning environment by a) explaining course goals and learning assignments to other staff, residents, and families, and b) making sure that staff know when students are in the building and understand their own roles in student learning.
- Works with faculty to arrange initial student orientation activities.
- Facilitates faculty/student introductions to staff in other departments, and residents and their visitors as appropriate (e.g., assisted living facility, physical therapy, hospice RN; residents who may participate in student learning.
- Assists students in identifying facility opportunities, activities and resources that support student learning.
- Acts as a resource and 'friendly face' for students (practical info, resources, clinical judgment, project ideas)
- Advocates for student learning to other staff.
- Meets briefly with students at some point during the clinical day, or at least weekly, to review learning goals/activities.
- Shares her or his own expertise with students when opportunities arise
- Provides constructive feedback to students.
- Supports student creativity in approaching their assignments/activities (within boundaries of facility/unit).
- Meets regularly with faculty to discuss clinical activities including strengths/weaknesses of course implementation and student performance for problem identification and resolution.
- Participates in ECLEPs evaluation and quality improvement efforts.

**How many CELs are required?**

Although ECLEPs has worked successfully with one CEL in a setting, our goal is to have at least two CELs in each facility. CELs are often on different units; this expands opportunities for students to learn about different levels of care within the LTC system with the support of a CEL. Having two or more CELs is beneficial for the CEL as well because it spreads responsibilities and typically provides a CEL support system within the organization.

**How do CELs prepare for their role?**

CELs meet with course faculty in advance to discuss the upcoming clinical experience including how they will communicate with each other. The CEL and the faculty need to share expectations about their own and each other's roles, how students will be oriented to the agency including meeting residents and staff, the course-related learning goals, and the

students' schedule. Most importantly, faculty and CELs need to clarify how they will communicate with each other. Prior to a group of students coming to the agency, the CELs should have had some introduction to the course and clinical design, and faculty should have spent time orienting to the facility. CELs also benefit from knowing strategies that:

A.  Help students 'think out loud like a nurse,'
B.  Facilitate brief and focused discussions about resident situations with students, and
C.  Provide constructive feedback to students.


**What should the CEL expect from nursing faculty?**

Communication is key to establishing partnerships between faculty, CELs, and the clinical site as a whole. As described in Part 1, Faculty should meet with CELs prior to student placement to learn more about the clinical site and what it has to offer to students. At that time, CELs should receive copies of the syllabus, learning objectives for students, and assignments. Ideally, CELs will contribute to the development of learning activities to best take advantage of the learning environment and create deep understanding of students for the LTC environment.

Together, CELs and faculty can identify clients/residents for students to work with. Faculty usually have a presence in the setting for at least a portion of the time students are present in the building. Faculty should be available to support the CEL during student placement, share gerontological nursing resources and resources promote organizational development, and discuss student progress. Faculty are also in an excellent position to provide feedback to CELs about their role. More specific information about faculty roles is described in Part 1.

**Sensitive Issues: 'Town vs Gown'**

Faculty and CELs need to plan in advance how they will together manage difficult situations. Challenging situations are inevitable, and a key part of growing a learning community is developing respectful and trusting relationships. Examples of these include students presenting unprepared to the clinical site or behaving on site in ways that are considered inappropriate by the CEL/facility. Also, students and faculty may observe procedures within the agency that differ from their understanding of current best practices. How will the faculty and CELs discuss and resolve these types of issues? CELs and faculty need to acknowledge that these situations will arise and recognize these as opportunities for growth that can lead to better care of residents and professional development for students, faculty, staff, and the organization.

**How much time is required to be a CEL?**

The time will vary from one facility to another based on the facility, the amount of time students are in the setting, and course requirements. CELs receive some release time to schedule students with other LTC staff (e.g., nurses, social workers, administrators, CNAs,

RCMs, therapists). CELs often arrange for an orientation for students to the facility. The actual orientation can be done by other staff. Our evaluation data indicate this activity is very important as it provides students with a baseline overview of the setting, staff and residents. It also fosters a sense of 'welcoming' by the agency to the students. CELs typically meet with students for a period of time each week to talk about residents, their needs, and the role of nurses in meeting those needs. CELs are also available during the day to respond to student questions and be alert to and direct students to learning opportunities as they emerge. Although CELs spend a portion of their day with students and supporting student learning, students work relatively independently and under the direction of faculty. CELs are not 'preceptors' or 'clinical teaching associates' partnered with a specific student over a term. CELs are not responsible for evaluating student performance or for planning learning experiences..

**How much time do students spend in the clinical setting?**

In the pilot project, students spent two days a week during a 10-week term except for four days when they were in the simulation lab. This provided students the opportunity to get to know the facility and how it works, and participate in some in-depth activities with residents and staff (e.g., follow a resident over time; develop a teaching project).

