

## CJON BOOK EXCERPT SERIES

# Creating an Educational Plan That Meets the Learning Needs of Nursing Staff

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This excerpt, chapter 6 from the book *Unit-Based Staff Development for Clinical Nurses*, by Joan Such Lockhart, PhD, RN, CORLN, AOCN®, FAAN, is part of a series of clinically relevant reprints that appear periodically in the *Clinical Journal of Oncology Nursing*.

As mentioned in Chapters 1 and 3, many healthcare organizations have responded to recent healthcare trends by shifting the responsibility for staff education from nurse educators based in centralized nursing staff development departments to unit-based nursing staff (Leslie & Churilla, 1998; Lockhart & Bryce, 1996). As a result, some of the responsibility for staff development has been assumed by clinical staff nurses, who also provide direct care to patients, or nurses who coordinate patient care activities.

As mentioned in Chapter 2, staff development is defined as the “systematic process of assessment, development, and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence” (National Nursing Staff Development Organization, 1999, p. 1). The American Nurses Association (ANA) described staff development activities as those that often are sponsored by healthcare organizations that employ healthcare workers, such as nurses, and “focus on competence assessment and development” (ANA, 2000, p. 5). These staff development activities consist of three components: orientation, in-service educational activities, and continuing education (CE) (ANA). Orientation was discussed in Chapter 4. In-service education and CE will be described later in Chapters 7 and 14, respectively.

This need for carefully planned staff education also is supported by the standards set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2003). The mission of JCAHO was discussed in Chapter 3. The Occupational Safety and Health Administration (OSHA) also supports this need for planned staff education aimed at promoting a safe and healthy work environment (OSHA, 2003).

## Unit-Based Education

Although clinical nurses possess expertise as direct care providers, their experience in assessing, planning, directing, and evaluating the education needs of other staff often is lim-

ited. Although most RNs received formal instruction in and experience with the teaching-learning process in their initial preparation as an RN, this educational content often focused on learners such as patients and groups of lay people in the community. It is likely that clinical nurses, therefore, will need additional instruction and guidance to effectively assume the role of a unit-based staff educator.

As with any new endeavor, it is advantageous to seek the assistance of an experienced educator who can serve as a mentor. Because of their credentials, experience, and job responsibilities, nurses such as staff development educators, advanced practice nurses, and faculty at schools of nursing possess expertise in this area.

The responsibilities associated with assuming the role of a unit-based educator vary among healthcare organizations. For example, in some workplaces, a designated nurse or a group of nurses on a clinical unit may assume staff education activities. Some agencies rotate responsibility for educational duties among all staff nurses on the clinical unit. Regardless of the approach, it is important to understand that the primary expectations of the unit-based educator role may include the following activities: determining the learning needs of the staff, coordinating and developing an overall education plan for the unit, implementing this plan, and evaluating its effectiveness.

Assuming this staff development responsibility requires that unit-based educators rethink their role as an “educator” to include other roles assumed by staff development educators. As mentioned in Chapter 2, these roles include facilitator, change agent, consultant, researcher, and leader (ANA, 2000). Focus on these multiple roles when developing a unit’s educational plan.

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This chapter will explain a process that you, as a unit-based educator, can use to develop a unit-based educational plan to meet the learning needs of clinical staff nurses at your healthcare organization. Figure 6-1 provides an overview of these essential steps. An example of how this process was implemented will be presented later in this chapter.

## Understanding the Educational Needs of Clinical Staff

Before developing a unit-based educational plan, talk with your manager to clarify the boundaries and dimensions of your new educational role. Ask if your responsibility is confined to your clinical unit or if it extends to other clinical units within your organization. Check if you are responsible for developing the educational plan for programs offered at an organizational level. Regardless of the extent of your responsibilities, make sure that they are clearly defined, reducing role confusion or misinterpretation of your performance by others.

Discuss the time commitment associated with your new role. Determine if you possess 24-hour accountability for staff development on your unit or if your responsibilities are limited to your assigned shift. Check if educational duties are shared with other nursing staff on your unit. This information can be especially useful as you determine the resources available to you to implement the educational plan for the unit.

Although developing an educational plan may take time, it provides a solid foundation from which you can base your educational offerings for the clinical unit. The educational plan also can serve as a communication tool to clinical staff and maximize the success of your overall educational plan.

Begin developing a unit-based educational plan by defining the learners. Then, determine their specific learning needs. This second step involves collecting pertinent information from the staff on your clinical unit and a variety of other sources. Each of these two steps will be discussed in the section that follows.

**Defining the Learners:** Clarify the learners for whom you assume responsibility. For instance, find out if you are expected to meet the staff development needs of only licensed nursing staff, such as RNs or licensed practical and licensed vocational nurses, or if your responsibilities extend to assistive personnel (AP) and unit secretaries. Investigate if other

- Assess the learning needs of staff.
  - Define the learners.
  - Conduct a needs assessment.
- Analyze the needs assessment data.
- Develop a master education plan for the unit.
  - Seek available resources.
  - Suggest a variety of teaching resources.
- Implement the education plan.
  - Gain support from staff and administration.
  - Encourage staff input and participation.
  - Develop a support system for presenters.
  - Monitor program implementation and effectiveness.
- Evaluate the overall unit-based education plan.

