

**RESOURCE FAIRS FOR CONTINUING NURSING EDUCATION**

**GLEND A HAWTHORNE**

Diploma of Nursing, Medicine Hat College, 1984  
B.N., University of Lethbridge, 1990  
Dip.Ad.Ed., St. Francis Xavier University, 1995

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## Abstract

The purpose of this project is to evaluate the appropriateness of a resource fair as a method of providing learning opportunities to health care professionals, primarily nurses. Educators in hospitals today are faced with the ongoing challenge of providing adequate continuing education. Continuing education is necessary to ensure nurses have the knowledge and skills to provide quality care to patients and their families. Effective and efficient methods of providing continuing education need to be explored. Resource fairs were held at hospitals within the Palliser Health Region. These resource fairs took place between November 1998 and May 1999. There were a number of similarities but attempts were made to accommodate the uniqueness of the different hospitals, which were determined by an informal needs assessment. The methodology for this study included a number of strategies. An anonymous reaction questionnaire was distributed to the participants at each site at the fair. Interviews were conducted with each of the other 3 educators to determine their perspective. They were directly involved with all of the resource fairs. A survey was sent to managers for their feedback as well. Personal observation was also used. The evaluation of the resource fairs indicated that they are a positive learning experience for nurses. They promote a non-threatening informal learning environment. They seem to be a viable opportunity to meet some of the learning needs of nurses, including rural nurses. The success of this educational activity is partially influenced by the support of the managers. Feedback received from the managers indicates they are supportive of this learning activity. Resource fairs should not be used exclusively to provide continuing education to nurses, but should be used in

conjunction with other educational opportunities. This evaluation supports the ongoing use of resource fairs as a learning activity for health care professionals.

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## TABLE OF CONTENTS

	Page
Introduction .....	1
Literature Review	
Introduction .....	3
Resource Fairs .....	5
Poster Presentations .....	8
Rural Nursing .....	11
Adult Learning Principles .....	12
Learning Styles .....	17
Summary .....	20
Description of the program .....	21
Needs Assessment .....	22
Preparation .....	23
Implementation .....	24
Evaluation	
Methodology .....	27
Questionnaire .....	27
Personal Observation .....	36
Interviews with the Educators .....	43
Surveys to Supervisors and Managers .....	50
Areas of Improvement .....	57
Positive Aspects .....	60
Challenges .....	63

Summary..... 65

References..... 72

Appendices

    Appendix A: Consent..... 78

    Appendix B: Survey..... 79

    Appendix C: List of Learning Opportunities ..... 81

Figures	Page
Figure1: The responses to the fair meeting the learning needs .....	30
Figure2: Confidence in the knowledge obtained and the ability to use this information.....	31
Figure 3: Confidence in the skills acquired and the ability to implement some of this information.....	32
Figure 4: Relevance to the learning needs .....	52
Figure 5: Method of learning.....	52
Figure 6: Impact on clinical practice .....	53
Figure 7: Repeat of resource fairs.....	54
Figure 8: Frequency of resource fairs.....	54

## Introduction

The evaluation of learning opportunities for nurses is of particular interest to me. This project looks at evaluating whether a specific method of continuing education is effective in meeting the learning needs of nurses. The ability of providing adequate continuing education to nurses is not a recent challenge. It has existed in the past and continues to challenge hospital educators today. Some of the reasons for this are limited budgets, increased workload and rotating shifts to name a few.

Many different modalities of providing continuing education have been attempted, some being more successful than others. The feasibility and effectiveness of a resource fair as a method of providing a different learning opportunity for nurses was explored. The goal of a resource fair is to provide nurses with a variety of learning activities to improve their knowledge and skill level. This impacts the quality of care to patients and their families. Staff will be able to obtain information on a diverse number of topics at one time. The intent is that it will be viewed as a worthwhile learning activity, and so therefore an attempt will be made to participate. It will not replace all other educational opportunities, but rather enhance the continuing education opportunities within the hospital setting.

The challenge of providing continuing education is even greater for nurses working in small rural hospitals. Some of their learning needs can be met by attending workshops. However, it is not feasible to send everyone away to workshops.



Teleconferences and self-learning packages can also be utilized, but they do not allow for the same type of interaction as face to face sessions, which allow for demonstrations and discussions.

This project includes the development, implementation and evaluation of resource fairs within the Palliser Health Region. It involves the largest regional site and four of the rural sites. The resource fairs were provided by the Regional Education department, which includes four regional educators. The educational coordinators at the specific sites were instrumental in assisting in the coordination of the fairs.

This project will evaluate if a resource fair is an appropriate method of providing learning opportunities to nurses.

## Literature Review

### Introduction

Continuing education in nursing is a challenge to educators who must assist practicing nurses in their efforts to keep abreast of current developments, technological advances and alterations in their practice. Furthermore, educators are being asked to produce quality, cost-effective learning opportunities for nurses in the workplace. Learning needs in a rapidly changing health care environment demand creative and varied approaches. (Prociuk, 1990, p. 252)

Educators, in hospitals today are faced with the ongoing task of providing adequate continuing education to nurses. This is necessary to ensure they have the knowledge and skills to provide quality care to patients and their families. Educators must explore methods of meeting this challenge in the most cost effective manner possible. Finding new and innovative ways of educating staff, stimulating their interest and making continuing education an enjoyable experience are noteworthy challenges (Rubin, 1991). The ultimate goal of staff education is to impact nursing practice so that patient outcomes are positively influenced.

✘ Staff development educators of the 1990's will be faced with a multiplicity of challenges in delivering current, pertinent information to nursing staff. Today's staff nurses are faced with increased acuity of patient status and increased work loads due to the shortage of and demand for nursing personnel. Nursing service administrators are confronted with staffing fluctuations and limited funds. Given these basic facts, staff development educators are challenged to meet the needs of staff nurses within the limitations set by administrators. These challenges can be

channeled to stimulate innovative and creative ideas in nursing continuing education. (Healy & Hoffman, 1991, p. 123)

Case (1996) supports the notion that the role of educators in health care is evolving. At one time the role focused on communicating specific information to staff in a traditional manner. The role now has evolved to organizing and providing information in a “packaged” format, as well as identifying additional resources for further learning.

The traditional method of providing scheduled educational activities at specific times is no longer an effective method of providing continuing education (Horn, Kospers & Carpenter, 1993). Traditional methods of providing continuing education are often ineffective and costly when the rate of attendance, availability of resources and the logistics of offering the courses are considered (Bagnall, Schemmel & Hansen, 1995).

There are a number of reasons why providing continuing education to nurses is a challenge. Some of the problems that hospitals encounter are poor attendance, participant dissatisfaction and cost-effectiveness issues of providing the programs (Bagnall et al., 1995).

Herrick, Jenkins and Carlson (1998) state that “flexible educational strategies are even more important as nurses become self-directed, as the healthcare system increases in complexity, as medical knowledge expands and as information changes” (p. 73). They go on to say that “educators will not be able to meet learning needs in the future because nursing encompasses too many areas of practice, involves vast numbers of persons, and engages in practice that is constantly changing. Educators face the increasing challenge of an expanding body of knowledge, diverse learner populations, limited budgets and consumer demands for better nursing care” (p. 73).

Nurse educators are required to examine the most effective and efficient method of providing this information. Nowicki (1996) predicts the future of continuing education for hospital staff will need to be “fast, focused, flexible and friendly” (p. 261).

### Resource Fairs

Resource or learning fairs is not a new concept of learning. They have previously been used in a number of ways and settings, such as career fairs and so forth. It is worth exploring the applicability of using them for continuing education within a hospital. The terms learning fairs, educational fairs and skills fairs are used interchangeably in the literature.

A learning fair is a method of providing a variety of educational opportunities in a creative and fun atmosphere. They allow for a series of self-paced, self-instructional learning stations. An educator is readily available to answer questions. One of the advantages of this type of learning activity is its' flexibility. The learner can move at a pace that is suitable for them. Participants can choose the stations which are of interest to them. They are able to leave and return at a later time if necessary. The educator functions as a coach and assists the learner as needed (Bradbury-Golas & Carson, 1994; Bryrum, Rudisill & Singletary, 1996; Ford, Wickham & Colver, 1992). A learning fair is learner centered. The participants can identify their own learning needs and focus on those particular stations. They also provide educators the opportunity to network with staff on an informal basis and assess knowledge deficits.

Henry and Swartz (1995) encourage using a variety of teaching methods. They suggest that the greater number of teaching methods used simultaneously, the greater the results. It is unclear as to what they are specifically referring to in terms of results.

A variety of learning strategies are used to accommodate for the different learning styles of adult learners. These may include demonstrations, self-learning packages, games and poster displays. Learning fairs advocate a non-threatening learning environment (Byrum et al., 1996). Ford et al. (1992) support the concept that a variety of teaching strategies need to be utilized to create the varied approach which is important to the fair concept.

Using learning fairs as a method of providing continuing education allows educators the ability to develop creative methods of presenting information (Byrum et al., 1996). It has been documented that students have an increased understanding of material when efforts are made to “enrich the learning experience” (Henry & Swartz, 1995, p. 24).

An atmosphere that is entertaining should encourage attendance (Rubin, 1991). Brady (1985) felt that a fair type atmosphere has the potential to create a pleasurable surrounding which is conducive to learning. Billington (1996) states that “in optimal learning programs, where adults learn best, both students and faculty also have fun” (p. 3). It was found that the relaxed atmosphere of a fair decreased anxiety that adult learners experience during skill demonstrations (Ford et al., 1992).

The ability to reach a large number of staff is another advantage of a skills fair. D’Aurizio (1985) found that an education day enables the In-service Department to provide a large number of educational hours with a small number of actual instructional hours. This frees time for development, planning and clinical instruction. Bethel (1992)

found an all day concept to be the most cost-effective method of providing continuing education.

A variety of topics can be addressed at one session. This results in a skills fair being a cost-effective method of providing continuing education. The greatest expense is the planning and preparation time for the educators (Ford et al., 1992).

The benefit of increased collegiality amongst staff from different units or areas of nursing or departments is cited as another positive aspect (Bagnall et al., 1995; Rubin, 1991). Nurses have the opportunity to be exposed to new information outside their own area of specialty (Bradbury-Golas & Carson, 1994). Rubin (1991) supports this notion. He found an educational fair provided an excellent opportunity to educate nursing staff and members of other departments.

For learning fairs to be successful, they need to be exciting and allow the learner to be independent in their learning, since levels of knowledge and skill vary greatly amongst individual nurses (Bradbury-Golas & Carson, 1994). Management support has an impact on the attendance of staff. Therefore management support is necessary for the fairs to be well-attended (Byrum et al., 1996).

The faculty of Iowa Methodist School of Nursing found a learning fair to be an innovative, cost efficient method of meeting the learning needs of the faculty (Brady, 1985). The evaluations from this learning fair “indicated expressed learning needs had been met and that learning had been enhanced by the relaxed and festive manner in which the program was presented” (Brady, 1985, p. 28).

Following a skills fair presented by Ford et al., (1992) the “staff voiced appreciation at being able to attend several inservices in the same setting and thought it was easier than trying to get the time to attend different meetings” (p. 343).

