



Is Continuing Education Enough?

The importance of continuing education (CE) is not in meeting re-licensure requirements, but in moving toward continued competence to aid professionals in serving the public safely and effectively. The public expects regulators to certify or license people with the highest standards of ethical and professional conduct. Assuming schools of social work prepare social workers to begin practicing ethically and competently, what is required to ensure that social workers remain current with best practices while they serve the public? Is the mandate of continuing education enough to ensure continued competence? These questions are continually debated by educators, employers, and insurance companies as well as regulators and professional associations. Regulators can mandate continuing education and utilize mechanisms such as audits to ensure licensed individuals meet the continuing education requirements. Taking responsibility for continued learning and ensuring continuing competence rests with the individual practitioner. Continuing competence is a complex phenomenon requiring the involvement of regulators, employers, CE providers, insurance companies and the public.

Current state of affairs and what ACE has to offer

Regulatory authorities established by legislation are charged with responsibility for setting standards of preparation for admission to a profession. Along with the privilege of being a self-regulated profession is the responsibility to ensure that the public receives competent and ethical service from each member of that profession. There is also an expectation that members of the profession will maintain or enhance their competence to secure continued registration or licensing. Consequently, on-going competency development and assessment programs for various professional groups, including social work, are viewed as having merit. Hence, professional expectations for social workers include a continuing education requirement. The National Association of Social Workers Code of Ethics (2008, section 4.01) for example states:

Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

The Canadian Association of Social Workers Code of Ethics (2005, p. 8) stipulates:

Social workers have a responsibility to maintain professional proficiency, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice commensurate with their level of professional education, skill and competency, seeking consultation and supervision as appropriate.

In addition, most licensing boards require ongoing continuing education for licensure/registration renewal. To assist boards to meet this requirement, the Association of Social Work Boards established a continuing education approval service in 1998, called Approved Continuing Education (ACE). Since its development, the ACE program has assisted ASWB's member boards to make determinations about a continuing education (CE) provider's ability to supply social workers with relevant continuing education. Approval through ACE means that a provider

has met rigorous standards and can provide social workers with high quality learning activities. Upon approval, the continuing education provider benefits from the recognition of a social work organization that is national and international in scope.

The ACE program is comprised of ASWB staff and volunteer social worker committee members from across Canada and the United States. The ACE Committee is responsible for recommending standards for approval, reviewing applications, and recommending continuing education providers to the ASWB Board of Directors for approval. ACE approved providers include universities, professional associations, and non-profit and for profit organizations offering continuing education programs for social workers.

Any organization responsible for the overall development and implementation of continuing education programs for social workers may apply to become an ASWB ACE approved provider. An applicant may be eligible for ACE approval if they can demonstrate that they meet the following minimum qualifications:

- The provider organization has been operational for a minimum of six months
- The applicant has planned and presented at least three continuing education activities appropriate for social workers
- A licensed social worker is involved in the planning, implementation and monitoring of the social work continuing education
- The applicant is able to provide documentation demonstrating a commitment to the ACE approved program standards, including evaluations and course materials.

Initial approval is for the first year of activity after successfully completing the ACE application process. Upon applying for renewal, the provider is required to submit additional information following an outline provided by ACE. After the first year, application for renewal occurs at three-year intervals. The goal of program staff and the committee is to work with all applicants to meet the requirements. On the rare occasion when an application for approval or renewal is denied, or approval is withdrawn, the applicant/provider may appeal the decision to the ASWB Board of Directors.

Approved providers are required to collect and maintain records and must submit summaries of these records at the time of approval or renewal and/or as requested by ASWB. Records must include:

- Any organizational changes
- Details about co-sponsored events, including co-sponsorship agreements
- Personnel records for continuing education directors and social worker consultants
- Instructor information for each course offered
- Participant attendance
- Social worker attendance
- Participant evaluations
- Number of credits issued for each course
- Grievances and resolutions

- Requests made for accommodations for persons with disabilities and related services provided to participants

What does the literature say?

“Although growing in scope and importance, social work continuing education seldom undergoes rigorous evaluation. Enumerating workshop attendance and relying on inadequate evaluative procedures suffice for documenting teaching effectiveness.” (Schinke, Smith, Gilchrist, & Wong, 1981)

The above quote is from an article over 30 years old. Since that time, thousands of scholarly articles have been written to try to address the gaps in what we know about the efficacy of professional development opportunities. However, even among the most current research projects, we still hear laments about the continuing focus on learner satisfaction rather than the impact of learning on practice. Only in the past few years do we begin to see efforts to assess outcomes focusing on how CE benefits the clients we serve. The main reason for this is the simple fact that it is difficult to know where and how knowledge develops over time. There are many factors that have been recognized as relevant to practitioner competence, only some of which are achieved through CE. The following paragraphs summarize some of the key learning from research over the past decade.

