



Purpose and rationale for evidence-based staff development practice

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Learning objective

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

- Explain the use of evidence in staff development practice

Introduction

Evidence-based practice (EBP) is a hot topic among healthcare professionals. EBP is the process of making clinical decisions based on the most current and valid research and highest-quality data available, with the goal of improving patient safety and decreasing the number of medical errors (Krugman 2003). Staff development specialists are often called upon to teach the concepts of EBP and to act as facilitators of its implementation. This is neither surprising nor unusual, since staff development specialists are viewed as innovators who play key roles in organizational change.

But what about EBP's application in our own practice setting, the specialty of staff development? Even as we help our colleagues implement EBP in clinical settings, our own practice is in critical need of similar evidence-based strategies. If the rationale for clinical EBP is its positive impact on patient outcomes and patient safety, the rationale for staff development EBP must be similar. When employees receive better training and continuing education, they are better able to do their jobs. It is presumed that enhanced job performance leads to better patient care and improved patient outcomes.

The purpose of this book is to help staff development specialists improve the effectiveness of their products and services through the implementation of evidence-based practice. Such implementation involves an analysis of EBP as it pertains to staff development, evaluation of current practice, and identification of strategies for the successful implementation of EBP in the staff development setting.

Are we ready to implement EBP in our staff development work? We should be, based on the evolution of the specialty and the role we play in our work settings. But there are some serious obstacles to the implementation of EBP in staff development that we must work to eliminate.

The two primary obstacles to implementation are the lack of credible staff development research and, practically speaking, insufficient understanding of the concept as it relates to the specialty. Some of us are still struggling with the assessment of application, impact on organizational effectiveness, and return on investment (ROI) of our services. We need to be able to successfully conduct the evaluation process and utilize its findings (and those of other research studies) to properly implement EBP in staff development.

EBP TIP

Remember, a properly conducted evaluation is also research! Don't make the mistake of thinking research must be conducted by doctorally prepared individuals, take months or even years to complete, and be so statistically complex that it is almost incomprehensible to most staff development specialists. You have probably conducted (and are continuing to conduct) more research studies than you know. The trick is to recognize research and findings, and figure out how to apply them. This is the essence of evidence-based staff development practice.

Evidence as a road map for staff development: Using Benner's work as an example

Many staff development specialists are familiar with the work of Patricia Benner (1984). Her descriptive research, based on dialogues with nurses with various levels of clinical expertise, identified five levels of competency in clinical nursing. These levels are not based on passage of time or the number of years participants had been registered nurses; instead, they are based on an analysis of the data collected. As an example of using research findings to guide practice, let's look at Benner's five levels of clinical experience and determine if they could be applied to staff development specialists.

EBP TIP

Use this example as a way to think about other available data that may be used to implement evidence-based staff development practice. Let your imagination explore the possibilities.

Level 1: Novice

Novices are beginning practitioners with no experience of the situations in which they are expected to perform (Benner 1984). Clinically, novices are nursing students or nurses who have no experience working with a particular patient population. Likewise, novices may be registered nurses with years of clinical experience, but none in staff development. Consider this scenario.

Marlene is a registered nurse with 10 years of clinical experience. Her specialty is women's oncology. She is known for her efforts to help less experienced colleagues learn about the intricacies of oncology nursing. However, Marlene has had no formal education or continuing education pertaining to staff development. She tells Angela, the director of the staff development department, that she would like to pursue a career in this specialty. Angela knows that teaching experience is a prerequisite for employment in her department. Therefore, Marlene needs some instruction in the teaching/learning process. How will Angela use evidence-based data to help Marlene?

If you were in Angela's place, what would you do first, based on your background in staff development? In other words, what does the data you've collected from years of experience tell you to do? Angela may encourage Marlene to pursue both formal and continuing education opportunities in the staff development field. She may also begin to include Marlene in developing and presenting specific inservices and/or continuing education offerings on the oncology unit.