### Poster Presentations

One of the dominant teaching methods used in learning fairs is the utilization of poster presentations. Historically, poster presentations were frequently used to present research findings. They are often a component of a conference.

However, poster presentations are also used as a method of continuing education. They can be used at learning fairs, with other presentation formats or independently. Healy and Hoffman (1991) see posters as an effective and professional method of providing continuing education on a variety of topics.

Cooper (1990) defines a poster as a “visual combination of bold design, colour, and message intended to catch and hold the attention of the passer-by long enough to implant or reinforce a significant idea in his mind” (p. 148).

“The poster is a visual aid well-suited to numerous human-dependent and human-independent forms of presentation. It is a cognitive reinforcer, a synthesizing mode of instruction, and a continuous instructional resource” (Duchin & Sherwood, 1990, p. 205).

Posters have the advantage of allowing for self-paced learning. They allow for learning at individual rates (Healy & Hoffman, 1991). The learner can spend as much or as little time as they choose at a particular display (Horn et al., 1993; Sedory & Campeau, 1993). This supports the notion that the learner has flexibility in terms of how much time is spent on any particular topic. Bach, McDaniel and Poole (1994) see the use of posters

as an effective means of self-instruction. The concept of self-instructional learning is that the teacher or educator develops the information and then later acts as a facilitator and a resource person. The learner assumes the responsibility for learning at a self-paced rate. This concept applies to all methods of self-directed learning.

Following a poster presentation at one particular hospital, the evaluations recommended that this format be continued. "The staff perceived the format as user-friendly, efficient, self-paced, interesting and fun" (Sedory & Campeau 1993, p. 130).

The development of posters is relatively inexpensive. They are no more time consuming than preparing for other methods of instruction (Duchin & Sherwood, 1990). The advantage is that they can be used again. After the fair they can be displayed on the nursing units. The posters can be rotated to the applicable units and allow for reinforcement and continued learning. Posters are an easily accessible method of obtaining information on the nursing units (Bach et al., 1994; Healy & Hoffman, 1991; Horn et al., 1993). Bach et al. (1994) suggests that easy accessibility may have the benefit of improving staff morale. Healy and Hoffman (1991) also noted an increase in staff satisfaction with the use of posters as a teaching method.

Posters are cost-effective in that they reach a maximum number of participants by one teaching method. The educator is able to reach more participants than through the traditional lecture method (Bach et al., 1994; Healy & Hoffman, 1991; Sedory & Campeau, 1993).

When developing a poster it is important to identify what should be included. Planning as to what the poster will look like is a key in the effectiveness, which is consistent with any presentation. Only critical facts should be displayed on the poster.



Additional information can be provided in the form of a handout which can also be used to reinforce the major points. An effective poster attracts the reader's attention. It should convey the fundamental information quickly. The poster should be appealing and interesting enough to make the reader read the poster, think about it and retain the information (Bach et al., 1994; Cooper, 1990b). Depending on the content of the poster, they can be used as a method of guiding the learner through the thinking process (Duchin & Sherwood, 1990).

Artistic ability is not a requirement for the development of an appealing effective poster. Presentation options are endless with the availability of computer programs and scanners. However, creativity remains to be an important aspect in the development of posters.

Duchin and Sherwood (1990) identify one drawback to poster presentations. It can be a passive form of presentation, which does not require involvement or interaction from the learner. This can also occur with many other methods of teaching. However, poster presentations do not need to be passive. This will partially depend on the learner. At a learning fair, an educator is available to answer questions and discuss the poster. Often other learners will be present which allows for peer interaction as well. Informal sharing, one to one dialogues and learning from others occurs (Fowler, 1995).

Poster presentations are only one method of providing information at a learning fair. They need to be used in combination with other teaching strategies.

### Rural Nursing

Within the Palliser Health Region there are a number of small rural hospitals. Continuing education for these nurses is important and poses a unique challenge.

One of the most unique aspects is the breadth and scope of practice in rural hospitals. The nurse must function in all areas of nursing such as pediatrics, emergency, maternity, palliative care and so forth. Often this is all within one shift. These nurses “face daily, if not hourly challenges demanding flexibility and innovativeness, being all things to all people” (Anderson & Kimber, 1991, p. 30). They go on to say that rural nurses must be a “jack of all trades” in that they often function in the role of other health care professionals as well. With limited resources, their scope of practice is often expanded.

The learning needs of rural nurses are often different than nurses in urban centres. They often function as generalists rather than specialists. The learning activities need to be focused to meet their particular needs. Anderson and Kimber (1991) support this by saying that “although settings and scope of practice vary, the role involved greater independence and a need for a more generalized knowledge base than found elsewhere” (p. 29).

Another challenge for these nurses is the accessibility of educational opportunities. Distance, cost, lack of staff coverage and availability are ongoing challenges (St. Clair & Brillhart, 1990). Some of this can be addressed by providing the educational opportunity at their site.

It is important that staff be consulted for content ideas. They know best what their priorities are in terms of what they need to review, be updated on and receive new

information about. A nurse educator from an urban site will not have the knowledge to determine specific learning needs or content ideas. White et al., (1998) found that one of the things that hindered learning was not having input or a choice in what is being learned.

Anderson and Kimber (1991) also identify that for an educator to be effective in a rural setting, they must be able to appreciate the richness of rural nursing. Rural nursing experience isn't necessary but sensitivity to it is required.

St. Clair and Brillhart (1990) states that "nurses in rural hospitals need a great deal of support and encouragement by continuing education providers to achieve their goals for professional growth" (p. 223).

The resource fair is seen as a viable method of addressing some of these challenges. Learning opportunities would be provided at each site and the staff would be included in the needs assessment.

### Adult Education Principles

There is a considerable amount of literature on adult learning principles. Many of the approaches used in a resource fair are congruent with these principles.

Knowles (1989) identifies that adults are self-directed learners. Fielding et al., (1994) support this concept, but suggest it is a learned concept. Adults are accustomed to the learner dependency role as a result of past experience. However, adults are able to move quickly to a self-directed concept. Linderman also agrees with this concept by stating that "adults have a deep need to be self-directing; therefore, the role of the teacher is to engage in a process of mutual inquiry with them rather than to transmit his or her

knowledge of them and evaluate their conformity to it” (cited in Nielsen, 1992 p. 148).

Cooper identifies that nurses are known to be self-directed learners. They prefer to participate in self-paced learning activities (cited in Seigel, 1991). The resource fair targets nursing staff and is intended to be self-directed and self paced. Adults want to be able to control how much time they spend at a particular learning activity (St. Francis Xavier University, 1992).

Learning is more likely to take place when the subject matter is perceived as being relevant to the learner and meets their individual needs. (Nielsen, 1992; Viau, 1994). Fielding et al., (1994) suggests that the learner will be more willing to invest into learning if the learning contributes to their life situations. Case (1996) says “learning becomes relevant for adults when they view the learning as useful for solving meaningful problems” (p. 156).

Adult learners want to be involved in their own learning. It is important that the learner remains the central element in the learning process. They should be involved from the planning stage through to the evaluation stage (Nielsen, 1992; Zemke & Zemke, 1995). The educator assumes the role of a resource person or facilitator working with the learner (Dickinson, 1992; Knowles, 1989; Neilsen, 1992). This encourages student participation and self-directed learning.

A number of the learning stations at a resource fair encourage active participation. Pike defines active involvement as “activating as many of the learners’ senses as possible” (cited in Case, 1996). There is greater learning and retention of the learning if more senses are incorporated in the learning. The more senses used, the greater the learning (Case, 1996; Henry & Swartz, 1995).

Adult learners advocate a non-threatening learning environment (Billington, 1996). This promotes a climate that is conducive to learning. Imel (1995) suggests that an environment that is sensitive to both the physical and psychological needs is an important element to be considered. The atmosphere should be both friendly and challenging. She goes on to say “ an ideal adult learning climate has a non-threatening, nonjudgmental atmosphere in which adults have permission for and are expected to share in the responsibility for their learning” (Imel, 1995).

Adults learn best in an environment that is informal and personal. This promotes interpersonal connections with other learners as well as with the educator. Learners need an atmosphere where they can be taken seriously, while at the same time there is allowance for fun, humour and flexibility and errors. Fun and enjoyment open the doors to new ideas. People should be allowed to explore new ideas as this creativity and experimentation augments the learning process (St. Francis Xavier University, 1995).

A study conducted by Billington on adult learners found “that students tended to experience growth only within the non-authoritarian environment that emphasized self-directed learning, support, mutual trust and respect, and that being forced to accept an external locus of control in more traditional learning environments might well result in an actual decline in ego level” (cited in Dickinson, 1992, p. 5).

Adults are sensitive about making mistakes in front of their peers. They have a tendency to take errors personally (Mast & Van Atta, 1986; Zemke & Zemke, 1995). Imel (1995) suggests that any anxieties that learners have about appearing foolish or failing in front of their peers should be diminished. Learners need to feel safe in the learning environment, but still need to be challenged. This is an intricate balance.

Evaluation should be kept to a minimum if possible. Adults are more acceptable of self-evaluation and self-criticism than they are of more formal evaluations (Nielsen, 1992). The resource fair allows for self-evaluation at some of the learning stations. Resource fairs promote a non-threatening learning environment. The fear of feeling self-conscious in the event of not knowing something is eliminated. They also provide a time of informal communication and a fun environment. There is no formal testing. Any tests are self-tests with the answers posted in the room.

In continuing nursing education there are times when formal evaluation is required. This is essential to ensure a nurse has the knowledge and skill to proficiently perform a procedure. A resource fair does not address this type of learning or evaluation.

Learners should be provided with an environment for learning that encourages participation in the learner process (Billington, 1996; Viau, 1994). This environment stimulates future identification of learning needs and encourages shared responsibility for the learner. This concept is compatible with the notion of learner centred learning, rather than teacher centred. Providing opportunities for self-evaluation, preferably immediate feedback gives the adult learner some control over the learning process (Cooper, 1990a). Adults learn better if they are involved in the learning process. One way this can be facilitated is by self-evaluation or self-analysis (Caroll, 1991).

Leonard emphasises the importance of respecting adult learners as individuals. Life experiences are brought to the learning experience (cited in Case, 1996). Knowles (1989) agrees by saying that adults “bring into any learning situation resources from their previous experience and training that are a rich resource for one another’s learning” (p.

48). Neilsen (1992) agrees that the learner's experience should be utilized as a resource for learning.

The immediacy of application of the information is an important aspect of adult learners. They want to be able to apply it to work or personal situations (Fielding et al., 1994; Knowles, 1998). Zemke and Zemke (1995) refer to a "most teachable moment." They feel that the "idea of a window of opportunity applies not only to people's motivation to learn, but also on their ability to retain what they do to learn. If trainees begin to acquire a new skill but then have no opportunity to practice it, the skill will quickly fade" (p. 32). This can be a challenge when providing continuing education. Realistically it isn't always feasible.

