Staying on Trend: Integrating Mixed Media Education into Practice

Candace Bilotta, MSN, RN-BC, NPD-BC; Amy Garcia, MSN, NPD-BC, CVRN-BC; and Mayra McBride, BSN, RN-BC

BACKGROUND

According to the National Council of State Boards of Nursing (NCSBN), 36% of registered nurses (RN) in 2022 are under the age of 40, which are categorized as millennials and generation Z (Gen Z). The NCSBN also shows that RN experience level of zero to ten years increased from 30.5% in 2020 to 37.9% in 2022. Due to the younger and less experienced nursing workforce, nursing professional development (NPD) practitioners identified the need for more clinical education. In 2021, traditional classes, simulation, and hospital in-services were offered, but met with low attendance. After conducting a literature review, student-centered education utilizing technology, gamification, and other creative teaching strategies appeal to multiple generations of nurses (Garrison et al., 2021). Additionally, Gen Z nurses are digital natives and prefer more visual and kinesthetic learning (Shorey et al., 2021). To fulfill the learning preferences of multiple generations, NPD practitioners developed alternative and innovative mixed media education (MME), to increase engagement and participation.

PURPOSE

The need for MME was validated through changes in workforce demographics, attendance from traditional class offerings, and data from education needs assessments. The desired state was to develop MME and seek new avenues to increase staff participation and engagement, accessibility of resources; and foster communication amongst bedside staff and NPD practitioner.

METHOD

Educational content was developed utilizing software programs that were provided to the facility at no extra cost to the NPD practitioners. An online design tool, purchased by the education department, was also utilized to create visually appealing MME. The activities that were developed could easily be shared between NPD practitioners and/or reused in other events, such as in specialty classes or for "just-in-time education".

Classifications of MME
• Videos
• "Specialty Scope" Newsletter
• Interactive Activities (digital and non-digital)
• Simulation

