DOWNLOAD PDF NEW APPROACH TO CONTINUING EDUCATION FOR BUSINESS AND THE PROFESSIONS

Chapter 1 : NYS Licensed Professions

*New Approach to Continuing Education for Business and the Professions: The Performance Model (MACMILLAN SERIES O) [Philip M. Nowlen] on calendrierdelascience.com *FREE* shipping on qualifying offers.*

May 3, The Future of Jobs and Jobs Training As robots, automation and artificial intelligence perform more tasks and there is massive disruption of jobs, experts say a wider array of education and skills-building programs will be created to meet new demands. There are two uncertainties: Will well-prepared workers be able to keep up in the race with AI tools? And will market capitalism survive? Automation, robotics, algorithms and artificial intelligence AI in recent times have shown they can do equal or sometimes even better work than humans who are dermatologists , insurance claims adjusters , lawyers , seismic testers in oil fields , sports journalists and financial reporters , crew members on guided-missile destroyers , hiring managers , psychological testers , retail salespeople , and border patrol agents. Moreover, there is growing anxiety that technology developments on the near horizon will crush the jobs of the millions who drive cars and trucks, analyze medical tests and data , perform middle management chores , dispense medicine , trade stocks and evaluate markets , fight on battlefields , perform government functions , and even replace those who program software â€" that is, the creators of algorithms. People will create the jobs of the future, not simply train for them, and technology is already central. It will undoubtedly play a greater role in the years ahead. Since that expert canvassing, the future of jobs has been at the top of the agenda at many major conferences globally. Several policy and market-based solutions have been promoted to address the loss of employment and wages forecast by technologists and economists. A key idea emerging from many conversations, including one of the lynchpin discussions at the World Economic Forum in , is that changes in educational and learning environments are necessary to help people stay employable in the labor force of the future. Among the six overall findings in a new page report from the National Academies of Sciences, the experts recommended: At the same time, recent IT advances offer new and potentially more widely accessible ways to access education. This survey noted that employment is much higher among jobs that require an average or above-average level of preparation including education, experience and job training ; average or above-average interpersonal, management and communication skills; and higher levels of analytical skills, such as critical thinking and computer skills. A central question about the future, then, is whether formal and informal learning structures will evolve to meet the changing needs of people who wish to fulfill the workplace expectations of the future. Some 1, responded to the following question, sharing their expectations about what is likely to evolve by In the next 10 years, do you think we will see the emergence of new educational and training programs that can successfully train large numbers of workers in the skills they will need to perform the jobs of the future? Participants were asked to explain their answers and offered the following prompts to consider: What are the most important skills needed to succeed in the workforce of the future? Which of these skills can be taught effectively via online systems â€" especially those that are self-directed â€" and other nontraditional settings? Which skills will be most difficult to teach at scale? Will employers be accepting of applicants who rely on new types of credentialing systems, or will they be viewed as less qualified than those who have attended traditional four-year and graduate programs? It is important to note that many respondents listed human behaviors, attributes and competencies in describing desirable work skills. A diversifying education and credentialing ecosystem: Most of these experts expect the education marketplace â€" especially online learning platforms â€" to continue to change in an effort to accommodate the widespread needs. Some predict employers will step up their own efforts to train and retrain workers. Respondents see a new education and training ecosystem emerging in which some job preparation functions are performed by formal educational institutions in fairly traditional classroom settings, some elements are offered online, some are created by for-profit firms, some are free, some exploit augmented and virtual reality elements and gaming sensibilities, and a lot of real-time learning takes place in formats that job seekers pursue

