

Component V: Education

## Module B: Staff Education/Development

## Topic 1: Needs Assessment

**I. Statement of Purpose**

To provide the ambulatory nurse with the knowledge to construct an educational program for both licensed and unlicensed Care Center staff that promotes patient and staff safety, meets regulatory requirements, stimulates critical thinking and promotes new skill acquisition. This knowledge can be utilized when providing updates for new technology and institutional changes as well as providing a process to orient new staff.

**II. Terminology**

1. AAAHC- Accreditation Association for Ambulatory Health Care
2. TJC-The Joint Commission (International)
3. ANA NPD- American Nurses Association Nursing Professional Development
4. Concept mapping
5. Pedagogy

**III. Performance Standards**

1. Compare and contrast the theories and models considered in the planning phase for staff education.
2. Discuss the trends in education and how they impact the planning and implementation of education.
3. Describe the differences in the learning needs for a multi-generational workforce.
4. Discuss the different educational formats and educational settings available when planning for staff education.

**IV. References**

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7. Laughlin, C.B., (2006) Core Curriculum for Ambulatory Care Nursing, (2<sup>nd</sup> Ed.) Pitman, NJ: AACN.
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10. Swan, B.A. (2007) Transitioning from Acute Care To Ambulatory Care, *Nursing Economics*, 25(2), 130-134

**Website**

[http://www.medscape.com/viewarticle/547417\\_2](http://www.medscape.com/viewarticle/547417_2): Adult Learning Principles

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
<p><b>Objective 1</b>  <b>Compare and contrast the theories and models considered in the planning phase for staff education</b></p> <p>A. Transition from Acute Care to Ambulatory Care:</p> <ol style="list-style-type: none"> <li>1. Misperceptions: not a nursing specialty, fewer skills are needed, less challenging or demanding area of practice. (17).</li> <li>2. Reality: <ol style="list-style-type: none"> <li>a. Greater autonomy both in the clinical and telehealth settings of ambulatory care</li> <li>b. More medically complex</li> <li>c. Care over long period of time</li> <li>d. Require critical thinking and clinical judgment</li> <li>e. Orientation to the role and continuing education are key</li> </ol> </li> </ol> <p>B. Theories / Standards/ Models Utilized in Clinical Staff Development:</p> <ol style="list-style-type: none"> <li>1. Education is more than imparting information.</li> <li>2. Today's learners are different from previous generations and have different expectations.</li> <li>3. Factors that influence your learners' receptivity. <ol style="list-style-type: none"> <li>a. Change: Kurt Lewin (1951) developed a theory of how change occurs: 3-step model. Sees behavior as dynamic opposing forces. <ol style="list-style-type: none"> <li>1) <u>Unfreeze</u> existing behavior to overcome individual resistance and group conformity.</li> <li>2) <u>Move</u> the group to a new equilibrium by supporting a new perspective, group cohesion for the change and identifying individuals who will support and drive the change forward</li> <li>3) <u>Refreeze</u> the new behaviors by making sure that the resistant forces for change are weaker than the driving forces. This is an important step, or the change will be short-lived and the individuals will go back to previous ways of doing things.</li> </ol> </li> <li>b. Systems: Nurses interact with multiple systems when they deliver care; family and patient systems, community systems and workplace systems. The function of a system is to convert or process energy or information that it receives into a product for use within or outside the system. Systems process information by input</li> </ol> </li> </ol>	<p>Read the section on Education in the Core Curriculum for Ambulatory Care Nursing</p>