**Figure 6-1. Key Steps for Developing a Unit-Based Educational Plan**

unit-based employees, such as social workers, nutritionists, or physical therapists, are considered among your learners.

Once you have identified the learners, collect information that may help you understand their learning needs, and gather information that can help you anticipate their participation in developing and implementing the educational plan, such as their strengths and clinical interests. Information about their educational background, both formal and informal, as well as prior clinical experience can help you tailor the level of educational activities.

For example, suppose that all the RNs on your unit are certified in oncology. Because these nurses have already demonstrated their knowledge in oncology at a certain level, they may request unit-based educational programs prepared at a more advanced level than staff who are unfamiliar with this content. This approach also holds true for AP whose educational background and experiences may vary from each other's.

If you are the unit-based staff educator assigned to your own clinical unit, then you probably have some experience working with the staff. For example, you may be familiar with their learning style and preferred teaching-learning strategy. The information that you have gained from working with the nursing staff can help you develop and implement the educational plan. However, if you are the educator for a unit unfamiliar to you, meet with the unit's nurse manager to gain this insight about the staff. Consider informal discussions with staff members to obtain this information.

**Conduct a Needs Assessment:** Once you have determined who the learners are, conduct a thorough assessment of their learning needs that relate to their work on the clinical unit (ANA, 2000). Because assessing the learning needs of nursing staff should be a continuous, ongoing process (ANA), develop an approach that will help you accomplish this goal. For example, consider conducting a systematic needs assessment on your unit each year, allowing for additional learning needs to be added to this list as they arise.

Use a variety of direct and indirect sources to gather data regarding the learning needs of staff (ANA, 2000). Suggestions for sources to use when developing a needs assessment will be described in the following section of this chapter. Finally, use a method to assess learning needs that will allow you to easily track and access these data in the future (ANA).

**Needs Identified by Learners:** Be creative in assessing the learning needs of staff, and consider using both quantitative and qualitative approaches. One strategy frequently used by staff educators is to ask each learner to respond in writing to a preprinted needs assessment questionnaire developed by the unit-based educator. Figure 6-2 is a sample questionnaire that can be used with staff.

In this example, staff are asked to focus on learning needs that are specific to their role at the healthcare agency. Then, they rank the importance of each learning need using descriptors ranging from "essential to know" to "nice to know." Asking staff to rank each learning need will help you organize and prioritize the identified learning needs.

Francke, Garssen, Abu-Saad, and Grypdonck (1996) used several qualitative strategies to assess the learning needs of surgical oncology nurses regarding pain management. Data obtained from observations conducted on the clinical unit and interviews

### Unit 6B Staff Needs Assessment

**Instructions:** In order to assist you in providing quality care to patients on your unit, we would like you to identify your learning needs. Using the form below, please list your personal top 10 learning needs for the upcoming year. Next, rank them from 1 (essential to know) to 5 (nice to know). Return your completed needs assessment form to the staff development box located in your conference room by October 1, 2004. Thank you for your input.

Learning need topic	1 (essential to know)	2	3	4	5 (nice to know)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Place an X next to your preferred learning method(s):**

- Lecture and discussion
- Case presentations
- Posters
- Displays
- Self-learning modules
- Journal article review (journal club)
- Audiovisuals (video, slides)
- Written materials (pamphlets, books)
- Games and simulations
- Computer-assisted instruction
- Other (describe) \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Figure 6-2. Sample Needs Assessment Form**

with patients and nurses on the unit were used to develop a CE program on pain management for these nurses.

Hopkins (2002) developed a tool designed to assess the learning needs of nurses responsible for supervising nursing assistants using a different approach. This strategy focused on issues related to delegation and obtained input regarding nurses' cognitive deficits. Results obtained through this process were used to design educational programs aimed at remedying these deficits.

Consider implementing successful approaches used by other organizations to assess learning needs in your setting. For example, the education committee of the local chapter of a national professional nursing organization used e-mail to assess the learning needs of its members (L. Worrall, personal communication, July 2, 2003). In an attempt to avoid overwhelming its members, the committee divided the needs assessment questionnaire into smaller sections that were transmitted at various

times to members via e-mail. An incentive was provided to the first member who responded.

In addition to questionnaires, consider conducting focus group sessions with unit staff to explore their learning needs. Focus groups are meetings in which individuals gather to answer questions on a particular topic (Polit & Beck, 2004). For example, schedule a focus group session with staff nurses from your unit. Ask them to respond to a series of open-ended questions you developed that will help you identify their learning needs. This approach allows staff an opportunity to discuss their learning needs with you personally and may help you clarify the learning needs they identify.

Another approach is to ask the nurse manager on the unit to have staff discuss their learning needs following their annual performance appraisal meeting. This approach can help staff focus on learning needs based on their projected goals for the following year.

In addition to conducting a needs assessment, review feedback obtained from participants who attended past educational programs (ANA, 2000). Evaluation forms used in CE programs often include a question in which participants are asked to identify their future learning needs that may or may not be related to the CE program they attended. Include these data, if appropriate, in your needs assessment results.

