During the past 2 months, I have addressed the “tails” of our profession: the baby boomers (Yoder-Wise, 2011a) and Generation Y (Yoder-Wise, 2011b). The editorials, “Failing Retirement” (yes, those would be the baby boomers) and “Succeeding Recruitment” (and those are the ones with the challenges of finding jobs after graduation), focused on the educational challenges of those who were anticipated to retire and those who were anticipated to be hired. But, what about all of the others who fill in the rest of the spectrum of nurses? What are their learning needs and how do we address these needs?

On the basis of the original work of Benner (2001) and then Benner, Tanner, and Chesla (2009), most organizations have moved to some form of clinical or career ladder to designate the increased value of registered nurses clinically and professionally to an organization. Some of these models include formal academic educational expectations. In other words, the upper tiers of the ladder have an expectation of an academic degree, often the master’s degree.

Almost every clinical ladder model requires some form of participation in continuing professional development; and that expectation typically exceeds the required amount for reissuance of a license to practice nursing, where such a condition exists. Typically that education needs to be focused in the individual’s clinical or role (or both) area of expertise. Some organizations include any professional development as long as the individual can make a case for the applicability of learning to his or her work.

If our expertise is leveled, as validated through the work of Benner et al. (2009), then our professional development efforts must be too. Although there isn’t a perfect fit between age or years in the profession and level of expertise, the point is this: one size doesn’t fit all. Finding ways to make a general presentation simple enough for the advanced beginner and complex enough for the expert is a challenge for every learning organization. Similarly, individualizing learning presents both a challenge and an opportunity. Working with an individual to create a distinctive plan of learning requires a different approach for some organizations where the “monthly in-service offering” is designed to fit all needs. Many ways exist to determine what an individual’s plan might be. One clear way is to consider the work that Benner et al. (2009) undertook.

Although Benner et al. (2009) employed a comprehensive, formal research approach, using the questions from their interviews could prove productive for us. These questions involved how individuals perceived learning while providing care; what forums were most helpful to their learning; and what facilitated and what limited learning in the clinical area. Each of these foci can guide how we help others create a professional development plan in a progressive manner. Our challenge is to engage learners in light of their generational differences, their preferred learning styles, and their level of expertise so that each learner can contribute to the best patient care possible.

REFERENCES


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