

The Obligation for Continuing Education in Healthcare



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The Obligation

In order to maintain high quality organizations in the health profession, all individuals along the continuum of care must be cognizant of:

- Best practices
 - Relevant literature
 - Compliance issues
 - Individual gaps in professional development
- And many others.....*

.....But how do we do that??

Savage Chickens

by Doug Savage



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Session Abstract

Continuing education in healthcare is necessary for healthcare professionals to maintain professional development, competency, and proficiency in healthcare organizations.

Continuing education can be accomplished through a combination of avenues, which include mentoring, heuristics, recognized didactic instruction, graduate/doctoral education, formalized Continuing Health and/or Medical Education (CHE/CME), community volunteerism, or through professional organizations.

A combination of these opportunities results in the acquisition of Knowledge, Comprehension, Skills and Abilities.



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Session Abstract

(Continued)

For the purpose of this brief, **Knowledge** is recalling information with familiarity gained through education, experience or association.

Comprehension is the understanding of the meaning of the information.

A **Skill** is the effective and timely utilization of knowledge.

Finally, an **Ability** is the physical, cognitive or legal power to competently perform and achieve positive outcomes.

Most, if not all, of these capabilities are learned through continuing health education.

(to be presented and discussed later)



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Did you know?

Whether you are aware or not, you are constantly being evaluated and assessed on a combination of your:

Skills, 
Knowledge, 
and Abilities! 

Where is your level of comfort?



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Why Maintain Competency?

The Rand Corporation suggests that immense pressure and speed of change are the leading factors in the health industry at this time. Multiple forces cumulatively contribute to changes in the health industry that force leaders to maintain competency.

The dynamic whirlwind, often called '*white water change*' frames a picture of the world the health leader must navigate.

The health leader must continue to use the dynamic nature of the industry to challenge themselves, their organizations, groups, teams and individuals to become more competent while under significant external pressures.



Rand Corporation, http://www.rand.org/cgi-bin/health/showweb.cgi?key=1998_77&year=1998, retrieved May 11, 2009.

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Why Maintain Competency?

The health workforce is a complex assortment of individuals with different backgrounds, educational experiences, certifications, specialties and work locations.

As a whole, the health workforce comprises nearly 12% of the total United States workforce.

The New York Center for Health Workforce Studies (2006). The United States Health Workforce Profile, Health Resources and Services Administration grant report, October, <http://chws.albany.edu>, and at <http://bhpr.hrsa.gov/healthworkforce/reports/>, retrieved May 11, 2009.



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Continuing Education

Continuing Education (CE) involves activities, learning events or individual efforts that result in a combination of recognized (and/or credentialed) and unrecognized (un-credentialed) knowledge.

Formal CE includes those activities that are sponsored through professional organizations or institutions of higher education that award credit towards certification, licensure, accreditation or fulfill annual requirements for practice. These include:

- Formalized Continuing Health and/or Medical Education (CHE/CME)
- Certificate, Graduate & Doctoral education
- Recognized didactic instruction

Informal CE includes those activities, events and efforts individuals engage in to maintain proficiency or fill personal gaps in knowledge in personal practice. These may include:

- Mentoring (or being a mentee)
- Heuristics
- Community Volunteerism
- Professional organizations (Networking)



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The Range of Complexity in Which We Work