Videos
• Provided a quick reference on universal topics presented by Subject Matter Experts (SME)
• Designed to be easily accessible through the organization's online video platform
• Accessed through QR codes, promoted on social media and educational events
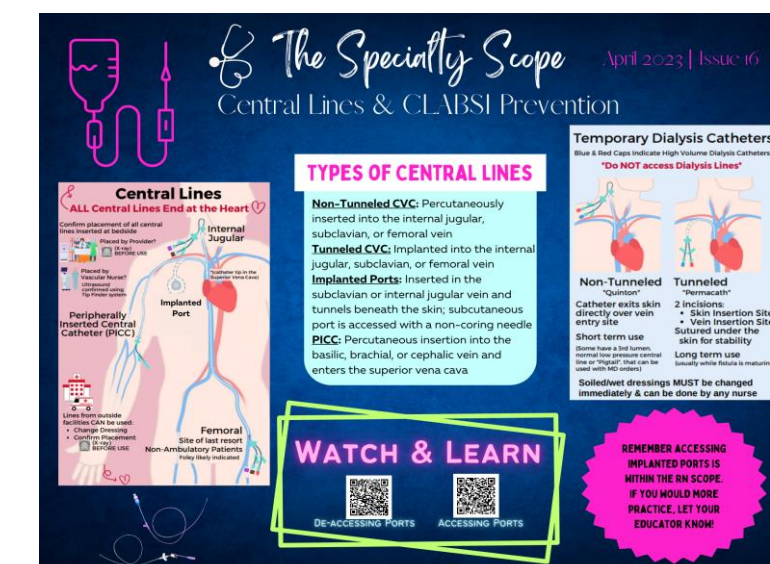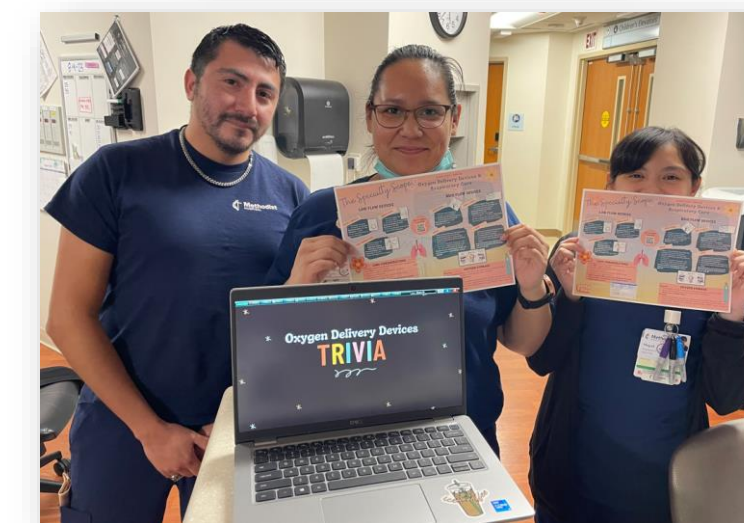