

CHAPTER 11

Implementation of Learning Activities

Methods

Competency-Based

- The purpose of competency-based education is to verify knowledge, skills, processes, or concepts.
- Learners demonstrate competence or mastery of specific skills, processes, or concepts through a variety of methods.
- An experienced nurse can progress rapidly through competency requirements with which she or he is familiar, thereby decreasing time and expense related to competency assessment.
- Competency may be assessed by educators, managers, supervisors, and peers.
- Some assessors may need training in the education process and the application of adult learning principles to effectively assess competency.
- Verification of competency should be achieved through a variety of methods and should be an ongoing, flexible process incorporated in established routines.
- There are numerous ways to assess competency, including the following methods:
 - *Posttests*: The purpose of posttests is to assess competency in the cognitive domain. Examples of posttests include surveys, written tests, exercises in calculations, and games such as crossword puzzles and scavenger hunts.
 - *Return demonstrations*: Best suited for evaluating competency in the psychomotor domain. It is essential that everyone involved in evaluating the return demonstrations be consistent. A standard, documented set of guidelines must be used by all evaluators to ensure this consistency. Return demonstrations are often used in simulated clinical settings. Such demonstrations may be used in actual work settings as long as patient safety is not compromised.
 - *Direct observation in the actual work setting*: Can be used to evaluate both psychomotor and affective domains (e.g., specific procedures, working with patients from a culture other than the nurse's own culture). Evaluators can be managers or peers. Direct observation evaluators, like those who assess return demonstrations, must be consistent and use a standard set of documented guidelines for the competency assessment process. It is important that evaluators be as unobtrusive as possible and refrain from interfering with patient care.
 - *Peer review*: Can be used to evaluate competency in both psychomotor and affective domains. Evaluators must use a standard set of guidelines for consistency and be unobtrusive so as not to interfere with patient care.

- *Case studies*: Especially useful for evaluating critical thinking skills. The educator (along with manager and staff input) can develop a story or “study” of a particular patient situation. Critical thinking questions are developed that focus on the competency being measured.
- *Simulations or mock events*: Replications of real-life work situations. Examples include mock accreditation surveys; mock codes; simulations of adverse safety events such as tornados, fires, and power outages; and dealing with hazardous material cleanup.
- *Quality improvement and risk management indicators*: Provide essential information about job performance. Examples of indicators to assess include documentation, medication error reports, patient satisfaction surveys, and policy compliance (Gloe, 2001; Rebholz, 2006; Wright, 1998).

Critical Thinking and Critical Decision Making

- *Critical thinking* is the process of collecting and analyzing data to formulate a plan of care.
 - Critical thinking consists of four components:
 - Identifying preexisting assumptions and challenging those assumptions
 - Challenging the importance of the context of those assumptions
 - Identifying and exploring alternative assumptions
 - Skeptically reflecting (demonstrating an openness to other alternatives and constructive criticism).
 - The concept of critical thinking must be introduced at the beginning of a learning experience.
 - Critical thinking and learning depend on actively involving the learner. Ask questions of the learners rather than simply providing information and encourage learners to challenge assumptions and critique situations.
- Critical thinking is successfully implemented as part of case studies and patient care scenarios. For example, present several options for patient care planning and ask learners to critique each option and design their own plan of care (Bland & Hadaway, 2001; Case, 2002; Dickerson, 2005).

Preceptorship

- *Preceptorship* is a valuable education strategy, generally used during the orientation process.
- The roles of preceptor include role model, social integrator, and educator.
- The preceptor is, in large part, responsible for the successful assimilation into the organization and into role responsibilities of the newly hired nurse or the nurse who is newly transferred to a specialty.
- Prior to assuming the preceptor role, nurses must receive education and training in adult education principles, the education process, the ability to offer constructive criticism, motivation, dealing with hostility, dealing with the nurse who is having difficulty fulfilling her or his job responsibilities, and how to objectively evaluate job performance.
- Not all nurses are suited to the preceptor role; they should be selected not only for their clinical ability, but also for their teaching skills and interest in the role.
- Preceptors must have a genuine desire to help their colleagues and the organizational ability to achieve maximum potential (Alspach, 2002; Baltimore, 2004).