on their own. A considerable number of respondents to this canvassing focused on the likelihood that the best education programs will teach people how to be lifelong learners. Accordingly, some say alternative credentialing mechanisms will arise to assess and vouch for the skills people acquire along the way. A focus on nurturing unique human skills that artificial intelligence AI and machines seem unable to replicate: Many of these experts discussed in their responses the human talents they believe machines and automation may not be able to duplicate, noting that these should be the skills developed and nurtured by education and training programs to prepare people to work successfully alongside AI. These respondents suggest that workers of the future will learn to deeply cultivate and exploit creativity, collaborative activity, abstract and systems thinking, complex communication, and the ability to thrive in diverse environments. One such comment came from Simon Gottschalk, a professor in the department of sociology at the University of Nevada, Las Vegas: Still others spoke of more practical needs that could help workers in the medium term â€" to work with data and algorithms, to implement 3-D modeling and work with 3-D printers, or to implement the newly emerging capabilities in artificial intelligence and augmented and virtual reality. Anonymous scientific editor About a third of respondents expressed no confidence in training and education evolving quickly enough to match demands by Some of the bleakest answers came from some of the most respected technology analysts. They are also struggling with basic issues like identification of individuals taking the courses. Their well-considered comments provide insights about hopeful and concerning trends. These findings do not represent all possible points of view, but they do reveal a wide range of striking observations. Respondents collectively articulated five major themes that are introduced and briefly explained in the page section below and then expanded upon in more-detailed sections. Some responses are lightly edited for style or due to length. The following section presents a brief overview of the most evident themes extracted from the written responses, including a small selection of representative quotes supporting each point. The training ecosystem will evolve, with a mix of innovation in all education formats These experts envision that the next decade will bring a more widely diversified world of education and training options in which various entities design and deliver different services to those who seek to learn. They expect that some innovation will be aimed at emphasizing the development of human talents that machines cannot match and at helping humans partner with technology. They say some parts of the ecosystem will concentrate on delivering real-time learning to workers, often in formats that are self-taught. Commonly occurring ideas among the responses in this category are collected below under headings reflecting subthemes. More learning systems will migrate online. Educators have always found new ways of training the next generation of students for the jobs of the future, and this generation will be no different. College education which will still favor multi-year, residential education will need to be more focused on teaching students to be lifelong learners, followed by more online content, in situ training, and other such [elements] to increase skills in a rapidly changing information world. As automation puts increasing numbers of low- and middle-skill workers out of work, these models will also provide for certifications and training needs to function in an increasingly automated service sector. We will also see what might be called on-demand or on-the-job kind of training programs. We kind of have to, as with continued automation, we will need to retrain a large portion of the workforce. I strongly believe employers will subscribe to this idea wholeheartedly; it increases the overall education of their workforce, which benefits their bottom line. Nevertheless, I am a big believer in the college experience, which I see as a way to learn what you are all about, as a person and in your field of study. The confidence in your own self and your abilities cannot be learned in a short course. It takes life experience, or four years at a tough college. At a good college, you are challenged to be your best â€" this is very resource-intensive and cannot be scaled at this time. Our established systems of job training, primarily community colleges and state universities, will continue to play a crucial role, though catastrophically declining public support for these institutions will raise serious challenges. One potential future would be for those universities to abandon the idea that they have faculty teaching their own courses and instead consist entirely of a cadre of less well paid teaching assistants who provide support for the students who are taking courses online. They take too long to teach impractical

skills and knowledge not connected to the real world, and when they try to tackle critical thinking for a longer time scale, they mostly fail. The sprouts of the next generation of learning tools are already visible. Within the decade, the new shoots will overtake the wilting vines, and we will see all sorts of new initiatives, mostly outside these schooling, academic and training institutions, which are mostly beyond repair. People will shift to them because they work, because they are far less expensive and because they are always available. In the hopefully near future, we will not segregate schooling from work and real-world thinking and development. And, again, the experience of being a student, now confined to grade school, secondary school and university, will expand to include workers, those looking for work, and those who want or need to retrain â€" as well as what we now think of as conventional education. Via simulation, gaming, digital presentations â€" combined with hands-on, real-world experience â€" learning and re-education will move out of books and into the world. The more likely enhancement will be to take digital enhancements out into the world â€" again, breaking down the walls of the classroom and school â€" to inform and enhance experience. Online courses will get a big boost from advances in augmented reality AR , virtual reality VR and artificial intelligence AI Some respondents expressed confidence in the best of current online education and training options, saying online course options are cost-effective, evolving for the better, and game-changing because they are globally accessible. Already, today there are quite effective online training and education systems, but they are not being implemented to their full potential. These applications will become more widely used with familiarity that is gained during the next decade. Also, populations will be more tech-savvy and be able to make use of these systems with greater personal ease. In addition, the development of virtual reality, AI assistants and other technological advances will add to the effectiveness of these systems. There will be a greater need for such systems as the needs for new expertise in the workforce [increase] and the capacity of traditional education systems proves that it is not capable of meeting the need in a cost-effective manner. These career changes will require retooling, training and education. The adult learners will not be able to visit physical campuses to access this learning; they will learn online. I anticipate the further development and distribution of holoportation technologies such as those developed by Microsoft using HoloLens for real-time, three-dimensional augmented reality. These teaching tools will enable highly sophisticated interactions and engagement with students at a distance. They will further fuel the scaling of learning to reach even more massive online classes. As these tools evolve over the next decade, the academics we work with expect to see radical change in training and workforce development, which will roll into although probably against a longer timeline more traditional institutions of higher learning. They said a residential university education helps build intangible skills that are not replicable online and thus deepens the skills base of those who can afford to pay for such an education, but they expect that job-specific training will be managed by employers on the job and via novel approaches. The most important skills to have in life are gained through interpersonal experiences and the liberal arts. Traditional four-year and graduate programs will better prepare people for jobs in the future, as such an education gives people a general understanding and knowledge about their field, and here people learn how to approach new things, ask questions and find answers, deal with new situations, etc. Special skills for a particular job will be learned on the job. These skills are imperative to focus on, as the future is in danger of losing these skillsets from the workforce. Many people have gained these skills throughout history without any kind of formal schooling, but with the growing emphasis on virtual and digital mediums of production, education and commerce, people will have less and less exposure to other humans in person and other human perspectives. But this does not mean that alternative means and paths of learning and accreditation would not be useful as â€¦ complementary to the traditional system that has limitations as well. Respondents in this canvassing overwhelmingly said yes, anticipating that improvements in such education would continue. However, many believe the most vital skills are not easy to teach, learn or evaluate in any education or training setting available today. There will be an increasing economic incentive to develop mass training that better unlocks this value. Functions requiring emotional intelligence, empathy, compassion, and creative judgment and discernment will expand and be increasingly valued in our culture. These skills,