Individual factors

Several studies have identified learner motivation as particularly important in leading to positive outcomes from participation in CE. Hanson, Bruskiwitz et al. (2007) found that personal desire to learn was the top reason noted by pharmacists for pursuing lifelong learning. Von Treuer et al. (2013) note that motivation helps not just with participation but with benefiting from the learning, and conversely, those who are not motivated “are likely to experience difficulty in mastering the training content and demonstrating the desired level of skill” (p. 607) (citing Cheng and Ho 2001). They further note that in general, people are more motivated to learn when they consider the content to be useful for their work.

Several researchers have explored the impact of commitment to the workplace as a motivating factor. In a multiple regression analysis, von Treuer et al (2013) found that “the more trainees are concerned about, and psychologically identify with their job, the greater the likelihood that they will display a strong motivation to learn” (p. 617). Lin, Wang et al. (2013) additionally found that a combination of clear career plans and intrinsic motivation were indicators of a plan to continue learning among IT professionals. In another study, Shih, Jiang, Klein, and Wang (2011) found that IT professionals who have greater job autonomy (ability to set their own pace, schedule, etc.) are both more motivated to learn and less likely to leave their employment.

Mandatory CE helps to ensure that practitioners are at a minimum attending training, reading books and journals, or participating in other activities recognized within their jurisdiction (Neimeyer, Taylor, Zemansky, & Rothke, 2013). At the same time, there is evidence to suggest that people who are not ready to learn and change their behavior obtain little benefit from their participation (Andrew & Taylor, 2012; Martin, 2014). Gorges and Kandler (2012) found that people who have had previous success in education are more likely to continue pursuing education opportunities resulting in a cyclical process of participation and success that continues over time.

Teunissen and Bok (2013) suggest that a focus on continuing education as a means to address problems with performance is inconsistent with a belief in lifelong learning as a goal in itself and that it can in fact be a demotivating factor. Instead, they theorize that a future-focus based on learning goals is more likely to result in positive outcomes: “Research on the effects of learning and performance goals has demonstrated that learning goals are related to greater effort expenditure and persistence and to the use of deep learning strategies. Specifically, when the tasks are complex, learning goals lead to better performance and more effective problem-solving strategies than performance goals” (p. 1067).

Similarly, when CE mandates specify what a person is supposed to learn (e.g. requirements for ethics training, specific approaches to practice, etc.) there may be less motivation to engage with the learning (Shirazi et al., 2013). Leaving the choices too open may not be effective either as research shows that “people tend to select topics that they are already knowledgeable about, demonstrating that practitioners do not seriously engage with their CE” (Kitto et al., 2013).

There is also a great deal of evidence showing that members of all professions will take courses based on location, cost, timing, and convenience rather than identified learning needs. Further evidence demonstrates that most people are unable to assess their own learning needs, but that support from peers or supervisors in developing a learning plan can lead to “a clearer view of their learning needs and that learning from a CPD activity was more likely to be applied in the workplace” (Barnes, Bullock, Bailey, Cowpe, & Karaharju-Suvanto, 2013). (CPD = continuing professional development)

Organizational factors

Employer or supervisor support for CE is also essential in order for benefits to be realized. There are several types of support that have been identified including: time off from work and funding to attend training (Parrish & Rubin, 2011); opportunities to apply new learning within the workplace (Andrew & Taylor, 2012); access to mentorship or practice supervision (Palermo, Hughes, & McCall, 2010); supervisor belief in the importance or relevance of the training (Martin, 2014); peer support for making changes (Dekker-Groen, van der Schaaf, & Stokking, 2013); and a learning culture (Kitto et al., 2013).

Educational factors

There is a growing body of evidence with regard to “what works” and what does not in continuing education. In general, if there is a good fit between the learner’s readiness to change and the educational material any format may be helpful. Research also suggests that there is no significant difference between on-line learning or face-to-face interaction, all other factors being equal (Erickson, Noonan, & McCall, 2012; Pullen, 2006). However, it is also acknowledged that best practices include active approaches to learning, over time, with opportunities to practice what is learned in the workplace and receive feedback, in a supportive environment, and with coherence between the learning, the practitioner’s needs, and the practice (Barnes et al., 2013; Martin, 2014; Paquette-Warren et al., 2014). Research consistently demonstrates that a combination of activities is more effective than single approach to learning and that even incorporating only two or three components can result in improved learning (Brimdyr, Widstrom, Cadwell, Svensson, & Turner-Maffei, 2012; Shirazi et al., 2013).

