A2: Professional Competencies

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EDU 6319: How People Learn

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Introduction

In this paper I will seek to reflect upon and analyze my personal learning experiences, my preferred learning methods and theories, and apply my experience to identify my strengths and weaknesses as an educator. The paper is broken into sections reflecting on my experiences, professional goals, current skills, and how my understanding of my own learning offers me insight to my career path.

Personal Reflection & Background

My recall is not great. I remember many things as emotions with fuzzy detail and not as facts or replays of what I experienced. I have never been good with concepts that seek to manipulate abstract items in an absolute fashion, and I see myself as an extremely logical person who needs to know the "Why" behind the lesson before I'll retain it. I feel like I am very stubborn and difficult to teach. I very easily "check out" from a lesson if I do not like the instructor, how they teach, if I dislike the content, or if I can't shape and define the content within my reality. I feel like I have a lens over my education that is created by my social relationships that colors how I perceive and remember the educational experience. Though as most of us think of our grade school years, the social environment of puberty and late teens is rarely positive or affirming; so I doubt my social lens varies wildly from most others. This all culminates in a large number of my educational memories being of the things I did not like instead of the ways I did learn, which make it harder to identify what actually works from me. So let's work backwards:

Emotion. Social Relationships. Logic. Those are the big things I can pull out of my memories. I did learn better when physically active or involved with the learning, such as science labs, and it

was easier to focus on movement than words, such as copying body form in sports and dance. Though most of the physical activities I performed were not team-based or required human interaction. When these things are positive, my learning was positive. In the world of education theory, I found terminology to encapsulate the types of learning that I feel like I represent – Social Cognitive Theory, Constructivism, and a bit of Humanism (Merriam, 2013). When referring to learning styles, I feel like I am visual-kinesthetic.

I decided I wanted to go into education after many years of being chosen to be a trainer for incoming staff throughout various jobs. I'd thought about getting a PhD and teaching at colleges but finishing undergrad in 2008 with no job prospects and too much debt put a quick stopper on that dream. So I kept working, and I found that I enjoyed training folks and had a lot of patience for getting to know someone and how they learned.

After nearly a decade working in healthcare, I was promoted to a Clinical Educator position at a big city hospital and was formally in charge of training and competency assessments for staff from every walk of life and at every ability and education level. I really connected with my students (who were all adult learners) and learned a lot about their lives and backgrounds and how that impacted their ability to learn the material. I believe that the most efficient way for someone to learn something is to make it personal. It's a very Constructivist view because I am focusing on giving students a reason to care about the quality of their work and choose to perform the procedures correctly even when under pressure. It's also a Humanist view, because adults can choose to learn something or not learn something, just like I did in my life. As an educator I need to make the student *want* to learn, which is a different process with each

individual and dependent on their experiences, culture, and background. I want to give my students a world of information and background so they choose to internalize the Why and perform the procedures the correct way every time. I am not their superior, I am not there to force them to do things correctly at the expense of job security, I am there to offer the information I have and give them the personal connection and motivation to learn the material. That's where Social Cognitive Learning comes into play. All of the ways I see education and the educator I want to be, does seem to tie into my own experiences and what meant something to me in my history.

Healthcare Education & Aspirations

Healthcare education in hospitals and for on-job continuing education is a very under-researched area of education once you get outside Nursing and Medical Doctor education pipelines (Bouye, 2016). Many of the folks providing both direct and indirect patient care are certified professionals in Allied Health or support roles, and most medical certifications require constant education to maintain that certification. On top of that, there are regulatory standards that recommend medical staff complete continued education to stay on top of healthcare industry changes. This is the space I fit into as a Clinical Educator. My specialty is in reprocessable instrumentation; everything that is used for invasive procedures needs to be cleaned and sterilized in a highly-regulated manner before reuse on the next patient. My students are medical staff all over the hospital and Community Health Centers performing things like surgery, endoscopies, preventative exams, in-vitro fertilization, prostate biopsies, and removing cataracts, cancerous moles, and late stage abortions. Most of these staff members are not Nurses or Doctors, they're Assistants or Technicians and they are largely responsible for reprocessing the

instruments that will be handled by providers during the procedures. It's a very interesting world

with a ton of information and every kind of adult learned you could imagine. So you can see how

this is a difficult field to research and prepare for.

