

Problem/Needs Assessment

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Background

Traditionally the Clinical Nurse Specialists' role was to "provide support for the nursing staff and demonstrate expert knowledge of nursing and nursing care for patients" (Cowen, Moorhead, 2011, p.23). These nurses have a masters degree and "exercised their expertise through population-based care across three spheres of influence (patient/family, nurses/other professionals, systems)" (Foster, Flanders, 2014, p.6). In the early 1990s, when the healthcare industry faced a crisis in cost-containment, the CNS's role was deemed to be too expensive to the overall patient care, and their positions were incorporated into a staff educator role. Previously CNS curriculum included advanced practice, healthcare policy, and clinical decision-making but did not include pedagogy. Today the CNSs face several issues. The patient load is increasing, and much sicker patients are surviving to require convalescent therapies. A more comprehensive, targeted education is needed to address the burgeoning patient load. The information technology systems that are used by clinicians every day are getting more challenging and the familiarity with new protocols and new IT solutions are accentuating a generational gap in the nurse population. It is essential that CNSs be able to define their educational program objectives precisely and to create educational programs that will fully address the day-to-day stressful healthcare environment that clinicians navigate.

In my organization, there are over 400 nurse educators. They are dedicated to making sure that staff members complete their hospital annual education requirements and that their certifications are renewed in a timely manner. In addition, they must

monitor quality indicators in their clinical unit, and develop and implement educational programs that are geared to improving patient care. These educators reach their audiences with a variety of different methods, including live classes, simulations and online courses. Corporate E-learning modules offer a more cost-effective and convenient approach for a staff that work 24 x 7. Currently, there is no training offered on how to develop online education. Clearly it is assumed that the educator already has the knowledge to create effective and engaging e-learning modules. However, this assumption is being proven ill-founded. It has become apparent that the Computer Based Learning courses (or CBLs) do not have a positive impact on learning retention and improved performance. Apparently most educators do not understand or apply adult education best-practices when they are creating an online module.

The solution, at this point, is to organize a professional development day for the hospital educators. This would offer several different courses, foremost among them, instruction on how to create effective online education to reach educational goals.

Method

The first step in the course development was to seek input from key hospital educators on the need to offer a course on designing effective online learning modules to positively impact changes in clinicians' behavior. Six key CNSs were selected from the hospital education council. Each has some seniority among the education council and has earned respect within their group. Each has previously utilized online education.

An email was sent to six educators introducing the topic of discussion. All but one was available for an oral interview and the sixth was open to answering questions via email. I conducted three phone interviews, each lasting about fifteen minutes, and I conducted one interview in person, in my office. One educator did not respond to my request for an interview; however, another educator, learning of the survey, joined the discussion. I was very pleased with the educators' enthusiasm and feedback they gave on the topic. All questions were created as open-ended in order to encourage the educators to answer as comprehensively and extensively as possible. The qualitative data was analyzed and themes were pulled from the responses. Limitations were identified. Because of my lack of a complete understanding of the assignment, some responses suggest that my questions should have been worded differently. Also, due to a time constraint, I wasn't able to reach a greater number of stakeholders and missed the opportunity to further diversify the survey results.

Findings

Overall, 100% of the educators that were polled were in agreement that online learning modules are an effective learning method if used appropriately. Thirty three percentage commented that they like to utilize elearning because staff employees can educate themselves at their own pace and can also review course materials if they need to refresh their familiarity with the content. However, educators commented that currently the online modules format does not encourage retention. Thirty three percentage added that it is important to pair online learning with other learning methods to reach

all learning styles. One of the educators explained that nurses learn best if their psychomotor skills are challenged.

The second interview question asked if the educators believed that the existing online courses created by the Subject-Matter-Experts (SMEs), are achieving the desired educational goal. The responses to this question proved to offer enlightening insights about the whole process by which students take their CBLs. Eighty three percentage indicated that the information is not well retained. One educator explained that in her unit/department, most of her group is more than 45 years old and belongs to a generation that is less at ease with online learning. These participants would rather have the auditory and visual experiences that belong to a live class setting. They complete their CBLs reluctantly. 83% explained that employees often bypass reading the course materials due to lack of time and will take the test multiple times until they reach the passing score. Clearly the purpose of the online learning module is defeated when comprehension is replaced with rote memorization. 100% agreed that too many CBLs are created because they are deemed a convenient way to keep up with continuous new healthcare requirements. 66% stated that often SMEs develop an online module for a specific target audience (their own unit). However, the developers fail to understand that students learn differently and it is important to include a range of presentation styles so that all learning styles are engaged. In addition, 50% commented that SMEs should be aware of time constraints for clinical staff and develop course materials accordingly.

The next interview question asked the educators how they utilize online modules for their staff education. 50% of the educators explained that they usually use online learning modules as a blended tool. They often asked their staff to complete online education and then they follow-up the lessons with set-up scenarios to test their employees on the course retention. For example, educators assign a CBL on patient restraint systems and then asked the trainees to show the different ways to use restraints in different settings and to explain the reasons behind each choice.

The next interview questions addressed the issue of how the online module creation process could be changed to facilitate learner retention and engagement. 100% of the educators believe that a course on adult learning's best practices would certainly improve the online course development and would represent a great first step in the work to improve online education. 66% believed that the process on how to create an elearning course should be revised in order to allow more collaborative input from peers in a wide variety of disciplines so that the course's theme, materials and tests are enriched. In addition, one educator explained that the average age of our clinical personnel went from 48 years old to 38 years old within a period of a year. This can be explained by the flux between staff retiring and new graduates being hired. Thus, educators would also like to see more interactive tools, videos and gaming included in the course materials to appeal to younger generation and to enhance critical-skills format. Interactive tools might boost levels of engagement and enjoyable challenges in the online modules. Course developers would have to address the fact that computers located in clinical floors often lack technical audio-visual and graphic capabilities.

Educators also suggested that course developers embed levels of difficulty in the material. Students already familiar with some of the course material could bypass introductory modules.

Program supporters

The educators' interviews corroborated the need to change the process in how online modules are created in my organization. All educators confirmed that adult learning's best practices were not always in evidence in the current online courses and accordingly, critical skills and retention suffered. In addition, the survey prompted good suggestions about using additional tools to enhance the learning experience and to create a more interactive learning environment. Furthermore, the course has received full support from the Education Director and the Clinical Nurse Practice Director. Both have expressed their desire to promote higher levels of education and skills development for better patient care.

References

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