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Training reimagined for multiple generations of learners

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The workforce in healthcare now can include four or more generations, from Baby Boomers to Gen Z, with more than 60% of learners today being visual learners versus auditory learners.^[1] Baby Boomers, Generation X, and Millennials make up most of the workplace, while the number of Generation Z employees increases every year. Currently, more than 50% of the American workforce comprises Millennials.^[2]

Figure 1: Generational breakdown of US workforce



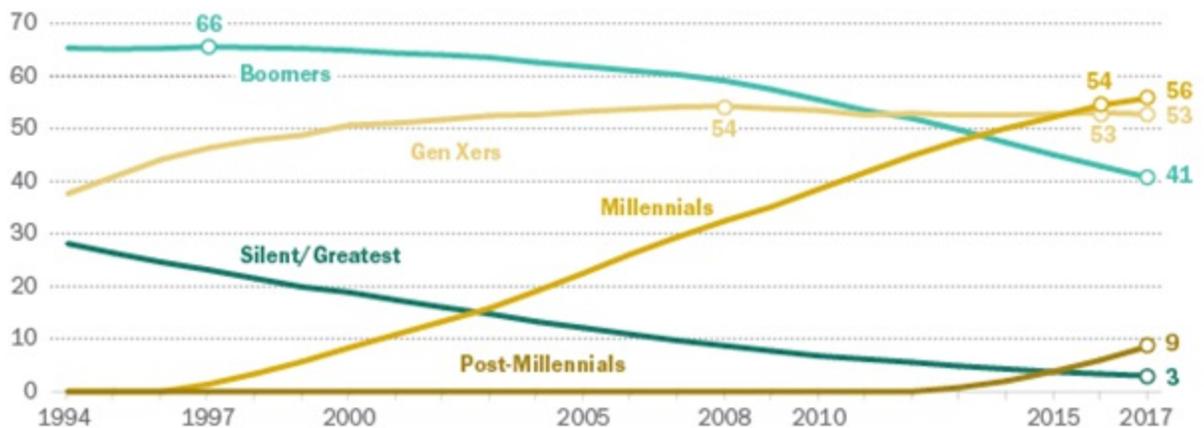
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Millennials became the largest generation in the labor force in 2016

U.S. labor force, in millions



Note: Labor force includes those ages 16 and older who are working or looking for work. Annual averages shown. Source: Pew Research Center analysis of monthly 1994-2017 Current Population Survey (IPUMS).

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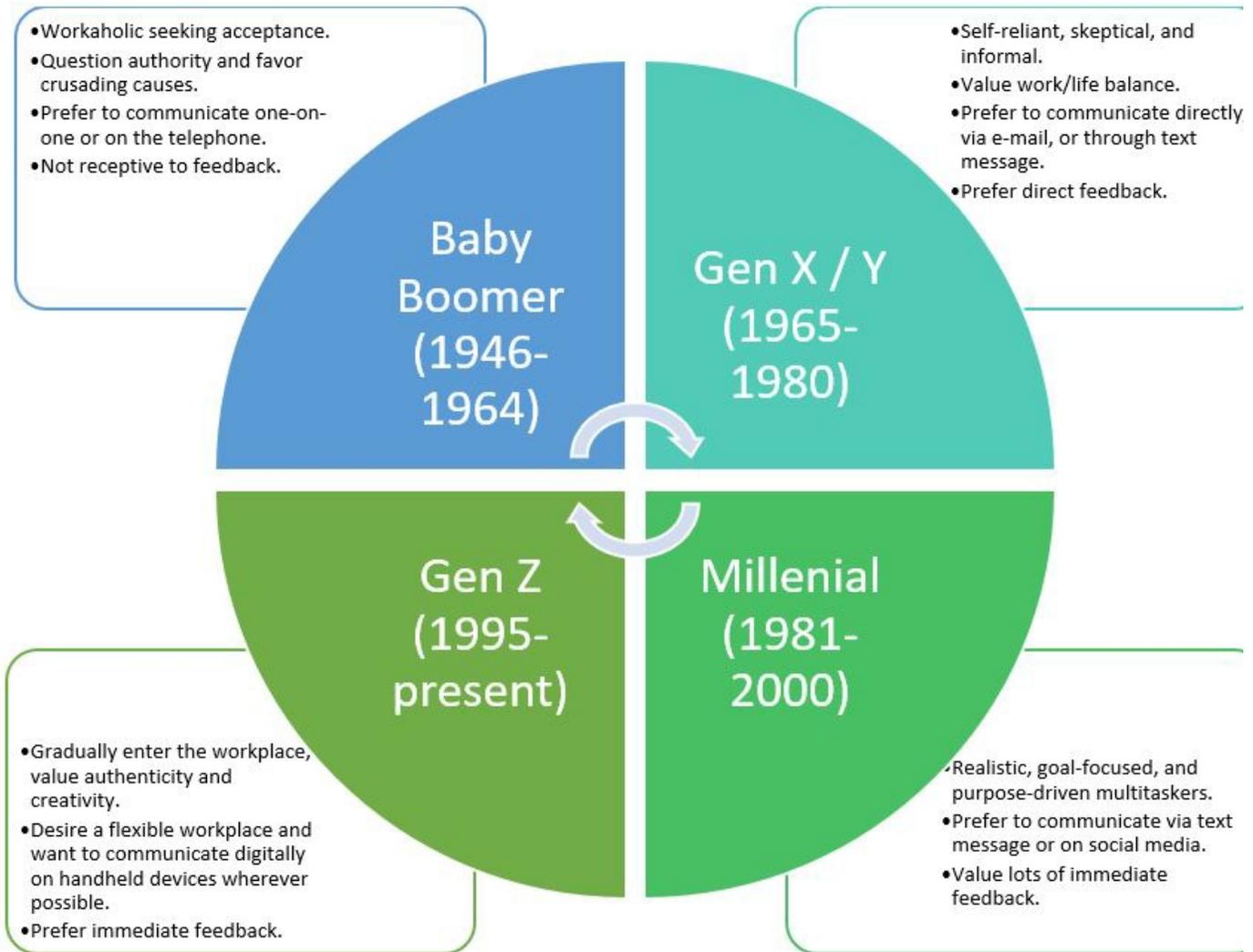
One of the greatest challenges in healthcare today is moving policy into practice, and the reason relates to the broad and diverse audience in healthcare. Policies are written to document regulatory guidelines, but it is the