I've worked in healthcare for over a decade now, and I've seen many changes in the field.

Medical equipment and processes change drastically every few years. I can see why continued

education is so important in such a fast-paced field. What drove me to pursue the Northeastern

Master of Education in Elearning and Instructional Design was identifying the gap between the

existing knowledge and research about education and how education is applied in a post-grad

healthcare environment. From my professional experience, there are a lot of educator roles that

work in this space within the hospital and without. There are entire companies that specialize in

just healthcare education and send educators around to different facilities to provide staff

inservicing and host seminars and conferences for healthcare workers. There are consulting

agencies and medical device manufacturers who also employ large teams of educators to travel

around and teach. The downside to all these options is they only come to provide education when

requested. Many of my students have never seen educators from organizations outside the

hospital because their departments are too busy, or do not have a dedicated education block

during the week. Many of my students have multiple jobs, families, or are going to school while

doing all of the above. They don't always have time or money to travel to a weekend seminar or

a week-long conference in Vegas. But they still need to maintain their certifications and keep up

with the industry. As do I, because I need to have the information to teach them when I am there.

I believe elearning is the best way to get all this information out to staff so they can complete it

on their time, around all their other obligations.

The healthcare industry is marked by strong personalities and high stress levels. There's a lot of pressure when human wellbeing is at stake, and most of the patients you see are under emotional stress of their own, which you need to manage as well as their physical health. As an educator, you come second to patient care in the clinical environment. Staff members will leave my education if they need to handle something in the department, which I need to negotiate to ensure all staff members receive the education I am offering. To be a healthcare educator, you need a strong understanding of the field and the personalities within it. You need to present the information efficiently and in a manner that the staff members can easily understand and that applies to their specific work or they won't care to learn. Social competency and flexibility are key (Wilbur, 2020). I respect my students as my equals, and present my information honestly, in a way that shows I want to help them and the patient. I am the translator when regulatory standards need to be solidified into practice. Healthcare educators need a strong understanding of regulatory practices and strong critical thinking skills to create a procedure that may not always be defined or contraindicated in the standards language. Most of my job is developing definition to the gray area between allowed and not allowed. If I want to continue moving through healthcare education, I need to stay on top of not only the industry changes, but my ability to problem solve and connect with my students.

My end goal with this Masters degree has a couple different outcomes. I can take my direct experience and degree into hospital or third party medical education, or I can find a healthcare company with a strong instructional design team and apply my experience with the end users of medical education there. I'd also like to create my own free education courses and offer them

online for healthcare workers to take on their own time, instead of needing that face to face

education period while still trying to provide patient care. The healthcare world has become

much more computer-based in the last decade. There have been huge changes such as fully

digital medical records and instant transfer of x-rays and CT scan images to a computer or email

inbox. Most healthcare systems have moved to a digital Learning Management System and

deliver federal and state mandated education courses through elearning modules the hospital staff

can complete between obligations (Smothers, 2008). Especially with the era of Covid-19, even

third party healthcare education organizations have created digital conferences and courses staff

can sign up to take on their own time for recertification credits. Where I thought healthcare

education was headed has become a near-instant reality in 2020. I want to build up my

knowledge base and get better at designing education that can be delivered digitally, but still

contains all the knowledge and understanding I have from my in person experience. A lot of how

I teach has been learned socially and through trial and error, and I have a hard time putting that

knowledge into structure and theory. I want to build up my understanding of the structures and

methods that have been published already and use that information to harness my experience and

integrate it into elearning that I create. I know that I am weak in structuring what comes to me as

a gut feeling when I'm face to face with a student, but without that face to face component I need

to find the words and methods to describe and apply what I have learned in a digital/distant

learning environment.