interestingly, are the skills specific to human beings that machines and robots cannot do, and you can be taught to strengthen these skills through education. I look forward to seeing innovative live and online programs that can teach these at scale. A mindset of persistence and the necessary passion to succeed are also critical. The jobs of the future will not need large numbers of workers with a fixed set of skills â€" most things that we can train large numbers of workers for, we will also be able to train computers to do better. This will include open, online learning experiences e. We will identify opportunities to build a digital version of the apprenticeship learning models that have existed in the past. Alternative credentials and digital badges will provide more granular opportunities to document and archive learning over time from traditional and nontraditional learning sources. Through evolving technologies e. You may get a degree in computer software development, but the truth is that you still need to be taught how to write software for, say, the mortgage company or insurance company that hires you.

Chapter 2 : Health Professions Education - Journal - Elsevier

A New Approach to Continuing Education for Business and the Professions: The Performance Model Philip M. Nowlen & Ronald M. Cervero The University of Georgia Pages

Today in the United States, the professional health workforce is not consistently prepared to provide high quality health care and assure patient safety, even as the nation spends more per capita on health care than any other country. The absence of a comprehensive and well-integrated system of continuing education CE in the health professions is an important contributing factor to knowledge and performance deficiencies at the individual and system levels. To be most effective, health professionals at every stage of their careers must continue learning about advances in research and treatment in their fields and related fields in order to obtain and maintain up-to-date knowledge and skills in caring for their patients. Foundation convened a conference in that brought together stakeholders in health care and continuing health professional education. In this report, the committee examines CE for all health professionals, 1 explores development of a national continuing education institute, and offers guidance on the establishment and operation of such an institute. In order to add perspective to its deliberations, the committee examined a number of possible alternatives to an institute, and the report describes some of the pros and cons of the various options. The report provides five broad messages: An ad hoc IOM committee will undertake a review of issues in continuing education CE of health care professionals that are identified from the literature and from data-gathering meetings with involved parties to improve the quality more There are major flaws in the way CE is conducted, financed, regulated, and evaluated. As a result, the health care workforce is not optimally prepared to provide the highest quality of care to patients or to meet public expectations for quality and safety. The science underpinning CE for health professionals is fragmented and underdeveloped. These shortcomings have made it difficult if not impossible to identify effective educational methods and to integrate those methods into coordinated, broad-based programs that meet the needs of the diverse range of health professionals. Continuing education efforts should bring health professionals from various disciplines together in carefully tailored learning environments. As team-based health care delivery becomes increasingly important, such interprofessional efforts will enable participants to learn both individually and as collaborative members of a team, with a common goal of improving patient outcomes. A new, comprehensive vision of professional development is needed to replace the culture that now envelops continuing education in health care. Such a vision will be key in guiding efforts to address flaws in current CE efforts and to ensure that all health professionals engage effectively in a process of lifelong learning aimed squarely at improving patient care and population health. Establishing a national interprofessional CE institute is a promising way to foster improvements in CE for health professionals. This report proposes the creation of a public-private entity that involves the full spectrum of stakeholders in health care delivery and continuing education and that is charged with developing and overseeing comprehensive change in the way CE is conducted, financed, regulated, and evaluated. CE is intended to enable health professionals to keep their knowledge and skills up to date, with the ultimate goal of helping health professionals provide the best possible care, improve patient outcomes, and protect patient safety. The reality of continuing education, however, is far different. Although there are instances of programs focused on those goals, on an overarching level the U. Health professionals and their employers tend to focus on meeting regulatory requirements rather than identifying personal knowledge gaps and finding programs to address them. Many of the regulatory organizations that oversee CE tend not to look beyond setting and enforcing minimal, narrowly defined competencies. The current approach to CE is most often characterized by didactic learning methods, such as lectures and seminars; traditional settings, such as auditoriums and classrooms; specific frequently mandated intervals; and teacher-driven content that may or may not be relevant to the clinical setting. CE is operated separately in each profession or specialty, with responsibility dispersed among multiple stakeholders within each of those communities. The scientific literature offers guidance about general