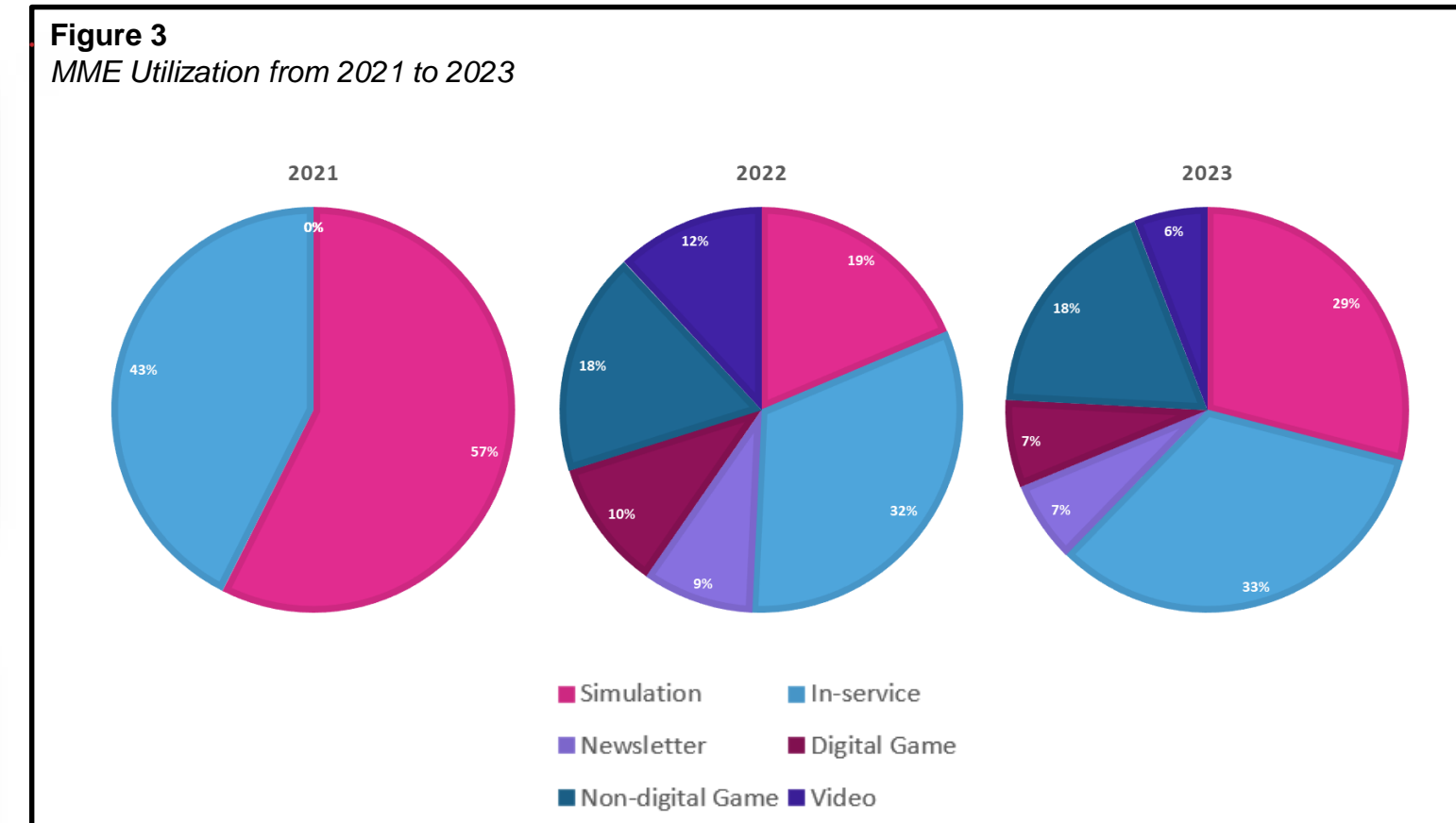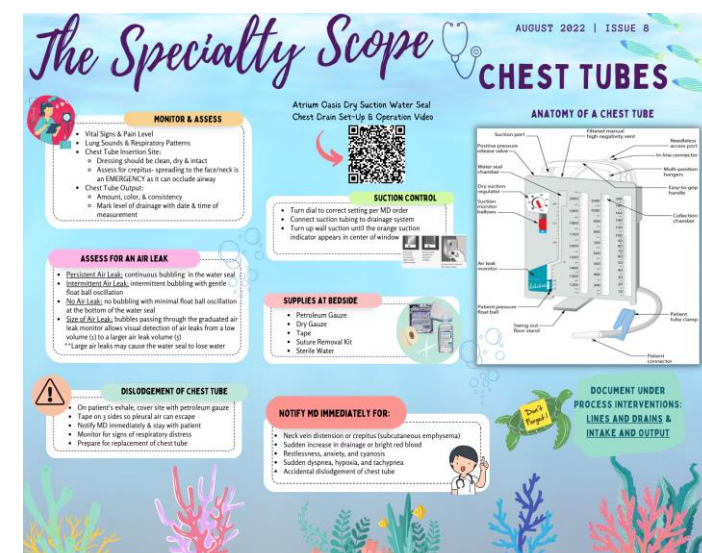
"Specialty Scope" Newsletter
• Monthly topics determined by education needs assessments and universal trends agreed upon by NPD practitioners
• Designed to address an educational gap across the service line
