CHAPTER TWENTY-FOUR

CONTINUING PROFESSIONAL EDUCATION

Donna S. Queeney

Continuing professional education (CPE) "refers to the education of professional practitioners, regardless of their practice setting, that follows their preparatory curriculum and extends their learning . . . throughout their careers. Ideally this education enables practitioners to keep abreast of new knowledge, maintain and enhance their competence, progress from beginning to mature practitioners, advance their careers through promotion and other job changes, and even move into different fields" (Queeney, 1996, p. 698). The term professional is used broadly in this context, to describe the wide range of occupational areas that are based, to some extent, in a discrete body of information and specific competencies.

CPE is not a new concept. Ongoing education for professional practitioners at one time was provided through apprenticeships and guild systems of the middle ages, and it was an informal adjunct of professional practice into modern times. It first was given a name, continuing professional education, and recognized as a component of adult education in the 1960s. At that time, expanding technology, rapidly growing knowledge bases, changes within professions, and the emergence of new professions clarified the need for more and more structured education of professional practitioners throughout their careers (Houle, 1980; Shuchman, 1981). Also during this time, "the public perception of professional responsibility, accountability, and service" (Azzaretto, 1990, p. 25) was called into question by government agencies, consumers, and the professions themselves, further prompting a focus on CPE.

In the 1960s and 1970s, individual professions and regulatory agencies began to respond by establishing continuing education requirements for licensure, certification, or practice (Stern and Queeney, 1992). However, before long people realized that CPE is neither a guarantee of competence nor the sole answer to competence assurance.
Yet educators, regulatory agencies, employers, and the professions have been hard-pressed to come up with viable alternatives.

This chapter looks to the future of continuing professional education. It first examines current challenges facing the field, then explores strategies continuing professional educators might employ to address those challenges, and finally anticipates CPE's twenty-first-century role in enhancing professional practice. An underlying assumption of the chapter is that, in order to be effective, continuing professional educators must move beyond simply providing programs to being major contributors to the support of ongoing professional competence. Increasingly they will find themselves serving as performance consultants, faced with balancing educational principles and integrity with expectations that they operate in a business-oriented, and perhaps even profit-generating, mode.

**Current Challenges**

The need to optimize CPE's potential has become a significant issue. While CPE certainly is not the single comprehensive response to growing national and international calls for competence assurance across professions, it does have the potential to be an important component in promoting competent practice. To realize this potential, however, CPE educators must overcome several challenges.

**Contributing to Competence Maintenance and Enhancement**

Those calling for assurance of professional competence look to CPE to at least contribute to meeting their demands. While employers, regulatory agencies, professionals themselves, and the public once assumed that CPE participation automatically would maintain and improve practitioner competence, they now recognize that CPE participation is no guarantee of learning or improved practice (Azzaretto, 1990; Fisher and Pankowski, 1992; Houle, 1980; Morrison, 1992; Stern and Queeney, 1992). Those paying for CPE are calling for documentation of demonstrable linkages between CPE participation and improved professional performance, proof that their education dollars are well spent (Queeney, 1996).

To have any effect on competence, CPE must address practitioners' educational needs, or areas of weakness in the workplace. This means that CPE providers must understand the professionalization process, the relationship between professions and the workplace, attitudes toward specific professions, and the individual professions themselves (Childers, 1993). It also calls for recognition that professional "performance is structured by a double helix in which . . . two complex interactive strands . . . (carry) cultural influence . . . (and) the individual's characteristics. . . . The pairing of these strands, matched or mismatched, results in performance" (Nowlen, 1988, p. 73). CPE providers are challenged to systematically identify professionals' performance gaps and educational needs and to provide CPE that addresses those needs and lends itself to direct application to day-to-day practice. At the same time, they are called on to recognize that CPE cannot be a panacea; "performance is rarely changed by any single variable" (Nowlen, 1988, p. 73).
The traditional view of competence is individual-specific, comprising three components that each practitioner of a given profession is expected to master:

- Knowledge: the body of information of the profession
- Skills: use of professional knowledge to perform certain tasks
- Performance abilities: application of knowledge and skills in the practice setting (Queeney, 1997a, p. 4)

Of these, knowledge is the easiest to address, and the area on which most CPE has focused; some attention also has been given to skills. However, in addition to maintaining and enhancing knowledge and skills, professionals must have the performance abilities to function competently within a practice context that includes the work setting, other professionals with whom they must cooperate and collaborate, and relevant cultural and individual conditions affecting daily practice. It is increasingly apparent that performance abilities have been neglected in CPE, but also in professional education and by those seeking to evaluate practitioner competence (Cervero and Wilson, 1994; Nowlen, 1988; Queeney, 1996). One reason for this omission may be the difficulty associated with providing practice-oriented educational experiences that are directly tied to application of knowledge and skills in the work setting.