Another one of Knowles' assumptions of andragogy is that "adults are generally motivated to learn due to internal or intrinsic factors as opposed to external or extrinsic factors" (cited in Imel, 1995). Case (1996) however, believes that adults respond to both internal and external motivational factors. Knowles (1989) suggests that "when people learn from their own initiative they usually learn more effectively and retain the knowledge longer than they do when information is didactically transmitted to others" (p. 48).

Another motivating factor according to Case (1996) is enthusiasm. Enthusiasm at a learning activity can be infectious. Others will feel this enthusiasm and want to become involved in the event.

White et al. (1998) identified a number of factors that facilitate learning. They are: "a protected time for learning, audiovisual materials (including handouts),

availability and expertise of peers, learning by doing (hands-on experience), credible and knowledgeable educator and external acknowledgment” (p. 150).

Another adult learning principle is the use of a variety of teaching methods. This encourages staff to participate in the learning process (Viau, 1994). Case (1996) suggests that providing choice to the adult learner means providing a choice of teaching materials, techniques and methods. The resource fair addresses this by providing self-directed learning packages, handouts, self-tests, poster displays, interactive displays and practice stations.

It is advantageous to use a variety of teaching methods. The ability to offer choices to learners will accommodate all types of learning styles. Imel (1995) advises that the traditional classroom routine should be broken. Deviating from the conventional methods of teaching can assist in creating an effective adult learning environment. Imel (1995) goes on to say that adults are not captive learners in most circumstances. If the learning situation does not suit their learning needs and interests, they will stop coming.

### Learning Styles

Dunn and Dunn define learning styles as “a biological and developmental set of personal characteristics that makes the identical instruction effective for some students and ineffective for others” (cited in Morse, Oberer, Dobbins, & Mitchell 1998, p. 41).

Many variables influence the learning styles of individuals. Learning style influences how people are able to learn new information, understand it and retain it (Fellenz & Conti, 1989; Griggs, Griggs, Dunn, & Ingham, 1994; Morse et al., 1998). Yuen (1991) found that current techniques used in the delivery of continuing nursing



education often do not take into account different learning styles of nurses. In addition to learning styles, educators need to consider other factors when developing educational activities. Some of these include gender, age, and processing style (Griggs et al., 1994).

Kolb suggests that each discipline attracts individuals with specific learning styles. Education and experience within that discipline further reinforce this style (cited in Laschinger & Boss, 1984). Kolb goes on to say that the underlying experiential learning theory is congruent with those of nursing and nursing education. He says that individuals with learning styles that are not congruent with a discipline either change their learning style or leave the discipline.

Experiential learning draws on the learners' prior life experiences and allows the learner to apply this information. It encourages the knowledge to be transferred to an activity. Simulations can be used to enhance experiential learning. Critical thinking and decision making are often linked to experiential learning. Experiential methods of learning can be used for psychomotor, affective and cognitive learning (Heimlich & Norland, 1994). Rogers describes experiential learning as "equivalent to personal change and growth."

A study by Laschinger and Boss (1984) suggests that concrete thinkers tend to choose people orientated careers. Nursing is an example of a people orientated career and so would attract concrete thinkers. Kolb (cited in Laschinger & Boss, 1984) feels that concrete thinkers learn best when direct experience is used. Some of these strategies include group discussions, audio-visual aids, simulations and role-playing. These strategies encourage individual involvement in the learning process and therefore enhance learning for concrete thinkers. He goes on to say that it is important to include

all learning modes to maximize learning. However, a study by Griggs et al. (1994) found that there was no single learning style that generally described all nursing students.

An important component of continuing nursing education is the ongoing development of psychomotor skills. Oermann (1990) states that for psychomotor learning the learner needs to see the skill being performed and then practice the skill. Filipczak (1996) agrees that employees need to be able to practice a new skill so they can apply it to their practice when they get back to their job. Ford et al. (1992) found that discussion and demonstration were the best-received and most effective methods of instruction at a skills fair.

To enhance an effective learning opportunity, educators must be able to accommodate a variety of learning styles (Filipczak, 1995; Griggs et al., 1994; Morse et al., 1998). Dunn and Dunn (cited in Griggs et al., 1994) suggests that “accommodating individual learning style preferences through complementary education, instruction, teaching and counseling interventions results in increased academic achievement and improved student attitudes toward learning” (p. 43).

Providing a variety of learning strategies in the context of a resource fair addresses different learning styles. Pike and Robinson (cited in Filipczak, 1995) say that there are some training techniques that are almost universally applicable to all types of learners. They identify some of these as demonstrations, field trips, discussion groups and games.

### Summary

The literature identifies a number of challenges associated with providing ongoing continuing education to nurses. Some of these are compounded for rural nurses.

Utilizing a resource fair addresses some of these issues. This type of learning is congruent with many of the adult learning principles. Poster presentations are used at many of the learning stations at the resource fairs. A variety of other learning activities are also used at the fair, which accommodates a variety of learning styles.

The literature supports exploring new methods of providing continuing education and resource fairs appear to be a viable concept. These fairs do not replace all methods of continuing education and so should not be the only learning opportunity available to staff.

## Description Of The Program

The initial planning stages consisted of determining when these fairs should be held, what they should look like and what topics should be addressed. The decision was made to call them a “resource fair” rather than a “learning fair.” The reason for this was that a major component of this activity is awareness of available resources, including written materials as well as the educators presenting. Certainly, the intent was that learning would occur as well, but it is broader than that. It was intended they would be appealing to staff and would be seen as a non-threatening activity. Though the focus is on nursing staff, all staff was invited to attend.

We wanted to make this an enjoyable learning experience for the staff. It appears that for some people learning is primarily viewed as a requirement, and therefore not as enjoyable and stimulating. We wanted people to become enthused about learning and whet their appetites for continuing to seek learning opportunities. A fair concept seemed like a viable idea in trying to achieve some of these goals. The four regional educators were involved in this endeavor, each of us have a specific area of clinical expertise.

A resource fair is one method of acknowledging individual learning styles, as a variety of learning modalities are utilized. It also seemed like a feasible method of providing a significant amount of information to the rural sites in one day. We hoped that staff would support attending because of the wide range of topics.

Unfortunately, unless staff was on duty at the time of the fairs, they were not being paid for attending. This diminishes the number of staff that will attend on their day off. We recognize that it does not meet all learning needs, as many staff will be unable to attend for a variety of reasons.

### Needs Assessment

Staff needs to be included in identifying ideas for topics. This allows for involvement in the process. We wanted the topics to be relevant to their learning needs. At the rural sites the education coordinators and the nursing managers provided this information to the educators. They determined what they perceived as learning needs of the staff. As well, they consulted with the staff by asking for their input. This was conducted in a couple of different ways. Some had staff list topics on a poster, others spoke to staff informally.

As educators we discussed some ideas amongst ourselves. Some of the sites requested we submit some suggested topics that could then be expanded on. This gave them a starting point and an idea of what we had in mind. They were encouraged to list additional topics or omit some that may not be perceived as relevant. We found that there were very only a few additional topics added to our original list and none were omitted.

Some of the topics we decided to include are seen as important for staff to remain competent skilled at performing, such as the initiation of intravenous therapy. These are universal for all sites. However, there are specific things that need to be taken into account at each site, for example some of the equipment is specific to a site.

We attempted to make it as universal as possible but at the same time recognizing site specific learning needs.

### Preparation

We developed a schedule for the fairs. We offered one in the fall at a rural site, as a pilot project. The other ones were offered in the spring. We wanted to space them out, as the preparation time for us is horrendous. We decided to hold the ones at the rural sites first and leave the largest one for last. We did this for a number of reasons. Firstly, we knew the greatest number of learning activities would be required for the largest center. Leaving it until last would allow us to build on our displays from the previous ones. Secondly, when we started this endeavor, the task seemed almost overwhelming. We felt if we started smaller and worked up to the largest one, it would be easier for us to accomplish without feeling like it was too colossal of an undertaking.

The pilot fair had taken place in November. The subsequent fairs were scheduled for March 10, April 14, April 21 at the rural sites. May 12 and 13 was scheduled for the large site which coincides with "Nurses Week."

We conducted an informal needs assessment at each of the sites a few weeks prior to the fair. We then looked at the list of topics and divided them up according to our area of clinical expertise. Some of the more general topics were shared amongst the group of us. We also provided information on things that are either mandated by contract or by hospital policy, such as staff abuse.

As educators, we have a very good working relationship, which is instrumental in the success of this type of endeavor. We all have the same goal of wanting to provide quality continuing education to staff. So as a cohesive group with a particular goal we strove to collectively achieve it.

We attempted to contemplate ways of providing some of the information in a fun interactive method. We wanted this to be an enjoyable learning experience and at the same time ensuring pertinent information was provided. We thought about ways to make it appealing to staff so they would want to attend.

Preparation for the fairs was exciting. We felt we were doing something that would benefit the staff and then ultimately the patients. It was a new teaching strategy for us and therefore a new challenge. However, the realization of the enormity of the preparation time was soon reinforced.

### Implementation

Implementation was similar at all of the fairs. However the locations and room size was different. Adaptations were made at each one in terms of set up depending on the room. We learned how to set things up more efficiently as we went along.

We provided apple cider and cookies at all the fairs. One of the reasons we chose cider is we hoped that the smell of the cider brewing would be inviting and promotes a welcoming atmosphere.

Door prizes were provided at each of the fairs. It is just one of those things that we wanted to do as a gesture and hoped to entice people to attend.

We played music at the last couple of fairs. It was found that at the previous two fairs, when there were only a few people in the room it seemed so quiet. Music provided that relaxed atmosphere and took away the uncomfortable silence. The fairs were run all day, but not into the evening.

We attempted to incorporate adult learning principles into this learning activity. Staff was given the choice to spend as little or as much time as they wanted to at each station and at the fair. They could control how much time they spent at a particular learning activity. Educators were available to answer questions and engage in discussions with them. We offered our assistance but attempted not to insist on interaction. This correlates with the educator functioning as a coach and assisting the learner as requested (Bradbury-Golas & Carson, 1994; Bryrum et al., 1996; Ford et al., 1992). This is consistent with the principle of self-directed learning. A wide variety of information packages were available for future reference.

A conscious effort was made to make it non threatening. Imel (1995) comments that an ideal learning climate for adults is one that is non-threatening. If there were quizzes, they did not have to reveal their answers to anyone but themselves. The answers were posted in the room. We found many of them did reveal answers, which then sometimes followed up with discussion. There was no formal evaluation of knowledge or skills.

Some of the stations encouraged active participation. The more fairs we did, the more stations we had that were interactive. We concentrated on making the atmosphere informal and personal. This type of atmosphere is conducive to learning (Brady, 1985). It was a time to learn and have fun at the same time. We were able to communicate with the staff on a personal level.

A variety of teaching methods was utilized in an attempt to accommodate different learning styles, which according to Viau (1994) encourages staff to participate in the learning process. Some of the learning stations had visual displays with written



information packages that reinforced the displays. Some of the stations had equipment and supplies that allowed for practice with actual equipment in a safe environment. Demonstrations were provided at some of these stations. There were numerous handouts available for staff to browse or take copies of things that were of interest to them.