principles for CE but provides little specific information about how to best support learning; for the most part, CE providers cannot determine the effectiveness of their instructional methods, and health professionals lack a dependable basis for choosing among CE programs. Further, the inability to draw definitive conclusions about the effectiveness of specific CE methods has clouded discussions about the larger value of continuing education for health professionals. In medicine and pharmacyâ€"and nursing to some extentâ€"pharmaceutical and medical device companies have taken a lead role in financing the provision of and research on CE. Such commercial funding has raised and continues to raise concerns about conflicts of interest and whether some companies are using CE to influence health professionals so as to increase market share. Regulations vary widely by specialty and by state, as state boards generally are responsible for determining the number of CE credits required for profession-specific licensure. Certification and credentialing, two other major parts of the regulatory environment, are characterized by wide variations as well. Accreditation of CE providers may be based on an evaluation of the quality of specific CE activities or of CE providers. Such wide variations in CE regulation lead to inconsistent learning and conflict with efforts to achieve high levels of competence and practice for every health professional. Crossing the Quality Chasm: A New Health System for the 21st Century calls on health professionals to provide care that is safe, effective, patient-centered, efficient, timely, and equitable. A Bridge to Quality recommends that all clinicians possess five core competencies, which include being able to provide patient-centered care, work in interprofessional teams, employ evidence-based practice, apply quality improvement, and utilize informatics. Together, these quality goals represent the foundation for building a better continuing education system. Requirements that are based on credit hours rather than outcomesâ€"and that vary by state and professionâ€"are not conducive to teaching and maintaining these core competencies aimed at providing quality care. Improving the system for CE will therefore require changes that expand its conventional boundaries. An emerging concept, called continuing professional development CPD , includes components of CE but has a broader focus, such as teaching how to identify problems and apply solutions, and allowing health professionals to tailor the learning process, setting, and curriculum to their needs. Some groups in the United States, including the American Medical Association and the Accreditation Council for Pharmacy Education, also have recognized the broader learning opportunities that CPD offers and have adopted the concept as a guide. In line with such examples, the committee adopted the term CPD to signal the importance of multifaceted, lifelong learning in the lives of all health professionals. It shifts control of learning to individual health practitioners and has the flexibility to adapt to the needs of individual clinicians, enabling them to be the architects of their own learning. The system bases its education methods on research theory and findings from a variety of fields, and embraces information technologies to provide professionals with greater opportunities to learn effectively. If coordinated nationally and across the health professions, a CPD system offers the promise of advancing evidence-based, interprofessional, team-based learning; engendering coordination and collaboration among the professions; providing higher quality for a given amount of resources; and leading to improvements in patient health and safety. But first the committee considered five potential routes for creating an effective system for CPD. While some beneficial learning is taking place under the status quo, the flaws documented in this report cannot be remedied by anything short of a coordinated national effort. New program within an existing government agency. The committee considered placing responsibility for a national CPD system in either the Agency for Healthcare Research and Quality or the Health Resources and Services Administration, which both fund health care research. Placing responsibility for a national CPD system in one of these agencies would tie CPD to either improved quality or more team-based care. Ad hoc coalition of current stakeholders and organizations. A broad coalition of stakeholders could create a national interprofessional CPD system. The committee specifically considered a coalition that includes current stakeholders and organizations whose purposes are to improve health care quality and patient safety e. Expanding to the requisite breadth will require a strong central convener; reducing professional and state variability is beyond the ability of such an ad hoc group for the foreseeable future. A private structure operated by professional societies and organizations. Such a