A large component of the practice setting inherent in performance abilities is the other professionals with whom a practitioner must work. Professionals no longer can rely on their own capabilities alone; they must be able to function as part of a team within the practice context (Long and Vickers-Koch, 1995). There are several reasons for this. First, the numbers of solo practitioners in virtually all professions continue to decline as professionals move into group practices ranging from health maintenance organizations to large accounting firms. Second, as the problems confronting professionals grow in complexity, interdisciplinary practice involving a variety of professions is becoming quite common. And third, professions are becoming more specialized, so that several practitioners within a broad field such as dietetics or education, each working within a narrowly defined area of that field, often are necessary to address a problem.

A series of airline crashes underscored the importance of enhancing professionals' abilities to work with others. Those studying the accidents found that the individual pilots performed competently. The accidents were caused by crews' failures to function as teams; they fell short in the areas of communication, leadership, and situational awareness (Taggart, 1995). This finding has significant implications for continuing professional educators, who must face the fact that providing knowledge and skills alone is not sufficient for competence maintenance and enhancement.

Enhancing Accountability

Few if any professions serving the public have escaped growing demands for accountability. In some cases, professional associations have developed credentialing systems to address the issue, often doing so somewhat reluctantly but with the concern
that if they don’t police their membership, a governmental agency will step in to fill the void. In many other situations, state legislatures have taken the lead in establishing processes intended to promote accountability (Collins, Queeney, Watson, and Zuzack, 1988). The systems these different groups have adopted range from requiring little more than completion of a registration form and periodically paying a fee to completing a specified amount of CPE in a given time period. By thus contributing to “certificamania” (Hodapp, 1988, p. 372), many groups have promoted the appearance of accountability but have done little or nothing to address the underlying issue of competence. This strategy kept the critics at bay for a while, but increased consumer awareness and growing incidence of litigation have made it clear that the appearance of accountability no longer is sufficient.

In response to these heightened demands for accountability, credentialing plans are being revised across the professions and from state to state. A small number of professions, and specialties within them, are adding periodic reexamination of practitioners (Collins, Queeney, Watson, and Zuzack, 1988). However, because subjecting themselves to testing throughout their careers is abhorrent to most professionals, professional and government regulatory agencies are trying to make other options work, and CPE appears to be the best available alternative (Morrison, 1992). Many professions have taken the position that “Public confidence . . . will be enhanced by implementing a mandate that continuing education will be required for renewal of license or certificate to practice” (Fisher and Pankowski, 1992, p. 227).

Much criticism of CPE as a vehicle for providing accountability has centered around the failure to document its relation to issues of competence, as articulated by the Colorado Board of Nursing in a statement saying, “There is no research available either in Colorado or anywhere in the nation that shows any correlation between linking continuing education with license renewal and the continued competence of any licensed group” (1994). If CPE is to be a viable response to questions of accountability, evaluation methods measuring the effects of CPE activities on practitioner performance will be required; program evaluation that addresses participant satisfaction no longer is sufficient, or even acceptable.

Relating to the Context of Practice

CPE that successfully addresses professionals’ educational needs enhances their performance abilities, their application of knowledge and skills to the real-life situations that constitute daily practice. Practitioners in any profession can have a wealth of knowledge and highly competent skills, but be unable to use them satisfactorily to solve the problems they encounter day to day. For example, a surgeon may have knowledge of the relevant anatomy and appropriate surgical procedures to remove a gall bladder. He or she also may have the skills necessary to excise a gall bladder. In addition, however, to perform competently the surgeon must be able to work within the practice context. This context includes a variety of factors ranging from whether or not the surgery is appropriate given the individual patient’s other health conditions to
cooperating with other health care professionals in the operating room to communicating with the patient and family involved.

Herein lies perhaps the greatest challenge facing CPE. Education to address application of knowledge and skills within a practice context must go beyond simply providing information and teaching technical procedures; it must help professionals build their collaborative, judgmental, reflective, and integrative capabilities. It also must consider the individual practitioner's context, for, "The relationship between continuing education and performance is unsatisfying when it is based simply on the relationship between a job description and an individual's knowledge and skills" (Nowlen, 1988, p. 69).