Category	Specialties		
Medicine	Physicians of Medicine, MD, and Physicians of Allopathic Medicine, DO	Many Specialties such as Neurology, Pathologists, Radiologists, Psychiatrists, and Surgeons (multiple such as Thoracic, Cardiac, Orthopedists, etc...)	Many Specialties such as Pediatrics, Family Medicine, Obstetrics & Gynecology, Internal Medicine, Ophthalmology, Cardiology,
Nursing	Registered Nurses, RN	Advance Practice Nurses, NP or APN	Licensed Practical and Vocational Nurses, LPN
Dentistry	Dentists of Surgery, D.D. S. and Dentists of Medical Dentistry, D.M.D.	Dental Hygienist	Dental Assistants
Non-Physician Clinicians	Physician Assistants, PA, and Podiatrists, DPM	Chiropractors	Optometrists, and Opticians
Pharmacy	Doctors of Pharmacy, PharmD	Pharmacists	Pharmacy Technicians and Aids
Mental Health	Psychologists	Social Workers	Counselors
Allied Health	Physical Therapy, Occupational Therapy, Speech-Language Pathology & Audiology, and Respiratory Therapy	Various Technicians and Technologists (Laboratory, Emergency Medical, Radiology), Paramedics, and Medical and Clinical Technologists, and Nuclear Medicine Technologists	Medical Records and Health Information Technologists and Technicians, , Dieticians and Nutritionists, Home Health Aides and Nursing Aides, Orderlies and Attendants
Health Administration	Health System and Hospital Administration, Nursing Home / Long Term Care Administration, Home Health Administration, Health Insurance and Integrated System Administration	Medical Practice Administration, Clinical Practice Administration, and Technical Area Administration	Public Health Administration as a whole and/or, as examples, in Environmental Health Science, Epidemiology, Community and Social Behavior, Health Policy, Maternal Women and Children and Biostatistics

The Range of Complexity in Which We Work (continued)

These various health specialties and disciplines each have different education, initial licensure, credentialing and licensure maintenance requirements.

Different professional associations and societies and credentialing and/or accreditation associations have been developed to provide a set of standards for each distinct profession.

A recent collaboration of five professional associations created five (5) domains with a total of three hundred (300) competencies for the health leader and manager.



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The Range of Complexity in Which We Work

Leadership Domain: Health Professional Associations Collaborative Competency Directory

Domain	Knowledge e/ Skill	Competency	Skill Area	Key Words	Core/ Specialty	Core and Specialty Competencies Relevant to the Professionals Represented by the HLA Organizations (X indicates relevancy)				
						ACHE	ACMPE	AONE	HFMA	HIMSS
Domain 2: Leadership	Knowledge of	Leadership styles/techniques		Methods, models	Core	X	X	X	X	X
Domain 2: Leadership	Knowledge of	Personal journey disciplines		Methods, models	Specialty			X		
Domain 2: Leadership	Skill	Gain physician buy-in to accept risk and support new business ventures	Facilitate	Decision making	Core	X	X	X	X	X
Domain 2: Leadership	Skill	Adhere to legal and regulatory standards	Be accountable	Regulation	Core	X	X	X	X	X

Note: Only 4 of many competencies are shown here.

Brief Theory of Continuing Education

Bloom's theory is based on three types of learning or three learning domains.

- **Cognitive:** mental skills (*Knowledge*)
- **Affective:** growth in feelings or emotional areas (*Attitude*)
- **Psychomotor:** manual or physical skills (*Skills*)

Domains can be thought of as categories. Trainers often refer to these three domains as K, S, As (***Knowledge, Skills, and Attitudes [Abilities]***). This taxonomy of learning behaviors can be thought of as 'the goals of the training process.'

That is, after the training session, the learner should have acquired new skills, knowledge, and/or attitudes [and abilities].

Bloom's Taxonomy is a way to classify instructional activities. The lower levels require less in the way of thinking skills. As one moves down the hierarchy, the activities require higher level thinking skills. Cognitive Domain is shown next.



