THE EDUCATIONAL PROCESS IN CRITICAL CARE NURSING

Alspach

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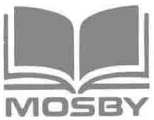

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THE EDUCATIONAL PROCESS IN CRITICAL CARE NURSING

To my parents

Joseph and Dora Griffin

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Foreword

The phenomenal growth in critical care units and their sophistication over the past decade commands the attention of hospital administrators, physicians, nurses, planners, and particularly payers. Through the postanesthesia and nursing care units developed in the late 1950s as a response to more demanding surgery and an increased array of anesthetic agents and techniques, patients are provided with better care. Today, as an outgrowth of subspecialization, a variety of critical care units exist. Now more nurses than ever before give care in an environment that is continually changing with advances in technology and the application of new knowledge.

Nurses are integral members of the critical care team and are the "constants" in care. They therefore require continuous education to provide the care needed. The nursing service educator is responsible for developing programs to educate nurses for competency in critical care nursing.

The author of this book recognizes that a considerable amount of learning takes place where care is provided and that a planned approach to the educational process is required. She has provided a thoughtful view for teachers and learners in both service and academic settings. Such a didactic framework for teaching in the clinical setting is long overdue.

Pragmatic considerations for the service-based educator in collaborating with nurse administrators, nurse clinicians, and others in the hospital environment provide guidance to those responsible for staff development. This dimension, so often overlooked, becomes a significant contribution as this book joins others in addressing the education of nurses for critical care.

Vernice Ferguson

Preface

The majority of nurses responsible for teaching critical care nursing have limited or no formal preparation for their role as nurse educators. Even those with advanced degrees in nursing are more likely to be skilled as practitioners rather than as educators. Ever since graduate nursing education shifted from a functional to a clinical emphasis, this dissonance in role preparation has become more glaring. Nursing education has seemingly conceived a generation of nurse teachers who are not adequately prepared to teach and who often find themselves in need of such skills.

In the service setting, this dilemma is compounded in three ways. First, nurses who are unfamiliar with the traditional foundations of curriculum and instruction are even less likely to be well versed in the necessary areas of adult and continuing education. Second, nurses are generally not well prepared for either negotiating or actively collaborating with administrators and other groups within the hospital with whom they need to be able to work to achieve their common ends. Third, demands of patient care coupled with the staggering attrition rates associated with critical care nursing leave hospital employers unable to afford time for practitioners to develop the skills they should have possessed on entering into an educator role.

Although no one text can address the entire constellation of these issues, *The Educational Process in Critical Care Nursing* was written to address a number of them.

The primary purpose of the book is to provide critical care nurse educators with a single reference that describes both the essential elements of the educational process and their immediate application to critical care nursing. It is intended to provide for the information needs of experienced critical care practitioners who—by way of advancement, transfer, happenstance, or necessity—find themselves responsible for an educator role they are wont to fulfill.

The text is neither a compendium of educational methods nor a reference on critical care nursing practice. Rather, it aims at merging the salient elements of each into a functional unity so that hospital-based critical care nurse educators can get on with their work.

Readers will find that the text uses a collaborative approach to the nurse educator role. The need for this secondary focus emerged following an article I wrote in 1978 that described how collaborative efforts between hospital administrative, medical, and allied medical groups could effect educational programming that met administrative, educational, and practice goals. Nurse educators who wrote me after the article was published inquired as much about educational administration and hospital-based coordination of planning as they did about purely educational areas. *The Educational Process in Critical Care Nursing* attempts to incorporate some of the more problematic administrative issues nurse educators need to be knowledgeable about to perform their roles competently.

Nurses responsible for providing continuing education in critical care nursing will find the sequential consideration of each major element of the educational process helpful in acquiring a gradual understanding of how the educational process is put into operation in a service setting. Neophyte educators should find that the familiar four-step nursing process format facilitates understanding how each phase in the educational process relates to the others. The illustrations and the program syllabus (Appendix A) will be especially useful in seeing how the outcomes of each phase are developed. The detail and comprehensiveness of the program syllabus also offer busy critical care educators starting points to modify, abridge, or adapt for their own institution's needs and to readily transfer learned elements into their work.