Producing such CPE almost always requires a team approach, with each member bringing a different set of capabilities to the table. The design, development, and delivery of practice-oriented educational activities means that in addition to having access to content experts who can supply technical information, continuing professional educators need partners who can give them an accurate, comprehensive understanding of professionals' work settings and day-to-day practice behaviors and individual concerns. They also need instructional designers to create a variety of learning activities, and the resources to deliver such programs.

Practice-oriented CPE is costly to develop and deliver, and thus usually has a high participant cost as well. It is a lot more expensive to engage participants in interactive, problem-solving educational activities than to hire one or more speakers to address a lecture hall full of listeners. Not only are the upfront costs of concern, but the resultant participant cost often is a deterrent to enrollment. Until professionals and/or their employers recognize the value of practice-oriented CPE to practitioner performance, they may be unwilling to pay the necessary costs. And unless CPE providers are able to demonstrate that value, it will not be seen.

**Strategies for Successful Continuing Professional Educators**

If they are to meet the challenges cited above, continuing professional educators no longer can adequately serve professionals by offering only their standard array of lectures and seminars. Growing concerns with professional accountability virtually demand objective assessment of practitioners' strengths and weaknesses, to define specific educational needs, and follow-up evaluation to determine the extent to which those needs have been addressed. The needs identified often are so complex that a single provider lacks the full range of resources necessary to address them. Expanded skills in developing instructional programs and materials, as well as the technology and competence to deliver programs in a variety of modes, are requirements of the twenty-first-century continuing professional educator.

Thus continuing professional educators will have to redefine the way they do business in order to produce CPE that meets the challenges described earlier. They will need new capabilities, including those related to collaboration, needs assessment, practice-oriented instructional design and delivery, performance-based evaluation,
interprofessional education, and distance education. No longer simply program providers, they will become performance consultants to the professionals they serve, their employers, and the professions themselves. At the same time, they are being asked to balance good education principles against the increasingly entrepreneurial demands of their organizations and institutions, forcing them to adopt cost-effective strategies for designing, developing, and delivering CPE.

Building Effective Partnerships

Like the professionals they serve, continuing professional educators cannot successfully address the challenges facing them by working in isolation. The complexity of the issues confronting CPE makes it virtually impossible for any one organization alone to address them effectively. Increasingly CPE providers also find that they cannot afford, financially or otherwise, to operate independently. The unique strengths and resources of higher education, professional associations, employers, regulatory agencies, professionals themselves, and perhaps others can make important contributions to the design, development, and delivery of CPE to meet practitioners’—and society’s—needs in the coming decades. Organizational partnerships, involving two or more such groups, enable those concerned with CPE to address professionals’ educational needs with solutions that none of them could accomplish independently.

Organizational partnerships, or interaction, can take several forms, ranging from complete independence at one extreme to merger at the other end of the continuum. Three major points between these two extremes, moving from less to more interaction, are:

1. Cooperation: organizations assist each other on an ad hoc basis, as one of them has a need for assistance.
2. Coordination: the activities of each partner are planned with consideration of the other partner(s) activities.
3. Collaboration: organizations work together on a specifically defined project toward a mutually accepted goal (Queeney, 1997b, p. 11).

Choices regarding the form, or level, of interaction should be based on the goals of the partnership. For educators with a long-term commitment to providing CPE for a given profession, collaboration may be the most appropriate form of partnership, whereas those seeking only to offer a single educational activity might pursue a cooperative relationship. As the level of organizations’ interaction increases (for example, from cooperation to collaboration), four factors also increase:

1. The value of resources required for the partnership
2. The formal time commitment
3. The specificity of the partnership goals
4. The restriction of each partner’s organizational autonomy (Queeney, 1997b, p. 11).
Creating organizational partnerships and making them work is not always easy (Alter and Hage, 1993). A clear focus for any partnership is essential to its success; all parties must understand the purpose and have a vested interest in pursuing it. Partners should be chosen carefully, with care taken to work with organizations that appear stable and have senior leadership support of the relationship. Partners should have compatible goals, and strong potential for mutual benefits should be present. Each partner must have something to contribute to the endeavor at hand and a willingness to contribute it; this is important both to build a sense of ownership and to promote equal responsibility for and commitment to the work to be accomplished. Particularly for the more interactive relationships, some type of written agreement is helpful to document a basic understanding of the partnership and minimize chances for later misunderstanding or conflict (Queeney, 1997b).

