As a result of the nursing shortage, inexperienced nurses are often thrust into the role of staff development specialist. While juggling new responsibilities, it's important for them to incorporate evidence-based practice into their training methods.


This resource teaches staff educators to:
- Base practices on best evidence
- Measure the effectiveness of their teaching
- Understand adult learning principles
- Implement strategies to motivate learners
- Teach to multicultural and intergenerational audiences
- Incorporate new technologies associated with distance learning

With this book as a guide, staff development specialists will have the tools and knowledge they need to teach staff nurses about evidence-based healthcare and improving clinical practice.

Also of interest:
- *A Practical Guide to Finance and Budgeting*
- *A Practical Guide to Leadership Development*
- *A Practical Guide to Legal Issues*
- *A Practical Guide to Managing the Multigenerational Workforce*
- *A Practical Guide to Nurse Management in the ED*
- *A Practical Guide to Recruitment and Retention*
A Practical Guide to
Staff Development
Evidence-Based Tools and Techniques for Effective Education

Adrienne E. Avillion, DEd, RN
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About the author

Adrienne E. Avillion, DEd, RN

Adrienne E. Avillion, DEd, RN, is the owner of Avillion’s Curriculum Design in York, PA. She specializes in designing continuing education programs for healthcare professionals and freelance medical writing. She also offers consulting services in work redesign, quality improvement, and staff development.

Avillion has published extensively. She is the author of the first edition of A Practical Guide to Staff Development: Tools and Techniques for Effective Education and served as the editor of the first and second editions of The Core Curriculum for Staff Development. Her most recent publications include Evidence-Based Staff Development: Strategies to Create, Measure, and Refine Your Program and Designing Nursing Orientation: Evidence-Based Strategies for Effective Programs, both published by HCPro, Inc. in Marblehead, MA, and Nurse Entrepreneurship: The Art of Running Your Own Business, published by Creative Health Care Management in Minneapolis, MN. She is also a frequent presenter at conferences and conventions devoted to the specialty of continuing education and staff development.
Introduction

Just a few short years ago I asked myself, “Why doesn’t someone write a really practical book about staff development?” I wanted a resource that was easy to read and filled with practical tips and suggestions. I asked the healthcare editors at HCPro if they were interested in just such a project. Their response was, “Yes! Go ahead and write it!” I was thrilled to have the chance to do so, and thus the first edition of *A Practical Guide to Staff Development* became a reality.

Since the publication of the first edition, the practice of staff development has grown in stature and importance. Staff development specialists continue to function as leaders and innovators and are an indispensable resource to their organizations.

This second edition identifies evidence-based staff development practice as the foundation for the delivery of staff development products and services. Strategies from needs assessment and program planning to implementation and evaluation focus on the need to produce evidence that links education to organizational effectiveness.

This book is jam-packed with practical information, tools, and templates designed to make your life as a staff development specialist easier. It also includes a CD-ROM from which you can download various charts and tools and personalize them as your own.

It is my hope that this book will serve as a truly useful resource and facilitate your ability to add to the body of knowledge of staff development practice.

—Adrianne E. Avillion, DEd, RN
How to use the files on your CD-ROM


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Unit 1

Foundations of Staff Development
Chapter 1
Evolution of staff development

Learning Objectives

After reading this chapter, the participant will be able to:

• Describe the historical evolution of staff development
• Differentiate between traditional and contemporary staff development practice

Staff development is the process of providing continuing education and training for people who work in organizations that specialize in the delivery of healthcare products and services. Historically, staff development departments were staffed by nurses for the purpose of conducting orientation and on-the-job training for members of the nursing department. Today, however, staff development departments are staffed by a variety of disciplines and are often responsible for the delivery of educational products and services to entire hospitals and healthcare systems. Staff development specialists are also responsible for evaluating not only the effectiveness of their services, but the effect such services have on organizational success. To accomplish this, evidence-based practice must guide the delivery of staff development practice.

Its Origin

Nursing staff development began with Florence Nightingale’s efforts to establish training schools for nurses and to improve the efficiency of care delivery in hospitals. Nightingale encouraged nurses to embark on a journey of lifelong learning and use their knowledge to improve patient care. However, there were few formal...
staff development programs for nurses in the late 1800s and early 1900s (Avillion 1998, Nightingale 1859, Tobin et al 1974).

In the 1920s and 30s, the Great Depression forced many nurses into the hospital setting for the first time since their initial training. Prior to the Depression, most nurses earned their living as private-duty nurses in private practice, and nursing students provided the majority of care to hospitalized patients. However, the Depression drastically decreased the number of people who could afford private care. Hospital administrators found themselves hiring graduate nurses to work in the hospital setting (Avillion 1998, DeSilets et al 2004, Tobin et al 1974).