Nurses who lack formal preparation in educational design may use the book to derive a clearer grasp of the fundamentals of curriculum and instruction. Nurses with some background in education can be selective in their focus on areas needing fuller development, whereas newcomers to the education field may find that smaller, more frequent doses of given segments are more manageable at first. Readers should be aware that the material within each section will need to be scaled and tailored to their institution's unique needs, although the principles and process presented generally hold as true for a short series of classes as they do for a year-long educational experience such as an internship.

Critical care practitioners who only intermittently assume an educator role may use the text as a reference to investigate areas of immediate concern. Nurses preparing to assume an educator role may use the book more as a textbook to learn the continuing education process.

Critical care educators who are preparing their colleagues to take the CCRN certification examination will find the correlation of the text and the syllabus with the American Association of Critical-Care Nurses' *Core Curriculum for Critical Care Nursing* helpful in its coverage of all major segments of critical care nursing.

Educational administrators and critical care nurse administrators will find the sections on administrative issues particularly meaningful in addressing how organizational concerns can be blended with those of staff education and nursing practice in a service setting.

Critical care educators who must prepare staff nurses or neophyte instructors to function as clinical preceptors or classroom teachers will appreciate the segments that address the preceptor role and the development of faculty.

Nursing school faculty who prepare nurses to teach in a service setting or nurse educators whose educational experiences are limited to academic settings are likely to find the text helpful in identifying how hospital-based settings for continuing education differ from academia in their strategy, approach, problems, implementation, resources, and evaluation.

The text is divided into five units, the first four of which represent sequential phases of the educational process. Unit I introduces the collaborative aspects of the nurse educator's role and considers the assessment of educational needs in a hospital setting. Chapters 1 and 2 describe the various groups who should be involved in assessing learning needs and the alternative methods and sources for compiling and organizing the needs assessment. Chapter 3 describes how to set priorities and scrutinize learning needs to determine program objectives.

Unit II covers the planning phase of the educational process and underscores the need for collaboration and cooperation with practitioners and administrators. It includes chapters on selecting a program format and preparing instructional objectives. The program syllabus again provides full illustration and application of these areas to critical care nursing. Chapter 6 considers the many and varied administrative aspects of the educator's role, including such

topics as determining the learner group, the role of the program director, program funding, marketing, and proposal negotiation. A special section covers various means to enhance the cost-effectiveness of hospital-based programs and emphasizes the educator's responsibility in this regard to the employing agency. Chapter 7 completes the unit by describing how to sequence and allot instructional time, select and use media, coordinate and germinate fledgling faculty, and prepare useful class schedules.

Unit III progresses to the implementation of the educational process. Chapter 8 sets the stage by reviewing principles of the teaching-learning process and principles of adult education together with their implications for the critical care educator. Chapter 9 briefly highlights factors that influence selecting a teaching method, whereas Chapters 10 through 12 describe alternative teaching methods appropriate for classroom, laboratory, and clinical settings.

Evaluating continuing education programs is the subject of Unit IV. Because evaluating learning is notoriously a more problematic phase than its preceding phases, a moderate degree of attention is paid to it in the text. Chapter 13 reflects on the functions of educational evaluation and considers how evaluating continuing education in a hospital setting differs from its academic counterpart. Chapter 14 discusses the what, who, when, where, and how of evaluation and differentiates between evaluating achievement and evaluating mastery or competency.

Test construction and preparation of various test items are the subjects of Chapter 15. Chapter 16 introduces the application of fairly basic statistical analysis to educational evaluation, describes various grading systems, and offers suggestions on evaluating affective and psychomotor learning.