Experience tells you that Marlene needs rules to guide her performance. Data tells you that there are certain fundamentals of education that need to be understood and applied in order to develop a successful learning activity. Rules to guide Marlene include:

- Principles of adult learning
- Education process (needs assessment, planning, implementation, and evaluation)
- Writing objectives

Obviously there is much more to becoming a successful staff development specialist than these initial guidelines. But Marlene needs these basic rules as a foundation for practice.

You may not have conducted formal research concerning Marlene's initial instruction, but you know from educational literature and experience that these guidelines are essential as starting points. Evidence tells you that without an understanding of these basics, Marlene will not be able to progress to the next level of expertise. At this level, Marlene is not able to perform any of the tasks these guidelines require; she is depending on you to teach her how to function within the parameters set by these basic rules.

Level 2: Advanced beginner

Advanced beginners are those nurses who “can demonstrate marginally acceptable performance, ones who have coped with enough real situations to note (or to have pointed out to them by a mentor) the recurring meaningful situational components that are termed ‘aspects of the situation’” (Benner 1984). Advanced beginners have enough prior experience to perform some aspects of planning, implementation, and evaluation. However, these aspects are ones with which they have had prior experience.

Advanced beginners are not sure how to handle new situations (e.g., encountering resistant learners or content that does not meet learner needs, requiring “on-the-spot” changes). Like novices, they need guidelines to deal with unfamiliar or unexpected situations as well as guidance in how to prioritize tasks. They treat all challenges as equally important.

Daniel has worked in the staff development department for about one year. His clinical background as an emergency department nurse allows him to concentrate on critical care aspects of continuing education. Recently, he planned and implemented a continuing education program that consisted of a lecture/discussion component as well as a skill return demonstration. This was the first time Daniel completed this type of activity (from start to finish) without assistance from more experienced staff development colleagues. Program evaluations were quite good, with 40 out of 50 participants rating the instructor, teaching methods, and achievement of objectives as very good to excellent. Five participants rated the program as below average, stating that the return demonstration component took too long to complete and that it was difficult to leave the work setting to attend. Five participants rated the program as poor, the major complaints being that the lecture/discussion component allowed insufficient time to achieve objectives, and that Daniel did not allow enough time for questions and discussion.

Daniel, in an attempt to follow evaluation guidelines that require using participant feedback to revise programs as necessary, begins an elaborate revision of his program. He plans to meet with the five participants who rated the program as poor, and begins to revise time frames and objectives. As an advanced beginner, Daniel is following guidelines, and treating all data obtained as equally important.

Based on evidence, how would you help Daniel?

A more experienced staff development specialist would not have a “knee-jerk” reaction to the 10 negative comments. You should help Daniel to look at all the data before planning any action. This is not to say that the 10 dissatisfied participants’ comments should be discounted because there are so few of them; instead, Daniel needs to look at more than just reactions. For example, in addition to reaction data, how well did participants perform on any posttests and the required skill demonstration? This indicates both knowledge acquisition and skill competency in a controlled situation. Are participants satisfactorily applying new knowledge and skills in the actual work setting?

Analysis of these types of data allows Daniel to make a more accurate assessment of the effectiveness (or lack of effectiveness) of his program. He may wish to make discussion more prominent in the lecture/discussion component of the program and look at time frames. What he should not do is begin revisions without looking at all of the available evidence and prioritizing any necessary alterations.

Daniel is relying on evidence obtained from evaluation data. However, he lacks the experience to analyze findings and prioritize their implications. Yes, Daniel is relying on evidence, but he is not conducting a thorough analysis, nor is he prioritizing appropriately.

Level 3: Competent

The competent nurse has worked in the same or similar circumstances for between two and three years. Competency is characterized by an individual's ability to correlate actions with long-range goals (Benner 1984). A competent staff development specialist is able to deal with many of the complexities of education delivery and is aware of consciously and deliberately planning actions. However, he or she lacks the speed and efficiency of a proficient practitioner.

The necessity to change plans swiftly and/or unexpectedly, and dealing with unanticipated problems (e.g., disruptive learners, administrative demands, or abrupt schedule changes), are quite challenging to the competent staff development specialist.

