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Continuing education for nurses: a time for change

by STEWART HASE

Professional education and training in Australia is changing rapidly. A number of recent government initiatives and reforms require tertiary institutions and workplaces to cooperate more closely in preparing people for their work, ensuring quality ongoing education and training. Economic pressures (institutions are being asked to help pay their way) and a need to improve the quality of training and development to make Australia more competitive are the bases for this ideological shift.

Nursing has undergone tremendous change with the transfer to the higher education sector and the current reforms will affect it further. The proposed changes are positive and provide nurses with a real opportunity to improve their skills through on-the-job education, while at the same time maximising career and professional opportunities.

Two important recommendations can be found in the reports of the Commonwealth Interdepartmental Working Party¹ and the Institute of Nursing Administrators of NSW and ACT.² The former suggested that an improved educational structure might be achieved by cooperation between higher education institutions and continuing education providers. In practical terms this may mean establishing professional development courses to facilitate cross-crediting where

An education model developed in response to various education needs identified by nurses is outlined. The modular format and its advantages are described and set in the context of changes in the educational environment.

appropriate. In a specific reference to nurses, the latter report considered that programs offered by tertiary institutions must reflect the need for well educated clinical nurse specialists, consultants, educators and administrators in health services. The advent of nursing career structures has created an enormous need for professionally relevant education. Nurses are required to upgrade qualifications, increasing their eligibility for promotion and enabling them to fulfil demanding roles as clinical specialists and managers.

The Federal Government has been quite clear about appropriate strategies to rationalize delivery of professional education. Dawkins³ has noted that there are significant shortages of health professionals and that demographic factors, including higher school retention rates, will exacerbate current difficulties. He points to a number of concerns which need to be rectified, including mechanisms to recognize skills gained through on the job experiences. He emphasizes the importance of recognizing skills acquired through work experience based on actual skill competencies. This suggests a need for a credentialing procedure which identifies the level of competencies obtained and makes awards which facilitate the transfer of individuals between training systems. The Minister for Education and Training⁴ and others⁵ have indicated that higher education institu-

tions are expected to play their part in concert with industry, employers and other training providers in enabling adults to have access to education and training which allows for upgrading and adaptation of work-related skills.

Other recent initiatives that influence education and training policy are award restructuring, multiskilling and the structural efficiency principle, the 1990 implementation of the Training Guarantee (Administration) Act and the increasing emphasis on updating skills to retain professional registration. Lastly, it has been made clear that tertiary institutions need to be more entrepreneurial and find additional means to fund their activities, and provide opportunities for more people to undertake courses without increased federal funding.

Continuing education for nurses

Traditionally, continuing education for nurses in Australia has taken three principle forms:

- programs which are system-oriented or designed to meet service needs (usually provided by the employer);
 - programs designed to motivate nurses to learn more about nursing (may be provided in the workplace or by professional bodies in a number of settings);
 - periods of study for which some form of accreditation is achieved.⁶
- The result of all this is a mixed and uncoordinated bag of education and training serving

a variety of purposes. Inservice and continuing education tends to be pragmatic, skills-based and designed to achieve specific service objectives. Service and professionally-based courses tend to be based more on institutional needs than on strong theoretical underpinnings and frequently fail to take into account the learning process. Tertiary education for registered nurses (RNs) is often more concerned with 'process' and sometimes esoteric content.

Unfortunately universities, and other tertiary institutions for that matter, see themselves as the legitimate repositories and keepers of knowledge - places to which people must go to gain access to learning. Although credit can usually be obtained for additional nursing certificates, continuing education and inservice education are not seen as legitimate tender. Thus an RN may have 20 years experience, on the job learning and skills which account for nothing in the quest for tertiary accreditation. A nurse might be highly skilled in an aspect of nursing (for example grief counselling), having worked in the area for some time and undertaken relevant inservice education. On enrolling at a tertiary institution she/he might be required to complete a course in the same subject rather than receiving credit for work already completed. The curriculum after all cannot be denied!

The discussion so far suggests that a model of professional education delivery is needed to address a number of important issues: accreditation of service-based continuing education recognized by tertiary programs; development of more structured and well documented continuing education; improved

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access to education in the interests of equity; provision of *relevant* education that the learner perceives as important; use of adult learning principles that takes account of the learner's previous experience and the ability to compete in the training marketplace.

Professional development model

The Centre for Professional Development in Health Sciences has drawn together these modes of education into one model. It is an attempt to address the problem of educational 'hoop jumping' and combine the strengths of each mode. It applies adult learning principles, acknowledging students' valuable knowledge base and experience and their capacity to direct their own learning. Learning is viewed as a lifelong process occurring through experiences - not as something contained within a curriculum. In the case of professional development in nursing, it is the nurse's work experience that has provided significant and useful learning.