structure could include all health professions and develop collaborations with other stakeholders e. Two features missing from this approach are an incentive to convene and an oversight body for accountability. A new public-private structure. Like the purely private structure, a public-private organization could catalyze participation of a broad set of stakeholders in improving health care quality and patient safety, but it would also be accountable to the federal government. Of the five alternatives, creating a new organization with so many interested parties will be complicated. The committee concluded that alternative 5, establishing a publicprivate body that would promote collaboration among a variety of stakeholders and be held accountable by the federal government, offers the most promise. By fostering collaboration among diverse groups, it could develop and oversee a comprehensive research agenda that would reach across health professions; it could serve to coordinate current licensure, certification, credentialing, and accreditation activities and encourage the groups in charge to work toward regulatory standards for CPD that reflect research findings. Collectively, the stakeholders could develop and adopt broad conflict-of-interest policies and identify new and more consistent funding sources for CPD to replace conflicted funding. The committee therefore calls on the federal government to work with stakeholders and act as the initial convener of efforts to develop a public-private institute devoted to improving continuing professional development that will foster the delivery of high quality health care. The Secretary of the Department of Health and Human Services should, as soon as practical, commission a planning committee to develop a public-private institute for continuing health professional development. The resulting institute should coordinate and guide efforts to align approaches in the areas of: In designing an institute that will accomplish the broad goals of Recommendation 1, the planning committee will need to consider how to achieve each of the components of an effective CPD system. To achieve the new vision of a continuing professional development system, the planning committee should design an institute that: A central tenet of this report is that collaboration among various stakeholders, including patients and members of the public, is essential to developing an improved CPD system. By working together, the CPD community and the health care quality improvement community will be best able to drive more efficient resource allocation and increase the overall value of CPD. The planning committee should design the Continuing Professional Development Institute to work with other entities whose purpose is to improve quality and patient safety by: Advancing the Science of CPD The current body of literature does not conclusively identify the most effective CE methods, the correct mixture of CE methods, or the amount of CE needed to maintain competence or to improve clinical outcomes. The literature does offer some guidance for improved learning, suggesting that CE should be guided by needs assessments, should be interactive, and should provide multiple learning opportunities and multiple methods of education. Future research needs to include identifying theoretical frameworks, determining proven and innovative CPD methods and the degrees to which they apply in various contexts, defining CPD outcome measures, and determining influences on learning. The fields of adult learning, education, sociology, psychology, organizational change, systems engineering, and knowledge translation can support the advancement of how CPD should be provided. The Continuing Professional Development Institute should lead efforts to improve the underlying scientific foundation of CPD to enhance the knowledge and performance of health professionals and patient outcomes by: As a result of gaps in data collection, validation, and analysis, decisions about continuing education and professional development are often not based on evidence. The Continuing Professional Development Institute should enhance the collection of data that enable evaluation and assessment of CPD at the individual, team, organizational, system, and national levels. Enhancing the Effectiveness of Regulation The effectiveness of CPD programs is influenced by every aspect of regulationâ€”i. Current regulators have the knowledge and expertise to assess learning and continuing education activities. The role of a national interprofessional organization is to promote collaboration across the entire CPD regulatory system, with the ultimate goal of improving health care quality and patient safety. The CPDI should work with current regulatory bodies to establish national standards that can underpin stronger systems. The CPDI should set standards for regulatory bodies across the health professions for licensure, certification, credentialing, and accreditation. Efforts to