Laura has worked as a staff development specialist for three years in a large three-hospital health system. Her primary areas of responsibility include implementation of certified nursing assistant programs and inservice and continuing education for the 200-bed neurologic rehabilitation center. Many of the registered nurses who work in the rehabilitation center hold certifications in rehabilitation and neurological nursing, and they rely on Laura to provide cutting-edge continuing education. These nurses are finding it increasingly difficult to leave their work settings to attend classroom-style programs. However, their written and verbal feedback data indicate their resistance to distance learning and preference for "in-person" programs during which they can interact and participate in question-and-answer sessions.

As a result of accrediting agency surveyor recommendations and organizational goals, Laura is told to revise as many programs as possible to a distance learning format. Laura is adamantly opposed to this idea. She believes that distance learning could not be as effective as classroom interaction for the various programs she must implement. She tells her manager that she is going to use evidence from program evaluations as well as the results of assessing knowledge acquisition and application in the work setting to justify offering programs in their current format.

If you were Laura's manager, what would you do?

It is the way evidence is used, rather than the evidence itself, that is the issue in this scenario. Laura lacks the flexibility and efficiency of the proficient nurse. You should help Laura look at this situation objectively. The evidence shows that:

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- Participants have expressed a preference for classroom-style learning, where they can interact and discuss issues
- Attendance at such programs is declining and nurses have expressed concern that it is difficult to leave their respective work areas to attend these programs
- Participants have acquired knowledge and successfully applied new knowledge in the actual work setting
- Accrediting agency surveyors have suggested incorporating distance learning into Laura's programs
- Administrative mandates include the incorporation of distance learning

Although Laura should not automatically convert all programs in their entirety to a distance learning format, evidence indicates that she needs to consider the incorporation of distance learning when it will enhance educational outcomes.

Start by analyzing each program. With the help of her manager, Laura should identify which programs could be suitably reformatted for distance learning, and should remember that blended learning methodologies (e.g., a self-learning module and a skill demonstration) are often very successful.

Laura could start with the program that seems most adaptable and pilot it on certain groups of nurses. More evidence or data will then be collected and used to continue her evaluation of the feasibility of distance learning. Laura needs to increase her flexibility and her ability to objectively analyze data and use evidence to meet the needs of all of her customers, including members of the administrative team. Laura's attempt to use evidence to resist surveyors' and administration's recommendations is unwise, both educationally and politically.

Level 4: Proficient

Proficiency is characterized by an almost instinctive perception of a situation as a whole, rather than as individual aspects. A proficient nurse knows what to expect in various staff development situations and how to revise plans in response to changes in such situations (Benner 1984).

Greta is the manager of a staff development department in a large metropolitan health system. She has over 15 years of staff development and management experience. Greta was hired for her present position only six weeks ago. She was employed to redesign delivery of staff development services throughout the health system. In this capacity, she will function as a change agent as well as staff development manager.

How will Greta rely on available evidence to begin her work?

Greta has a huge task in front of her. She will collect both objective data (e.g., from performance evaluations, program evaluations, risk management and quality improvement reports) and subjective data (e.g., meeting with her staff, managers throughout the health system, administrative staff, and members of the clinical and nonclinical staff). Data analysis must include accreditation survey results, as well as the quality and appropriateness of educational programming.

As a proficient staff development specialist, Greta knows how to absorb the “big picture,” prioritize needs, and make long-range plans. She has learned from experience what may and may not work and how to anticipate both successes and challenges.

Level 5: Expert

The expert nurse does not rely on rules or guidelines to understand a situation and take effective action; instead, he or she intuitively operates from a complex understanding of a total situation. The expert may have difficulty explaining why a particular decision was made or action taken, simply saying, “It just feels right” (Benner 1984).

The expert staff development specialist is experienced, flexible, and extremely proficient. He or she can swiftly plan, implement, and revise programming with ease and produce successful outcomes.

Ellen is an expert staff development specialist. She finds that she is feeling bored and restless, complaining that “there just isn’t anything challenging to do anymore.” Ellen is concerned about the lack of valid and reliable staff development evidence to help guide the specialty as a whole and her colleagues as individuals.

What might Ellen do to expand her significant expertise?