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Category & Example (from simple to difficult)	Key Words and Actions
<p>Knowledge: Recall of data or information <i>Example: Define leadership; Identify items from a list.</i></p>	<p>Defines, describes, identifies, knows, labels, lists, matches, names, outlines, recalls, recognizes, reproduces, selects, states.</p>
<p>Comprehension: Understand the meaning, translation, interpolation, and interpretation of instructions and problems; states problem in own words. <i>Example: Explain the steps and sequence of willful choice decision making; translates information and equations into a spreadsheet.</i></p>	<p>Comprehends, converts, defends, distinguishes, estimates, explains, extends, generalizes, gives examples, infers, interprets, paraphrases, predicts, rewrites, summarizes, translates.</p>
<p>Application: Use a concept in a new situation or unprompted use of an abstraction; applies what was learned in the classroom into novel situations in the workplace. <i>Example: Uses quantitative methods to determine employee performance outliers; uses a policy to determine an employee's merit raise increase or bonus.</i></p>	<p>Applies, changes, computes, constructs, demonstrates, discovers, manipulates, modifies, operates, predicts, prepares, produces, relates, shows, solves, uses.</p>
<p>Analysis: Separates material or concepts into component parts so that its organizational structure may be understood; distinguishes between facts and inferences. <i>Example: Determines sequential work process steps and transition points of a larger work system; Gathers information and assessments to identify training needs in a department or unit.</i></p>	<p>Analyzes, breaks down, compares, contrasts, diagrams, deconstructs, differentiates, discriminates, distinguishes, identifies, illustrates, infers, outlines, relates, selects, separates.</p>
<p>Synthesis: Builds a structure or pattern from diverse elements; puts parts together to form a whole while emphasizing a new meaning or structure. <i>Example: Compose an organizational policy, operations or process manual; Organize, plan and lead a process improvement project.</i></p>	<p>Categorizes, combines, compiles, composes, creates, devises, designs, explains, generates, modifies, organizes, plans, rearranges, reconstructs, relates, reorganizes, revises, rewrites, summarizes, tells, writes.</p>
<p>Evaluation: Make judgments about the value of ideas or materials. <i>Example: Selects the most effective, efficient and efficacious solution to a health delivery problem; explains and justifies a project or annual budget.</i></p>	<p>Appraises, compares, concludes, contrasts, criticizes, critiques, defends, describes, discriminates, evaluates, explains, interprets, justifies, relates, summarizes, supports.</p>

So how do we get there without spinning our wheels?



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Formal Continuing Education

Continuing Health and/or Medical Education (CHE/CME):

- Those didactic activities that are generally sponsored by professional organizations

Example: AAMA is an example of this opportunity

Advantages	Disadvantages
Recognized Easily transferable Peer reviewed Panel of experts Relevant to "Today's" environment	High Cost Geography Seasonal times and opportunities for attendance Limited focus to the profession Often requires face-to-face



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Formal Continuing Education

Certificate, Graduate & Doctoral Education

- Those activities that are sponsored or take place in institutions of higher learner or education

Example: Texas Tech University Health Sciences Center and Central Michigan University are examples of this opportunity.

Advantages	Disadvantages
Result in focused set of transferable competencies across the profession Permanent and often without expiration May be conducted via Distance Learning	Skills become dated and may lack relevancy over time Quality may vary between degree granting institutions

Formal Continuing Education

Recognized Didactic Instruction

- Those activities that are sponsored by or take place in peer professional organizations or educational organizations

Example: ACHE, MGMA, AMA, ANA, Trade Schools, Colleges and Universities

<i>Advantages</i>	<i>Disadvantages</i>
Credits often transferable across professions	Skills become dated and may lack relevancy over time
Permanent and often without expiration	Quality may vary between degree granting institutions
Provides a different point of view	May take months to years to learn skill
Often relevant and necessary to profession	Costs may be prohibitive

Informal Continuing Education

Mentoring

- The close and personal relationship established between a senior and a junior professional – often in similar career fields.

Example: The CEO mentoring a new hire or junior employee

<i>Advantages</i>	<i>Disadvantages</i>
Little to no cost	Skills learned in one organization may not be specific to another.
Creates loyalty & decreases turnover	Can create perception of favoritism
Reaffirms leadership principles	
Transfer of knowledge and skills specific to organization	



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Informal Continuing Education

Heuristics: Knowledge gained through experimentation and practice

Heuristics are more than just experiences – they are the process of applying SKA's in a manner that is forecasted to produce favorable outcomes

Example: A mid level executive volunteering to do his or her first CBA (Cost Benefit Analysis)

<i>Advantages</i>	<i>Disadvantages</i>
Heuristic opportunities surround us daily	Skills are difficult to quantify and measure.
Personal Challenge	May not be valued across organizations
Demonstration of leadership to peers, superior and subordinates	
Provides valuable set of marketable skills	

Cycles of Continuing Education

Crawl-Walk-Run (CWR) Approach

One methodology for an executive and/or an early careerist to use in developing a strategy for CE is to use the *crawl-walk-run (CWR) approach*.