The Centre is a collaborative venture funded by the NSW Department of Health, North Coast Region and the University of New England, Northern Rivers (UNENR). It was established in June 1989 and is based on the philosophy and structure found in proposals for a Centre for Professional Development in Education put forward by MacLeod *et al.*^{7,8} Centres developed on this model are jointly funded by their respective partners (the industry represented and UNENR) and offer accredited programs of professional study. The goals of the Centre for Professional Development in Health Sciences are to:

- establish activity-based professional development programs for health care staff in the region, NSW, Australia and overseas;
- enhance the knowledge, understanding and skill of health care staff in identified areas which relate directly to their perceived needs;
- improve the efficiency and effectiveness of professional development programs conducted by establishing firm cooperative arrangements between the contributing bodies;
- provide and facilitate a mechanism whereby

professional development programs conducted by the NSW Department of Health, North Coast Region can receive accreditation towards UNENR academic programs;

- provide opportunities for health care staff to upgrade their academic qualifications in areas of professional development relevant to their needs;
- improve the interchange and quality of information between health care staff and tertiary institutions in the region.

The learning programs conducted by the Centre are called modules and depending on their particular objectives they represent one third, one half or one complete unit of study in the Bachelor of Health Sciences in Nursing program at the UNENR. A university unit consists of 150 hours study. In 1991 modules leading to the awards of Associate Diploma and Master of Health Sciences will also be available for RNs and other health professionals.

Learners do not need to be enrolled at the university to engage in these modules, however at a later date they may present *Certificates of Completion* to obtain advanced standing towards units in a university program. Currently a nurse must complete a minimum of 50% of the degree as an enrolled student to receive the award but this percentage may be lowered significantly in the future. Learners may choose to undertake modules as professional development only, but the standard of the module and assessment is at tertiary level. The accreditation process through the various university committees means that all modules meet standards set by academic staff. These standards include appropriate assessment to measure the ability of the learner to meet the module's objectives.

Modules are developed in response to a need identified by RNs themselves and in some cases by the NSW Department of Health, North Coast Region. As Klich⁹ has said: "There is a world of difference between the deficit model of professionals being told what they need and the concept of looking at their own shortcomings and expressing those needs themselves." Some modules can be presented in face-to-face format but to maximize access all are available as completely self-contained, non-contact modules. To maintain equity of access there are no residential requirements. The instructional design for

each module is based on adult learning principles and uses activities and case studies that maximise the opportunity for students to use previous experiences and apply new learning. Careful design attempts to match objectives, content, learning strategies and assessment.

Module development involves a high degree of cooperation between nurse practitioners and School of Health Science academics, facilitated by the Centre's instructional designers. While either practitioner or academic may actually write the module, each provides their particular perspective in a team approach. The academic ensures adequate content and process while the practitioner ensures relevancy to practice. The instructional designer completes the team and provides educational expertise and advice. Surprisingly academics and practitioners can be so focused on one particular approach that a balanced view is sometimes missed. Therefore all modules are reviewed by both groups and any advice is considered carefully.

The Centre has recently appointed tutors and assessors in health care facilities throughout the region to assist those undertaking modules who require clinical assistance or assessment. They are nurse specialists, accredited with UNENR School of Health Sciences, who have committed themselves to this teaching and facilitative role with their employers' support.

The Centre's clients are widely scattered with many rural and remote area nurses taking advantage of the modular style. In fact a major project (supported by a grant from the NSW Education and Training Foundation) in conjunction with the Council of Remote Area Nurses of Australia, provides access to resources to meet this group's special needs. Other clients are from the Centre's own health care region, other states and territories, and even metropolitan areas where learners find module topics and style more exciting and relevant than traditional nurse education programs.

Another distinctive feature of the Centre is its ability to provide programs for or collaborate with other staff development organizations in the interests of preventing duplication. All print-based material is stored on computer disk and can be easily kept up to date; it can also be readily altered to meet the particular needs of any individual organization. The

instructional designers consult with the organization to identify specific learning outcomes, procedures and protocols and the module is written or rewritten to reflect these.

In summary, the professional development model adopted by the Centre addresses a number of educational issues. The collaborative nature of the Centre has enabled the tertiary institution and industry to provide their combined expertise in improving access to relevant professional education for nurses. It has provided a clear pathway from certificate or diploma, to first degree and on to higher degrees. The programs of study include input from nurse practitioners themselves so that they have a say in what their needs are and how they may be best met. A process is provided by which actual learner performance is assessed, enabling employers to have more faith in the value of service-based programs designed to improve work performance.

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