Train-the-Trainer

- Involves orienting new educators to their roles as trainer and educator and training employees whose primary role is not educator but who for specific purposes (e.g., preceptors, training colleagues to use new equipment) must function as trainer and educator for a limited time

- Training trainers is especially useful when large numbers of staff must be trained quickly, when extensive educational efforts (e.g., new patient care delivery systems) must be swiftly implemented, and when rapid changes in technology necessitate on-demand training.
- Trainers should receive education pertaining to the principles of adult learning, the education process, the evaluation process, delivering constructive criticism, dealing with resistance, and motivating others (Avillion, 2004, 2005).

Skill Acquisition

- *Orientation*: A combination of centralized and decentralized educational experiences provided to help a new employee (or an employee new to a particular unit or specialty) blend into the organization and fulfill basic job responsibilities
 - Orientation schedules should be flexible and individualized to the experience and skill acquisition of the orientee.
 - Competency-based orientation facilitates evaluation of the orientee to competently perform job requirements.
- *In-service education*: Learning activities that are simple, short term, and meet a specific, fairly immediate need
 - Examples of in-service education include new accreditation mandates, use of new equipment, and new systems or processes of the organization.
 - On-the-job training (OJT; also referred to as training-on-demand or just-in-time training [JIT]): Learning experiences that take place within the work setting during work hours
 - Such training may be formal or informal.
 - The need for such training may be unexpected, with little time for preparation.
 - Extensive need for OJT often requires train-the-trainer efforts to successfully complete the task.
- *Continuing education*: Designed and implemented to enhance professional growth and development
 - Usually requires considerable preparation time
 - Often offers formally approved continuing education credit
 - May be presented by a combination of teaching and learning techniques
 - An experienced content expert or educator is required to successfully plan, implement, and evaluate continuing education efforts.
- Any of the preceding methods of skill acquisition may be used to meet cognitive, psychomotor, and affective domains of learning (Avillion, 2004, 2005).

Techniques

Background

- Techniques are consistent with purpose, objectives, and content outline of the learning activity.
- Learning activities are implemented in a timely manner to meet educational needs as rapidly as possible.
- Criteria for successful completion of objectives are clearly stated, documented, and provided to the learners.
- Completion of the learning activity is verified, documented, and available to the learners.
- Learning activities are varied, interactive, and incorporate the principles of adult learning.
- Techniques must meet the needs of learners, who must acquire significant amounts of new knowledge and skills at a rapid pace.
- The philosophy of accelerated learning (AL) is growing in popularity with health care educators.
- The aims of AL are to help learners develop their full potential as learners, to make the learning process enjoyable, and to contribute

to the professional growth and development of learners.

- The principles of AL have much in common with the principles of adult learning.
- AL stresses the importance of a positive learning environment in which the learner is treated with respect, encouraged to share her or his opinions, and provided with a safe, open, and honest atmosphere.
- AL stresses complete learner involvement in the education process.
- AL stresses collaboration among learners and between educators and learners.
- AL mandates that a variety of teaching and learning methods be implemented to appeal to people with various learning styles.
- AL promotes learning in context, immersed in “real-world” situations (American Nurses Association, 2000; Meier, 2000).