eliminate or avoid conflicts of interests in the funding of CPD, such as practitioner-sponsored CPD and the pooling of funds contributed by various parties already are under way. By building on these, the planning committee and the CPDI would be well positioned to develop and adopt national guidelines on conflicted sources of funding for all health professions. The Continuing Professional Development Institute should analyze the sources and adequacy of funding for CPD, develop a sustainable business model free from conflicts of interest, and promote the use of CPD to improve quality and patient safety. Health care often benefits when professionals from within and across disciplines work together. But in many situations today, care may not be practiced in teams because people are not trained in teams. Interprofessional experiments have resulted in pockets of programs whose experiences can be incorporated into better CPD. A shared educational framework can align communication and share advances across all health professions. The Continuing Professional Development Institute should identify, recognize, and foster models of CPD that build knowledge about interprofessional team learning and collaboration. Before they are ready for widespread adopting, new methods for providing continuing professional development must prove their effectiveness through rigorous testing e. A number of innovative CPD methods remain at that stage. Demonstration programs can be developed using the research and development structures currently in place. Supporting mobilization of research findings to advance health professional performance, federal agencies that support demonstration programs, such as the Agency for Healthcare Research and Quality and the Health Resources and Services Administration, should collaborate with the Continuing Professional Development Institute. By its very nature, continuing professional development will be complex, involving many stakeholders playing various roles. Continuous evaluations therefore will be needed to ensure that progress is being made toward better health professional development. Evaluation could occur at four levels that will require different metrics: Arguably, the most important but most difficult level of evaluation is that of the overall CPD system.

Chapter 3 : NYS Licensed Professions - General Licensing Information

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to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of laws, rules, and regulations for the practice of that specific profession. You will receive more information on professional practice when you receive your license and first registration. Records Retention and Disposition Statement Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate i. If you withdraw your application or your application is inactive for five 5 consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition Schedule on file with the State Archives and Records Administration. Individuals without a SSN will be assigned a random, computer generated nine-digit identifier. The agency will use the SSN or assigned identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and Departmental policy, but will otherwise be kept confidential. The specific statutory authority for requiring Federal Social Security Numbers is in the following: Reasonable Testing Accommodations If you have a disability and may require reasonable testing accommodations for the examination, please see the specific requirements for your profession. For more information regarding reasonable accommodations, see the Office of the Professions Request for Reasonable Testing Accommodations form 23 KB or call For an e-mail response contact us or you may fax a message 24 hours a day to

Chapter 4 : Academy of Continuing Education for the Professions || LIVE CLE and CE Courses

A New Approach to Continuing Education for Business and the Professions: The Performance Model A New Approach to Continuing Education for Business and the.

Department of Health, Education, and Welfare, To support this objective, states in the s began to mandate that health professionals receive continuing education CE. Requirements were applied unevenly across the United States, however, and there now is variability from state to state and profession to profession regarding how much CE is needed, what kind of CE is needed, and how and when CE should be administered Landers et al. In the late s, many observers argued that the time was ripe for change in the CE system, and they raised a number of important questions: Can CE guarantee competence? Are mechanisms available to accurately assess the learning needs of health professionals? How can these learning needs best be met? How many annual contact hours are needed to ensure competence? Today, it is clear that this call for change went unanswered. CE has evolved organically, without an adequate system in place to ensure that the fundamental questions raised three decades ago could be addressed to inform the development and maintenance of a CE system. These still-relevant questions provide a springboard toward creating a more responsive and comprehensive system. Pressure from a number of groups, including the Pew Taskforce on Health Care Workforce Regulation and the Institute of Medicine IOM , has spurred debate about how best to ensure the continuing competence of health professionals. A Bridge to Quality details five core competencies deemed necessary for all health professionals: These competencies are intended to help provide a more safe, effective, patient-centered, efficient, timely, and equitable health care system IOM, For example, advances in the areas of evidence-based practice and quality improvement require the ability to integrate clinical knowledge with professional practice. Connecting these processes through evidence-based health professional education has the potential to revolutionize the health care system Berwick, ; Cooke et al. The components of CEâ€”the CE research system, regulatory and quasi-regulatory bodies, and financing entitiesâ€”are currently ill-equipped to support these core competencies consistently. For example, as this chapter later details, effective CE incorporates feedback and interaction, yet 76 percent of continuing medical education CME instruction hours are delivered through lectures and conferences ACCME, that typically limit interactive exchange Forsetlund et al. Various professions, however, have begun to use different methods of CE, including methods that better take into account the clinical practice setting Kues et al. Research on CE methods and theories behind adult learning, education, sociology, psychology, organizational change, systems engineering, and knowledge translation have provided an initial evidence base for how CE and continuing professional development should be provided. Additionally, previous works have offered theoretical frameworks for conceptualizing CE and guiding its provision Davis and Fox, ; Fox et al. This chapter presents summary data on the ways in which CE is typically provided. The chapter discusses the most common methods of providing CE; details findings on the effectiveness of CE in general, as well as the effectiveness of specific CE methods; discusses theories that support what is known about how adults learn; and describes the attributes of successful CE methods and how theory can be applied to improve these methods. Lectures and conference sessions, long the mainstay of CE, remain the most commonly used CE methods see Figure For physicians, courses and regularly scheduled series e. More than 82 percent of total hours of instruction are in the form of courses or series. The committee made a concerted effort to incorporate data regarding methods of CE delivery from all health professions; however, the data collected for most professions are not robust and are not always reported in comparable formats. For licensed social workers, survey participation rates provide some insight into the types of CE most often used Table Social workers, like physicians and pharmacists, often participate in formal, didactic workshops. Informal CE activities such as peer consultation, which may not be counted for CE credit by state licensing boards, are the methods most believed by social workers to change their practice behavior Smith et al. In many health professions, journal reading is a commonly used avenue to complete CE credits. CE