Other dimensions of a hospital-based nurse educator's role are considered in Unit V. Here responsibilities such as monitoring the status of continuing education within the profession, securing CEU approval, and weighing the merit of outside educational offerings are provided for the educator's expanded role.

The final segment of the book returns to the relationship between continuing education and nursing practice. Considering the dearth of data to support the impact of continuing education on practice, I vacillated between whether to locate this section at the very beginning or at the very end of the book. Having selected the latter to keep the preceding units in cohesion, I would suggest reading the last section first only if you are reality based enough to confront issues head on without becoming disillusioned or cynical. If you tend to be a more myopic pragmatist eager to get under way, start with Chapter 1. Do at least scan the final section, however, lest you leave this area yet naive.

A small group of highly dedicated people assisted in preparing this book. I am especially grateful to my husband, Rodger, whose enduring patience, encouragement, and logistical support awakened me to the previously unknown dimensions of computer text editing and word processing. A note of praise must also be struck for Pam Carroll, whose ability to decipher my dictation and script is deserving of no less than a meritorious service award. A very special thanks is also due to Dee Angleton, whose insight, mentorship, and ideas provided me with an opportunity to get into all of this in the first place.

JoAnn "Grif" Alspach

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Unit I

ASSESSMENT

Chapter 1

The education of critical care nurses

assessing who cares

The individual charged with the continuing education of critical care nurses may occupy any number of organizational positions. The critical care educator may be a staff nurse, a head nurse or coordinator of a critical care unit, a clinical nursing specialist, a nurse clinician, or an in-service or staff development instructor. The possible job titles and their locations on the hospital's organizational chart are extremely variable from one health care institution to another. Regardless of the specific title worn by the critical care educator, however, this nurse's mandate is clear: to provide an effective process of educating critical care nurses so they possess the knowledge, skills, and attitudes requisite for safe, competent, and effective nursing practice in the critical care units. To fulfill this mandate the critical care educator must be cognizant of both the educational process and the administrative process as they exist in a service setting.

Reading the job description and knowing how to proceed in accomplishing its requirements are all too often events that occur asynchronously. One reason for this lag period is that the critical care educator usually envisions herself out on some limb of the organizational tree as the sole purveyor of the process of critical care education—the only person who really cares or directs its course. In reality, service-based nurse educators cannot afford to function in isolation from the administrative organizational structure that supports them. The second major reason for this early stumbling is that the nurse educator may not be adequately prepared in educational methods to know how to proceed with the educational process. Lacking such expertise, even a clinically adept nurse may be setting herself up for failure as an educator.

The following section will introduce the critical care educator to other individuals and groups within the hospital setting who share her concern for the education of critical care nurses. Knowing who these people are and how they participate in the education of critical care nurses is important throughout the educational process. The remainder of the book will explain each step of the educational process as it applies to critical care nursing.

Who cares about the education of critical care nurses? Read the following scenario and see if you can gain any insight.

Reflections of a critical care nurse educator

I sure wish somebody else cared—even just a little bit—about the in-service programs for the critical care units. But no, it happened again: after I spent hours getting these classes arranged, writing the objectives, confirming the details of where, when, and by whom, the end result is always the same—zip! It's no better whether I'm presenting the lecture or not; the response is always consistently lousy.

When the magic hour approaches, I invariably end up appalled, frustrated, and angry to see so few nurses in attendance. Why is it always the sharper nurses who attend rather than the ones who could really use it? If we ever have more than five nurses attend a single session, it will qualify as a miracle! I just can't see what I'm doing wrong! I just don't know any other way to do it!

One thing that could stand improvement is the cooperation level in this place. The lecturers, seemingly oblivious to the lack of an audience, invariably start late, and then rather begrudgingly do their thing. At times they are really miffed at me because they really wanted the nurses to hear this stuff.

The few day-shift people in the audience never ask any questions, but sit rather motionless and mute until it's time for their return to the unit.