In the replication of the ECLEPs program, students spent as little as two days in a single clinical setting. Some students had projects they completed independently over approximately 60 hours during the term. Others had experiences in more than one long-term care setting, such as spending two days in a nursing facility and two days in an assisted living facility.

Regardless of length of time students spend in LTC, *it is important that they engage with LTC nurses to learn about the nursing role and develop a basic understanding of the long-term system*.



**What kind of support should CELs expect from their organizations?**

CELs are in a unique position within their organizations. They are selected because of their excellent gerontological nursing skills and their abilities to mentor students and other staff.

Administrators and managers can recognize this expertise by supporting CEL development in the form of release time to attend training activities and through workload accommodations for CELs when students are present. Administrators, managers, and other staff can work with CELs to assure that students feel welcomed in the organization (e.g., meeting with students, explaining their own roles in long-term care, participating in student learning activities coordinated by the CEL).

Organizations can also support the leadership and organizational development roles of CELs, by making commitments to be learning organizations. That is, ECLEPs sites benefit most when they take advantage of training opportunities for their entire staff that are part of CEL development. Details are presented in discussion below of preparing to be a CEL.

**What is the benefit of being a CEL? How does this help the organization?**

Over the development and evaluation of the ECLEPs model, we consistently have heard the following from CELs:

1. CELs report ***they enjoy working with students*** and feel students make important contributions to the organization. CELs feel that the benefits of having students outweigh challenges: students bring new energy to the organization and interact well with residents and staff. Furthermore, CELs describe students as motivated and willing to learn.
2. ECLEPs sites have access to training, consultants, and other educational resources that ***benefit the entire organization***. Part of the CEL training, described in Part 3, included evidence-based training programs (i.e., LEAP, PHI Coaching Supervision) that facilities can use to support and enhance their own staff development and staff retention activities. Although these programs contribute to CELs skills to work with students, they were originally designed to support relationships between nurses and other staff, including direct care workers (e.g., CNAs, caregivers). Thus, the benefits of the ECLEPs training program will reach far beyond CEL-student-faculty relationships.
3. Being an ECLEPs CEL also means becoming ***part of a peer network*** of other nurses engaged in student and staff education. CELs can share information, resources, and strategies that have been helpful. Networking also provides opportunities to explore solutions to common problems and learn from one another.


**Is there a way for CELs from different facilities to learn from and support each other?**

A major objective of ECLEPs was to build a peer support network to support the CELs. Ongoing networking across organizations is beneficial in promoting sustainability and supporting those involved in practice and workforce change initiatives. The CEL development program is designed to foster relationships among the CELs, using a variety of learning activities that

facilitated sharing information and/or working together in small groups.

The ECLEPs website was been developed to support CELs (www.ecleps.org). The most recent addition is a peer reviewed webliography, which provides descriptions of and links to outstanding gerontological websites. Soon it will offer opportunities for peer support through discussion forums, connecting CELs from all of the various ECLEPs projects.

For example, Peer Networking calls are held throughout the year. During these one-hour calls faculty and CELs share experiences with others in the ECLEPs network. Examples include descriptions of specific learning activities used for various courses, integrating students into the facility, and expanding the ECLEPs partnership to include new courses. These networking programs are recorded and posted on the website. Short written summaries are also posted.

The Oregon Center of Nursing (OCN), a community partner since the beginning of ECLEPs, provides forums for nurses involved with student education, including the LTC Leadership Task Force and Community Nursing Network (CNN). The Leadership Task Force now offers its meetings via webinar to support nurses beyond the Portland Metropolitan area. The CNN offers an annual conference targeting community-based care nurses, including those who work in residential care and assisted living settings.

# ECLEPs: Guide for Selecting Partner Agencies

Students benefit from exposure to a variety of long-term care organizations serving older adults. Partnering with multiple agencies helps create a learning community which extends beyond the walls of a single partner and beyond a particular course. Combined, the clinical partner sites will reflect a mix of organizational characteristics:  for profit/not for profit; assisted living and skilled nursing; national chain versus locally owned, rural vs. urban.

**How do I choose a facility?**
   **Quality indicators:**
   1. **Stable administrative, nursing, and ancillary staff**
   2. Deficiency-free facility or minimal deficiencies (Go to Nursinghome Compare for nursing survey information [http://www.medicare.gov/NHCompare/].
   3. Recommendations from state affiliates of the American Health Care Association, LeadingAge, state LTC regulators, the nursing home ombudsman program.
   4. Staff are actively engaged in culture change and/or quality improvement activities.


   **The learning environment**
   1. Site provides a mix of residential care services (e.g., SNF and ALF, or SNF and independent living, etc.).
   2. Space is available for students to meet with their faculty or to work on assignments when not directly involved with patients and staff.
   3. CEL nurses, other staff and students have access to Internet resources.