frontline staff that faces the challenge of putting those policies into practice. Effective training is key, and we believe that in order to elevate compliance and reduce risk for healthcare providers, all compliance and healthcare professionals need to embrace technology to help *train and sustain* best practices of the workforce to ensure compliance.

Learning vs. training and their effectiveness

As evidenced by the current workforce made up of diverse backgrounds, learning styles, and generations, a blended approach for effective learning is required. For example, while Baby Boomers prefer direct communication by phone or in person, Gen Zs want to connect “digitally on handheld devices.”^[3] Therefore, recognizing the difference in learning styles and feedback desires, today’s challenge for effective training is bringing all generations together for training to ensure sustained compliance and adherence to organizational best practices.

Figure 2: Generational characteristics



Approximately 70% of learning takes place through on-the-job experiences,^[4] however, many organizations place more emphasis on structured or traditional training methods, such as a learning management system, classroom noncontextual training, and references from best-practices publishers. As reported in *Forbes* by Tyler

Koch, Forbes Human Resources Council member, the difference between training and learning is as follows:

Training often applies to the compliance-related annual requirements such as prohibited harassment, anti-discrimination, safety, etc. From new-hire to-do lists to company-wide requirements, training in pre-determined areas is a standard part of the HR culture. Training follows a formula consisting of three primary components: instruction, retention, repetition. Training follows a specified course of action in a way that has been deemed appropriate or effective.

Learning, on the other hand, introduces the human element of behavior. Learning is focused on the process of passing information in such a way that the recipient engages a level of critical thinking and is equipped with the ability to apply certain aspects of the information to achieve an optimal result. Learning isn't accomplished via mere repetition of skills in a given scenario; it's driven by strategic and creative application across a variety of situations.^[5]

What we have learned over the past 50-plus years, dating back to the study by Edgar Dale as reported in his “cone of experience,” is that 70% of content learned through passive training is forgotten within 72 hours.

A learning experience must be personally meaningful with respect to students' backgrounds and developmental stages and the nature of the experience should be logically arranged to help students incorporate new knowledge with what they already have. Later, students should have opportunities to practice and try out their new knowledge in real life as well as in learning contexts. Dale (1972) wrote:

To experience an event is to live through it, to participate in it, to incorporate it, and to continue to use it. To experience is to test, to try out. It means to be a concerned participant, not a half-attentive observer.^[6]

