

Why eLearning?

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Part One of a Four part series on eLearning

Abstract

Continuing education in a complex clinical environment is challenging for all health care organizations. Over the last few years, eLearning has emerged as a practical solution for learning and education in the hospital setting. eLearning, combined with a Learning Management System, has the potential to transform education by creating a knowledge management environment that improves access to educational offerings, reduces scheduling restrictions inherent with face-to-face delivery, facilitates the tracking of educational initiatives and assists hospitals in meeting mandatory educational requirements. Despite these benefits, eLearning is relatively new to the Canadian hospital setting. This article, the first in a 4-part series, serves as a primer for health-care organizations that are considering adopting eLearning in the future. Subsequent articles will discuss selection of a learning management system, implementation of eLearning within a hospital setting, and evaluation methods and results.

Introduction

The University Health Network (UHN), a large urban quaternary care academic health sciences centre, was faced with a number of challenges in providing continuing education for its staff. In 2004, an assessment of our current state, with respect to staff education, helped us to identify a variety of internal and external drivers supporting the need to explore eLearning as an option to address the ongoing educational needs of our staff.

Drivers Supporting eLearning

External Drivers

At UHN, nursing leaders were mindful of the ever-increasing need to disseminate new knowledge to our staff in order to help them remain current and competitive. In addition, we were faced with a rising number of regulatory requirements mandating annual training regarding specific aspects of our operation (e.g., Occupational Health and Safety, Fire Safety, Laboratory, Radiation Safety). In 2004, there were more than 250 educational programs offered at UHN including both mandatory and continuing education courses and in-services.

Internal Drivers

One key challenge we faced was the necessity to repeatedly offer orientation programs and annual updates. UHN Educators were delivering repetitive, generic content using primarily a didactic, instructor-led approach. This consumed the educators' time and rarely addressed individualized learning needs. Our goal was to shift the role of the educator to that of a coach and mentor. At the same time, we wanted to provide an effective method of delivering education that would enable staff to learn at their own pace depending on their prior knowledge and immediate learning needs.

Another challenge was the lack of standardization for design and delivery of educational material. This made it very difficult to assess or improve the quality of the education provided. There was also an ineffective method of tracking or reporting on education activities within the organization. Each educator had developed his/her own system to keep records of program attendance and course grades. More often than not, those systems were paper-based, difficult to update, and impossible to aggregate.

The delivery of internal educational programs was also limited by instructor availability and lack of dedicated classroom space. Whenever programs were offered, the 24/7 staffing model, coupled with workload issues, made it difficult for staff to leave their work area to attend traditional classroom educational sessions. Our experience with SARS had demonstrated the need to work and communicate differently and highlighted the potential usefulness of a robust, responsive eLearning platform for keeping everyone up-to-date.

Finally, it was also becoming evident that pockets of online learning were being investigated and/or had already been developed by individuals in various departments with *little attention to an overall coordinated approach*. Several departments had already identified priority areas for eLearning and each was prepared to purchase or had already purchased its own stand-alone eLearning system to deliver annual mandatory training specific to its own staff. The lack of coordination was seen as problematic.

UHN eLearning Task Force Proposal

Faced with these challenges, we established a UHN eLearning Task force that was led by Nursing and included representatives from Nursing and other interested departments within the hospital. Within a context of limited classroom space and educator time, our goals were to:

- improve access to education for staff;
- increase our ability to make a timely response to changes;
- provide the individual employee with ready access to a transcript of completed personal education activities;
- reduce the amount of time that educators spend in teaching generic, theoretical content;
- provide the educator with more time for hands-on practice at the bedside;
- help the educator with record keeping;
- provide the organization with an effective centralized method of tracking and reporting all education activity;
- provide ready access to web-based education information "at a glance".

The eLearning Task Force developed a strategic plan that proposed a *blended learning solution* at UHN. This meant using technology to support or complement face-to-face instruction and other educational modalities. The implementation of eLearning did not signal the end of classroom learning as there are unique advantages to meeting face-to-face with learners and peers in a traditional classroom setting. However, the role of the educator/instructor would now focus less on teaching and more on facilitating and coaching.

