When most of us graduated from schools of nursing, we had in mind that we would continue our education. Most commonly this idea involved participating in short conferences or workshops and attending organizationally sponsored learning sessions, which might be as short as 1 hour. Some of us didn’t necessarily keep track of those educational endeavors because they didn’t “count” for anything. We participated because of factors ranging from we wanted the day off to we saw a potential, new career path. We quickly realized that if we wanted to translate what we learned into practice, we had to have administrative support and sometimes interdisciplinary support. What we were focused on was learning that translated into our practice rather than learning that changed who we were as professionals. The former is critical to our patients, the latter is critical to the profession and the world. Let me explain.

Many of the continuing education requirements in health care organizations and through state regulations are focused on a specific area of practice. For example, if I am a gerontological nurse (which I am), I cannot “count” anything related to maternal child health as enriching my practice. Although, in general, I concur with this view, I can also readily argue that this narrower view of what is valuable in enriching my practice limits what my practice can be. What if I participated in a maternal child health learning experience and came away with a new view of what grandparents could do to be supportive of newborns? Or, what if I saw that new parents need specific support from their parents (the grandparents) when newborns are ill? Is there new content useful to older populations that stems from what is being taught about nutrition for children today? Or, what if we went far afield and examined the effectiveness of teachers in grade schools and translated concepts into how we might teach nursing students or patients? I think you get that idea.

Have you ever attended a learning activity and come away with a particular viewpoint of the main messages? You turn to a colleague who excitedly says something that makes you wonder if the two of you were in the same universe, let alone the same meeting. What happened? Well, that is my second point: we have the potential to see things differently, even if we come from similar clinical and role experiences. Although objectives are important and we may respond to evaluations that the objectives were met, what we remember about a learning event is something distinctive to each of us. How then can we say one session is valuable and another is not? When we focus on learning only that which qualifies for some pre-established condition, we limit our potential. So, what “counts” may not be counted.

In my view, any learning is good learning and “counts” even if it isn’t counted. Am I better as a gerontological nurse because I listen to what young people say are their concerns about health and life? I think so. How we convey to others the importance of learning what really counts rather than what is counted can open views of professional development and allow nurses to do what they have always done: be creative in examining issues and attempting new solutions. It is that ability that keeps us so valuable to and valued by the public. Our willingness to see things differently, to learn from multiple sources (yes, even when that learning doesn’t count), to test new approaches to care is what professional development is about. If you have a great story about learning in a non-traditional way or from a non-traditional source, I hope you will let me know. Sharing how we succeeded in making change through non-traditional avenues is doing the best we can for the profession and for the public. Learn!

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The author discloses that she has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
doi:10.3928/00220124-20110124-01