**What characteristics should I look for in the leadership team (i.e., chief Administrator and Nursing Director)?**
   1. **The Leadership Team is enthusiastic about participating in the project after reading project description and expectations of the facility.**
   2. The facility Leadership Team is open to innovation as reflected by a track record of participating in state or other quality-improvement initiatives (e.g., Better Jobs, Better Care; innovative training programs, State Culture Change Coalition, Advancing Excellence).
   3. The Leadership Team is committed to the project and agrees to paid staff release time for ECLEPs training, leadership and best practices trainings, peer support activities; and staff participation in evaluation activities. The Leadership Team also supports either explicity through workload adjustments or in other ways, time for the CEL to orient the faculty, meet with the faculty both in advance of and during students' assignment to the site, and to be available as a resource to students.

4.  Good communication is present between administrator, nursing director, and staff. The Leadership Team commits to announcing the unique ECLEPS partnership to all staff in the agency.
5.  Good communication is demonstrated with faculty partners (e.g., responding in a timely manner to questions, following through on tasks such as providing letters or Memorandum of Understanding)
6.  The Leadership Team advocates for ECLEPs partnerships with their corporate leaders and/or with their Board of Directors and also keeps their corporation and/or Board of Directors informed about progress.


**What do we look for in the nursing staff?**
1.  **At least one RN who enjoys working with students (e.g., answering and asking questions, helping students identify potential learning experiences, being open to different ways of practicing) wants to participate in ECLEPs as a "Clinical Education Liaison" (CEL).** (Although at least one CEL should be an RN, other staff have participated successfully as CELs including social service staff, LPN)
2.  CELs:
    a.  are comfortable in their role at the facility and preferably have worked in the setting for at least 2 years.
    b.  have a good sense of humor, enjoy teaching and helping other staff, and enjoy learning new skills or information.
    c.  are open to new ideas for improving care.
    d.  have good communication skills demonstrated through interactions with administrators, coworkers, students, and faculty.
    e.  are interested in being part of a regional peer networking group.
3.  In addition to the CELs, most RNs working at the facility appreciate the benefits of having students in the building, are welcoming of students, and consider their organization, or wish their organization to become, a "learning organization."

# ECLEPs Lessons Learned

1. LTC settings such as nursing homes (skilled and intermediate care), residential care facilities, assisted living, and retirement communities are appropriate and desirable for most courses in the curriculum. They have been used successfully for:
   a. Chronic Illness 1 & Chronic Illness 2 (including mental health and end-of-life care)
   b. Health Promotion
   c. Community
   d. Population
   e. Integrative Practice
2. Intentional relationships are the foundation of the partnership and depend on:
   a. committed faculty: The strongest partnerships occur when faculty 1) embrace and value LTC as a place to learn and to practice nursing (note: some of the strongest faculty have not initially had gerontological nursing expertise), 2) are on site with most student groups most or all of the time (an exception are senior nursing students completing their integrative practice clinical).
   b. committed staff: The strongest partnerships have occurred where a) administrative and nurse leadership team are engaged in the development of the partnership and attend the "kick off" meeting to learn about ECLEP and continue to be supportive of staff participation, and b) nursing and direct care staff have a basic understanding of student learning needs and are engaged in meeting those needs.
   c. participating together in professional development activities focused on ECLEPs goals to solidify the partnership and strengthen the experiences for students and ultimately for residents.
3. CELs are critically important to the student experience, with the most effective CELs:
   a. Welcome students and initially provide a "face" to the setting.
   b. Have regular meetings or intentional encounters with students.
   c. Are available as a resource
   d. Provide opportunities to for student to shadow CEL or other nurse (to demonstrate role and "thinking like a nurse")
   e. Maximize use of site (e.g., show students interesting things as they come up, help scheduling a variety of activities, identify residents for students to work with, suggest learning activities, identify staff development or organizational development needs)
4. Ongoing communication between faculty and CEL is key, including
   a. at least one face-to-face meeting at the clinical site
   b. "touching base" at the beginning of each clinical day
   c. Weekly communication (e.g., including CELs on emails to students regarding their clinical activities; alerting faculty to changes such as staffing, resident status, presence of the survey team)
5. Students value the ECLEPs experience, especially working directly with elders and learning about person-centered care and culture change. At the same time, some lessons are easily missed such as:
   a. long-term care nursing involves critical nursing skills even if many "high tech skills" are less prevalent than in a hospital.
   b. "thinking like a nurse" is not always apparent to students who may see only the "paper work" aspects of the job rather than the continuous assessment, critical thinking, relationship building, and management and coordination.
6. Transitions of faculty and CELs must be planned for and done with care, including:

a. a face-to-face meeting with partners, including the person transitioning out and the person transitioning into the partnership.
b. a subsequent meeting should be held between the new partners prior to next clinical to firmly establish the new team and plan for the new term.