Whatever method you choose, be sure that the learning needs of each staff member on the unit are equally represented. Avoid letting the unit education needs be determined by a few vocal or assertive staff members. It is important to obtain feedback from each learner so that your educational plan represents the needs of all staff.

When collecting information about learning needs, consider asking staff to identify their preferred method of learning unit-based programs. Figure 6-2 illustrates how this feature can be added to a needs assessment questionnaire. For example, ask staff if they favor learning by teaching strategies such as posters, unit-based lectures with discussions, self-learning modules, or other strategies. Provide staff with a list of teaching-learning strategies from which to choose. Also consider asking them to identify the best day(s) and time(s) for scheduling face-to-face sessions, such as a unit-based in-service session on their unit.

Ensure that all staff have an opportunity to share their learning needs. One approach is to enclose the needs assessment questionnaire in their payroll envelope or to attach the form to their annual performance appraisal evaluation.

Carefully schedule the date when staff need to return their completed needs assessments. Give yourself enough time, perhaps as much as one or two months, to organize the data, conduct an analysis, and develop the educational plan.

**Needs Determined by Other Sources:** In addition to capturing the learning needs as perceived by the staff themselves, consider other valuable sources that will help you identify other needs. Talk with nurse managers, supervisors, physicians, and other interdisciplinary healthcare workers who interact on a daily basis with the nursing staff. They can provide you with suggestions that can be incorporated into the unit's educational plan. These individuals also may have information regarding future plans for the unit that may necessitate other unit-based programs.

For example, the unit's nurse manager may know that a group of physicians plans to admit ventilator-dependent patients to your unit next year. This information can help you be proactive in meeting the learning needs of staff regarding the care of these patients. The unit's nutritionist may ask for your help in solving a problem associated with the incorrect administration of enteral feedings to patients on the unit. Although not all suggestions may warrant educational programs for staff, input from a variety of sources can help the unit's educational plan to be as comprehensive as possible.

Indications about the learning needs of staff also can be uncovered through research investigations conducted in your organization. For example, a retrospective review of hospital records was conducted to explore factors related to early readmission of elderly patients (Timms, Parker, Fallat, & Johnson, 2002). Findings revealed insufficient documentation in these records. Staff development educators addressed this learning need.

Feedback from your organization's committee reports and documents, such as incident reports, quality assurance reports, or patient satisfaction surveys, may be extremely useful in confirming the learning needs of staff. For instance, an increase in medication errors associated with IV medication administration may suggest the need for review of this material. Similarly, an increased number of patient falls following their surgery may warrant a review of safety precautions for staff.

Some learning needs for nursing staff are mandated not only by healthcare organizations but also by their regulatory and accreditation agencies, such as JCAHO and OSHA. For example, JCAHO requires staff to demonstrate ongoing competence on critical issues, such as providing cardiopulmonary resuscitation; emergency, fire, and safety policies; proper disposal of hazardous materials and wastes; and infection control policies. These topics should be included in each unit's educational plan.

As mentioned in Chapter 4, many healthcare organizations conduct annual unit-based clinical competency testing sessions in which staff verify their knowledge and skills in prescribed areas related to patient care. These sessions should be an integral part of the educational plan.

In addition to assessing the current learning needs of staff, anticipate any future learning requirements that may stem from changes in unit goals and affiliations, patient care needs, technology, and documentation. For example, suppose your clinical unit has just been designated as a clinical site to be used by undergraduate and graduate students enrolled in a nearby school of nursing. It will be necessary to help staff understand the expectations of these students and to prepare staff nurses for their role as preceptors.

Perhaps you learned that physicians will start admitting international patients to your clinical unit next year. Obviously, you will need to help staff understand the needs of these patients related to cultural diversity. If new discharge procedures are developed for your organization, provide a mechanism to orient staff on these changes before the procedure begins.

Finally, consider initiatives communicated by professional nursing organizations or healthcare trends (ANA, 2000), such as the recent emphasis on strengthening palliative care skills of clinical nursing staff.

## Analyze the Needs Assessment Data

Once you have collected the learning needs of staff from all possible sources, then you can organize these requests. One way to start this process is to sort these requests according to similar topics. Record each topic, along with its assigned priority rank from 1 to 10 as indicated by staff, on a separate sheet of paper, or use an appropriate computer program. Rather than eliminating redundant suggestions, record their frequency as an indication of need. Multiple requests for meeting the same learning need indicate a priority need perceived by staff on your unit.

Next, attempt to group smaller topics under the umbrella headings of larger groups. For example, if staff cited topics such as breath sounds, heart sounds, and bowel sounds, group these topics under the heading “physical assessment skills.” This technique makes the needs list more manageable, minimizes duplication of content, and helps in designing educational programs.

If you are surveying the learning needs for staff located on more than one unit, it may be helpful to sort results on a unit-specific basis. Compare identified learning needs across all the units for common topics. Anticipate requests for similar topics that are shared by more than one unit.