Conclusion

When I examine my professional competencies (Appendix A), I noticed that I rank lower in

areas that involve working collaboratively with other educators. In both my experience as a

learner and as an educator, I was most often alone, which is likely why I feel inexperienced in these areas. I have never worked with a group to publish research, though I have participated in gathering information and tracking changes. I was able to rate skills based on flexibility and creativity pretty highly, since many of the situations I ended up in as an educator held no precedent from my experience. In the regulatory world, it's easier to not say something than forbid it or allow it – so many regulatory documents will say to "follow facility procedures" or "follow manufacturer instructions", then those procedures and instructions don't exist.

 I need to expand my knowledge of education theories and methodologies so I can apply my experience to my instructional design. Unfortunately, because my path to becoming an educator was not within the most heavily-researched areas, I feel like I missed learning how those theories are put into practice. I teach from a very personal space, but I need to learn how to be more technical and expand what I am capable of by adding in the structure that I do not know. I am looking forward to this degree program connecting me with other educators in group projects so I can learn the collaborative skills that I lack from my personal and professional experience. I love teaching and I love developing relationships with my students, it's nice seeing that same motivation in my classmates. This paper and process has shown me that I have the interpersonal skills and experience to become an incredible educator, if I can just learn the language to communicate and organize it.

References

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Appendix A: Professional Competency Model

Sarah Gullion - Professional Competency Model
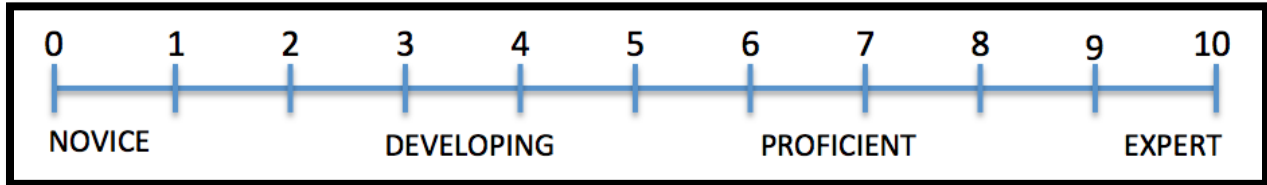
MEd COMPETENCIES	Rating
A Systems Thinker	
Perceives self as an educator participating within a larger system of education	4
Demonstrates strategic awareness	6
Looks for patterns and makes connections	8
Sees how parts relate to the whole, including the implications of systems and organizational change	7
A Communicator	
Proficient as a writer and as a presenter	9
Capacity to work within groups to listen well, speak well, and co-author	4
Able to collaborate and communicate in a range of modalities (face-to-face and online)	5
Facile with technology, keeps current with emerging technologies and social media	5
A Creative Problem Solver	
Situational awareness and leadership in identifying and defining challenges	6
Thinks creatively to generate ideas and be open to alternatives	9
Develops and implements plans for addressing problems and effecting change	7
Is resilient in less-than-optimal circumstances	9
Culturally Responsive	
Perceives the professional self as functioning within a global context of education	5
Aware of the dynamics of race, class, gender, and the other cultural factors within community dynamics and intercultural communication	8
Interest in, and capacity to perceive, multiple perspectives	7
Self-aware of cultural perspective and privilege	6
Capacity to serve as an agent for social justice	5

Concentration COMPETENCIES	Rating
Adaptive to technological advances and integrates into education design	7
Applies definitions and theory in their educational practice	4
Translates theory into practicable exercises	5
Designs education specific to distance learning	6
ADDITIONAL COMPETENCIES from your own research	
Ability to deliver education that is assessable to all levels of experience and education	7
Willingness to build personal expertise and knowledge in the field	8
Maintains an up-to-date knowledge base of the industry	8