## Evaluation

### Methodology

The methodology for this program evaluation included four methods of evaluation. They are:

1. Questionnaires from the participants. They were given to all the participants at the fair. They were anonymous.
2. Personal Observation.
3. Interviews with the other educators.
4. Follow up surveys to the managers. (Appendix)

### Questionnaire

A questionnaire was used to evaluate the participants' initial reaction of the resource fair. It is most useful for determining information for the purpose of revising the program, which is consistent with a formative evaluation. It can give insight into how a program can be improved. This type of evaluation is not entirely valid in terms of determining the effectiveness of a program.

This type of evaluation does have merit in that if the participants' perception of the learning environment is not favorable, learning may be influenced. This can include the physical environment, the style of instruction as well as any aspects of the learning situation. This also influences attendance. Participants will encourage others to attend if it was a positive experience. If they attended in the morning and found it useful, they will go back to the units and encourage others to attend later in the day or the next day where it was a two-day event.

I attempted to ask questions that would encourage participants to think about whether or not learning actually occurred. However, these questionnaires do not accurately measure learning and the ability to apply the knowledge and skills to actual practice.

Inviting input from participants resulted in concrete suggestions for improvement of this program. It also gave individuals the opportunity to express their views and opinions.

A questionnaire was devised that was easy to complete and only required a few minutes of the participants' time. I knew if it was a lengthy evaluation form, the return rate would be low. Even so, people needed to be encouraged to complete them. They were placed beside the entry box for the door prizes. The intent was that they would take a few minutes to complete them when they entered for the prizes. It appeared everyone was interested in entering the draws so that seemed like the most logical location. An envelope was provided for people to anonymously place the completed questionnaires. This probably was the best location.

It is difficult to determine exactly how many people attended the fairs, as we did not take attendance nor have people sign in. At the smaller sites it was easier to keep track of the number of attendees, but it was much more difficult at the larger sites. We used the number of entries for the door prizes as an approximation, as it appeared that almost everyone entered their name.

Of the approximately 400 people that attended, there were 149 completed evaluations, which is 37.25% of the people that attended. I expected more people to complete the forms especially because of the location and the ease of completing them.

At the last fair, the question was added to the form asking as to which department the participant was from. All departments were being represented at the fairs, which was positive.

The reaction sheets generally are useful in evaluating ways to improve subsequent fairs. They assist in identifying variables that can affect the quality of a program. Some variables may seem trivial but can still impact learning. Reaction sheets give participants the opportunity to have some input into the program. More importantly, they encourage the learner to reflect on the learning experience. They also prompt learners to reflect on specific learning (St. Francis Xavier, 1995).

The reaction sheets like the fair were targeting nursing staff. Therefore, some of the questions were not relevant to non-nursing participants, which may have influenced the completion rate. Possibly, next time there should be two forms or at least two sections on the form. One that has general comments and another that asks the more specific questions about knowledge and skill.

Each of the questions in the questionnaire will be discussed individually.

Did the learning fair meet your learning needs?

This is a very broad question. Possibly too broad, as it does not reveal specific information. However, it does give some indication as to if it is viewed as an appropriate method of addressing individual learning needs. This graph indicates the results from each of the specific sites. Overall, staff rated the fair very favorably as a method of meeting their learning needs. 81% of all the staff stated that the fair met their learning needs. 18% rated it as OK.

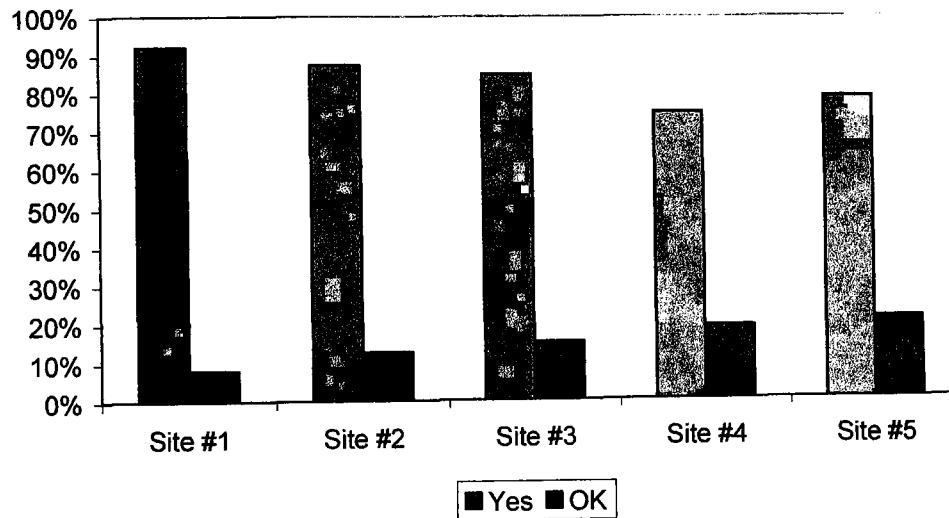


Figure 1: The responses to the fair meeting learning needs.

Do you feel confident in your knowledge and ability to use some of the information you obtained?

This question is difficult for participants to determine immediately following the educational activity. The types of patients and conditions they anticipate they will be caring for in the near future may influence these numbers. The two individuals that indicated “No” gave no indication as to the reason for this response. I am not surprised by the number that indicated “OK” as feeling confident is much more than being aware of knowledge. Overall, 70.25% responded Yes, 26.75% responded OK and 3% responded No.

I am not sure if this question really gave any relevant data except that it provided participants the opportunity to think about knowledge that they will be able to use in their practice setting.

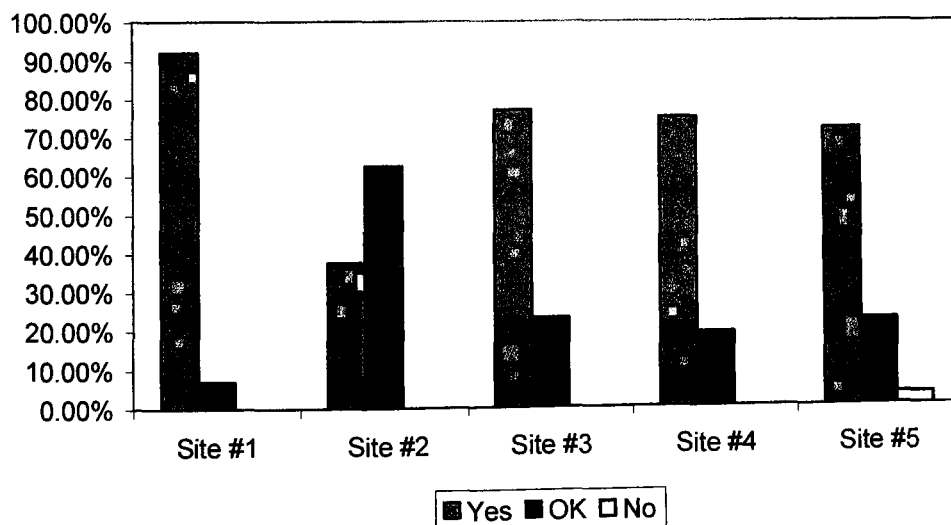
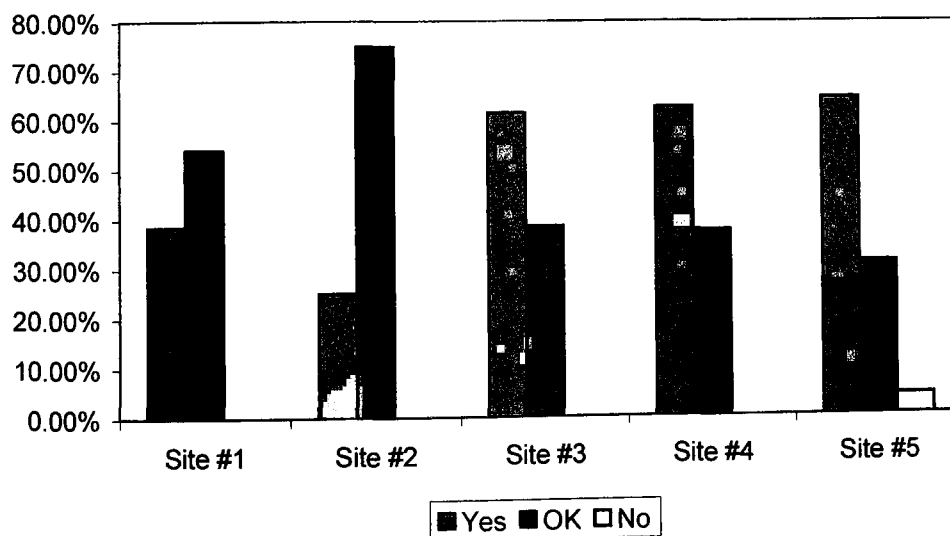


Figure 2: Confidence in the knowledge obtained and the ability to use this information.

Do you feel confident in your skill and ability to implement some of the information you obtained?

This question is identical to the previous one except for the work “skill.” I intended for participants to think about each one of these separately. Knowledge and skill usually are intertwined but are actually two different entities. It is interesting that Site #1 in particular had a significant variation in the responses of Question #2 and #3.

One of the individuals that stated OK commented that she/he would not be able to determine confidence until the skills are used. I think that is a very honest answer. A respondent that is not directly involved in patient care stated “No.” The comment was “I am very rusty, but the information will help.” Another “No” respondent is from housekeeping. Another was from a nursing student that commented “I would need to practice these techniques to become more familiar.”



**Figure 3:** Confidence in skills acquired and the ability to implement some of this information.

What topics would you like to see offered at another Resource Fair?

This question was asked to begin a needs assessment for subsequent resource fairs. There were a wide variety of topics that were mentioned. Some of the topics that were suggested at the earlier fairs were added to the subsequent fairs. Some will be able to be used in the future. It not only gives topics for resource fairs, but also identifies perceived learning needs of the staff, which may need to be addressed in another manner.

What could we do to improve the fair?

This question was to give the educators feedback and ideas for future educational activities. It provided ideas for improvement. One of the comments was to have it more often. This indicates that it was thought to be worthwhile. That is not feasible because of the huge amount of preparation time involved. Also with the number of sites, having it annually is probably the maximum.

Another suggestion was to have more space and a larger room at some of the sites. This is something that can be investigated; however, at some of the sites the options are limited.

A number of people indicated that more hands on displays and interactive displays could improve the fair. This is something that deserves some more thought and investigation. Staff enjoyed the interactive displays. This is consistent with what Viau (1994) stated in that an environment that encourages participation in the learning process should be provided. There were more interactive displays at the last fairs than at the first ones. It is sometimes difficult to come up with creative fun interactive displays, but the benefits are well worth the effort.



What was most helpful to you?

This question provides the educators with individual perceptions of what they found most helpful. It gives feedback as to what should be continued in the future.

There were a diverse number of responses. A number of particular stations were mentioned. These were primarily the interactive stations in which participation was required, for example the blood spill station, the personality style station and hand washing. There was mention of the wall charts as well. The most predominant comment was the handouts, they were mentioned on a total of thirty-five evaluations. Other things that were commented on were the demonstrations, set up of equipment, comfortable environment, resource people and the wide variety of information.