After you have organized and tallied these needs, prioritize them by their frequency of occurrence. For instance, if “proper use of a pulse oximeter” was cited 15 times, and “review of tracheostomy tube care” was cited 25 times, you would assign the latter request a higher priority number or score. This approach helps you meet the learning needs expressed (as the top 10) by the greatest number of staff members. This process also should result in a smaller and more manageable learning needs list for the unit.

Reexamine this list based on their priority related to unit goals and patient care outcomes. Reorganize the list based on their frequency of occurrence on the clinical unit and their criticality. For example, assign a high rank of urgency to learning needs that have a direct impact on the quality and safety of patient care. This would include critical care skills for nurses who care for patients immediately postoperatively on a head and neck surgical unit. Place mandatory learning needs, such as those required by JCAHO and OSHA, early in the unit’s educational plan to ensure their inclusion.

Consider discussing the results of the analysis with the nurse manager of the clinical unit, if appropriate. The manager can help you validate the needs you identified. Meet with staff to discuss the results and clarify their suggestions, if necessary.

## Develop a Master Education Plan for the Unit

Once you have organized and prioritized the learning needs of staff, sequence them within a reasonable time frame. For example, arrange topics by month, based on a one-year time period. Depending on your unit’s needs, organize the plan by either a calendar year (January through December) or fiscal year (July through June). Although you essentially have planned many of the learning needs for the entire year, divide your plan into two or more smaller pieces, each piece reflecting a plan for a four- or six-month time period. This approach will make the plan seem more manageable and will allow you to focus your efforts. When designing your annual plan, be

sure to adjust the schedule based on unit patterns or trends, such as holidays, vacations, or changes in patient census.

## Development of a Matrix

Once the educational needs are prioritized by month, develop a matrix that aids in the conceptualization of the plan. One approach, first depicted by Siegel (1991) and later expanded upon by Lockhart and Bryce (1996), is presented in Table 6-1. This six-month educational plan was designed by staff development educators for meeting the specialty unit-based education needs of nursing staff on a head and neck surgical unit in an academic medical center. In addition to listing in-service and CE topics arranged by month, they also identified possible resources, such as individuals who could serve as presenters, and a variety of traditional and nontraditional teaching strategies. Mandatory education and competency verification programs also were scheduled into this plan for the unit.

This model offers several advantages for helping staff become involved in planning a unit’s education needs (Lockhart & Bryce, 1996). Sharing this plan with staff on the unit is a convenient way to communicate projected educational offerings in advance. Although a unit-based educator developed the plan, staff provided their input. Staff members not only have an opportunity to view the entire educational needs of staff on the unit but also can see where their particular learning needs fall within this plan. Staff can choose to present on a topic with which they are familiar and select a date and time that will give them sufficient opportunity to prepare. Suggestions for teaching strategies supplied on the grid also provide staff with a head start in designing their unit-based projects.

Another advantage of this model is that it permits the unit-based educator to accommodate new learning needs assessed after implementation of the plan (Lockhart & Bryce, 1996). Learning needs, such as the introduction of new equipment, medications, and procedures mentioned earlier in this chapter, can be easily satisfied, especially if the scheduling of content is kept to a reasonable level.

Although the educational plan is intended to serve as a guide in helping the unit-based educator meet the learning needs of staff, its ultimate outcome is to help nursing staff provide safe, quality patient care (Lockhart & Bryce, 1996). Because of this patient-focused priority, the educational plan should be flexible and not perceived as a mandate for staff learning.

## Choosing a Staff Development Component

When developing your educational plan, determine which staff development component (orientation, in-service education, or CE) would be the best approach in meeting each learning need. For example, you may decide that a brief, unit-based in-service may be the best approach for helping current staff update their skills on a new medication protocol. You decide to add this information to your existing orientation program so new employees will be familiar with it before they work on the clinical units. Perhaps staff identified learning needs on physical assessment that could be met through a series of separate in-service sessions or as a one-day CE program.

Although staff may prefer unit-based in-service presentations as a format for educational offerings, consider other creative, less

**Table 6-1. Six-Month Unit-Based Education Plan**

ASSESSED NEEDS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	RESOURCE	TEACHING STRATEGY
Critical care clinical skill	x Monitor awareness		x Spinal drain		x PA catheters		Staff nurse	Unit-based in-service
Care of the patient's family		x					Social service	Unit-based in-service
Care of cranial base patients			x				Clinical instructor Staff nurse	Specialty orientation Unit-based in-service
Ethical issues	x	x	x	x	x	x	Center for medical ethics	Ethics for Lunch
Documentation		x		x			Staff nurse	Demonstration
Skin care	x						Clinical instructor	Flow chart
ENT emergencies			x	x		x	Clinical instructor Staff nurse	Specialty orientation Unit-based in-service
Surgical oncology update					x		Clinical nurse specialist	Unit-based in-service
Care of the alcoholic or abusive patient							Clinical specialist Social worker	Conference
Discharge teaching	x			x			Case manager	Poster
Physical assessment		x Respiratory	x Neuro		x Cardiac		Staff nurse	Unit-based in-service
Pharmacology update		x					Staff nurse	Poster
Tube feedings			x				Staff nurse	Unit-based in-service
CPR		x					Clinical instructor	Demonstration
Mandatory recertifications				x			Clinical instructor	Self-learning module
Competency verification						x	Clinical instructor	Peer review and testing

*Note.* Based on information from Lockhart & Bryce, 1996.