The method by which the work of a partnership is carried out is critical to its success. Often a team approach is employed, with representatives of each participating organization coming together to provide the guidance, and frequently the actual work, that moves the partnership toward its goals. It is important that each organization’s representative recognize that he or she is participating not as an individual, but as a spokesperson for the group. Individual opinions often have to be put aside in deference to organizational perspective. Persons appointed to represent their organizations should be authorized to speak and make commitments on behalf of the organization. They need to have access to, confidence of, and support from the organization leadership to function successfully.

Awareness of potential obstacles to organizational interaction can help continuing professional educators avoid them. For example, perceptions regarding turf issues, individual organizational policies and procedures (including "red tape"), inadequate higher education facilities and accommodations, higher education's "ivory tower" perspective, lack of faculty professionalism, and conflicting education and fiscal priorities are among the frequently cited deterrents to forming successful partnerships with higher education institutions (Cervero, 1992; Collins, 1998).

Assessing Professionals' Educational Needs

Needs assessment is a decision-making tool that CPE providers can and should use to identify the educational needs of the professionals they strive to serve. However, all too often programming decisions are made not on the basis of needs assessment, but because someone thinks a program will be well received, generate substantial revenue, or give the provider an opportunity to highlight a popular speaker or topic. Such decision making is a luxury that CPE providers no longer can afford if they are to attend to the demand to demonstrate CPE’s impact on practitioner performance. The challenges cited earlier call for CPE provision to begin with a realistic appraisal of the status of practice within a profession, including rigorous needs assessment.

Needs assessment is not a precise science, nor is it a form of competence assessment. It also is not a pass or fail test. Rather, needs assessment offers a means
of identifying professionals’ areas of strength and weakness, giving CPE providers data that are useful in determining the content and type of educational activities that might contribute to maintaining and enhancing practitioners’ competence (Queeney, 1995). If CPE is to improve practice, there is no shortcut around identifying professionals’ practice-oriented learning needs. Perhaps most important in terms of accountability, how can one demonstrate CPE’s impact on practice without some documentation that a performance gap existed prior to CPE participation?

Why, then, is so little CPE based on needs assessment? In all likelihood, it is because educators have accepted the myths that needs assessment is too expensive, too complex, and unnecessary. In fact, valid needs assessments range from virtually no-cost, low resource methods like focus groups and supervisor reports to very costly, resource-intensive live simulations and practice observations.

Far from being unnecessary, needs assessment is essential in developing any educational activity that is intended to improve professional practice. Simply asking professionals to identify their own weaknesses, or educational needs, is no substitute, and it usually brings bogus results. For example, when asked about the areas in which they needed CPE, a group of accountants cited only new information and expressed the belief that they had no needs related to those tasks they performed regularly (Staff, 1985). Similarly, reliance on educators’ hunches regarding what is needed has led many a CPE provider astray.

In conducting a needs assessment, the CPE provider has a wide range of methods from which to select. Method selection should be tailored to (1) the nature of the need(s) being assessed; (2) a realistic inventory of available resources, including budget, expertise, time, and facilities; and (3) the population being assessed. Needs assessment methods can be separated into three main categories:

1. Basic, low cost methods, including focus groups, nominal group process, Delphi method, key informants, and supervisor evaluations
2. Surveys, which include written or computerized questionnaires and face-to-face or telephone interviews
3. Performance assessment, or observation of either actual or simulated practice, or the results of that practice (for example, work generated)

Even a simple needs assessment can provide sound data as long as it is well planned and carefully executed, and the data are analyzed and interpreted properly. A sloppy needs assessment is worse than no needs assessment at all, for it can provide bad data on which important decisions may be based (Queeney, 1995).

**Designing and Delivering Practice-Oriented CPE**

Practice-oriented CPE provides education that is directly related to the activities of daily practice. It emphasizes the linkages between what is taught and the context of professional practice. All of the knowledge and skills imaginable are of no use if the professional acquiring them cannot take them back to his or her practice setting and
integrate them into daily work patterns. This means that program developers, instructional designers, and those delivering the educational activities must incorporate an understanding of the practice setting. Since these educators are unlikely to possess an in-depth understanding of the professional practice of their target audience, some form of partnership with employers and/or professionals from that field is almost mandatory.