As if all of this weren't bad enough, I've overheard the nursing staff complain about what a "waste" the in-service classes are—how they are boring and meaningless or "over their heads." They won't make plans to attend them because they don't get anything out of them and have other more important things to do. How can anything be more important than learning to do your job better? Some appreciation that is!

The head nurses are no different! They think I should be doing something more important—like giving bedbaths or just doing "something" to help out. I'm sure staffing is not the reason they don't see to it nurses are sent to the classes; they could spare the staff if they wanted to. They even have the gall to tell me I'm interfering with patient care when I hold classes on the units; they say I create too much confusion, noise, and crowds in the patient areas for them to be able to give good patient care.

The docs are voicing their complaints to the director of nursing that some of our staff aren't as adept at understanding and performing some of their functions on the units. I'm supposed to take care of all these little incidents! When I try to share some of this work load with the nursing in-service department, I'm told the units are my area of responsibility. Even the ancillary and paramedical services have joined the bandwagon; the lab, x-ray, and respiratory therapy departments would like to use some of our in-service time to clarify a few things with the nursing staff.

Today was really a bummer! I got called into the director of nurses' office to explain to her and the head nurses why they were looking at three resignations from the evening staff and two from the night staff. Each of the resignations claimed that, among other things, they were never provided with opportunities to attend in-service classes on their shifts. Before this little confrontation was over, the director of nursing also wanted to know how, in view of the aforementioned, I ever expected her to be able to justify an increase in the critical care in-service budget. Because the hospital administrator is about to face the Joint Commission on Accreditation of Hospitals, the State Cost Review Committee, and the hospital's board of trustees—all within the next 3 weeks—she'd like me to defend my continued existence around the place.

And just as I was leaving the unit today, the coordinator informed me that we've got two groups of orientees scheduled to arrive next month. Personnel promises them the world to recruit them and I'm stuck with having to deliver it within 3 weeks. I don't know why we bother. They only stay here an average of 6 months! I think I'll go home before anything else can happen. . . .

HOSPITAL ADMINISTRATORS

Hospital administration

Hospitals are extremely complex social systems designed to provide health care services to a given population of patients. This primary objective is achieved through the coordinated efforts of numerous departments and, ultimately, through the multitude of individuals who work within each of these departments. The hospital administrator, who has overall responsibility for management of the hospital, is responsible for this coordination. In community hospitals, the hospital administrator is ultimately accountable to a board of trustees.

The board of trustees is composed of businessmen and businesswomen, professionals, and local consumers of the community the hospital serves. This group is responsible for the long-range planning and financial solvency of the hospital. Do not overestimate your distance from this group nor underestimate the importance of your relationship to its members. Whenever hospital educational projects involve a substan-

tial investment of time, money, or personnel resources, the board of trustees will probably be instrumental in determining the approval or disapproval of the proposal. The hospital administrator may sell your ideas to the board, or you may need to intercede directly with members of the board. In either case, it may be imperative for you to recognize this group and its influence on the hospital's day-to-day affairs for your plans to be realized. Personally communicating with key or all board members can be very effective in clarifying your intentions and enlisting their support.

Although you may presently perceive your relationship with the hospital administrator as antagonistic at worst and nonexistent at best, remember that the hospital administrator has a vested interest in the quality and nature of the work you provide. What you do and how well you do it will largely determine the degree of financial and administrative support you can anticipate receiving from the administrator. Although removed from the immediate patient care area, the hospital administrator receives feedback from patients, families, the community, physicians, and other hospital departments that may relate to the educational needs of the critical care staff. Cognizant of both the needs and the resources of the agency, the administrator is the pivotal figure for determining all major initiatives within the hospital. As will be discussed later, effectively selling your programs to the administrator, thereby gaining much needed support, usually makes the difference between envisioning what could be done and having the opportunity and resources to do it.