<p>(taking information in), throughput (utilizing it), output (outcome that occurred from using the information) and feedback (evaluation of the change). Education must be delivered in a format that provides for incorporation and positive feedback to be maximally effective.</p> <p>c. Adult Learning: Malcolm Knowles was the first to identify how adults learn and the characteristics of adult learners. Adult learning is a process of self-directed inquiry. Characteristics of adult learners include that they are:</p> <ol style="list-style-type: none"> <li>1) Autonomous and self-directed</li> <li>2) People who have accumulated a foundation of experience and knowledge</li> <li>3) Goal-oriented</li> <li>4) Relevancy-oriented</li> <li>5) Practical</li> <li>6) People who need to be shown respect. Adults enter into a learning environment to create change, either in their skills, knowledge, behavior or attitude about things. The difference between adult learners and children is the level of motivation, amount of previous experience, level of engagement and how the learning is applied. The adult learner brings to the education preconceived thoughts that affect each of these differences.</li> </ol> <p>d. Behaviorism: Behaviorism in the past focused on the acquisition of skills as they related to job performance. Current behaviorism focuses more on determining learning objectives, incorporating adult learning principles to make behaviorist education strategies more interactive and collaborative.</p> <p>e. Humanist: Humanist theory is about the development of self, reaching their level of potential in a supportive environment. Within the humanist theory in the past was Maslow's pyramid of needs which supported achieving maximum personal growth and development. Today, the humanist instructor is in the role of partner and facilitator, allowing learners to be self-directed and responsible for their own learning for professional growth, job performance and improved patient outcomes.</p> <p>f. Liberal: The focus of the liberal educational model</p>	
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<p>is one related to the development of the intellect, enhancing the learner's ability to think critically and to argue persuasively. Learners in this model are "life-time" learners seeking knowledge for professional growth.</p> <p>g. Dreyfus Model of Skill Acquisition: Discussion of how individuals develop from being novices to becoming experts in their areas of practice. The implication for educators is to develop programs that are appropriate to the level of the learner. Information presented at too high a level will not be able to be received and information presented at too low a level will be discounted, both of which will not have the desired effect. Understanding where your learner is in their skill acquisition is the key to an innovative teaching strategy.</p> <p>C. ANA Nursing Professional Development Scope and Standards: Due to the changes in organizational expectations for competency and patient safety with measurable outcomes, the ANA has developed a new model that is more reflective of the current role of the Nursing Professional Development Specialist and is consistent with the ANA expectations for personal and professional development.</p>	
<p><b>Objective 2</b>  <b>Discuss the trends in education and how they impact the planning and implementation of education</b></p> <p>A. Trends in Health Care Education</p> <ol style="list-style-type: none"> <li>1. Continued rapid change in the healthcare system: healthcare is rapidly changing, both in the way that it is organized, in the way that it is delivered and also through new information identified through research and development</li> <li>2. Decreased availability of financial resources: organizations no longer have the financial resources to support education for their employees. This limitation changes the way education is presented and demands a higher level of outcome to meet the return on investment for the educational dollar spent.</li> <li>3. Need for increasing flexibility and creativity: Both the multigenerational workforce and the limited time available for education due to budgetary constraints demands that education be presented in the most cost-effective and creative way possible to meet the need of</li> </ol>	<p>Compare how the trends in education positively and negatively impact education that is presented to a multigenerational workforce</p>

<p>the organization and produce the desired change in practice.</p> <ol style="list-style-type: none"><li>4. Increased acuity/diversity of patient population: The patient population has become increasingly complex due to increased longevity, multiple co-morbidities and cultural diversity. The acuity of the patients managed in the outpatient environment is higher demanding that nursing knowledge is consistent with this changing population.</li><li>5. Need to incorporate new technology: Due to the multigenerational workforce and the fact that the newest generation of nurses is technology savvy, it is important to utilize technology to maintain their interest in the learning. Also using the organizational intranet to deliver an educational program provides a format for implementation that can be much more flexible than the constraints of the classroom environment</li><li>6. Need for effective use of resources: Time and money are valuable resources in the ambulatory care environment and both are needed for education. Knowing this, utilizing that time to achieve maximum benefit from the education is an investment on the part of the organization. However, the educator must identify who is the appropriate individual to be trained and not utilize the resource of time or money on individuals who are not required by regulation or who is limited by scope of practice or unlikelihood of needing the training to be included in the educational process. It is the responsibility of the teacher to utilize both of these, as well as any material resources provided in a manner that supports both the learner and the organization.</li><li>7. Diversified workforce: The workforce is more diversified than ever before, in terms of multiple generations, gender, and ethnicity. All these factors must be taken into consideration when developing an educational process as the teacher needs to be flexible and adapt her teaching style to the needs of the learner.</li><li>8. Need for outcome measurement: Education is considered a financial investment in the individual and as such the organization may require the educator to demonstrate the impact the educational process had by measuring the level of incorporation or change in daily practice.</li><li>9. Need for Lifelong Learning: No longer is the</li></ol>	
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<p>education that an individual received during their schooling sufficient to maintain currency in the fast-paced healthcare environment. Competency is an ongoing process and continuing education is both a mandated requirement for some licensed individuals and an organizational expectation for others</p> <p>10. Need for evidence-based practice: The AACN defines evidence-based practice as “a process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences in the context of available resources.” Nursing can utilize the holistic approach to implement the best available research to the clinical problem while including their own clinical expertise in the context of the patient’s life. The patient must always be considered an active participant in their own healthcare. The responsibility of the nurse is to remain current as to the latest evidence and to use that knowledge when providing education, whether to patients or other staff members</p>	
<p><b>Objective 3</b>  <b>Describe the differences in the learning needs for a multi-generational work force</b></p> <p>A. Learning Needs Assessment</p> <ol style="list-style-type: none"> <li>1. Characteristics of the Instructor: <ol style="list-style-type: none"> <li>a. Understand your teaching style</li> <li>b. Teaching preferences</li> <li>c. Abilities</li> <li>d. Knowledge level</li> <li>e. Your strengths</li> <li>f. Ability to assess different learning.</li> <li>g. Adapt your teaching accordingly</li> </ol> </li> </ol> <p>B. Learner Characteristics</p> <ol style="list-style-type: none"> <li>1. Three Learning styles: <ol style="list-style-type: none"> <li>a. Visual</li> <li>b. Auditory</li> <li>c. Kinesthetic <ol style="list-style-type: none"> <li>1) Right side or left side brain preference in learning. <ol style="list-style-type: none"> <li>a) Right side involved more with the creative aspects of learning</li> <li>b) Left side more involved with logic</li> </ol> </li> </ol> </li> </ol> </li> </ol> <p>C. Education</p> <ol style="list-style-type: none"> <li>1. Higher-level learning is built upon a foundation of requisite skills and knowledge.</li> <li>2. Teaching at a level above the understanding of the</li> </ol>	<p>Compare how the trends in education positively and negatively impact education that is presented to a multigenerational workforce</p>