When looking at best practices, educators in schools of social work as well as directors of continuing education programs are incorporating Evidence Based Practice (EBP) models or interventions. EBP is the framework that is used to promote adoption of best practices informed by research. Proponents of this new framework argue that mandating the use of EBP ensures that the best available practices are used. Many faculty and community-based practitioners in higher education feel that it is easier to advocate for EBP rather than to incorporate it into their work (Berger, 2010). Barriers that have been identified as hindering the use of EBP include lack of rigorous and relevant studies, difficulty in locating and applying existing research, and in some cases a distrust of research findings (Gambrill, 2010; Thyer, 2006). While most faculty and practitioners agree that using EBP is important (Chwalisz, 2003; Thyer, 2006), agreement is lacking on the definition of EBP or more specifically what constitutes evidence. Literature on EBP continues to increase, with a greater number of educational institutions and community-

based agencies embracing EBP (Gilgun, 2005; Enola K. Proctor, 2004; E. K. Proctor, 2007; Springer, 2006). One may argue that using EBPs will improve practice and thus outcomes for clients/patients.

CE as a vehicle to change clinician behavior and improve patient outcomes

Under the old model of continuing education (CE) to insure professional competence, it was thought that most professionals, through completion of a rigorous degree program, required only knowledge updates in order to change behavior and improve patient outcomes. Through regular participation in traditional CE programs, these professionals maintained current knowledge and skills that translated to maintaining professional competence. The flaw in this thinking was that it did not take into account the complexity of the learning process itself or the health care system.

The focus of a new paradigm of continuing education is on quality improvement; specifically, improved client/patient care achieved through changes in clinician behavior. In order to effect change, CE activities must be presented from a perspective of learning as a process, not simply as an event.

This concept rules out the “one-size-fits-all” approach to learning apparent in traditional training environments and requires the integration of key concepts associated with quality improvement (Van Hoof & Meehan, 2011). These key concepts include:

- Identifying performance gaps through needs assessment and data analysis. This should occur at all levels, community health, patient health, clinician performance, and clinician learning.
- Utilizing a multifaceted strategy to create teachable moments. Combining interventions intensifies learning opportunities. Strong CE activities incorporate a variety of teaching tools including interactive discussion, role playing, case or peer review, and hands-on practice.
- Sequencing educational activities in a logical way to support the learning and help participants understand the rationale of what works and why (theory and evidence).
- Engage learners. Participants make a commitment to change specific behaviors and are provided opportunity for practice.
- Formative evaluation which provides opportunity for reflection and discussion of contextual factors.

Is Continuing Education Enough? What are available options?

Continuing education (CE) is a condition for renewal of social work licenses in nearly every jurisdiction. These CE requirements vary from one jurisdiction to another, from the number of hours required to the types of courses that must be taken.

While compliance with continuing education requirements is the responsibility of the individual social worker, researchers and educators along with law makers and licensed professionals are

questioning the intent of continuing education. Is it enough to protect the public? To maintain minimum professional and continued competency?

Depending on the research one may consult, CE is either noted to keep health professionals current on new research and techniques to care for the public *or* CE is denounced for not ensuring that these same health care professionals maintain continued competency. It is often noted that knowledge and practice techniques, especially in the health field, are rapidly expanding. It is estimated that the half-life of knowledge acquired in college is approximately 10 years (Thomas & Brown, 2011) and in medical school it is approximately five years (Brockett & LeGrand, 1992). Therefore, in just five years, half of what a doctor learns in medical school will be obsolete. With the constant and vast change of knowledge and skills, it is essential that health professionals keep their skills current to provide best care for their patients/clients.

Continuing education, often thought of as adult education, is the tool to keep practitioners current as they provide care. Most colleges, universities and professional organizations provide CE to assist practicing professionals stay current. CE is also viewed as an important venue to offer new practices translated from research. Proponents supporting mandatory CE cite the following reasons (Brockett & LeGrand, 1992; Little, 1993; Nelson, 1988; Queeney, English, Eric Clearinghouse on Adult, & Vocational Education, 1994; Queeney & et al., 1990):

- Expecting voluntary participation is unrealistic. Those who need it most may be least likely to participate.
- There is some evidence that well-designed programs can influence effective practice.
- CE can provide equal access to a range of opportunities.
- Mandates are necessary to protect the public from incompetent or out-of-date practitioners.
- Although imperfect, it is better than such alternatives as examination or practice review.
- By choosing a profession, professionals submit to its norms. A license to practice implies consent to be governed by the rules of the profession.