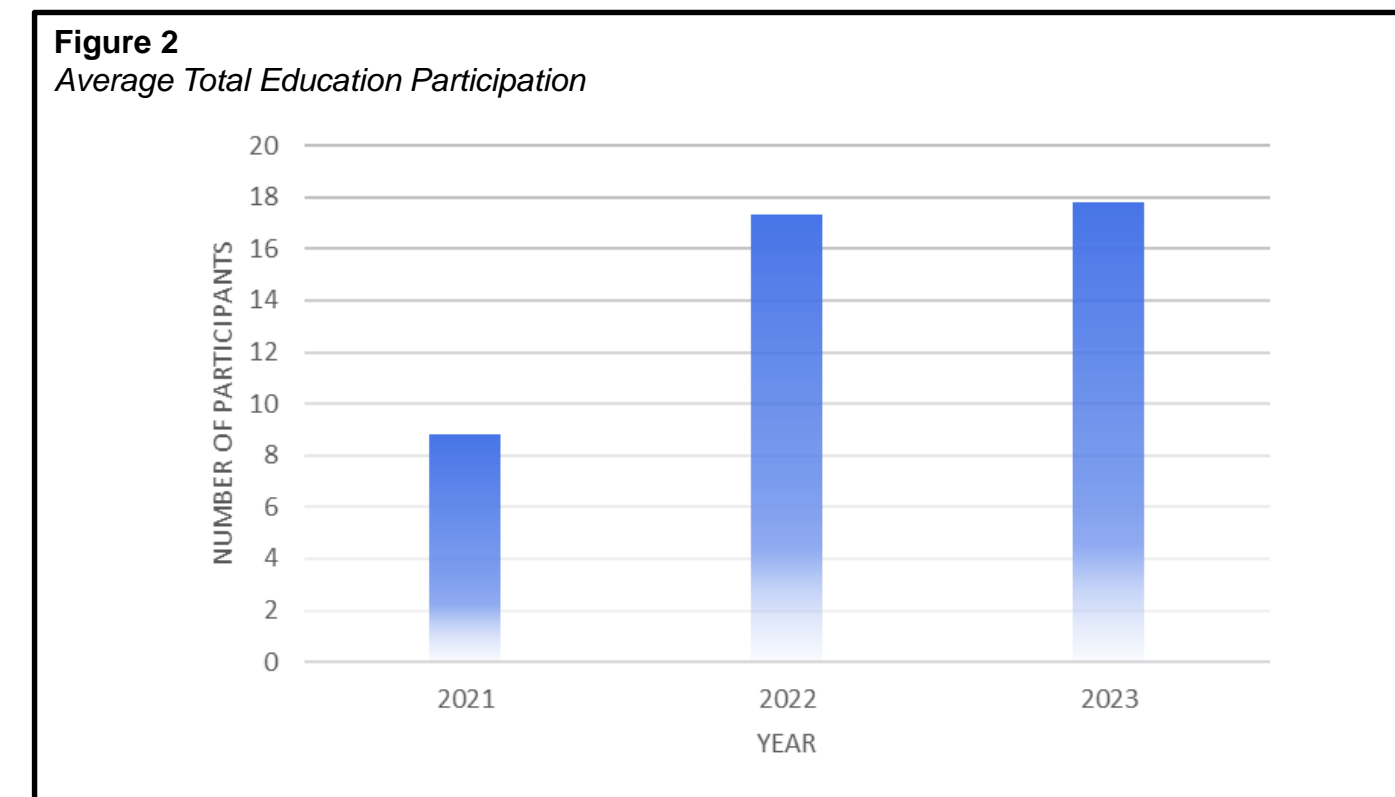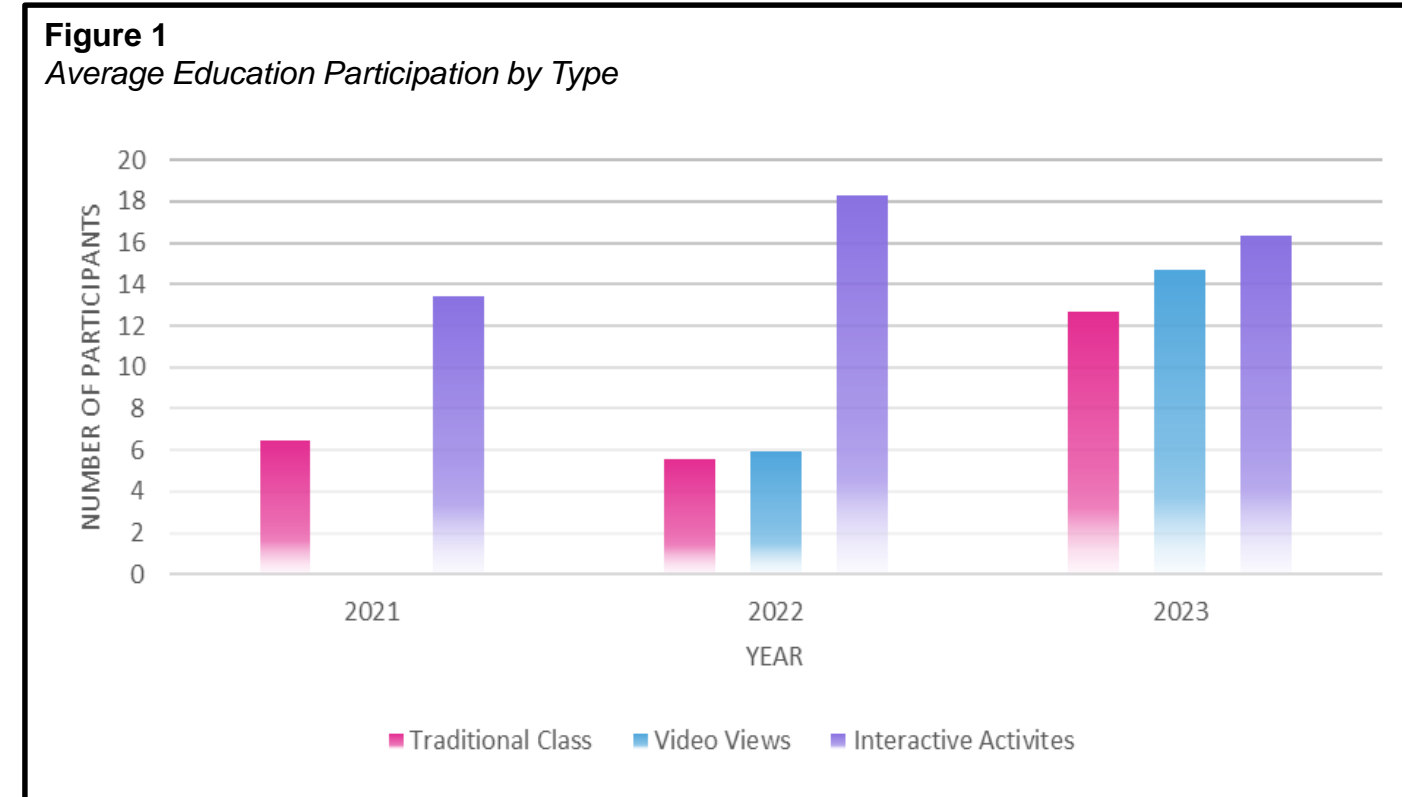
Interactive Activities
• Developed activities utilizing active learning methods to increase engagement and participation
• Varied use of digital platforms and non-digital methods
   ▪ Digital: trivia, storyboards, case studies
   ▪ Non-digital: card games, spin the wheel, relays, etc.

