Having the good fortune to chair a state board of nursing task force related to improving the quality of clinical education for prelicensure programs, I thought about the implications for continuing education (CE). Some of the discussion focused on preceptors and the impact of the numbers of learners and programs. But I had a different focus in mind. Some of the original research in CE suggested that the problem with showing outcomes of CE programming had to do with the fact that some learners returned home with good ideas and good intentions only to be met with resistance to change. Maybe some of that lack of transferability had to do with the fact that most CE offerings were didactic. Similar to degree-granting learning, much of the classroom activity focused on telling, PowerPoint® presentations, and passive learning. Perhaps when learners returned home, the resistance could be attributed to the presentation style, which did not embed the concepts and strategies into the learners.

Next, CE participants experienced learning that engaged the learner in group work and low-fidelity simulation. If that didn’t work, maybe we would see differences if we moved to higher fidelity simulation! Group work can be highly beneficial—if you are in the “right” group (in other words, a group truly engaged with the work at hand). Otherwise, group work may not provide application and reinforcement opportunities. In fact, it could be (and has been) seen as a waste of time.

CE educators examined multiple approaches to accommodate various learning styles, as well as the quality of the educator. We changed from passive to active learning. However, what have we done on a broad scale to examine the clinical aspect? We obviously value clinical experiences; we spend a great deal of time during a probation or orientation period in “testing” a new employee in the real role in the real setting. This is especially true, and appropriate, if that new employee is a new graduate.

Various studies have examined the workplace and its effect on nurse satisfaction and patient outcomes. But what effect does the workplace have on the clinical competence of staff? How is the clinical experience judged? How is the clinical experience of employees used in considering one’s professional development? How do we help nurses move from competent to expert? How do clinical experiences shape what we do with what we learn? Are clinical or unit educators afforded the opportunity to review, over time, the application of knowledge, skills, and attitudes to know whether learning was effective?

Listening at that state board meeting to the discussion of the issues that interfere with high-quality education for prelicensure learners made me wonder about how many of the same points could be made for CE. Many of the issues didn’t seem to relate—the agency might cancel an affiliation agreement on short notice, students from multiple schools might be scheduled in a clinical unit at the same time, preceptors might serve in that role for multiple schools and thus need to know multiple objectives and desired outcomes, and a lot of time might be wasted waiting for the preceptor or educator. Those issues didn’t seem to apply much to nurses in the work setting who were trying to learn to be more competent.

However, some of the issues did seem to have direct impact—intense priority for direct care, with little time to plan or organize or reflect, inconsistency of the availability of staff (colleagues) who could promote learning, and a collegial setting that promoted inter-
est in learning. But if we don’t value the clinical aspect of learning throughout one’s employment, maybe the lack of these facilitators of learning doesn’t matter. If, on the other hand, we do value the application of learning in the clinical area, we may need to reconsider the workplace itself and its influence on professional development.

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The Journal Thanks Dr. Lynore D. DeSilets, EdD, RN-BC

Dr. DeSilets will be stepping down from co-editing the Administrative Angles column with Dr. Pamela Dickerson, who will continue to serve. SLACK Incorporated and the JCEN editorial team thank Lyn for her many years of service as co-editor of Administrative Angles.

We are currently seeking a replacement for Dr. DeSilets. If you are interested in being considered for this position, please send a brief statement of interest and your current CV to psywrn@aol.com. Because the co-editors share the work, this position requires you to secure (or develop) an administrative issue for a brief column (approximately 3-5 typed pages) 6 times per year. In addition, based on your personal profile, you will be asked to continue to review manuscripts. You will be included in Editorial Board conference calls and the annual Editorial Board meeting.

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