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Ellen is in an excellent position to add to the body of knowledge that is staff development. Valid and reliable evidence depends on the accurate description of events and on carefully developed research investigations.

However, the expert staff development specialist faces and poses some significant challenges. Less experienced staff development specialists turn to the expert for advice and opinions. The expert may be asked to assume more responsibilities based on her or his expertise and competency. This can cause the expert to experience burnout and frustration.

The expert staff development specialist may become easily bored and believe that new, exciting opportunities are no longer available. It is up to all of us to help experts add to their knowledge bases and pursue new challenges. Such challenges may include spearheading staff development research projects, pursuing additional graduate or postgraduate education, or assuming responsibility for projects at the upper management level. It is unacceptable to lose the experts in our specialty to boredom or burnout.

As you begin to plan for EBP in staff development, you may find it helpful to determine the level of expertise of each of the staff development specialists in your department. (Don't forget to include yourself in this evaluation.) Figure 1.1 offers a template for just such an assessment.

Staff development specialist levels of expertise

Level	Characteristics	Interventions	Comments
Novice	<ul style="list-style-type: none"> • Beginning practitioner • No experience of the situations in which he or she is expected to perform 	<ul style="list-style-type: none"> • Provide rules to guide their performance • Provide education opportunities in the field of staff development • Offer instruction concerning: <ul style="list-style-type: none"> - Principles of adult learning - Education process - Writing objectives 	
Advanced beginner	<ul style="list-style-type: none"> • Demonstrates marginally acceptable performance • Has coped with enough “real life” situations to identify recurring meaningful components • Can perform some aspects of program planning, implementation, and evaluation • Is not sure how to handle new situations • Treats all challenges as equally important 	<ul style="list-style-type: none"> • Provide guidelines for dealing with unfamiliar or unexpected situations • Provide guidelines regarding task prioritization • Provide practice scenarios or case studies that allow data analysis and formulating a plan of action 	
Competent	<ul style="list-style-type: none"> • Has worked in the same or similar circumstances for 2–3 years • Correlates actions with long-range goals • Can deal with complex challenges 	<ul style="list-style-type: none"> • Explain strategies to deal with unexpected program demands • Offer options to implement swift, on-the-spot program revision • Provide case studies or other 	

Figure

1.1

Staff development specialist levels of expertise (cont.)

Level	Characteristics	Interventions	Comments
	<ul style="list-style-type: none"> Plans actions consciously and deliberately Lacks speed and efficiency of proficient staff development specialists 	<p>scenarios that help the competent specialist to increase speed and efficiency</p>	
Proficient	<ul style="list-style-type: none"> Displays an almost instinctive perception of a situation as a whole rather than individual aspects Can anticipate challenges that occur in various staff development situations Can revise plans in response to on-the-spot changes in such situations Can make long-range plans and prioritize needs 	<ul style="list-style-type: none"> Offer opportunities to assume some aspects of managerial responsibilities Offer opportunities to participate in essential committees such as ANCC Magnet Recognition Program® status and Quality Improvement Facilitate perusal of graduate education and/or management training 	
Expert	<ul style="list-style-type: none"> Does not need rules or guidelines Performs intuitively Swiftly grasps the complexity of a situation and takes immediate action to correct or improve situations as needed May become bored and unable to identify new opportunities May become burned out as less experienced staff development specialists turn to her or him for help and advice 	<ul style="list-style-type: none"> Recognize signs of burnout and frustration and intervene Offer opportunities to assume responsibility for projects at the upper management level Facilitate pursuit of graduate or postgraduate education Offer opportunities to spearhead staff development research projects 	

CHAPTER 1

The purpose of this book is to offer you a road map for the development and implementation of evidence-based staff development, as well as to encourage endeavors in staff development research. Staff development specialists are often called upon to help clinicians conduct research investigations and use resulting data to improve patient outcomes. It is time that we called upon ourselves to conduct research specific to staff development and use these findings to improve our own practice.

References

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley.

Krugman, M. (2003). "Evidence-based practice: The role of staff development." *Journal for Nurses in Staff Development*, 19(6), 279–285.