The CWR metaphor in leader development and training is based on how infants learn to progress from the crawling stage to the running stage in their motor ability. This theory is equally applied to their cognitive progress. The CWR premise is both a philosophical and a practical approach to development in any venue. We do not learn to become experts in anything without gaining knowledge, skills and abilities in a progressive manner.

For example, The Chief Executive Officer (CEO) of a health organization did not get to this position overnight. He or she engaged in years (perhaps decades) of incremental training and education that prepared them to assume such a complicated position of responsibility.

In looking at a hypothetical life cycle model, we can see that in each phase in the developmental process, an executive gained CE experience in a variety of ways

Crawl, Walk Run Metaphor

The Crawl: Strategies for Early Careerist: 1-7 years (or longer)

- **The Stage:** In the Crawl Stage the early careerist has recently completed entry level didactic (and probably university level) education. He or she may not even be aware of – or be a member of – a professional organization.

- **Development:** From a development standpoint, in the crawl stage, early careerists must be given very explicit lessons and directions to learn very basic knowledge. The crawl stage might not be one so much defined by doing, as much as a learning stage.

- **Personal Strategies:** First, the crawling early careerist should be a volunteer. Volunteering to sit on committees, conduct extracurricular management analysis, assist others who are involved in interdisciplinary team projects and making it known to the organization that you are not limited by your own job description, sets a tone of success for the early careerist. Seek out CE wherever possible. *Adopt a mentor.*

- **Targets of opportunity during the stage:** Focus on Formal CE, Become a Mentee, Join a Professional Organization, Pursue Didactic Education (Master's Degree), and Volunteer.

- **Key to advancing out of the stage:** Education, Professional organization advancement and a resume of volunteerism.

Crawl, Walk Run Metaphor

The Walk: Strategies for Midlevel Careerist: 8-14 years (or longer)

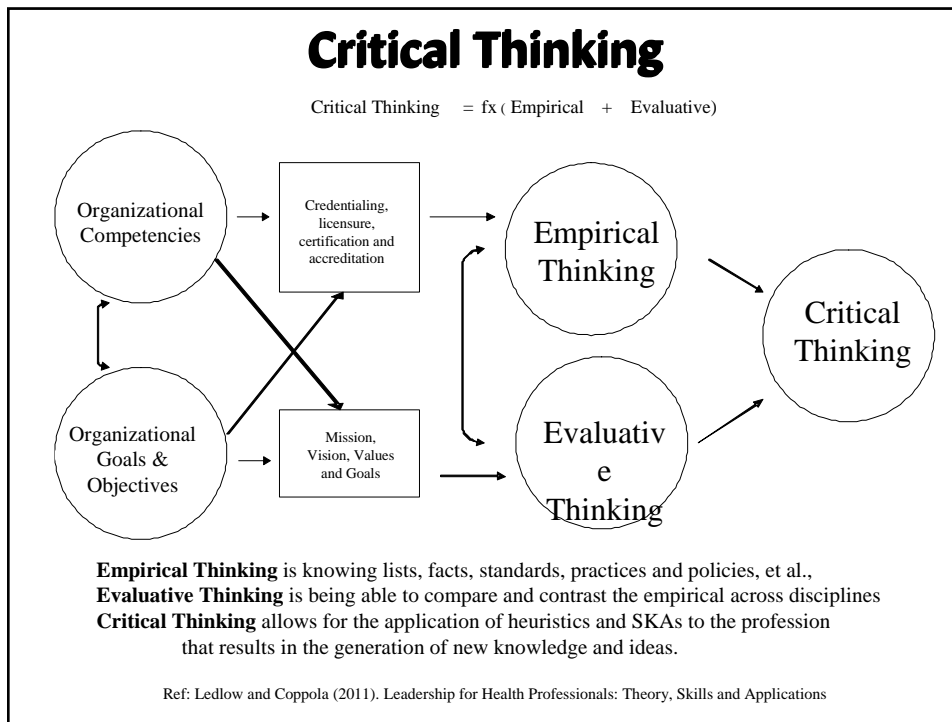
- **The Stage:** In the Walk Stage the Midlevel careerist begins to understand the complexities and challenges of managing others and to play a part in leading interdisciplinary teams, as well as, learning to lead efficient and effective meetings.