providers are increasingly using an expanding variety of CE methods. CE programs more often use multiple educational methodologies e. Table provides a list of common approaches. Data on the use of these approaches are not always available. For example, the rate at which health professionals participate in self-directed learning is not available from CE providers or accreditors because in most health professions, CE creditsâ€”the metric for CE activitiesâ€”cannot currently be earned for participation in self-directed learning. The use of e-learning has become increasingly widespread in the training of health professionals. Although some professionals prefer traditional learning formats that include more face-to-face contact Jianfei et al. Lower costs, potentially greater numbers of participants, and increased interprofessional collaborations are additional benefits of e-learning Bryant et al. The ways in which various formats of e-learning may be used in professional practice are summarized in Table Traditionally, efforts to measure CE effectiveness were constrained by a lack of consensus around ideal measures for evaluating CE learning outcomes Dixon, The science of measuring outcomes is advancing beyond measuring procedural knowledge as researchers have come to focus on linking CE to patient care and population health Miller, ; Moore et al. An effective CE method is now understood to be one that has enhanced provider performance and thus improved patient outcomes Moore, The relationships among teaching, learning, clinician competence, clinician performance, and patient outcomes are difficult to measure Jordan, ; Mazmanian et al. In health care settings, it may remain difficult to measure dependent variables Eccles et al. Additionally, the provision of interprofessional care makes it difficult to attribute the education of one professional to a patient outcome Dixon, Furthermore, due to the nature of some types of professional work, such as social work, evaluating outcomes of client-professional interaction is inherently difficult if not ethically impossible Griscti and Jacono, ; Jordan, Continuing education is concerned with both health professional learning processes and broader outcomes, including patient outcomes and organizational change. Therefore, CE is itself part of a complex learning system and relies on evidence-based research that is driven by theory. Theories are developed over time and continuously build on evidence-based practice, practice-based learning, and outcomes. However, the transition between research and practice is often difficult. Closing the gaps between research and practice, as depicted in Figure , may be achieved by blending clinical practice and knowledge MacIntosh-Murray et al. In some cases, self-reported gains have been shown to reflect actual behavior change Curry and Purkis, ; Davis et al. Self-reports afford health professionals a voice in evaluating themselves and their motivations. Although self-reports should never be the sole basis for decision making regarding the general effectiveness of continuing education, they may serve important purposes by enabling CE providers to identify motivations and gaps in knowledge Eva and Regehr, ; Fox and Miner, An oft-cited review of CME found that the weakness of most published evaluations limited possible conclusions about the effectiveness of CME Bertram and Brooks-Bertram, , while a seminal review of eight studies provided evidence that formal CME helped physicians improve their clinical performance Stein, To evaluate these contradictory statements and findings in the contemporary context, the committee reviewed evidence on the effectiveness of CE methods. A total of 62 studies and 20 systematic reviews and meta-analyses relevant to CE methods, cost-effectiveness, or educational theory were included see Appendix A. Studies from a variety of health professions were included. The literature review revealed that researchers have used a range of research designs to address a broadly defined research agenda, but the research methods used generally were weak and often lacked valid and reliable outcome measures. Several authors Davis et al. Indeed, for several decades, authors have maintained that data on CE effectiveness are limited because studies of CE methods do not uniformly document the major elements of the learning process Stein, Although 29 of the evaluated studies were randomized controlled trials assessing changes in clinical practice outcomes based on participation in a CE method, none had been validated through replication. While controlled trial methods produce quantifiable end points, they do not fully explain whether outcomes occur as a result of participation in CE Davis et al. Cohort and case-control designs may be more appropriate Mazmanian and Davis, In general, more robust research methods must be developed and used to assess CE effectiveness adequately. Of the 62 studies reviewed, 8 used patient outcomes e. In lieu