As adult learners, professionals bring significant experience to an educational activity; their experience provides a strong context for whatever learning will take place. By actively encouraging and helping them to build on this background, the CPE provider can increase the likelihood that what is taught will be learned and taken back to the work setting. Participatory learning and hands-on activities are useful in this respect, for they enable the learners to make linkages between what is being taught and their own practice—they have a chance to “try it out.” Case studies, role playing, and practice simulations are but three examples of ways in which participants can be led to apply their accumulated expertise in an educational setting. If realistic, such activities provide a true practice orientation.

However, there is another dimension to practice-oriented CPE. Beyond providing program participants with support in identifying ways to integrate what is learned into their practice settings, CPE providers must tailor the very content of their offerings to acknowledge the changing nature and context of practice across professions and throughout society. Several relevant factors merit consideration.

**Professionals as Packages of Competencies.** Professional practitioners increasingly are viewed not in terms of the jobs they hold, but in terms of the competencies they possess (Long and Vickers-Koch, 1995). Within a given organization or institution, instead of holding the same positions over time they may be moved from project to project with the expectation that they will apply their competencies to first one task or problem, then another and another. The context in which they practice often is one of problem solving in a variety of settings rather than a stable situation or set of conditions. Professional practice also can be highly political (Forester, 1989), so that “political savvy and an ethical vision” become critical (Wilson and Cervero, 1996, p. 5). These conditions of practice require a high degree of flexibility and adaptability, the ability to form and work with teams, and strong problem-solving skills, along with the technical strengths associated with a given profession. Practice-oriented CPE will address all of these factors.

**Knowledge Growth.** The knowledge base of almost every profession is expanding at a rate that makes it virtually impossible for practitioners to keep up with new information and current skills. Both research within individual fields and the advent of technology continue to contribute to this exponential growth. One way professions have dealt with it is through increased specialization within individual fields, so that, for example, some accountants do only auditing work for nonprofit organizations and some nurses provide care for only diabetics. This professional specialization means that on the one hand, CPE providers are called upon to more finely focus their offerings,
while on the other hand they need to help professionals consider their roles within and beyond the larger profession of which they are a part.

**Shifting Emphasis from Individual Practitioners to Teams.** Because decreasing numbers of professionals practice individually within an institution, firm, or organization, and fewer still are engaged in solo practice, CPE providers are expected not only to update and enhance individuals' technical capabilities, but also to provide education to enable professionals to function effectively as members of intra- and interprofessional problem-solving teams.

**Varying Needs at Different Career Stages.** As the average life span has increased and retirement laws based on age have been relaxed, professional careers have lengthened. Basing their work on chess players and airline pilots, Dreyfus and Dreyfus (1980) developed a model suggesting that practitioners who remain in any field for some time move through five stages: novice, advanced beginner, competent practitioner, proficient practitioner, and expert. As they move along this continuum, professionals move from almost total reliance on inflexible rules, to analytical principles, to a high reliance on intuition. At each of these stages, professionals have different educational needs in terms of both content and instructional design (Benner, 1984).

Unless CPE providers make it easy for professionals to incorporate new knowledge, skills, and performance abilities in their patterns of practice, professionals will leave their CPE experience unchanged. The CPE will have been a waste of time and money, at best, and a tribute to CPE's inability to affect practice at worst.

**Performance-Based Program Evaluation**

For all too long, evaluation of CPE has consisted of what many term a "happiness index," a measure of participants' satisfaction with the activity. Usually distributed in the flurry of a program's conclusion, this often one-page questionnaire asks people whether they liked or disliked features ranging from the room temperature and lunch to the speaker and the handouts. While this information can be useful for future program planning, it says absolutely nothing about what was learned or what difference the activity may make in the professional's daily practice.

Similar observations can be made about the informal evaluation that results from participants' comments regarding their educational experience. They may offer praise or criticism, but rarely do they offer insights into ways in which the CPE activity changed their practice. And even should they do so, an occasional random report does not provide sufficient data on which to build an argument relating CPE participation to improved practice.

To establish a relationship between CPE participation and improved practice, educators must conduct a sound outcomes evaluation to determine what, if any, impact CPE has had on the enhancement and improvement of professional practice. In order to do this, CPE providers must assess needs to determine what areas of practice merit attention, then establish specific program goals based on the needs assessment to lay the groundwork for a meaningful evaluation.
Like needs assessment, evaluation can be simple or complex; the key to successful evaluation is not its sophistication level, but planning and executing it well. Much needs assessment methodology, particularly that based on performance assessment, lends itself to evaluation. Once an evaluation has been conducted, the data gleaned can be presented in one or more ways to document a CPE activity's effect on practice. The data can be compared to earlier needs assessment data, showing whether or not a need identified and addressed by the activity has been diminished. Evaluation findings can be compared to the learning objectives of the CPE activity, or they can provide stand-alone information regarding changes in practice.