What was least helpful to you?

There were few responses to this question. Some of the comments were that the displays not related to their area of nursing were least helpful. This is an expected response. Another comment was that some of the information packages were too advanced.

In evaluating this question, I do not think it provides relevant information. A better question would be "If the fair was to be repeated, what things should be changed to improve it?" This would provide more precise data in terms of improving the fair.

List a new piece of knowledge or a new skill you learned today that you can apply to your practice.

This statement was not on the questionnaire at the first fair. It was added for the remaining fairs. It gives some indication as to whether participants felt that they learned something. It is their own perception as to whether they can apply it to practice. Applying this information to practice determines if learning actually occurred. I think it is an important question, but it does not evaluate if that really happens. The application is very difficult to evaluate and will not be determined by this project.

Of the respondents, 43% stated a skill or new knowledge that they could apply to practice. Considering some of the respondents were non-nursing people and probably could not apply very much to practice, I think that the fact that this many people mentioned something is positive.

#### Additional Comments

I think it is important to allow people to comment on anything that may not have been asked specifically. All of the comments were very positive. Many of them were thanking us for the fair. One stated that it was an excellent learning experience. Some stated they learned a lot. Some commented that they would like to see it repeated. There were comments on the friendly relaxed atmosphere.

These comments reflect that staff enjoyed the fair. There were no negative comments. Generally, reaction sheets tend to be positive (St. Francis Xavier, 1995). However, they were anonymous so staff had the opportunity to make negative comments in a non-threatening manner.

### Personal Observation

The second methodology used in evaluating this program was personal observation. By being directly involved with the program, I was able to observe the fairs. I was involved with the needs assessment, planning, preparation and implementation of all the programs. I was able to closely examine the learning atmosphere. There is the risk of being subjective when one has a vested interest in something. I am aware of that and attempted to be objective. There is also the possibility that one tends to be more critical of their own program or work than others would be. I am also aware of that. Participating in the programs gave me the opportunity to observe things that worked well and what could be improved. It also allowed me to network and receive informal feedback from the participants.

#### Site #1

Our first fair was the pilot that was held in the fall of 1998. This hospital is a small rural hospital with 10 acute care beds and 20 continuing care beds. They care for a variety of patients, such as pediatrics, maternity, emergency and geriatrics. Acutely ill patients are stabilized and transported to a larger center. Staff requires the knowledge and skills to stabilize patients until they can be transported.

The preparation time for this initial fair was enormous. We needed to develop displays and handouts. We wanted it to be fun, interesting and informative. The last week or so we were working long hours trying to pull it all together. We wanted to make it a success.

Prior to the fair, we advertised by sending out posters to be displayed within the facility. We received management support in advertising and informing the staff of the event.

On the day of the fair we allowed for travel and set up time. The room was in a convenient location for the staff to attend. It was also visible from the nursing station. We had to be creative in setting up the displays because of space. The room was quite crowded and the shelves made it more difficult to hang posters. It took us longer to set up than we had anticipated. People were beginning to come and we were not ready. We learned for the subsequent ones that we needed to allow for more set up time.

Staff from a variety of departments attended the fair, but the majority was nursing. It was an informal atmosphere. Staff could drop in at any time that was convenient for them. I wondered if some people were intimidated initially when they arrived. Some would come in pairs, but some would come alone. They arrived at this educational activity not knowing what to expect. In the room, the four educators were present. I sensed some people were reluctant to come in initially. We tried to make them feel comfortable and encouraged them to look at displays, ask questions and participate in things they were interested in. As more people attended, there seemed to be less reluctance. I suspect the ones that attended earlier informed the others what to expect.

In the foyer area of the room, we had the blood spill station and the hand-washing station. Both of these are hands on stations. People were reluctant to participate in the blood spill estimation until they were assured that they could check their own answers and were not being evaluated.

The attendance at this fair was very good. It was well promoted by management and most staff working attended. Some came in on their day off as well.

By the end of the day 23 people had attended, which was a very good attendance keeping in mind the size of the facility. As far as I am aware, all the staff working that particular day attended. The flexibility of the times allowed for people to do that at a time that was convenient for them.

We were tired, but felt the day was worthwhile.

### Site #2

This fair was also at a small rural hospital. This particular hospital is located approximately two hours from Medicine Hat. It has 10 acute care beds and 30 continuing care beds. The focus was for the staff working on the acute care unit. The type of patients they care for is very similar to the previous hospital. They also stabilize acutely ill patients and transport them to a larger site. However, because of their proximity it may take up to two hours before a patient can be transported. This is often the most critical time for the patient, so knowledge and skills in trauma and other emergencies is essential.

The format of this fair was very similar to the previous one. We set up in a conference room on the nursing unit. The location was very convenient for the nurses. We used many of the same posters but attempted to add some new things. We again set it up as learning stations.

A couple of new stations were added. One of these was a self-evaluation to determine their personality style. It only took a few minutes to complete. The characteristic of each personality style was posted on a display board. Small gifts were

given to each person, which reflected their personality style. Staff seemed to enjoy this station; it is a personal self-evaluation rather than a knowledge or skill evaluation.

Another display that was added was a cardiac station. This station consisted of a monitor and a simulator. Scenarios were reviewed and mock cases were simulated.

The number of people that attended was somewhat disappointing. Only eight people attended. However, one needs to take into consideration the number of staff that are working at one time and the total number of nursing employees. There are two nursing staff working on a shift and both of them attended. So, 100% of the acute care staff working that day attended. Almost all the nurses that work on the acute care unit including full time, part time and casual nurses did attend, some coming in on their day off.

Unfortunately, there was no representation from the continuing care unit or from home care. Even though, much of the focus was on acute care, there was a number of things for continuing care nurses as well. In the future, more effort will need to be put into advertising to the continuing care unit and ensuring there are stations that address their learning needs. They were included in the needs assessment, but this is an area that needs to be improved upon.

### Site #3

The third fair was presented at another small rural hospital. This hospital has 10 acute care beds and 7 continuing care beds. The majority of the displays were the same as the previous fair. This hospital uses a different blood glucose monitor, so that station was omitted. As well, maternity patients are not kept at this facility, so that information was

also omitted. We added a couple of displays that were identified by their needs assessment. These included guardianship, personal directives and information on the “Protections for Persons in Care Act.”

This fair was held in the large conference room in the basement of the hospital. The room was ideal, even though it was quite crowded. The location was not as convenient but that did not hamper the response at all.

There was more advertising for this fair than the previous ones. This is something we had learned from the previous fairs. Colored posters and banners were displayed reminding staff of the fair. The manager made an effort to encourage staff to attend. They commented that she had advised them to attend.

There was a total of 22 staff that attended, which is very good attendance for the number of staff that is employed at this site. All departments were represented, including housekeeping, lab, clerical staff as well as one of the clergy stopped by and participated in some of the non-medical information stations. We now realize that other disciplines other than nursing are interested in attending, so have made an effort to include some things that pertain to everyone, such as the personality style self-evaluation. We also included an information display and handouts on stress and burnout.

The staff was very receptive. They made us feel welcome. Following the fair, we received a very complimentary letter from the manager. The letter indicated that it was a positive learning experience. She spoke of the challenge of keeping current in a small hospital and how this fair “is an immeasurable step in that constant struggle.” I believe the support from the manager contributed to the positive attendance and enthusiasm of the staff.

#### Site #4

This fair was at the second largest facility within the region with 40 acute care beds and 75 continuing care beds. They provide care to a large variety of patients. We used all of the displays from the previous ones. The number of displays is increasing at each fair.

Colored posters and banners were hung throughout the hospital for advertising. There was advertising in the hallways and in the cafeteria.

The room was a large conference room adjacent to the cafeteria. The location was favorable for staff awareness. They could drop in for a few minutes as they went for coffee.

A total of 45 staff attended. The majority was nursing staff, including home care, but there were also a number of other disciplines represented. We were pleased with the attendance. We again felt supported by nursing management. Their promotion of the fair to their staff was evident.

We played soft relaxing music at this fair to try to avoid that dead space silence that can occur in these settings.

Again, at the end of the day we felt we provided an interesting learning opportunity for staff.

#### Site #5

The fair at the largest facility was scheduled for two days. We had no idea as to how many people to expect. We initially thought that if 50 people attended each day we would be pleased. Our expectations were surpassed. The number of staff that attended



was overwhelming. There were approximately 300 people that attended over the course of the two days. We were elated with the tremendous attendance on the first day. We anticipated the number would be less the following day as we thought many of the people that wanted to attend had done so on the first day. However, there were approximately the same numbers the second day. Some people came back on the second day, as they felt they needed more time. According to Case (1996) enthusiasm is a motivating factor. This may have attributed to the number of people that attended. The comment was heard, "the staff were talking about the fair, I just had to come."

We spent a great deal of time advertising. Posters were sent to all departments and nursing units advertising the fair. It was also advertised on the monthly education calendar. The fair was promoted at the nursing management committee meeting a few days prior to the event. Their support in encouraging their staff to attend was requested. They seemed enthusiastic. We recognize the importance of management support in determining the success of any event. If they support something they encourage staff to attend by reminding them and authorizing time from the unit to attend.

On the day of the fair, we set up a large display board outside the cafeteria reminding staff of the event. We put footprints in the elevators and in the hallways leading to the fair. We displayed large banners at several locations within the hospital. An E-mail was sent to all the managers and supervisors in the morning as a reminder.

We set up in a large classroom. We contemplated using a couple of the large classrooms to set up the fair. We then decided to set up in the largest classroom, with a few displays in the hallway. At the end of the fair we decided this was a good decision even though at times the room was very crowded.

We had representation from all departments within the hospital and community health services. A number of the nursing students and instructors attended as well. All levels of management supported the fair. Even a couple of the VP's attended, as well as a couple of hospital board members.

We had the largest number of displays and reading material available at this fair. We included some of the specialized equipment used at this facility. We also included some of the topics that had been suggested at the previous fairs, such as self-breast examination.

#### Interviews with the Educators

The third method used to evaluate this program was to interview each of the three other educators that were directly involved with the resource fairs. They were all involved with the entire process from planning, preparation and implementation of the program. We all have a vested interest in this program. They participated in all the fairs so have their own perception as to how they went. They may have spoken to different people than myself and may have observed different things. I think this is a valuable tool in obtaining a broader scope of opinions and ideas, rather than relying on personal observation.

The educators were willing to be involved in this evaluation process. We work closely together and know each other very well. The same interview format was used for each of the interviews. The interviews were taped.

Interviewing the educators was a useful tool in the evaluation process. It gave the educators an opportunity to express their feelings and opinions. It forced them to think about this project in depth.

The responses to the interview questions have been summarized.

Now that the resource fairs within the region have been held, in your opinion how do you think they went?

They were pleased with the resource fairs and felt they were successful. This was partly due to the flexible format. People had mentioned that they enjoyed them and would like to see them repeated. The excitement of the people attending was evident which indicated they were interested in them.

What do you think worked well?