of CE outcomes measures linked directly to patient outcomes, self-reported behavior change was used to assess effectiveness in 9 of the 62 studies. Overall Effectiveness of CE Although CE research is fragmented and may focus too heavily on learning outside of clinical settings, there is evidence that CE works, in some cases, to improve clinical practice and patient outcomes. A recent, comprehensive analysis of CME identified articles and 9 systematic reviews summarizing the evidence regarding CME effectiveness in imparting knowledge and skills, changing attitudes and practice behavior, and improving clinical outcomes Marinopoulos et al. Although this analysis could not determine the effectiveness of all CME methods covered, CME was found, in general, to be effective for acquiring and sustaining knowledge, attitudes, and skills, for changing behaviors, and for improving clinical outcomes. Some evidence has supported the overall effectiveness of CE in specific instances Davis et al. Some tentative insights include: Print media, such as self-study posters, were generally ineffective. Methods that included multiple exposures to activities tend to produce more positive results than one-time methods, a finding aligned with previous studies indicating that health professionals are more likely to apply what they have learned in practice if they participate in multiple learning activities on a single topic Davis and Galbraith, ; Davis et al. Simulations appear to be effective in some instances but not in others. Simulations to teach diagnostic techniques generally are more effective than simulations to teach motor skills. Assessing the effectiveness of simulation is complicated by the diversity of simulation types, ranging from case discussions to high-fidelity simulators. The methods for evaluating e-learning effectiveness are relatively weak, which makes demonstrating the effect of e-learning on patient outcomes difficult. Data may emerge, however, as technology and metrics are further enabled Cook et al. Ultimately, e-learning may be equal to or better than more traditional learning methods for individual health professionals, as measured by learner satisfaction and their acquisition of knowledge and skills. Since then, research has focused on how adult learning is best accomplished, for example, by involving learners in identifying and solving problems. Considerations of context have also been addressed, particularly regarding how conditions shape CE in practice. Many researchers have elaborated and extended this practice-based CE model Cervero, ; Eraut, , ; Houle, ; Nowlen, , and practice-based learning is now at the forefront of educational agendas throughout the professions Cervero, ; Moore and Pennington, The principal emphasis is no longer on content but rather on what is attained in knowledge, skills, attitude, and improved performance at the end of a learning activity. The design of CE activities should be guided by theoretical insights into how learning occurs and what makes the application of new knowledge more likely. Insights can be drawn from the literature of several academic disciplines, including adult education, sociology, psychology, knowledge translation, organizational change, engineering, and systems learning Bennett et al. However, CE providers too often fail to base their methods on theoretical perspectives Olson et al. Select Theories on Learning A range of theoretical perspectives have been offered on how adults learn Merriam, ; Merriam and Caffarella, These perspectives cover such topics as what motivates a person to begin a lifelong learning process and how the relevance of the learned material impacts the amount of knowledge that will be retained. Table describes several theories of learning that have been influential in shaping adult education. Overview of Select Theories of Learning. Lifelong Learning Experience is a valuable component of lifelong learning. Lifelong learning includes formal and informal modes of instruction, such as reflection, casual dialogue with peers, and lectures. Through the process of lifelong learning, health professionals become aware of the reasoning and evidence that underlie their beliefs, biases, and habits King and Kitchener, This approach to learning, in which health professionals continually engage in learning for their own personal goals, is in contrast to simply participating in formal CE for the purposes of receiving credit King and Kitchener, Lifelong learners are sophisticated and complex. Therefore, theorists have sought to explain the implications of these complexities for the provision of CE to health professionals Davis, ; Davis and Simmt, ; Davis and Sumara, ; Doll, ; Osberg, Complex learners are influenced by their own knowledge base as well as by their collaborative relationships with others.

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2 Scientific Foundations of Continuing Education I n , the National Advisory Committee on Health Manpower recommended that professional associations and government regulatory agencies take steps to ensure the maintenance of competence in health professionals (U.S. Department of Health, Education, and Welfare,).

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