Bridging the Gap to Equal Access to Professional Development Meetings with Remote Virtual Technology

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Learning Objectives

1. The learner will be able to identify challenges to balancing work, lifelong learning, and personal life.
2. The learner will be able to describe the validity of remote virtual attendance to bridge the gap to equal access to meetings and professional development.
3. The learner will be able to apply two technology models to create a culture of change in a case report.
4. The learner will be able to synthesize a case report of the transformation of a district with low member attendance to high functioning group with available remote virtual attendance.
5. The learner will be able to describe implications of remote virtual attendance to bridge the gap to attendance at a district to global level.
Challenges to Balancing Life

- Challenge to balance work, lifelong learning, and personal life
- Nursing is a caring profession that is physically and mentally draining
- Growing demands to provide evidence-based practice
- Nurse must provide safe, accountable, and quality care
- Challenge to balance lifelong learning by staying abreast and attending profession development activities
Case Report Problem

- Tennessee Nurses Association consists of districts
- District 3 has a large geographical area covering 18 counties in middle Tennessee
- Districts run from the Kentucky border to Alabama Border
- Membership consists of 500 active members paying dues
- Quarterly membership meetings are held with average of 20 members present
Case Report Research Questions

- Attendance and engagement problem for 500 members led to three research questions.
  1. What are the barriers to attending meetings?
  2. How can remote technology increase engagement in meetings?
  3. How can remote technology bridge the gap to equal access to meetings and professional development activities?
The Association for Professional Development (2014) conducted an online survey to members. 39% responded with 32% using web conferencing for education and meetings. Knapp, et al (2015) pilot tested a distance learning model that provided in–services at four full service facilities and their associated satellite clinics expanding over six states. Teleconferencing was cost effective, reached remote clinics, and provided education.
Clark, et al (2016) transformed their nursing program from the use of PowerPoints to interactive engagement using an iPad and access to an iBook.

SAMR framework used for transformation:
- **Substitution** – iBook for traditional lecture
- **Augmentation** – iPad recorded a skill
- **Modification** – Feedback for skill acquisition
- **Redefinition** – Allowed technology to develop new methods of teaching
Winter (2016) Recommend HHP Model that consists of four developmental levels

1. Restrictive – Operate in past, rigid
2. Responsive – Operate in present, learner is passive, educator is active, owns issues
3. Proactive – Future oriented, educator coach and facilitator
4. Progressive level – Global holistic approach, adoption of change, embracement of technology, research, professional development
Innoye, et al (2016) conducted a nursing survey about technology in Nigeria hospital

1. Inadequate numbers of computers
2. Unreliable network connections
3. Poor system design
4. Discouragement by colleagues
5. High work demand
6. Inadequate informatics knowledge
7. Lack of training and skills
8. Lack of encouragement
Intervention for Case Report

- Quasi-experimental pre/post test design
- Pilot testing using web conferencing to identify problems
- Pre test – attendance
- Intervention web conference for remote access to meeting – Email sent to all members with link to meeting. Remote participates could ask questions. Camera showed audience and speaker.
- Post test – attendance
Descriptive Statistical Findings

- Regular face-to-face meetings
  - 20 attendees

- Virtual Meeting plus face-to-face meeting
  - 60 attendees face to face
  - 20 remote attendees
  - Total 80 attendees
  - 400% increase in attendees

Pre Intervention

Post Intervention
Survey to Members Findings

- Online Likert scale survey (1–5) sent to 400 members with email address return 100 (25%)
  1. Barriers to attending meetings were conflict with work schedule and fatigue – 4.4%
  2. Ability to receive remote CEU – 4.52%
  3. Access to meeting on website – 4.38%
  4. Live video conferencing at meeting – 4.37%
  5. Remote access can transform engagement and activity – 4.56%
Implications for Nursing

- Remote access availability can transform nursing by providing equal access to professional meetings and education.
- Virtual meetings can increase attendance and engagement amongst members.
- Meetings uploaded to a website can provide access to meetings and continuing education activities.
- Webcasting can bridge the gap to access to meetings and professional development from a district to global level.
References