CPR—cardiopulmonary resuscitation; ENT—ear, nose, and throat; PA—pulmonary artery

structured approaches that are not only cost-effective but can be easily incorporated into the nursing staff's work schedule. Track these informal educational activities, and include them in the unit's educational plan. The professional development of nurses involves a mixture of approaches (Incalcattera, 1999).

For example, an integrated educational approach to staff development was described by Arbour (2003), who needed to improve the administration and monitoring practices of surgical intensive care nurses related to sedatives, analgesics, and neuromuscular blocking agents. A combination of in-service education, bedside instruction, competency-based education modules, and orientation were used as quality improvement strategies. These methods were effective in meeting the learning needs of these nurses and in improving their nursing practice.

## Seek Available Resources

Before seeking available resources for meeting these assessed learning needs, clarify your role in this educational plan.

Although you may choose to present some of the educational sessions, you need to be available and mentor staff. Because of the diversity of learning needs in the educational plan, you will need to rely on others for assistance and support. You are not expected to be an expert on the various learning needs in the plan (Lockhart & Bryce, 1996). In fact, attempting to fulfill this unreasonable expectation has the potential to decrease your credibility. Rather, develop a strategy to deliver educational programs that not only maximize existing resources but also promote the professional development of staff. This approach requires you to focus on your other staff development roles: being a "leader" or "facilitator" of educational planning, being a "change agent" in developing a new approach to implementing the plan, and acting as a "consultant" to nursing staff who need to learn how to present these programs.

Once the learning needs of staff and projected times for meeting these needs are communicated, conduct a brainstorming session with staff to identify resources that exist within the workplace to meet these needs. Although some organizations allocate

money in a clinical unit's budget for staff education purposes, these funds often are limited and restricted to CE programs rather than unit-based efforts. However, it is realistic to expect quality yet cost-effective unit-based in-service programs.

Start by thinking how some of the learning needs can be met through content that already exists within ongoing educational offerings at your workplace. As illustrated in Table 6-1, Lockhart and Bryce (1996) identified topics such as "ENT Emergencies" and "Care of Cranial Base Patients" as content presented in an ongoing specialty orientation for staff. Therefore, they invited experienced nurses from the clinical unit to attend these sessions at their regularly scheduled times along with new orientees. Another learning need on ethical issues was addressed by communicating the dates and location of a series of monthly hospital-wide ethics sessions conducted during lunchtime.

Various individuals from your agency, such as staff nurses, clinical nurse specialists, clinical instructors, and other members of the interdisciplinary healthcare team, can be targeted as potential presenters. If nursing students use your unit for their clinical practicum, remember to include both faculty and students as potential speakers. Students, along with their colleagues in other classes, often need to conduct an education session as a course requirement. Nursing faculty can help update staff on topics pertaining to teaching, research, or publishing. Investigate education services available from representatives of pharmaceutical and supply companies. Many purchasing agreements include these services as well as provide printed materials and samples free of charge. Consider contacting your vendors for teaching materials and supplies for these programs.

Maximize available resources by collaborating with staff from other clinical units within your organization. For example, because some of the education needs identified in Table 6-1 were similar to those needs cited by nursing staff working on an adjacent clinical unit, Lockhart and Bryce (1996) scheduled joint unit-based programs, inviting staff from both units. Because another limited resource cited was sufficient space in which to conduct programs on the unit, try to share conference rooms and displays for in-service presentations that are of interest to more than one unit. For example, Lockhart and Bryce displayed a drug update bulletin board that was used by two patient care units on a rotating basis.

## Suggest a Variety of Teaching Strategies

Encourage presenters to use a variety of teaching strategies in their educational programs. Inform them of staff preferences. Specific factors that educators should consider when selecting a teaching strategy for an educational activity will be discussed later in Chapter 7.

The positive impact of multiple teaching strategies on learning outcomes was demonstrated in a recent study conducted by Zapp (2001). Two staff development classes were implemented, one in which the educator used only lecture as the teaching strategy and another class in which learners were exposed to a variety of teaching strategies. Learners in the latter group attained significantly higher scores of knowledge

acquisition and satisfaction than the learners who received the lecture-only class.

A variety of teaching strategies have been effective in enabling learners to attain the objectives of education programs in staff development. Figure 6-3 illustrates various teaching strategies that can be used to meet the learning needs of staff on a clinical unit.

### Posters

Educational information presented in poster formats, including interactive bulletin boards (Flournoy, Turner, & Combs, 2000) and storyboards (Hayes & Childress, 1999), can be effective teaching strategies for nursing staff to attain learning outcomes. Various experts have supported the benefits of posters in their organizations through educational research and other investigations.

Doyle and Klein (2001) supported the benefits of using a poster session format (PSF) compared with a traditional film discussion format (FDF) on post-test scores of a knowledge test that dealt with violence in the workplace for hospital staff. Participants who learned the program content by walking through a PSF at their own pace had greater improved test scores than the FDF learners.