<p>individual will not produce the desired outcome.</p> <p>D. Experience</p> <ol style="list-style-type: none"> <li>1. Adults incorporate their own experience into education for congruence and relevancy. .</li> </ol> <p>E. Culture</p> <ol style="list-style-type: none"> <li>1. Is a socialization process that occurs and impacts how individuals learn and take in new information</li> <li>2. Not congruent with cultural expectations may not be received by the learner</li> <li>3. Consider the response of patients of different cultures</li> <li>4. Utilize examples that will make the learner more sensitive to differences in patient populations</li> </ol> <p>F. Gender</p> <ol style="list-style-type: none"> <li>1. Males tend to use deductive reasoning, symbolic diagrams, and pictures and are more task-focused.</li> <li>2. Females use more inductive reasoning and words and are connected to the relationships in the group.</li> <li>3. Group work: good for both males and females.</li> </ol> <p>G. Motivation</p> <ol style="list-style-type: none"> <li>1. Stimulates a change in the individual's knowledge or practice.</li> <li>2. Directly impacts whether he/she will see the change they desire.</li> </ol> <p>H. Generational: Affect the way an individual learns.</p> <ol style="list-style-type: none"> <li>1. Veterans: 1925-1945: Lived through WW II and the Great Depression. Have a traditional view of family; believe in hard work and adherence to rules. Very loyal to their employer and may only have 1-2 jobs in a lifetime. Familiar with radio and the invention of television but may feel overwhelmed by technology. Prefer traditional learning environments, respect educators and expect business-like behavior from them. Prefer organized handouts, avoiding small print. Provide rationale for how education will improve job performance and need help with new technology.</li> <li>2. Baby Boomers: 1946-1964: Lived through Civil Rights Movement, Vietnam War and Cold War. Accept divorce and remarriage and blended families. Have passionate work ethics and increased desire for financial success. Do not respond well to authority figures and may appear to feel as if they have nothing new to be taught. Grew up with telephone and touch- tone phones, radio and 8-track tapes. Witnessed the growth of the Internet. Like to be learning partners, enjoy continuous learning for</li> </ol>	
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<p>self-improvement. Knowledge is attained for job promotion and salary increases. Respond to team learning activities. Do not enjoy role-playing. Like to share their life experiences as a part of the learning activities.</p> <p>3. Generation X: 1965-1980: Experienced AIDS, Watergate, Gulf War. Many were “latch-key” kids and accept single parent households. Do not automatically respect authority figures; require instead that they prove themselves. Is not employer-loyal. Accepting of changes in employer and career. Are comfortable with technology, the Internet, computer games and enjoy learning that incorporates these strategies. Are comfortable with distance learning and may not need classroom settings. Dislike being required to meet schedules and like more flexible learning schedules. Expect fun to be a part of learning. Enjoy hands-on learning and role-playing. Enjoy visual stimulation with graphs and pictures rather than printed narratives.</p> <p>4. Generation Y: 1981 – 2001: Experienced 9/11, Desert Storm, Internet and globalization of the planet. Varied definition of family including single parents, same-sex parents and grandparents as the parental figure. Respect authority figures that have shown themselves worthy of respect. Do not value age, rank or tenure as necessary for authority. What they do in their career is more important than whom they work for and they expect to have multiple employers and careers. Are completely comfortable with technology. Value diversity. Enjoy interactive learning. Expect education to be convenient and flexible. Enjoy blended learning experiences using multiple modalities that are considered fun. Enjoy reading, value mentoring.</p>	
<p><b>Objective 4</b>  <b>Discuss the different educational formats and educational environments available when planning for staff education</b></p> <p>A. Educational Formats</p> <p>1. Learning Activity Characteristics for Initial Education and Updates:</p> <ol style="list-style-type: none"> <li>Identify the most appropriate format for the content needing to be taught.</li> <li>Not all education needs to be provided in a classroom setting.</li> <li>Might be more appropriate in small groups or 1:1</li> </ol>	<p>Analyze the most appropriate learning environment and teaching strategies when developing a program to teach a group of ambulatory care nurses, both novice and experienced, relating to management of a respiratory emergency when a physician is not present. Provide a rationale for your decision.</p>