Things that were identified were the informal atmosphere and the flexibility. This allowed people to come at a time that was convenient for them. Staff was able to attend things that were of interest and what was pertinent to them. People could learn in a comfortable environment that was non-threatening. They were able to ask questions. They were also exposed to new information from other areas that they would not otherwise have the opportunity to learn about. The set-up was also visually pleasing. The variety of learning activities such as hands on, posters and reading material worked well.

What things do you think we could improve upon?

We need to be creative in developing more interactive displays. The staff seemed to enjoy these the most. We did add more of these at the later fairs, but we need to add even more. We can improve on the displays and the way in which things are displayed. We also need to present topics that are pertinent to each specific site. In the future, we would need to offer new topics and displays, which will be a challenge.

From an educator's perspective, was the time spent in preparation and holding the fairs good use of your time? In what way?

All of the educators felt that this was good use of their time. Considering the number of people that attended it was excellent use of our time. It also served as a tremendous personal relation's tool for the education department. Even though, the preparation time was tremendous much of the material can be utilized in the future. The fact that it was well received by the staff and they seemed interested was positive. It also allowed us to meet staff working in other departments other than nursing. For all these reasons, it was excellent use of our time.

In your opinion, do you think this is something we should continue to offer? If yes, how often?

The response was unanimously "yes." It was well received and supported by staff therefore, they should be continued. It was felt that annually would be realistic. Twice a year would be ideal, but not realistic in terms of the number of sites, the preparation time and the ability to come up with new and creative ideas.

What do you think are advantages of a resource fair for providing educational opportunities for staff?

They provided the staff the opportunity to be exposed to a variety of topics. The likelihood of them attending an in-service on some of these topics would be slight. They have the opportunity to see what happens in others areas of nursing, which may make them more appreciative of each other. It may also spark their interest to pursue another area of specialty.

Another very noteworthy advantage is the flexibility in terms of the amount of time staff could spend at the fair. It gives them some control over their learning. Time is a real issue for health care workers. It's an advantage if they can come and get a variety of information in a short period of time. They can pick up relevant material to be used at a later time. It attracts a large number of people, so is cost effective, which is supported by D'Aurizio (1995), as an advantage. It is also a non-threatening learning environment. There was some information for everyone, even dietary and housekeeping.

Another advantage that was mentioned is that it allows people to mingle with other departments, staff and management in an informal environment. Bagnall et al. (1995) and Rubin (1991) state that this is a positive aspect.

What do you think are the disadvantages?

One of the major disadvantages mentioned is the tremendous amount of preparation time involved. Another disadvantage is that staff needs to be made aware that this is not a substitute for all their continuing education requirements. The information was not covered in as much detail as in a scheduled learning activity. It is to expose them

to a variety of things in which they can pursue to learn about in more depth. Hopefully their interest has been stimulated.

It is difficult to determine if the information is actually being utilized. There seemed to be a tendency to pick up many of the handouts. The question is whether they actually read them.

Any ideas why some fairs were better attended than others?

One of the things to take into account is the driving distance in some of the rural sites for people to attend. Management support and enthusiasm had an impact on the attendance. The extent in which it is advertised also had an impact.

When we look at attendance we need to be aware of the number of staff that actually work in a facility at a time. Most of the staff attended while at work. At some of the sites there are only a few people working at one particular time.

How do you think we can improve attendance in the future if we were to continue with them at the site(s) where the attendance was lower?

One thing we can try to do is more marketing with management. A unanimous response was to be more proactive in advertising. One suggestion was to possibly look at making it more of a family orientated day, this would encourage people to come and bring their children. Increasing the fair atmosphere may encourage more people to attend on their day off. A thorough needs assessment will also be important to determine topics that are of interest and are applicable to the staff at each site.

Overall, they were quite well attended and they will probably continue to be in the future. Staff that participated and enjoyed the learning experience will attempt to attend in the future and encourage others to attend.

Do you think nurses learned some things that they will apply to their practice?

This is a dilemma and difficult to evaluate. It was felt they did learn, which was determined by the appropriate questions people asked. This indicates they must have some level of understanding. Some of the things they are forced to apply like some of the equipment, which they are required to use. The ability to work with equipment in a classroom will increase the comfort level when they actually need to use it on a patient. The thought was that they would take something away from the fair. The information may assist them in thinking about the rationale for doing specific things. It will assist in putting things together.

The sense was that nurses learned things but it was difficult to actually evaluate the application.

Is there anything we can do to promote applying this information to nursing practice?

The consensus was that it is difficult to promote the application of this information and to determine whether it is actually assimilated into practice. One of the ways identified is to get many different people from a unit involved in the learning. It's easier if an entire unit makes a change in practice than a few individuals. So the more

people that can be taught the more likely a change in practice will occur. Another method is to provide topics that have been identified by staff.

From your observations during the fair, do you think staff enjoyed the fairs?

The consensus was that staff did enjoy themselves. It was a relaxed atmosphere. People were laughing and conversing. Some came because their colleagues had encouraged them.

Do you think this is an appropriate learning activity for most nurses?

Again, the consensus was that it is an appropriate learning activity for nurses. It does not replace all types of learning. There are some things that are better taught in a small group, and that require more intensive training. The amount of information that was provided in a short time was remarkable. It is a great opportunity to learn and to expose nurses to new things that are happening.

From being on the units, and talking informally to staff, have you heard any comments, either negative or positive about the fairs?

Nobody had heard any negative comments, but lots of positive comments have been heard. Some of the things identified was the effort that the education department had put into the fair was recognized. People commented that it was enjoyable. Some people commented that they were sorry they had missed it because they had heard from others how good it was.



In speaking to the nursing unit supervisors and managers, have they given you any feedback on their perspective of the fair and its' usefulness as a learning opportunity for their staff?

The managers expressed that they were very pleased with this learning opportunity for their staff. The staff was excited about the information. Some of the information has been placed on bulletin boards on the units and at the nursing stations. One of the managers had expressed disappointment in her staff that more of them didn't take advantage of this learning activity.

Overall, the feedback was very positive.

Is there anything else that you would like to add?

It was a good opportunity for the educators to work together. Possibly we can look at more group projects in the future. It was a positive experience for staff and educators and something we will look forward to continuing. It will be a challenge to find new topics and ideas.

### Surveys to Supervisors and Managers

The final methodology used in evaluating the resource fairs was follow up surveys to all nursing supervisors and managers within the region. Initially when the resource fairs were planned they were targeting nursing. However, we were pleased to see non-nursing staff attend as well. I contemplated sending them to all supervisors and managers, but decided to focus on nursing, as that was the initial focus of the fairs.

The surveys were sent to 23 individuals. I was unsure as to the response rate because of the many responsibilities and time constraints of this group of people. I did not want to burden them with yet, another survey to complete. The survey was two-pages in length. I tried to make it easy and not very time consuming to complete. I knew my chance of receiving feedback was greater if it was not time intensive to complete. I was pleasantly surprised to receive 16 completed surveys and one not completed with a note indicating she was unable to attend, so therefore could not express her views. There were a couple of others that I probably should not have sent them to, as they were not in attendance. I thought about this, but decided to send it anyway, in case they had any comments or opinions on this concept, or feedback they heard from the staff. However, I am not sure this was the best choice, as I did not hear from them.

The manager survey was a useful tool in evaluating aspects of the fair. It also provided suggestions for future learning fairs and educational activities. They were best able to evaluate the appropriateness of this learning experience as they communicate with the staff on a daily basis.

Generally, the feedback was extremely positive. They found it to an enjoyable learning experience and would like to see them continued in the future. The feedback was consistent throughout the region.

Each of the questions will be discussed individually.

How relevant was the information presented at the resource fair to the learning needs of your staff?

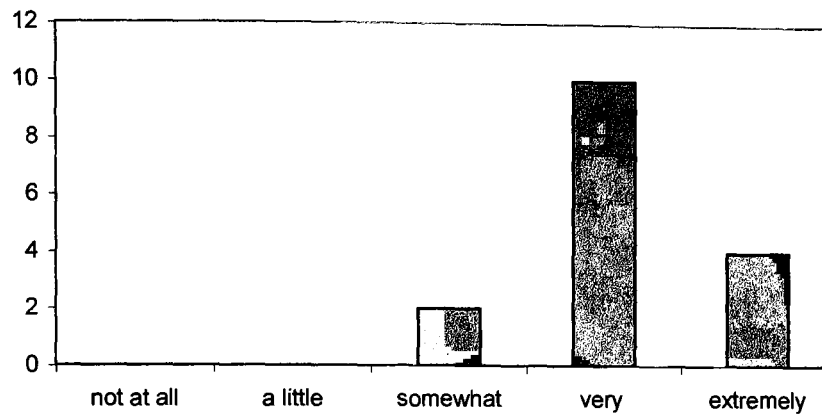


Figure 4: Relevance to learning needs

62.5% indicated that the information was relevant. 25% felt it was extremely relevant and 12.5% felt it was somewhat relevant. One comment was that it was primarily facility based rather than community.

How would you rate this method of learning for your staff?

A likert scale was used for this question.

1 not helpful	2	3	4	5 extremely helpful
0	0	6.25%	62.5%	31.25%

Figure 5: Method of learning

One comment was that the staff did not know what it entailed and would allot more time for the next fair.

In your opinion, did the staff learn something that will have an impact on clinical practice?

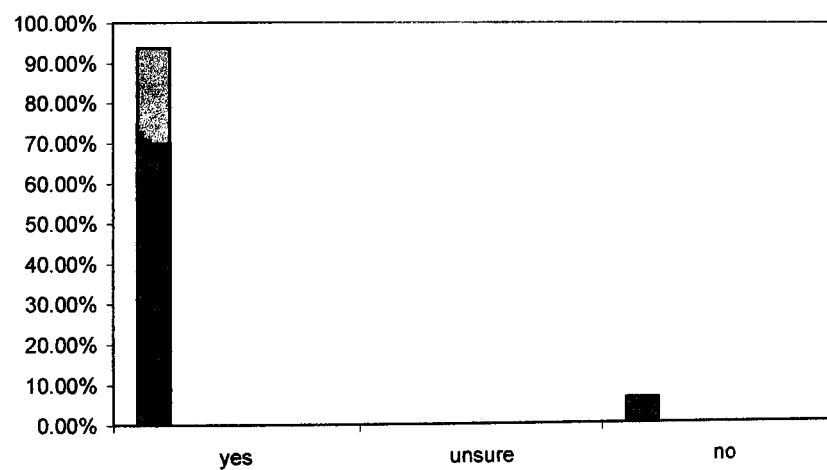


Figure 6: Impact on clinical practice

93.75% of the respondents indicated yes, whereas 6.25% indicated that the staff didn't learn anything that will impact clinical practice.

Would you like to see the resource fairs repeated?