Thurber and Asselin (1999), who included posters in a three-day educational fair designed to meet hospital-wide mandatory education requirements, also expressed the positive impact of poster presentations. Interactive stations on fire safety and body mechanics allowed staff to actively participate in the learning process. The authors concluded that poster sessions were a cost-effective teaching strategy that resulted in positive learning outcomes.

### Self-Learning Packets

Self-learning packets or modules are cost-effective educational tools used in staff development (O'Very, 1999). These packets can be easily designed and consist of objectives, content, handouts, and audiovisuals, if appropriate. Learners review these materials at their own pace, then complete an evaluation, which is included in the packet. Other media can be used to deliver self-learning modules, such as computer software or Web-based programs.

- Lecture and discussion
- Case presentations
- Posters and bulletin boards
- Education fairs
- Clinical unit and clinical simulations
- Self-learning packets and modules
- Journal article review (journal club)
- Audiovisuals (video, Microsoft® PowerPoint®, slides, overhead transparencies)
- Written materials (pamphlets, books)
- Games and simulations
- Computer-assisted instruction, CD-ROMs, Internet

**Figure 6-3. Teaching Strategies Available for Unit-Based Staff Development Programs**

## Clinical Unit and Laboratory Simulations

The clinical unit also can serve as a resource for teaching strategies. Segal and Mason (1998) described their success in using teaching rounds focused on pain management with nurses on a medical-surgical unit. This interactive clinical teaching strategy offered staff nurses an opportunity to strengthen their pain assessment skills as well as their interpersonal skills with patients and staff.

The patient care setting can be replicated using a clinical simulation laboratory where nurses can strengthen their practice skills. If this facility is not available at your organization, gain entry into one through an affiliated school of nursing. If budget constraints limit your access to teaching models, consider developing your own low-cost clinical teaching tools (Ross, 2000).

## Games and Simulations

Various games and simulations, such as role-play, have been effective teaching strategies with nursing staff employed in healthcare settings. In fact, some staff educators have used games as a strategy to determine the learning styles of participants (Shaubach, 2000).

For example, Henry (1997) used a game format with staff nurses to enhance their learning during an Infection Control Week, a mandatory in-service education program. Results supported this as an effective, stimulating teaching strategy that allowed learners to receive immediate feedback on performance and application of principles within a realistic clinical setting.

Card games, word games (Stringer, 1997), and reproductions of game shows such as Jeopardy!<sup>SM</sup> ("Tips," 1998) also have been used successfully in staff development. For example, educators used the card game Recall Rummy to reinforce clinical skills in nurses (Youseffi, Caldwell, Hadnot, & Blake, 2000).

## Computer Technology and Multimedia

Consider using various audiovisual equipment to help staff learn in the clinical setting. If computers are available to staff in your setting, consider including various multimedia software, such as CD-ROMs (Backonja, 2001), or the Internet (Girrotti, 1998; Hayes, Huckstadt, & Gibson, 2000) in your instruction. Be proactive in developing strategies to help nurses who are new to computers overcome possible barriers they may experience (Mamary & Charles, 2000).

## Implement the Education Plan

After sharing the unit's education plan with staff, focus on strategies to successfully implement it. This involves gaining support from those affected by the plan, encouraging ongoing staff input and participation, and developing a support system for presenters. In addition, be sure to monitor the program's implementation and overall effectiveness. Chapter 7 will illustrate one method for helping nurses learn how to develop and present a unit-based in-service program. Practical suggestions are provided.

## Gaining Support From Staff and Administration

Obtaining support from both staff and administration on the unit can help maximize the success of the education plan. Be sure to communicate the plan to everyone involved and ask for their input. Lockhart and Bryce (1996) acknowledged the support of the unit's clinical nurse manager as instrumental to the success of their unit-based education plan.

## Encouraging Staff Input and Participation

Having staff provide input and participate in the education plan can foster a sense of ownership in the plan and maximize its success. As suggested earlier in this chapter, ask staff to identify their individual learning needs and respond to the initial draft of the plan. Then post the final matrix on the unit, asking staff to participate in approving the plan. As illustrated in Table 6-1, identify specific topics that can be assumed by staff nurses. The actual number of topics staff may be asked to present depends on a variety of factors, such as the size and mix of nursing staff, available resources, and the teaching experience and comfort level of the staff. It may be advantageous to begin the process with an experienced staff nurse who can serve as a positive role model.

Ask staff for their input in determining the best times and location for these unit-based efforts. For example, decide if it is best to schedule a program in the early morning, at lunch, or at change of shift. If the unit has 12-hour shifts, then determine the best time to accommodate the evening staff. Consider the number of times to repeat the program to ensure that all staff have an opportunity to attend. Decide where the programs will be conducted, such as the unit's conference room or in a place away from the unit. Many of these details need to be discussed and finalized before the overall education program for the unit is implemented.