The issue of mandatory CE for professionals is controversial because at its heart are questions about the nature of professions and of adult education. Professionals are expected to have a commitment to continuing their education and valuing learning that enhances practice; making mandates unnecessary. But as advances in knowledge and technology coupled with public demand for accountability and consumer protection, most jurisdictions now mandate CE.

Many professionals argue that mandating CE does not assist in keeping professionals current and takes away from learning. Various arguments are cited by those opposing mandatory CE (Brockett & LeGrand, 1992; Morrison, 1992; Nelson, 1988; Queeney et al., 1994):

- It does not support adult learning principles, such as voluntary participation, the informal nature of adult education, and adult self-direction.

- It promotes uniformity by disregarding individual learning needs and styles.
- Professionals are expected to be autonomous, self-managed, and responsible for mastery of knowledge; mandatory CE may be seen as punitive to those who participate voluntarily.
- Research evidence that CE results in improved practice is lacking. All that is mandated is attendance, which will not necessarily change attitudes, motivation, determination to practice responsibly, or ability to learn.
- Programs are not consistently and uniformly available. Many lack quality and relevance to practitioner needs. Mandatory CE may encourage providers to focus on profit.
- Mandating participation may hinder learning by reducing motivation and individual responsibility.
- Professionals should be accountable for effective performance, not participation.

Some studies point to negative attitudes among those required to participate while others (Queeney & et al., 1990) suggest that mandatory CE participants may judge their participation more thoughtfully and critically because it is required. It is suggested that professionals attend CE with expectations that programs are of high quality allowing for applicability of new skills learned. Still others feel that the mandatory debate is a dead issue and the focus should be on improving the content and delivery of CE. But even here, there is concern over what the providers may think is relevant to offer vs the question of what should be offered based on an analysis of what is needed to maintain competency. Consequently, competency-based standards as a solution have been suggested in many disciplines.

Continuing Competence and mandatory CE

Competency-based standards are now prevalent in many professions and adopted across many countries and incorporated in the educational standards of degree programs. While CE programs are touting competency-based certification and licensure, there is disagreement about what competency means among educational providers, legislators, and professional associations.

Like mandatory CE, there is a great deal of controversy surrounding competency-based standards for professionals. Many feel that higher level practices such as critical reflection and judgment are ignored when CE programs teach skills using a mechanical approach as professionals are taught to adhere to a specific practice approaches. Many propose using an integrated approach based on an assessment of the knowledge, skills and abilities needed while taking into consideration realistic professional tasks. This would allow professionals to assess their own levels of competence and choose continuing education accordingly.

There is yet another challenge in the competence approach which suggests that performance is based only on the individual. This idea takes out the factor of relationships with colleagues, supervisees, superiors and patients/clients. How professionals interact with these individuals as well as society at large may also have a large impact on how they practice – separating these influences from those gained through participation in CE is difficult (Queeney et al., 1994).

There is still a great deal of research needed before we will be able to definitively answer the question, “Is CE enough?”. As noted by Neimeyer et al (2013), “the most prudent conclusion about the impact of CE mandates that can be made at this time is probably that they most clearly matter in relation to increasing CE participation and enhancing public confidence, but that the effects of that participation on CE’s key outcomes remain largely unknown” (p. 110).

The state of CE

Effective CE will expand the knowledge of an already competent professional and help those less competent meet the minimum competency requirements. Mandating standards for CE, requiring employers to support employees (financially and allowing time off) as well as determining level, frequency and type of activity that may count for CE are factors that need discussion and consensus leading to improving professional practice. Ideally, CE should be accessible, affordable, and of high standards. The challenges of cost and continued updating of knowledge/information in many disciplines coupled with serving large numbers of professionals does not always lend to ideal conditions.

This challenge while daunting, especially when serious economic challenges prevail, may be mitigated if regulators collaborate and employers support individual learning styles. Collaboration would also support professionals moving across jurisdictions as learning is transferred to practice when CE is viewed as an extension of their professional education and life-long, an idea that should be part of professional education.

The value of CE needs to be promoted in professional schools, associations and other arenas with a focus on contributing to self-development and betterment of society rather than focusing on policing professionals to ensure they comply with the mandate. Simultaneously, the public can be educated about the limitations and difficulties in measuring and certifying competence and the impact CE may have on practice.

While CE has become mandatory in many arenas and in most jurisdictions, we can work toward changing the focus away from policing professionals and instead encourage the voluntary nature of CE to highlight professionals who become motivated to seek education and life-long learning for effective practice.

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