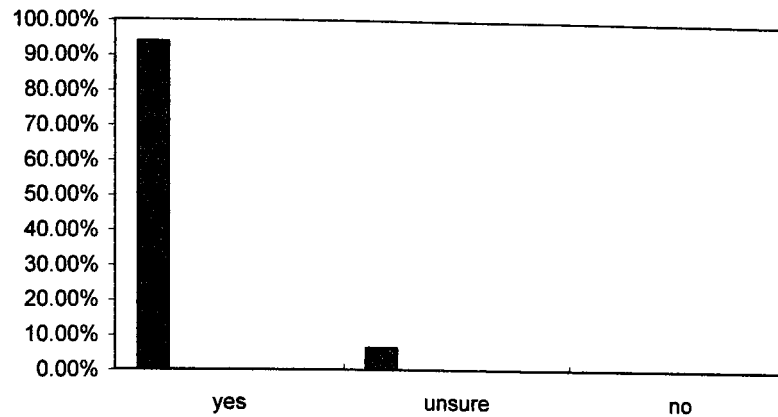


Figure 7: Repeat of resource fairs

93.75% of the respondents would like to see the fairs repeated, and 6.25% are unsure.

If yes, how often?

Yearly	Every 6 months	Every 3 months	No response
31.25%	25%	12.5%	43.75%

Figure 8: Frequency of resource fairs

Were the times of the fair adequate?

Of the respondents, 81.25% responded Yes and 18.75% responded No.

One suggestion was to run it for one week from 7:00 am. – 5:00pm each day.

Other suggestions were to add one more day and have it into the evening.

From your perspective as a manager, do you think the staff found the fair to be beneficial?

93.75% responded Yes and 6.25 % responded No.

Some of the comments were:

“ I heard lots of positive feedback.”

“I heard many positive comments about how good it was. It was lots of fun, which is important when staff are trying to learn. There was a great variety of topics.”

If the fair were to be repeated, what topics would you like to see added?

This open ended question resulted in a wide variety of topics. Many of these will be very useful in planning ongoing resource fairs and other educational activities. It was a simple method of having the managers identify some of the learning needs of their staff.

This information will be useful in planning subsequent educational activities.

If the fair were to be repeated, what topics do you feel could be omitted?

There were no specific topics sited.

In your opinion, which learning stations were the most beneficial to your staff?

One learning station that was mentioned on a number of surveys was the blood loss estimation station. Others mentioned were hands on and visual displays such as the personality inventory and the hand washing station.

If the fair were to be repeated, how could it be improved?

Some of the responses were to add more general information, more community information and less critical care. Another comment stated by a couple of respondents was to use a larger space. One respondent suggested some scheduled sessions to give it more structure.

Additional comments

The additional comments were very positive. They commented that the staff discussed the fair after it occurred and enjoyed the learning environment. The feedback one manager received from her staff was that it was more of awareness as opposed to a learning experience

## Areas of Improvement

As the resource fairs were evaluated from planning to implementation, there are things that could be improved upon in the future. Some of these areas were evaluated on an ongoing basis and changes were made at subsequent fairs.

### Advertising

Advertising is extremely important in the promotion of the fairs. Advertising for a couple of the fairs was inadequate. We identified this as a deficit, and improved for subsequent ones. Ongoing promotional posters inform the staff of the upcoming event. Good promotion is required a few days prior to the event to remind people. Again on the day of the event, it is important to promote the fair. Particularly at the last one, a greater effort was made to promote it and make staff aware of it. It seems to have been beneficial.

In the future, staff will have a clearer expectation of what the fair is about. So with adequate advertising I would suspect the attendance will be increased.

### Location

At some of the sites, the room was quite crowded, which made it feel congested. At some places, we could look at expanding the space or a larger room. That will not be feasible at all sites because of room availability. It is preferable to have the entire activity in the same area to maintain the fair atmosphere. We could trial dividing the areas of specialty in different rooms; for example have the critical care stations in one location. The disadvantage of that is it would seem to isolate one educator. There are many things



that are of interest to everyone, or at least it provides a general exposure to many different things in one location.

### Broader Perspective

The initial intent of the fairs was to focus on some of the learning needs of acute care nursing staff. The realization is that our focus was too narrow. We need to address learning needs of nurses in continuing care and community nursing as well. Many of the topics were specific for registered nurses. More stations should be available for licensed practical nurses and nursing attendants.

Representation from all disciplines of health care attended, such as dietary, laboratory staff, diagnostic imaging, housekeeping, maintenance, therapies and so forth. There were some stations that were applicable to everyone, such as stress management and personality inventories. However, these stations were minimal. We became aware of this deficit and added a few things for all staff at the later fairs.

I think it would be beneficial to improve upon this aspect for next time. It becomes a challenge to make it a learning opportunity for a wide variety of individuals. However, I think it is worth pursuing.

An aspect that needs to be thought about is what the purpose of the fair is and what are the objectives. Is it to focus on nursing or is it awareness for all employees? I think probably the majority of stations will continue to be nursing focused, but a greater effort needs to be to include other areas.

### Increasing the Length

We need to evaluate whether we want to extend the times and number of days the fair is offered. Preparing for the fair takes a great deal of time, even after all the displays and handouts are completed. The set-up and gathering of equipment on the day of or day prior is time intensive. Extending the length of time it is run would be possible. It involves all the educators' time for those days, but it may be worth the time to allow more people to attend. Shift work and heavy workload make it a challenge to accommodate schedules. This would give more people the opportunity to attend.

## Positive Aspects

### Personal Relations

The resource fairs were extremely important in promoting education and the education department. It was an opportunity to expose many employees to the educators and the education department. It allowed us to visit all the sites and provide a non-threatening educational opportunity. A couple of thank you letters were sent to us following the fairs. As well, there were some e-mail messages sent to our manager commending the activity. A quote from one of these is “I have not seen such excitement in a long time on the faces of staff attending an educational activity.”

When staff are able to meet the educators, I believe they will be more likely to utilize the resources that are available to them. They will feel more at ease calling on someone as a resource person. It personalizes the atmosphere. In a large institution, it is sometimes difficult to meet everyone. This has increased the awareness of the accessibility of educational opportunities for staff. This has become apparent by the increased number of requests the educators have had for specific educational sessions and for consultation at the majority of the sites.

### Numbers in Attendance

The number of employees that attended would be unrealistic for any other educational activity. There were a total of approximately 400 employees that attended the resource fairs. The amount of information obtained was very dependent on the individual as well as their type of work. However, to expose that many people to education is

extremely positive. Rubin (1991) supports the notion that an atmosphere that is entertaining should encourage attendance.

### Learning can be Fun

The concept that learning can be fun, creative and stimulating was reinforced. Some individuals may think of learning as grueling and a requirement for some of their positions, rather than an enjoyable experience. Hopefully, this will stimulate people to pursue other learning opportunities, which may be in a very informal manner. I think the staff had fun. It appeared that way by the laughing and just the overall atmosphere of the fair. We went to great lengths to promote this type of atmosphere. It was something different than the usual workday. Billington (1996) states that learning programs that are fun is where adults learn best.

### Exposure to New Ideas and Areas of Specialty

The fair allowed staff to be exposed to information related to other areas of specialty. This is primarily for the nurses. They may have been working in one area for many years and have not had the opportunity to see what is occurring in another area. Bradbury-Golas and Carson (1994) recognize fairs as an opportunity to expose nurses to new information outside their own area of specialty. It may even stimulate some to pursue another area of nursing. Other disciplines also expressed interest in some of the medical displays, for example “So that’s what that’s used for, I’ve seen it on the units but I didn’t know what it was used for.”

Any time we can be exposed to what others do, we have a better appreciation for their work. That has a positive impact on patient care and promotes teamwork. It increases the feeling of collegiality amongst staff.

#### Collegiality amongst the Educators

The resource fairs gave the educators an opportunity to work together on a common project. It increased our appreciation for each other and strengthened our working relationship as a group. To make this a success it was recognized that we needed to all work together as a team.

## Challenges

There are several challenges associated with providing ongoing resource fairs to staff.

## New Ideas

The greatest challenge for subsequent resource fairs will be to come up with new topics and displays. There are some that can be repeated but many will need to be replaced with new ones. An attempt will be made to increase the number of interactive displays. They were the ones that staff liked the most. It is a challenge to devise interesting, fun displays.

An effort will also be made to add more general displays that are applicable to a larger group of people. Some of these may include personal information, for example stress. Fielding et al. (1994) suggests that the learner will be more willing to invest into learning if the learning contributes to their life situations.

## Time

The time involved in preparing for these is astronomical. That poses a challenge when attempting to balance all the other responsibilities. However, the number of staff that attended advocates that it is a good use of time.

## Specific Equipment and Policies

Some of the equipment is not consistent at all the sites. It is a challenge for the educators to become familiar enough with the equipment so it can be taught to others. Also many of the nursing policy and procedures are not regional. They are similar in the

basic concepts but some of the specifics are unique. This poses the challenge of attempting to be aware of the differences, so information presented is congruent with each site.

### Needs Assessment

It is imperative that a needs assessment be conducted prior to the planning of the content. Each site has specific needs. Information for the needs assessment should be collected from staff and from management. They may have different perceived learning needs. For staff to attend and feel it was beneficial, the information must address their learning needs. Learning is more likely to occur when the information is relevant to the learner (Neilsen, 1992). It may not be feasible to address all requests but they should be considered for future planning.

## Summary

The evaluation of the resource fairs indicates that they are a positive learning experience. They follow many of the adult learning principles, such as encouraging self-directed learning. The learner determines what topics they are interested in and how much time they want to spend at a particular topic. A variety of learning strategies were used to accommodate preferred learning styles. Some of the stations provide more than one learning strategy, for example hands on practice, explanation or written information. They can utilize all of the strategies, or choose one of them.

There is potential for information overload. We are aware of that possibility, so hence another reason for providing written information. This allows the staff to review it later on and have the resource material available to them.

The fairs promote a non-threatening informal learning environment; there is no formal evaluation of learning. Self-evaluation is used. Attempts are made to include the staff in the planning process.

The fairs appear to be a viable opportunity to meet some of the learning needs of the rural nurses. It provides an avenue for a variety of learning needs to be addressed at one time. They allow the staff and educators to collaborate in an informal environment. It increases the awareness of the availability of resources for the staff.

The success of an educational activity is partially influenced by the support of the managers. They have the ability to influence the staff by encouraging their attendance and participation. Feedback received from the managers from the surveys and to the educators indicates they are supportive of this learning activity. This support was



consistent throughout the region. They are also key individuals in promoting the application of the learning on the units.

The resource fairs should not be used as the exclusive method of providing continuing education to nurses. It is one vehicle, but needs to be used in conjunction with other learning activities. They are a means of exposing staff to a wide number of topics in a short concentrated period of time. Hopefully, this will whet their appetite for pursuing specific information or attending other educational sessions.

Nurses must be able to perform some nursing skills precisely and competently. To maintain high standards of care, formal evaluation is required for some of these skills. A resource fair does not advocate this type of learning. Some topics need to be addressed in a much more detailed manner. These things are better achieved in a different learning activity.

From a personal perspective, I consider learning fairs to be a viable and effective method of providing information to nursing staff. The danger with them is that staff will view this as their only continuing education obligation for the year. They may feel that it is not necessary to attend other educational opportunities.

The fairs provide a tremendous amount of information to a large number of staff in a short period of time. Resources materials are used as supplements. They are a feasible method of promoting education and exposing staff to a wide range of information. It also gives staff and educators the opportunity to share ideas in an informal, non-threatening environment. Staff becomes more aware of what we as educators do, and how they can utilize us as ongoing resources.