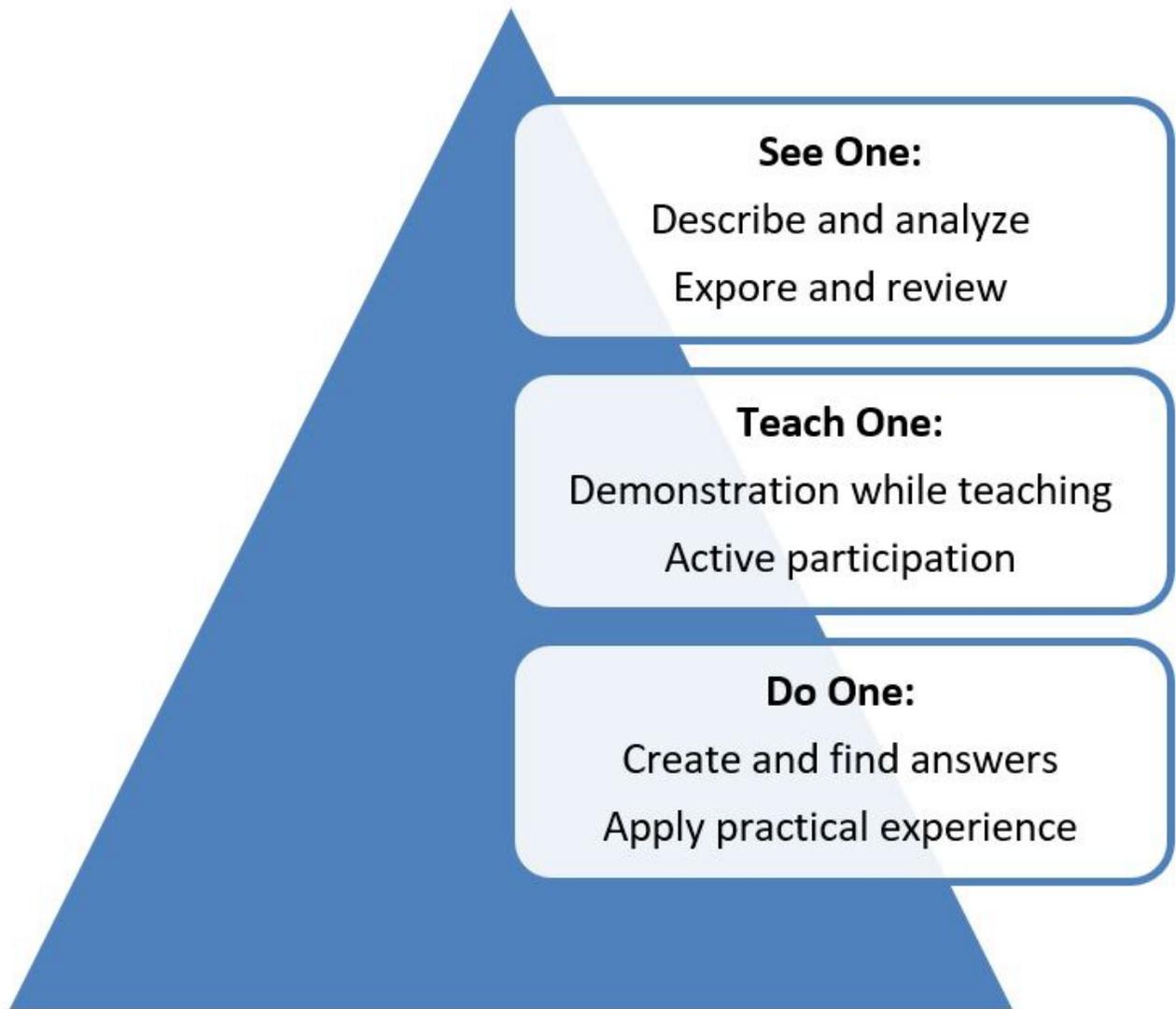
Dale's “cone of experience” or “cone of learning” notes the differences between passive and active learning and the retention of such learning styles.^[7] Although his work was developed before the internet and the terms microlearning or virtual reality being used, the principles hold true and relate directly to sustaining compliance standards and reducing risk through active contextual learning.

Dale, through his initial work at Kodak, understood that a picture *is* worth a thousand words and translated that knowledge into his learning theory, breaking it into learning activities and outcomes.

What Dale suggests is the importance of blended learning of both active (contextual) and passive (noncontextual) opportunities to ensure compliance with practice. Simply checking a box that a course has been attended or completed does not ensure compliance, although it might look good on paper. To ensure compliance, those being trained need practical opportunities to learn or be reminded of the “what” and “why” behind the regulation while at the point of care. If a nurse, tech, physician, or other member of the workforce understands *why* they are being asked to document or record a finding (e.g., patient care, regulatory compliance), they are more likely to strive to comply.

In this context, we can appreciate a “see one, teach one, do one” method as a learning pyramid. This breaks down Dale's context of seeing the work, being taught how to do it, and ultimately doing it yourself.

Figure 3: Learning pyramid



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