Simulation
• Provided opportunities for simulation-based learning on the units
• Created practice scenarios for high-risk, low-volume skills

FINDINGS

Figure 1
Average Education Participation by Type
(Number of participants by year: 2021, 2022, 2023 — Traditional Class, Video Views, Interactive Activities)

Figure 2
Average Total Education Participation
(Number of participants by year: 2021, 2022, 2023)

Figure 3
MME Utilization from 2021 to 2023
(Pie charts for 2021, 2022, 2023 — Simulation, In-service, Newsletter, Digital Game, Non-digital Game, Video)

DISCUSSION

The NPD practitioners were responsible for clinical staff of the acute care service line of a 900-bed hospital, which encompasses 570 beds. Figure 1 and 2 demonstrate the low staff participation in 2021 with increased participation in subsequent years. The educational offerings in 2021 consisted of traditional classroom education, simulation, and in-services. MME was incorporated into the NPD practitioners' education practice in 2022 which resulted in increased participation. The average number of participants per educational offering was 8.8 in 2021. The following year, the average number of participants per educational offering almost doubled to 17.3 participants/education offering and held steady at 17.8 participants/education offering in 2023. The data showed increased participation in all three categories: traditional classes, videos, and interactive activities. Figure 3 demonstrates the evolution of MME integration incorporated into the NPD practitioner's practice by year. Together, the data shows how utilizing MME has increased participation/engagement.

CONCLUSION

Integrating MME into education has made a positive impact on the NPD practitioner. The time spent to develop content versus the reusability and accessibility yielded a high return on investment. This allowed the NPD practitioner to utilize their time efficiently, have ready-to-use resources for individualized education, just-in-time education, and specialty classes. MME utilization provided the NPD practitioner more time, presence and visibility on the unit, thus increasing interaction and rapport with clinical staff. This fostered a more personal relationship and led to an increase in overall class attendance. MME allowed for creativity and innovation amongst the NPD practitioner, which increased job satisfaction. Through this process, NPD practitioners were able to be proactive versus reactive in bringing education to the clinical staff on the unit.

MME provided clinical staff with an abundance of attainable resources. Using various platforms to present educational content allowed clinical staff autonomy to access their preferred type of MME. During a single learning activity, the variety of MME used met the needs of staff with different learning styles. Due to the appeal of MME, clinical staff no longer felt obligated to participate, but instead eagerly awaited each month's education topic and learning activity. The evolution of this education practice offered an avenue for open communication between NPD practitioner and clinical staff, providing them opportunities to address other education needs.

While participation and engagement was measured, further evaluation is required to fully assess the impact of MME. To do this assessment, incorporation of knowledge assessments measuring retention of content would need to be implemented, along with monitoring the trends of nursing sensitive indicators. Due to the impact MME has had on the acute care service line units, it has now expanded facility wide, including critical care, women's services and pediatrics. Continuing to stay on trend, NPD practitioners are expanding their use of MME on social media to ease accessibility for younger generations.

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