Potential Benefits of Adopting eLearning

The eLearning Task Force envisioned that eLearning will become so totally aligned with our work that learning becomes an integral part of what we do. As an educational strategy, eLearning will promote learner responsibility for learning and a culture of lifelong learning at UHN. The eLearning Task force also envisioned several additional benefits that will be achieved through the implementation of eLearning. eLearning will:

- create seamless record keeping that can integrate evaluations and learning outcomes into personnel records through a bidirectional interface to the HR database, thereby creating a personal employee profile of learning and competency attainment. Ability to track staff skills and competencies will facilitate identification of learning gaps. Individualized learning plans can then be created to address specific staff needs.
- standardize the delivery of appropriate programs and reduce redundancy across UHN.
- provide just in time, workplace eLearning to ensure that the right information is being delivered to the right people at the right time. This will result in increased productivity and levels of competence, which can be translated into improved patient care.
- encourage staff to take more ownership of their own learning by becoming self-directed learners.
- facilitate interprofessional education and allow us to create and sustain communities of practice.
- improve staff satisfaction with learning opportunities, thereby increasing employee retention.
- attract and retain highly qualified employees through the development of transferable certifications and skills.
- enable staff to meet federal/provincial/professional and hospital standards/accreditation.
- increase learner comfort and competence with computer technology, thereby supporting the implementation of other technologically-related UHN initiatives such as the e-chart.
- enable UHN educators to reach beyond the organization to learners outside the organization by delivering courses in collaboration with local universities and colleges.
- provide opportunities for revenue generation through sale of course content created by UHN, thereby further enhancing our ability to achieve global impact.

The real gains for UHN will be in the areas of recruitment and retention. Enhanced opportunities for continuing education and professional development in the workplace will attract new staff to UHN and entice current employees to remain here.

Cost avoidance is also an important factor to consider in terms of eLearning implementation. For example, an online infection control course has recently been

developed. Its delivery through eLearning rather than in a face-to-face format will significantly reduce the costs associated with instructor time.

Length of time to competence/productivity can also be significantly reduced through a blended learning approach. One example of savings in this area can be found in the orientation program for new nursing staff. Current practice dictates that all nurses new to UHN attend a paid 2-week classroom-based orientation regardless of whether they are recently graduated novice nurses or expert nurses with years of previous experience. Consider the savings that could be achieved through online assessment of learning needs at the time of hire. Results of this assessment would allow us to identify those experienced new hires who could easily fast-track through selected components of orientation thereby allowing them to move much more quickly to the unit-specific orientation at the patient's bedside.

The tracking capability inherent in the Learning Management System will allow us to accurately and easily benchmark and track education costs (both online and classroom). After a one-year period, we will be in a position to establish policies related to such things as paid dollars for staff to participate in education on off-duty time.

Conclusion

We remain confident that the implementation of a blended learning solution which uses online technology in combination with traditional face-to-face classroom instruction will be instrumental in moving education to the core of the daily work of patient care. The ability to track staff participation in education will be invaluable to both educators and managers. The transition to eLearning promises to be an enterprise-wide initiative with great potential, over the next 3 to 5 years. It will help drive the organizational and cultural changes we seek as we move towards improving the patient's experience, promoting UHN as the employer of choice, and preparing the next generation of health care professionals.

Bibliography

Bielawski, L. & Metcalf, D. (2003). *Blended eLearning*. Amherst, MA: HRD Press, Inc.

Broadbent, B. (2002). *ABCs of e-learning: reaping the benefits and avoiding the pitfalls*. San Francisco, CA: Jossey-Bass/Pfeiffer.

Carliner, S. (2002). *Designing e-learning*. Alexandria, VA: American Society for Training & Development.

Carliner, S. (2000, February). *Build a business case for online learning projects*. Retrieved March 14, 2003 from <http://www.learningcircuits.org/2000/feb2000/elearn.html>

Cross, J. & Dublin, L. (2002). *Implementing e-learning*. Alexandria, VA: American Society for Training & Development.

Geisman, J. (2001, March). *If you build it, will they come? Overcoming human obstacles to e-learning*. Retrieved March 14, 2003 from <http://www.learningcircuits.org/2001/mar2001/elearn.html>

- Hootstein, E. (2002, October). *Wearing four pairs of shoes: the roles of e-learning facilitators*. Retrieved March 14, 2003 from <http://www.learningcircuits.org/2002/oct2002/elearn.html>
- Hall, Brandon (2003). E-learning guidebook: Six steps to implementing e-learning. Retrieved January 15, 2004 from the Brandon Hall website www.brandon-hall.com
- Horton, W. (2002). *Using e-learning*. Alexandria, VA: American Society for Training & Development.
- Horton, W. (2001). *Leading e-learning*. Alexandria, VA: American Society for Training & Development.
- Rosenberg, M. (2001). *E-Learning-strategies for delivering knowledge in the digital age*. NewYork: McGraw-Hill.
- Rossett, A. (2002). *The ASTD e-learning handbook*. NewYork: McGraw-Hill.
- Rossett, A. & Sheldon, K. (2001). *Beyond the Podium: delivering training and performance to a digital world*. San Francisco, CA: Jossey-Bass/Pfeiffer.

EDITOR: Lynn Tkac

APA REFERENCE:

- Pollex, H., Johnson, C. & Wood, A. (2007). Why E-learning? Part 1 of 4. *Canadian Journal of Nursing Informatics*, 2(3), 9-13.