<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>d. Inverse relationship between “reach” (number of learners) and “intensity” (dependence on staff contact)”</li> <li>e. Larger budget might allow for more intense methods of training</li> </ul> </li> <li>2. Limited time required           <ul style="list-style-type: none"> <li>a. Appropriate for new equipment/technology, policy and procedure changes, process changes</li> <li>b. Can be provided in a written or verbal format</li> <li>c. Evaluation by return demo, written test, verbal feedback or other means</li> </ul> </li> <li>3. Continuing Education           <ul style="list-style-type: none"> <li>a. Professional experience to enrich staff knowledge and critical thinking</li> <li>b. Time requirement exceeds 50 minutes</li> <li>c. Eligible for contact hours based on state requirements</li> <li>d. Required by OSHA AAAHC, TJC, state licensing boards</li> </ul> </li> <li>B. Educational Environments           <ul style="list-style-type: none"> <li>1. Classroom               <ul style="list-style-type: none"> <li>a. Provides for a more intense learning environment.</li> <li>b. Limited to number of participants and flexibility of time.</li> <li>c. Large and small classroom settings each have different strategies that are effective.</li> </ul> </li> <li>2. Simulation               <ul style="list-style-type: none"> <li>a. Increases critical thinking, communication and group cohesion for problem-solving.</li> <li>b. Intensive teaching strategy needed.</li> <li>c. Provides for a hands-on opportunity</li> <li>d. Most similar to the actual work environment.</li> <li>e. Without the danger of harm to the patient.</li> <li>f. Ability to do team training improves critical thinking and communication among team members.</li> </ul> </li> </ul> </li> <li>C. Virtual Environment:           <ul style="list-style-type: none"> <li>1. Incorporates multiple technologies with the support of a real-time instructor.</li> <li>2. Advantage is the flexibility.</li> <li>3. The different visual modalities that can be utilized</li> <li>4. The opportunity to interact with other learners while still maintaining support for an instructor.</li> <li>5. More appropriately utilized with learners who are comfortable with technology and don’t feel the experience is diminished by not being in a classroom</li> </ul> </li> </ul>	
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<p>setting.</p> <p>D. Using Innovation in Teaching</p> <ol style="list-style-type: none"> <li>1. Organized around the measurable learning</li> <li>2. Either the traditional or virtual environment</li> <li>3. Objectives will determine the type of strategy that will be used in staff development.</li> <li>4. Blended learning strategies require the learner to bring together multiple pieces of information using critical thinking and clinical judgment.             <ol style="list-style-type: none"> <li>a. Improves the learner's ability to analyze</li> <li>b. Take in new information to incorporate into the clinical pictures</li> </ol> </li> <li>5. Examples of innovative and blended learning strategies             <ol style="list-style-type: none"> <li>a. Case studies</li> <li>b. Concept mapping</li> <li>c. Mock trials</li> <li>d. High profile simulation</li> </ol> </li> <li>6. Computer-based learning             <ol style="list-style-type: none"> <li>a. Webinars                 <ol style="list-style-type: none"> <li>1) Incorporate an interactive component</li> <li>2) Provide for flexibility in training and consistency of the learning content</li> </ol> </li> </ol> </li> <li>7. Problem-based learning             <ol style="list-style-type: none"> <li>a. Develops critical thinking</li> <li>b. Communication skills</li> <li>c. Teamwork</li> <li>d. Used in clinical education                 <ol style="list-style-type: none"> <li>1) Relevancy and application increased to real work place situations.</li> </ol> </li> </ol> </li> </ol>	
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