In their unit-based staff development program, Lockhart and Bryce (1996) found that a hospital-wide clinical advancement program for staff nurses provided an incentive for staff to pursue professional activities. Presenting unit-based programs was part of the performance appraisal system for staff nurses and a criterion for promotion. The authors timed this requirement with an ongoing unit-based teaching project designed to help staff learn how to present a unit-based in-service program. This provided staff with the necessary information that empowered them to succeed in their new role. This project will be described in more detail in Chapter 7.

## Developing a Support System for Presenters

It is essential to provide a support system for staff if they are expected to serve as presenters of unit-based education programs. Some nurses may be experienced in preparing and presenting educational programs, but this endeavor may be a new and uncomfortable one for others. Even though some staff may be at ease in giving presentations at regional or national conferences, they may fear sharing their expertise with peers at work. Therefore, it is important to determine the individual needs of each staff member and develop ways to create a nonthreatening environment on the unit. Remind staff to view this experience as part of the learning process related to

professional development. Most likely, their comfort level will increase with repeated practice. Emphasize the added marketability of having effective presentation skills.

Create a nonthreatening environment when scheduling staff to present unit-based programs. For example, rather than presenting a program alone at first, some nurses may prefer to work on projects as a group or in pairs. Advise staff to start with a teaching strategy with which they are most comfortable. For example, rather than an oral presentation, a poster or the demonstration of a clinical skill may place a staff nurse more at ease when conducting an in-service offering for the first time. Suggest that the staff present on topics with which they possess clinical expertise. If possible, try videotaping the unit-based sessions. This approach not only provides staff with an opportunity to review their own presentation skills, but it also is a convenient way to give staff who are unable to attend the program a chance to benefit from it. Be sure to provide guidance and constructive feedback for staff during this entire learning process.

## Monitor Program Implementation and Effectiveness

Develop a way to monitor the daily activities and progress of the unit's education plan. The manner in which you accomplish this depends on the existing structures within your healthcare organization and available resources. You may elect to track the overall plan yourself or decide to create a unit-based committee of staff members to help you accomplish this.

In addition to overseeing the operations of the program, it is essential to have a structure to judge the effectiveness of the overall education plan. This function will be addressed in greater detail in the evaluation section that follows.

## Evaluate the Overall Unit-Based Education Plan

Along with implementing the unit-based education plan, attempt to determine both its effectiveness and efficiency in meeting the learning needs of clinical staff. This evaluation process should be an ongoing one (ANA, 2000). It is important to focus on the overall plan itself in addition to the impact of specific unit-based programs on learners' competencies. Information about evaluating specific program outcomes will be discussed in greater detail in Chapters 7 and 14. Although you may be able to evaluate the overall education plan yourself as the staff educator, it is valuable to invite input from clinical staff affected by the overall plan. Evaluation of the education plan is an ongoing process, and it is extremely helpful to formally evaluate the plan at least six months and one year following its implementation. You can use the results from the evaluation to refine the approach you will take in developing the following year's unit-based education plan.

Be sure to use a comprehensive approach when evaluating each unit's education plan. Start by identifying the main components of the process used in developing the plan, as described throughout this chapter: assessing the learning needs of staff, analyzing the data, developing a master education plan, and implementing the education plan. Figure 6-4 provides examples of questions that can be included in the evaluation process. Other

### Assessing the learning needs of staff

- Were the learning needs of staff captured accurately?
- Were the data representative of all staff?
- Were data collected in an efficient and timely manner?

### Analyzing the data

- Did the data analysis results reflect the overall learning needs of staff?
- How could the data analysis process be expedited?
- How can this process be facilitated in the future?

### Developing a master education plan

- Was limiting the plan to a six-month time period manageable?
- Did the staff feel actively involved in the development process?
- Was the plan realistic?
- Was the plan flexible enough to permit the inclusion of new needs or changes?

### Implementing the education plan

- Were staff prepared adequately to present unit-based programs?
- What teaching strategies did presenters use?
- Was the approach used cost-effective?
- What was the response of clinical staff involved?
- Did the process go smoothly?
- How did staff respond to their new role as providers of education?
- Did the staff feel prepared to present unit-based in-service programs?
- Could some programs be marketed to the community?
- How much individual assistance did staff need to present programs?

## Figure 6-4. Evaluating the Overall Education Plan: Key Components

questions may be added based upon your specific concerns. Note the overall strengths and weaknesses of the education plan, and focus upon both its degrees of effectiveness and its efficiency in providing quality, cost-effective education. Remember that the ultimate goal of this evaluation is to improve upon the approach you use to meet the unit-based education needs of clinical staff in strengthening their clinical competencies.

While evaluating the overall education plan, be sure to monitor for changes in quality indicators collected and monitored by the clinical units. These include measures such as patient and staff satisfaction surveys, quality assurance outcomes, competency testing of nursing staff, and employee performance appraisals. Although these measures can reflect a variety of changes that occur on the clinical unit, they can be used to understand the impact of the unit's education plan. Regardless of the indices you use, it is important that you obtain a complete picture of the process.

## Summary

Many clinical nurses have taken on unit-based education responsibilities previously assumed by clinical instructors in centralized staff development departments. This chapter provides information on how to assess the learning needs of clinical staff, design a comprehensive unit-based educational plan, implement the plan, and evaluate its overall effectiveness.