This shift in practice triggered the need for various staff development services. Newly hired nurses required orientation to hospital routines, procedures, policies, equipment, and regulations. These nurses had to learn to function as members of a team who care for large numbers of patients rather than as individual practitioners who care for only one patient at a time. Educational emphasis was on orientation to the hospital setting and inservice training for on-the-job skills (Avillion 1998, DeSilets et al 2004, Tobin et al 1974).

The advent of World War II brought more changes to the profession. Nurses left hospitals in large numbers to join the armed forces, causing a shortage of active nurses at home. As a result, the number of nonprofessional staff increased in an effort to compensate for the lack of registered nurses. In many cases, inactive nurses returned to hospitals to help deal with the shortage. Thus refresher courses became part of staff development responsibilities. Training, inservice, and continuing education for nonprofessional staff added to the services provided by staff development specialists (Avillion 1998, Brunt et al 2001, DeSilets et al 2004, Tobin et al 1974).

In the 1940s and 50s, nurses and other healthcare personnel began to evaluate their responsibilities and necessary qualifications using the standards being set by various professional organizations. In 1953, the Joint Commission for the Improvement of Care of the Patient proposed that a distinct department devoted to the training and continuing education of the nursing department be established. Leadership and management training became part of the staff development role in the 1960s as the need for administrative skills became more apparent. Objective, scientific evaluation of nursing care delivery using documented standards of quality became important not only for patients’ well-being, but also to establish how and why nursing is practiced. In 1969, the Medical College of Virginia’s Health Sciences Division of Virginia Commonwealth University sponsored the

**Specialty Status**

Several critical events pertaining to the establishment of staff development as a distinct healthcare specialty occurred in the 1970s:

- **1970**: The *Journal of Continuing Education in Nursing* was published.
- **1973**: The American Nurses Association (ANA) established the Council on Continuing Education.
- **1974**: The *Process of Staff Development: Components for Change* was published, which defined the practice of staff development until the 1980s.
- **1978**: The ANA published *Guidelines for Staff Development*.
- **1978**: The Joint Commission on Accreditation of Hospitals mandated that a position to oversee and coordinate staff development activities be established in its affiliated hospitals.

**Part of the Business Plan**

The viewpoint that healthcare is truly a business was acknowledged by both healthcare personnel and consumers during the 1980s. The need for education pertaining to financial management and the business aspects of healthcare became essential as the industry moved toward the for-profit sector. The following 1980s events show that staff development was increasingly being viewed as both a necessity and a specialty within the healthcare arena:

- **1985**: The *Journal of Nursing Staff Development* (now known as the *Journal for Nurses in Staff Development*) was published.
- **1989**: The National Nursing Staff Development Organization (NNSDO) was established.
- Over the decade, several books devoted to the practice of nursing staff development were published.
Chapter 1

**Credentialing**

During the 1990s, rapid advances in technology and the prevention and treatment of disease triggered the need for lifelong learning among all who work in the healthcare field. These advances also clarified the need for properly credentialed, experienced staff development specialists. Highlights of the 1990s include the following:

- **1992:** The ANA published *Roles and Responsibilities for Nursing Continuing Education and Staff Development Across All Settings*.
- **1992:** The American Nurses Credentialing Center offered the first certification examination for nursing continuing education and staff development.
- **1995:** The first *Core Curriculum for Nursing Staff Development* was published.
- Throughout the decade, many staff development departments’ responsibilities expanded to include the provision of education for entire hospitals and health systems, including multisite organizations.
- Emphasis shifted from provision of services to evaluating how education affects organizational effectiveness.
- The term *staff development* was replaced in some organizations with other terms such as *organizational development, corporate university, education department, and professional development department*.
- Qualifications for leadership in staff development focused on educational and managerial expertise rather than clinical expertise.

**Today and Beyond**

The 21st century brings a new era of challenges and excitement for staff development specialists. Nursing shortages occur with frightening regularity. But despite such shortages, healthcare professionals are expected to provide safe and appropriate care. Let’s look at some of the most obvious changes by comparing traditional staff development services to those of the 21st century:

**Then:** In the late 1970s, physical assessment skills (e.g., heart and lung auscultation) were new, trendy topics. Continuing education classes focused on acquiring and developing these skills.

**Now:** These skills are the norm, not the exception.
Then: Clinical expertise was the primary criterion to leadership promotion.
Now: The focus on clinical expertise has been replaced by a focus on the need for strong administrative, financial, and leadership skills.