Broaden your perspectives to acknowledge more fully the possibility of establishing a working relationship with the administrator and the board of trustees. When you do, though, you must also confront certain realities: overrating the importance of your work to the hospital is no less disastrous than not recognizing the potential value of your services to the organization. Success and maturity result from striking a balance between naivete and presumptuousness. Because both are facts of life in the hospital setting, be mindful of the following:

1. You are only a single person among a multitude that exists within the hospital organization.
2. The hospital administration and the board of trustees may perceive of your position and work as more of an employee fringe benefit they are required to have for Joint Commission on Accreditation of Hospitals (JCAH) accreditation than as an integral component in the provision of health care services. As such, your position and programs may have a very low priority. Conversely, your role may be essential for the hospital to recruit and retain nurses in the critical care units.

At some hospitals, you may interact directly with the hospital administrator; more often, the administrators you work closely with are those within your department.

Nursing administration

The hospital administrator shares the responsibility for, and interest and influence in, critical care education with the director of nursing. Although you may more readily relate your individual and departmental role to the director of nursing, remember that the lines of responsibility extend above the director to the hospital administrator and the board. Because the usual chain of command requires that you communicate upward through your immediate supervisor, you must recognize that your relationship to this individual may be the crucial (i.e., only) means available to make the hospital administrator and the board of trustees aware of your proposals. Especially if you hold an independent staff position, your relationship with the director of nursing is vitally important because of the following:

1. The interest, support, and cooperation of the director of nursing is an essential component in the survival or success of any

educational endeavor within the department.

2. The director of nursing is usually the key person for communicating your proposal to higher levels of administration for their approval and support.
3. The director of nursing, who determines the goals of the nursing department, is responsible for determining the framework within which your educational goals are determined and realized; negotiating goals with her is important for your mutual satisfaction.
4. The director of nursing's demonstrated value system, expectations, attitudes, and style of leadership exert a profound effect on creating or deterring a climate conducive to facilitating your educational endeavors.
5. The director of nursing can supply the guidance, experience, and administrative know-how necessary to realize your plans.
6. The director of nursing is instrumental in directly determining the nature and amount of financial, clerical, audiovisual, and environmental support afforded to educational programs. This tangible support is an essential element in determining the feasibility of your proposals.
7. The director of nursing may be especially helpful in analyzing and validating critical care educational needs. The director's access to audit results and other forms of feedback can provide a reliable data base for substantiating educational needs.

This giving cannot, however, be a lopsided affair. In return for gaining these provisions, you are responsible for providing programs that

1. Are consistent with the goals, policies, and priorities of the nursing department
2. Are feasible given the resources they require
3. Recognize the financial and administrative impact of high turnover and burnout rates among critical care staff members
4. Meet the requirements of regulating agencies such as the JCAH
5. Meet the educational needs of the staff nurses in your units
6. Meet expectations the director of nursing may have of you or your department

Ideally, an atmosphere of mutual trust, open and clear communications, and collaboration and cooperation exists in your relationship with the director of nursing. Assuming your situation exists somewhere along a continuum between full cooperation and antagonism, the aims of either or both parties are best met through the dual arts of communication and negotiation. If you expect to find unlimited support from the director of nursing, you will most probably be disappointed and thwarted. Do not expect the director of nursing to function as either your surrogate mother or as your scapegoat. Communicating mutual expectations and negotiating terms are typically the only plausible approaches to use.

Critical care head nurses. The head nurse's interest in critical care educational programs stems from her administrative responsibility for the patients, staff, and quality of nursing care provided on the unit. Well-conceived and well-executed educational programs should provide the head nurse with more competent staff nurses who will provide better patient care.

The head nurse is well attuned to the full spectrum of needs on her unit and can offer many valuable insights into the learning needs of the staff nurses. As they monitor the quality of care provided on the unit, head nurses are apprised of areas needing educational supplementation. Guided observations of staff nurses' performance, problematic or unusual patient care situations, crisis events, change of shift reports, patient care conferences, and even incident reports indicate where training experiences might be necessary.

Because the head nurse is instrumental in determining annual unit goals, she can antici-

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