Lecture

- Uses a prepared oral presentation, which is useful when information must be presented to large groups
- Enables auditory learners to learn effectively
- Should include visual aids to facilitate learning for visual learners
- May offer breaks and opportunity for movement for kinesthetic learners
- Can be more effective when combined with discussion opportunities
- Should incorporate opportunities for interaction and feedback (Avillion, 2004; Finch & Virgil, 2001)

Group Discussions

- Essentially a meeting of two or more people who gather for a specific educational purpose
- Useful for problem solving, attitude exploration and change, sharing information, and evaluation and critique of specific concepts
- May incorporate visuals to include methods other than auditory stimulation
- May incorporate hands-on activities when possible (Finch & Virgil, 2001)

Self-Directed Learning Modules

- “Self-contained” unit of instruction (Finch & Virgil, 2001, p. 243)
- Unit must include explicit objectives and instructions for successful completion.
- Best used for well-defined topics
- Educators must take into consideration the reading level of learners as well as font size and type (Avillion, 2004; Finch & Virgil, 2001).

Learning Contracts

- Should include a written agreement signed by educator and learners that describes what the learner must do to achieve learning objectives
- Should include items that must be explicit in the contract, such as objectives, responsibilities of learner and educator, resources to be used, and how the learning activity will be evaluated (Finch & Virgil, 2001)

Demonstration

- Most frequently used for psychomotor skills
- Most often conducted “live” with educator present, but can also be accomplished by computer simulation or videoconference
- New skills are usually first demonstrated in a simulated work setting and, after the skill is mastered, the learner performs it in the actual work setting under supervision until competency is achieved (Avillion, 2005; Finch & Virgil, 2001).

Role Play

- Can reenact work situations
- Can involve cognitive, psychomotor, and affective domains
- Allows learners to volunteer for, or be assigned to, roles in which they are asked to respond to various events
- Is often used for affective domain and dealing with issues such as cultural diversity, interpersonal interactions, and countering resistance (Avillion, 2005; Finch & Virgil, 2001)

Simulation

- Replicates a clinical situation in accuracy and detail.
- Can be especially useful when learning in the actual work setting may compromise patient safety or is ethically or legally questionable
- Can be used to teach cognitive, psychomotor, and affective domains (Finch & Virgil, 2001)

Games

- Structured activities that are designed to be fun as well as to impart knowledge
- Often used in orientation or in mandatory training
- Examples include board games, crossword puzzles, scavenger hunts, bingo, and card games (Avillion, 2005; Finch & Virgil, 2001)

Posters

- Most useful for sharing information
- Must be visually stimulating
- Must include limited, easily understood information (Finch & Virgil, 2001)

Distance Learning

- Designed to reduce the limits of classroom teaching and to increase availability and flexibility of education.

Audioconference: Depends on the Sense of Hearing

- Most effective with auditory learners
- Must use an educator whose voice is conducive to audio transmission (i.e., pleasing pitch, tone, quality, tempo, and rhythm)
- Allows participation in learning activities that have nationally recognized educators as speakers
- Should be enhanced with handouts or other audiovisual aids
- Must allow participants to interact with each other and with speakers

Videoconference

- Allows the learners to see as well as hear educators
- Can be enhanced with graphics, handouts, and PowerPoint presentations
- Allows opportunity to participate in education with presenters who are widely recognized but may reside at widely varying geographic distances
- Is often conducted by satellite conferencing; gives an opportunity to partner with local universities or television stations to reduce costs and increase learning opportunities

Computer-Assisted Instruction

- Can offer visually stimulating graphics
- Can “engage learner through video streaming and interactive technology” (Fennimore, 2002, p. 318)

Live Online Chats

- Offer synchronous learning that allows educators and learners from around the world to share learning experiences
- Provide an opportunity for transcripts of the chats to be archived for later access
- May limit the opportunity for interaction and discussion when large groups are in a single chat room

Web-Based Courses

- Available from colleges, universities, continuing education departments within colleges and universities, and companies that specialize in offering continuing education Web-based courses for health care professionals
- Expensive and require significant amounts of time and effort
- Generally offer continuing education credit
- Offer an excellent opportunity for professional development educators to partner with colleges, universities, and health care companies in providing continuing education and some mandatory training (Avillion, 2004, 2005; Fennimore, 2002)

Audiovisuals

Transparencies

- Used for training and education activities that involve audience response that must be quickly and easily documented and “seen” by all learners
- Easy to develop quickly when time is limited
- Should be typed or computer-generated; do not use handwritten transparencies
- Use dark colors for writing to enhance visualization.
- Use a 24-pitch font size at minimum.
- Allow for a 1-inch margin on all sides.