Then: Twenty years ago, most inservice and continuing education offerings were held during the day in formal classroom settings.
Now: Education is offered around the clock, often via distance-learning techniques such as computer-based learning (CBL) and self-learning activities.

Then: The burden of responsibility for learning was placed on staff development specialists. They were accountable for the willingness (or lack thereof) of the learners to learn.
Now: The learner is responsible for his or her own knowledge acquisition. An emphasis is put on lifelong learning.

Then: As recently as the 1980s, education evaluation focused on the number of participants who attended a program, learner satisfaction, and the number of programs offered monthly.
Now: Educators look at the “big picture.” In other words, how does the provision of education affect organizational performance?

Then: The staff development specialist’s role was solely that of educator.
Now: The staff development specialist assumes multiple roles in addition to that of educator, including researcher, consultant, change agent, manager, and performance coach.

Then: Traditionally, staff development specialists focused teaching skills on classroom learning.
Now: They are expected to be experts in a variety of teaching methods, particularly distance learning and CBL.

Then: Accreditation concerns emphasized JCAHO (now known as The Joint Commission) standards and perhaps a specialty accreditation (e.g., CARF-Commission on Accreditation of Rehabilitation Facilities).
Now: Accreditation concerns cover a broad area in addition to The Joint Commission standards, including specialty accreditations such as rehabilitation and trauma. Staff development specialists are generally responsible for assisting with self-survey processes and offering education pertaining to successful accreditation achievement.
Two concepts deserve special attention: how nursing shortages impact the practice of staff development and how staff development specialists measure the impact of their products and services.

**Nursing Shortages**

Staffing problems have always been (and will always be) a concern in healthcare organizations. However, the reasons for these problems vary according to supply and demand and fluctuating work environments.

Even during times when an adequate number of nurses seek employment, staffing problems exist. During such times, some healthcare organizations keep staffing to a minimum in a misguided attempt to save money, thus creating unsatisfactory and even dangerous working conditions. In the past, as career opportunities for women grew, the number of people entering the nursing profession decreased. Healthcare organizations responded (and continue to respond in some cases) with frantic quick-fix solutions, such as sign-on bonuses and the offer of 12-hour workdays in exchange for shorter work weeks. However, these attempts failed. Nurses began to job hop in the pursuit of sign-on bonuses and other perks, thus costing organizations increasing amounts of money, not only in the form of bonuses, but also in the form of orientations for nurses who stay with an organization just long enough to collect hiring perks.

The practice of 12-hour workdays is beginning to draw fire from researchers. The fatigue that occurs when working long hours is associated with an increase in the number of adverse occurrences. Also, as the nursing population ages, extended work hours become problematic. The average age of RNs in the United States is 46.8 years, with just more than 41% over 50 years of age and only 8% under the age of 30 (U.S. Department of Health and Human Services 2004).

How do these statistics affect staff development? Staffing shortages in nursing and other healthcare specialties trigger a number of educational needs. However, these needs should not be implemented in a knee-jerk manner. For example, shortages often spark an outcry for frequent rapid orientation sessions that send inadequately prepared new employees into the work setting, leading to resentment and confusion for both the new employees and more tenured staff, and increasing the possibility of medical errors. Think about meeting these needs in a way based on best practices that enhances educational outcomes not only during staffing shortages, but also on a long-term basis. Here are some needs that will persist for years to come:
• Delivery of flexible, fast, and efficient education services based on evidence that helps to identify best practices in staff development
• Implementation of blended learning formats to meet educational needs in efficient and cost-effective manners
• Development of a flexible orientation program that takes into account the background and experience of employees

Impact of Staff Development Practice

Staff development practice has come a long way from the days when success was measured by how many persons attended a given education program or how many programs were offered within a specific time frame. Today, it is imperative that staff development specialists be able to provide evidence that their offerings positively impact organizational effectiveness. To do this, evidence must be gathered showing an association between education and outcomes pertaining to entities such as accreditation status, job performance, and patient outcomes.

Benchmarks and best practices in staff development must be used as guides when developing and implementing products and services. This mandates that evidence-based practice, a given in clinical services, become part of staff development practice as well. Evidence-based practice in staff development should include:

• Evaluation of current products and services for their effectiveness
• Identification of best practices in staff development based on evidence
• Evaluation of how staff development products and services are being delivered in light of best practices
• Establishment of a mechanism for incorporating research into staff development practice

As healthcare evolves, so do the roles and responsibilities of staff development specialists. The only certainty in healthcare is that change is, and will continue to be, constant. Staff development specialists must be experts in adaptation to provide educational resources that help ensure that the quality of patient care remains safe, appropriate, and of high quality. To meet this challenge, staff development departments must establish sound operational foundations based on evidence of best practices and benchmarks.
References


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