- **Development:** From a development standpoint, in the walk stage, midlevel careerists must begin to exercise skills learned in the walk stage. Midlevel careerists must begin the transition from receiving information and doing defined tasks to anticipating needs and applying skills

- **Personal Strategies:** First, the midlevel careerist must have confidence in self. This is attained through assuming leadership positions in professional and community organizations, completing compulsory and recognized didactic education, and having mastery of the SKA's within the domain of work of the profession

- **Targets of opportunity over course of stage:** Continuing Formal CE, Mentoring, Volunteering for Leadership opportunities, certificate training, and exercising elementary heuristics.

- **Key to advancing out of the stage:** Critical thinking



Crawl, Walk Run Metaphor

The Run: Strategies for Midlevel Careerist: n>15 years

- **The Stage:** When the Senior Executive has progressed successfully through the crawl and walk stages, it is time for them to run. This means that they are in leadership positions, are accountable and responsible for the myriad of responsibilities and challenges inherent in every healthcare organization. Furthermore, it means they have been recognized as achieving the preponderance of the knowledge, skills and abilities (SKAs) within the chosen profession.

- **Development:** From a development standpoint, in the run stage, senior executive maintains SKS's through networking, directing and developing policy in professional and community organizations, and passing on his or her knowledge through mentoring.

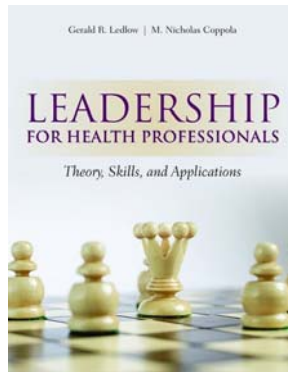
- **Personal Strategies:** In the run stage the senior executive is the producer and the developer of new policies, practices and standards for others to follow. He or she is maintains excellent in his or her position by speaking publicly, within the community, organization and professional organization, and by passing on information to the next generation.

- **Targets of opportunity over course of stage:** Delivering Formal CE within community and professional organizations, Mentoring, and Developing new didactic and certificate programs for others to follow.

Presentation Reference

Much of this presentation was adapted from the textbook:

Leadership for Health Professionals Theory, Skills, and Applications, (2011)
by Gerald (Jerry) Ledlow and M. Nicholas Coppola, Jones and Bartlett
Publishers.



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Summary

In this Brief we discussed:

- Continuing Education
Formal & Informal
- The Range of Complexity of the Health Profession
- Theory of Continuing Education
Skills, Knowledge and Abilities
- Strategies for Formal and Informal CE
- Cycles of Continuing Education
Crawl, Walk & Run
Model of Critical thinking

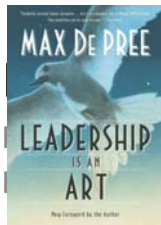


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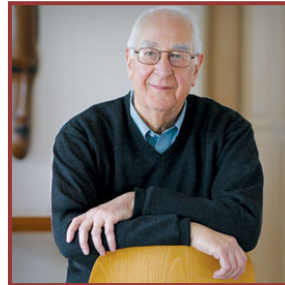


Thank you!

"Leadership is much more an art, a belief, a condition of the heart, than a set of things to do."



Max De Pree
Leadership is an Art



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Questions - Comments

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