Handouts

- Keep to a maximum of 10 pages.
- Include a content outline of the major concepts.
- Include graphs, charts, etc., from visuals.
- Must be typed, never handwritten.
- Must not reproduce copyrighted material without express written permission from the copyright holder.
- May be enhanced with illustrations, but do not overwhelm reader with too much color or “action.”

Flipcharts

- Can be especially useful for group activities, focus, groups, and problem-solving activities.
- Limit information on each page to avoid confusion.
- Use dark colors and print in capital letters to enhance visualization.

Computer Presentations

- Use key words and phrases only.
- Do not overwhelm with graphics and moving objects.
- Avoid using multicolored backgrounds, as these compete with written words and make them hard to distinguish.
- Use sound effects, music, etc., to enhance,

not compete with, written concepts.

- Include graphs, charts, and demographics as part of the handout in addition to having them in the computer presentation.
- Do not use more than two different font styles.

Slides

- Present one main concept on each slide.
- Use a maximum of six lines per slide and six words per line.
- Use key words and phrases, not sentences.
- Use dark background and light lettering.
- Include information on slides to support and reinforce key concepts (Gloe, 2001).

References

- Alspach, J. G. (2002). Preceptor development. In B. E. Puetz & J. W. Aucoin (Eds.), *Conversations in nursing professional development* (pp. 261–272). Pensacola, FL: Pohl Publishing.
- American Nurses Association. (2000). *Scope and standards of practice for nursing professional development*. Washington, DC: American Nurses Publishing.
- Avillion, A. E. (2004). *A practical guide to staff development: Tools and techniques for effective education*. Marblehead, MA: HCPPro.
- Avillion, A. E. (2005). *Nurse educator manual: Essential skills and guidelines for effective practice*. Marblehead, MA: HCPPro.
- Baltimore, J. J. (2004). The hospital clinical preceptor: Essential preparation for success. *Journal of Continuing Education in Nursing*, 35(3), 133–142.
- Bland, G., & Hadaway, L. C. (2001). Principles of adult learning. In A. E. Avillion (Ed.), *Core curriculum for staff development* (2nd ed., pp. 32–62). Pensacola, FL: National Nursing Staff Development Organization.
- Case, B. (2002). Critical thinking. In B. E. Puetz & J.W. Aucoin (Eds.), *Conversations in nursing professional development* (pp. 239–254). Pensacola, FL: Pohl Publishing.
- Dickerson, P. S. (2005). Nurturing critical thinkers.

- Journal of Continuing Education in Nursing*, 39(2), 66–72.
- Fennimore, L. A. (2002). Delivering distance education. In B. E. Puetz & J. W. Aucoin (Eds.), *Conversations in nursing professional development* (pp. 317–327). Pensacola, FL: Pohl Publishing.
- Finch, M. C., & Virgil, G. (2001). Teaching/learning methodologies. In A. E. Avillion (Ed.), *Core curriculum for staff development* (2nd ed., pp. 231–260). Pensacola, FL: National Nursing Staff Development Organization.
- Gloe, D. (2001). Implementation of learning activities. In A. E. Avillion (Ed.), *Core curriculum for staff development* (2nd ed., pp. 261–302). Pensacola, FL: National Nursing Staff Development Organization.
- Meier, D. (2000). *The accelerated learning handbook*. New York: McGraw-Hill.
- Rebholz, M. O. (2006). A review of methods to assess competency. *Journal for Nurses in Staff Development*, 22, 241–245.
- Wright, D. (1998). *The ultimate guide to competency: Assessment in Healthcare* (2nd ed.). Minneapolis: PESI.

