An Educational Plan for Nursing Staff in the Procedural Treatment Unit of the Sulpizio Cardiovascular Center

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Professional education for health practitioners is a continuum which commences with the first year professional school until the cessation of a professional career. This article draws on the theories and models developed by experts in curriculum design, teaching, and learning evaluation to better understand the intricacies and challenges of instructional design. Selected models, in particular Malcolm Knowles and the World Health Organization report served as a compass and benchmark to illuminate, guide, and evaluate the impact, process, contents, and outcomes of an educational program for the stakeholders. The aim of this educational program is to ensure that learners develop the knowledge, skills, and attitudes to deliver competent and quality patient-centered care. Multimodal teaching strategies are essential to meet the diverse needs of staff. Utilization of technology such as intranet and mobile applications helps to deliver educational content in a cost-effective manner. Program evaluation determines the effectiveness of teaching and helps to define ongoing needs of staff.

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MALCOLM KNOWLES, THE FATHER OF ADULT EDUCATION, maintains that adult learning is self-directed and adults approach learning endowed with a set of prior experience and knowledge.[1] Adults learn well experientially, question why they need to learn and the immediate benefit of learning, and approach learning in the form of problem-solving.[2] An awareness of adult learning style ensures a greater success in curriculum design, development of teaching plan, and the learning outcomes.

This program and evaluation report is divided into two parts. The first section briefly explores some of the educational theories and learning models and other multifactorial influences on teaching and adult learning. The second section details the process of the formulation of an institutional specific and department-focused teaching plan to address the learning needs of the perianesthesia staff in a major health care network that is closely associated with these authors.

Educational Theories and Learning Models—An Overview

Health Education and Reflective Practice

Educational theorists, John Dewey, Jurgen Habermas, Jack Mezirow, and Paulo Freire, promoted the view that learning is a transformatory process

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and that individuals should critically evaluate their "interpretation of experience."[3] Dewey, an advocate of reflective thinking in education and learning[4] hypothesizes that human intelligence is a product of an individual response to life experience aided by reflection which can transform a conflicting situation into one with clarity, order, and harmony.[3]

Habermas, a key figure in the development of adult education,[3] argues that in the different modes of "knowing and learning": technical, practical, and emancipatory, only emancipatory learning enables an individual, through reflection, to gain an appreciation of the limiting factors and agents of social control that prevent them of realizing their full potential.[3]

Mezirow postulates that only adults are capable of perspective transformation and "older adults are less likely to accept a task at face value but evaluate its structure against their 'personal and social goals'."[3] This qualitative difference in cognition and perspective transformation has a significant influence on Mezirow's concept of adult education.[5]

Freire finds education as a liberating force and that the development of critical thought and reflection leads to liberation and emancipation. He argues that the autocratic banking concept of education enslaves and nurtures docility.[5] He contends only through a circular dialog between student and teacher would mutual learning and perspective transformation intersect and reflection and action coalesce.[3]

Health educator, Christopher Johns argues that existing nursing education constrains a practitioner as caring professional.[4] Johns[4] maintains that guidance and support are necessary to help practitioners develop new perspectives, expertise, and confidence in their practice. "The process involves personal deconstruction and construction and learning through reflection."[4,(p 24),6]

Experiential Learning Versus Banking Concept of Education

Fowler[7] believes that "progressive education" traces its lineage to Dewey's concept of education that "experience plus reflection equals learning."[7,(p 427)] His contemporary, Kolb concurs with this concept and contends that "learning is cyclical" and it comes about by the grasping of experience.[7,8] In that regard, Freire, argues that the "locus of control" resides in an individual who can be empowered as a change agent, challenging social norms from the bottom up. Traditional teaching that Freire criticizes as "banking concept" treats knowledge as absolute, available only "from an authoritative figure or directly observed" which runs counter to the concept of holistic learning.[4] The approach of "backward" curriculum design appears to align with the "banking concept" which is driven by experts with a teacher who assumes the role of an assessor and enforcer of standards.[9]

However, experiential learning is not without its limitations. In the real world, health care practitioners are constantly confronted by competing priorities: patient care, busy clinical workload, and time and resource constraints, which prevent experience and reflection to unite.[7] Fowler[7] elucidates that the interaction of experience and reflection demands internal personal energy; an individual's personal and social problems as manifested in one's "hierarchy of needs" may prevent experiential learning to take place.[7] Conversely, some individuals may actively resist experiential learning because of strong personal beliefs and biases on a subject.[7] People avoid or reject information that is inconsistent with their established self-view.[10]

Bradshaw[8] states that learning can be classified as behavioristic and cognitive. She argues that effective learning is a dynamic and creative process and people acquire knowledge using two preferred approaches: cognitive styles and learning styles.[8] Understanding one's own learning styles is paramount as it gives guidance to the choice of personal strategies and the most efficient and effective methods of learning that would produce the best learning outcomes.[8]

Conversely, Bradshaw[8] contends that effective learning is a dynamic interaction among teacher and students and the latter with their peers. She maintains that the best learning outcomes is a product of "motivation and stimulation."[8] She argues that effective teaching in the health profession recognizes students as individuals[10] with their unique learning styles and lived experiences.

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