## References

- American Nurses Association. (2000). *Scope and standards of practice for nursing professional development*. Washington, DC: Author.
- Arbour, R. (2003). A continuous quality improvement approach to improving clinical practice in the areas of sedation, analgesia, and neuromuscular blockade. *Journal of Continuing Education in Nursing, 34*(2), 64-71.
- Backonja, M. (2001). Media reviews: CD-ROM for clinical staff development. *Journal of Pain and Symptom Management, 21*(1), 83.
- Doyle, L.M., & Klein, M.C. (2001). Comparison of two methods of instruction for the prevention of workplace violence. *Journal for Nurses in Staff Development, 17*, 281-293.
- Flournoy, E., Turner, G., & Combs, D. (2000). Staff development. Innovative teaching: Read the writing on the wall. *Dimensions of Critical Care Nursing, 19*(4), 36-37.
- Francke, A.L., Garssen, B., Abu-Saad, H.H., & Grypdonck, M. (1996). Qualitative needs assessment prior to conducting a continuing education program. *Journal of Continuing Education in Nursing, 27*(1), 34-41.
- Girotti, R.B. (1998). Developing an Internet in-service. *Nursing Spectrum, 2*(23), 7.
- Hayes, K., Huckstadt, A., & Gibson, R. (2000). Developing interactive continuing education on the Web. *Journal of Continuing Education in Nursing, 31*(5), 199-203.
- Hayes, S.K., & Childress, D.M. (1999). Fairy tales of storyboarding. *Journal for Nurses in Staff Development, 15*, 260-262.
- Henry, J.M. (1997). Gaming: A teaching strategy to enhance adult learning. *Journal of Continuing Education in Nursing, 28*(5), 231-234.
- Hopkins, D.L. (2002). Evaluating the knowledge deficits of registered nurses responsible for supervising nursing assistants: A learning needs assessment tool. *Journal for Nurses in Staff Development, 18*, 152-156.
- Incalcattera, E. (1999). Is it continuing education or is it in-service? *New Jersey Nurse, 29*(6), 11.
- Joint Commission on Accreditation of Healthcare Organizations. (2003). Who is the Joint Commission? Retrieved July 1, 2003, from <http://www.jcaho.org>
- Leslie, M.L., & Churilla, P.G. (1998). Unit-based education: Meeting the needs of staff nurses in the 90's. *ORL-Head and Neck Nursing, 16*(2), 12-14.
- Lockhart, J.S., & Bryce, J. (1996). A comprehensive plan to meet the unit-based education needs of nurses from several specialty units. *Journal for Nurses in Staff Development, 12*, 135-138.
- Mamary, E.M., & Charles, P. (2000). On-site to on-line: Barriers to the use of computers for continuing education. *Journal of Continuing Education in the Health Care Professions, 20*(3), 171-175.
- National Nursing Staff Development Organization. (1999). *Strategic plan 2000*. Pensacola, FL: Author.
- Occupational Safety and Health Administration. (2003). OSHA's mission. Retrieved January 11, 2004, from <http://www.osha.gov/oshinfo/mission.html>
- O'Very, D.I. (1999). Self-paced: The right place for staff development. *Journal of Continuing Education in Nursing, 30*(4), 182-187.
- Polit, D.F., & Beck, C.T. (2004). *Nursing research: Principles and methods* (7th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Ross, C.A. (2000). Teaching tools: Developing low-cost clinical teaching tools. *Nurse Educator, 25*(3), 116.
- Segal, S., & Mason, D.J. (1998). The art and science of teaching rounds: A strategy for staff development. *Journal for Nurses in Staff Development, 14*, 127-136.
- Shaubach, K.C. (2000). Staff development stories. Using games to determine learning styles. *Journal for Nurses in Staff Development, 16*, 293-295.
- Siegel, H. (1991). Innovative approaches to in-service education. *Journal for Nurses in Staff Development, 22*, 147-151.
- Stringer, E.C. (1997). Focus. Word games as a cost-effective and innovative in-service method. *Journal for Nurses in Staff Development, 13*(3), 155-160.
- Thurber, R.F., & Asselin, M.E. (1999). An educational fair and poster approach to organization-wide mandatory education. *Journal of Continuing Education in Nursing, 30*(1), 25-29.
- Timms, J., Parker, V.G., Fallat, E.H., & Johnson, W.H. (2002). Documentation of characteristics of early hospital readmission of elderly patients: A challenge for in-service educators. *Journal for Nurses in Staff Development, 18*, 136-145.
- Tips from the field. Lighten up April in-service with a "Jeopardy!" game. (1998). *Homecare Education Management, 3*(4), 62-65.
- Youseffi, F., Caldwell, R., Hadnot, P., & Blake, B.J. (2000). Recall rummy: Learning can be fun... a card game to reinforce proper skill techniques. *Journal of Continuing Education in Nursing, 31*(4), 161-162.
- Zapp, L. (2001). Use of multiple teaching strategies in the staff development setting. *Journal for Nurses in Staff Development, 17*, 206-212.