In my opinion, this type of learning does not replace specific knowledge and skill development. It does not evaluate actual learning and the ability to implement it into nursing practice. I feel that formal skills review still need to be conducted to ensure nurses' competency. I would be averse to this occurring at the resource fairs, as for me it takes away from the premise of a fun, personal, non-threatening learning environment. The area of ensuring continued competency is another challenge that faces educators.

One of the challenges for professional development that is not resolved by these fairs is commitment to learning by staff and management. The issue of professional responsibility and staff morale has a significant impact on participation of continuing education. Administrative support both financially and otherwise is very important. Administration faces the challenge of working within financial constraints. However, staff does need to feel supported. Some of the ways of doing this is cost sharing, flexibility of work time and so forth.

I feel that the encouragement of staff by their immediate supervisors to attend the fairs is crucial. This can have an influence on the number of people that attend from that unit or department. The extent, of which management supports and values education, is communicated to staff. This may only be indirectly communicated. Each individual has their own opinions of the importance and value of education. However, this can be enhanced or discouraged depending on the view of the managers. This attitude is sensed by the staff members and can then transmitted to the general feeling of the unit or department.

Administration does support the resource fairs. This has been expressed by informal comments as well as by more formal communication by e-mail and memos. Their ongoing support will be required for the continuation of their success.

In future endeavors, one of the important aspects of attendance is rigorous promotion. Staff needs to be made aware of the upcoming event in advance and reminders need to be used as the event approaches. Word of mouth is the best promoter of an event. Another key is to provide interesting, fun and informative learning opportunities at the fairs. This is one of the greatest challenges for the educators.

Another aspect that could be improved upon is that a thorough more formal needs assessment be conducted at each site. This would assist in planning the learning activities and topics that are most appropriate and applicable to that staff. An examination of each of the topics and the delivery of each of these should be performed. A conscious effort should be made to make as many learning stations as possible to be interactive. It seems that the staff enjoyed these the most. Some stations should be omitted in the future and others should be revised or added.

A subsequent fair has been offered at one of the small rural sites since this formal evaluation. Some of the recommendations were used to plan and facilitate this fair. Plans are being discussed for future fairs at all the sites. At this point, it has been decided that it will be an annual occurrence. Information derived from this project will be used to plan, implement and further evaluate ongoing fairs.

Partially as a result of this concept, we as nurse educators are in the process of planning a skills review day. All nursing staff would be required to attend this all day session on an annual basis. It would be a formal evaluation of some of their skills and

also meet the contractual obligations. Our premise is that staff would be scheduled for the day, they would not need to worry about returning to their unit or leaving the unit understaffed, this is supported by D'Aurizio (1985). They would be paid to attend. Some of the topics for this day would be cardio-pulmonary resuscitation, (which is a three hour class), back care, and staff abuse which are each an hour in length. These are mandated by the registered nurses' collective agreements. Some of the other specific skills in which return demonstrations would be required would be drawing blood from a central venous catheter, fetal monitoring, defibrillation, responding to aggressive people and so forth. Staff would be registered in the classes that are applicable to their area of nursing.

The logistics of this is extremely challenging, but after many hours of planning and brainstorming we are ready to present our proposal to administration. This will not replace the resource fair. It will be an evaluative day for nurses as they will be required to perform return demonstrations. For some things written exams are required, which will be sent out in advance, as the majority of the examinations are open-book. Prior to further planning, we are committed to obtaining administrative and management support. It will be interesting to see what becomes of this proposal.

This project has been very interesting for me. It is directly related to my present role as a nurse educator. It has challenged me to examine what we do and how to look at innovative ways of providing continuing education. The data collected is applicable to the other educators and myself. It will be utilized in further planning and implementation. It provides a basis for continuous evaluation of this program as well as other types of programs. It has given me the confidence to attempt new methods of continuing education and validated the importance of ongoing evaluation of any program.

This evaluation supports the notion of resource fairs as being an appropriate method of providing learning opportunities to nurses. I believe it meets the overall goal of this program, which is to provide learning opportunities for nursing staff to improve their knowledge and skill level.

Initial steps of outcome evaluation have been addressed. The benefits of cost and efficiency have been investigated to some extent. The application of the knowledge and skills to nursing practice has been reviewed but not formally evaluated. That would require additional more intensive evaluation.

This type of follow up evaluation is an important component of this program. One of the ways this could be conducted would be to distribute a checklist that lists all the learning stations. The participants could then indicate which were most applicable to them. A similar checklist could also be used as a follow up to determine if there has been any transfer of the knowledge to actual practice. The individuals, educators or supervisors could complete this.

Another way of conducting specific evaluation would be to present each participant with a "Passport," which would contain a list of each of the learning stations. It could be set up to indicate the length of time that was spent, if it was helpful, if they learned anything, how it could be improved and so forth. This would give more specific information of each of the learning stations.

In the future, it would be ideal if each staff member could be paid for a specified number of hours to attend this educational activity. They could then be replaced on the units, and would not have to worry about balancing patient care and attending an educational activity.

This evaluation supports the ongoing use of resource fairs as a learning activity for health care professionals. It is an activity that will be continued in the future with some revisions. Ongoing evaluation also needs to be performed to ensure it continues to be a feasible effective method of providing continuing education to nurses.

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Appendix A

Consent Form

Dear supervisor/manager:

For my Masters of Education I am conducting a study on the use of resource fairs as a means of providing continuing education. The purpose of the study is to evaluate if resource fairs are an appropriate method of providing learning opportunities for staff. My intent is that the education department will use this information to evaluate the resource fairs. We will determine if they should be continued in the future and, if so, what areas were most useful and what areas could be changed to improve their usefulness and effectiveness.

As part of this evaluation, I am asking for your input by completing this survey. All information will be handled in a confidential and professional manner. When responses are compiled, they will be reported in summary form only. All names, locations, and any other identifying information will not be included in the discussion of the results. You have the right to withdraw from the study without prejudice at any time.

If you choose, to participate, please indicate your willingness by signing this letter in the space provided below and return the letter with the completed survey to the Education Department (Attention: Glenda Hawthorne). If you choose not to participate, please return your uncompleted survey to the Education Department.

I very much appreciate your assistance in this study. If you have any questions, please feel free to call me at 529-8860 (work) or 529-6162 (home). Also, feel free to contact the supervisor of my study, Dr. Rick Mrazek at (403) 329-2452 and/or any member of the Faculty of Education Human Subject Research Committee if you wish additional information. The chairperson of the committee is Michael Pollard.

Yours sincerely,

Glenda Hawthorne, University of Lethbridge, 529-8860

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**Is a resource fair an appropriate method of providing learning opportunities to nurses?**

I, \_\_\_\_\_, agree to participate in this study.  
(Name – please print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Appendix B

## Survey

1. How relevant was the information presented at the resource fair to the learning needs of your staff?
- not at all       a little       somewhat       very       extremely
2. How would you rate this method of learning for your staff?
- 1                      2                      3                      4                      5  
not                                                                                                          extremely  
helpful                                                                                                          helpful
3. In your opinion, did the staff learn something that will have an impact on clinical practice?
- \_\_\_\_\_ yes  
\_\_\_\_\_ no  
\_\_\_\_\_ unsure
4. Would you like to see resource fairs repeated?
- \_\_\_\_\_ yes  
\_\_\_\_\_ no  
\_\_\_\_\_ unsure
- If yes, how often? \_\_\_\_\_
5. Were the times of the fair adequate?
- \_\_\_\_\_ yes  
\_\_\_\_\_ no
- If no, what times would be more appropriate? \_\_\_\_\_
6. From your perspective as a manager, do you think the staff found the fair to be a beneficial?
- \_\_\_\_\_ yes  
\_\_\_\_\_ no  
\_\_\_\_\_ unsure

7. If the fair were to be repeated;  
What topics would you like to see added?

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What topics do you feel could be omitted?

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8. In your opinion, which learning stations were the most beneficial for your staff?

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9. If the fair were to be repeated, how could it be improved?

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Comments are Welcome!

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**Thank you for your input!**

## Appendix C

## List of Learning Opportunities

1. Poster displays

- Neurological assessment
- Central venous catheters
- Pregnancy induced hypertension
- Administration of blood products
- Catheter care
- Suicide Risk assessment
- Red Flags in Common Pediatric Symptoms
- Eating Disorders
- Pregnancy Induced Hypertension
- Elder Abuse
- Hemodynamic Monitoring
- Staff Abuse
- Protection for Persons in Care Act

2. Hands on and Equipment Displays

Actual equipment was displayed. Staff was encouraged to practice using the equipment.

- Intravenous therapy. Nurses could practice their skill on a practice arm.
- Blood administration.
- Intravenous infusion pumps.
- Tube feeding infusion pumps
- Subcutaneous infusions
- Using the Bag Valve Mask
- Blood Glucose Monitor
- Nasogastric Suctioning
- Breast Self Examination
- Progression of labor models
- Central Venous Catheters
- Hemodynamic Monitoring
- Cardiac Monitors
- Blood Warmer



### 3. Interactive displays

- Estimating blood spills. For this display we poured blood on a variety of dressings and linens. Staff was encouraged to estimate the amount of blood spilled on each of these items. Initially they were reluctant, until we advised them the answers were posted in the room. They could check their own answers. Most staff engaged in this activity and seemed to enjoy it. Even some of the non-nursing staff participated when they realized it was non-threatening. We made this as realistic as possible by using actual blood from the blood bank and actual dressings. Even one of the physicians participated in this exercise.
- Hand washing station. At this display staff applied a glow germ lotion to their hands. They then washed their hands. They then went into a dark room and using a special light they could determine how well they actually wash their hands. This simulates germs.
- Personality Inventory

### 4. Handouts and Learning Packages

- 12 and 15 lead Electrocardiograms
- Angina
- Assessing Arterial Blood Gases
- Assessing head injuries
- Blood Glucose Monitor
- Brain Attack
- Burnout
- Burns
- Cancer Pain
- Cardiac assessments
- Cardiac Failure
- Cast Information
- Central Venous catheters
- Chest Tubes
- Children and Diarrhea
- Children and Hives
- Chronic Obstructive Pulmonary Disease
- Croup
- Diabetes Tips
- Elder Abuse
- Electrocardiograms and Electrolyte Imbalance
- Guardianship
- Heparin
- Laboratory Values
- Latex Allergies
- Mental health assessment tools
- Nasogastric Suctioning

- Neonatal Group B Streptococcus
- Neurological assessments
- Nitroglycerin drips
- Oxygen Therapy
- Patients with head injuries
- Pediatric Assessment
- Pediatric Fever and Seizures
- Personal Directives
- Pharmacology
- Pregnancy Induced Hypertension
- Protection for Persons in Care Act
- Renal Failure
- Respiratory assessments
- Restraints and Immobilization
- Sprains
- Stress
- Stroke Rehabilitation
- Subcutaneous infusions
- Suicidal patient
- When to Keep kids home from school
- Women and heart disease