Inter-Professional CPE

Professional partnerships have replaced professional autonomy, and intra- and interprofessional collaboration, as well as collaboration across work settings, has become a reality that continuing professional educators cannot ignore (Cunningham and McLaughlin, 1990; Queeney, 1996, 1997a; Queeney and Casto, 1990). Specific professions are experiencing ever narrower areas of specialization. Within medicine, for example, the specialty of orthopedics now includes subspecialties relating to hands, knees, backs, and other parts of the skeleton. Architects may not merely limit their practices to public buildings, but may design only schools, churches, or office buildings. Often, however, practitioners within one broad profession may need to consult or collaborate with colleagues within that profession whose expertise or experience in a specific area complements their own. These intraprofessional working relationships can and should be addressed in profession-specific CPE, and in fact they usually do not present a significant problem since the practitioners involved generally share a common preparation and orientation. Similarly, practitioners within the same profession most often are able to easily bridge different practice settings to solve problems together.

Beyond intraprofessional and multi-site relationships, interprofessional practice has become an everyday occurrence as professionals work in today's problem-solving environment. Interprofessional practice involves representatives of different professions joining forces to address problems that are multi-dimensional in nature. For example, the AIDS patient may require medical, nursing, psychological, theological, sociological, and legal services. Design of a municipal building may involve an architect, engineer, landscape architect, contractor, and interior designer. Working independently, professionals from these fields cannot expect to create integrated solutions, but together they can develop solutions that none could reach alone.

Ohio State's Commission on Interprofessional Education and Practice was one of the first, if not the first, CPE provider to actively acknowledge that because professionals must regularly work with colleagues from other disciplines, some of their continuing education should prepare them for those partnerships (Cunningham and McLaughlin, 1990). In the early 1980s they espoused the idea that interprofessional CPE could prepare professionals to work collaboratively and to better understand other professionals' capabilities.

Interprofessional CPE has two primary strengths. First, while providing specific technical content, it also exposes professionals to highly practice-oriented education
regarding interprofessional dynamics. Participants have an opportunity to experience what happens when practitioners with different professional backgrounds come together around a common topic. They gain an understanding of the challenges inherent in defining problems, agreeing on plans for solving them, and coordinating shared responsibility. Second, interprofessional CPE helps practitioners master the behaviors necessary to understand and accept other professions' strengths and perspectives, and to see their own capabilities in relation to them.

Recognition of the barriers to interprofessional collaboration is helpful in developing interprofessional CPE, for those barriers may partially define practitioners' educational needs. As professionals strive to work together they often are thwarted because their individual narrowness of focus fragments service provision and challenges coordination. They may have conflicting goals, methods, and manners; varied practice contexts; or a sense of professional hierarchy or ownership of certain areas of practice. Often the logistics of communication and interaction prove troublesome (Queeney and Casto, 1990).

Because of these potential barriers, not all situations lend themselves to interprofessional collaboration; the end result must merit the efforts required to overcome the barriers. Several questions should guide educators' decisions to provide interprofessional CPE, including the following: (1) What issues might be an appropriate focus? (2) What professional groups are candidates? and (3) What groups should collaborate to design, develop, and deliver the educational activity? Interprofessional collaboration most often occurs around issues that are:

- Complex in nature, requiring a variety of knowledge, skills, and performance abilities (for example, treating the diabetic patient)
- Major societal issues requiring attention to the context of public concern (for example, violence in schools)
- Costly to society, necessitating a societal, rather than an individual, focus (for example, housing for the homeless)
- Beyond the scope of a single profession (for example, drug addiction) (Cunningham and McLaughlin, 1990).

Interprofessional CPE has most often been developed to serve the health, allied health, and other caring professions, perhaps because, to some extent, these fields have been leaders in CPE. The concept of interprofessional collaboration has potential well beyond these fields, however, and in fact is critical to the provision of CPE that can demonstrably improve practice.

The Potential and the Limitations of Distance Education

Until recent years, most CPE involved professionals gathering in a single location to hear a lecture, participate in a workshop or seminar, or observe practice (for example, physicians' grand rounds). The limited alternatives—audiocassettes, print materials, and videotapes—were primarily considered informal learning opportunities and most
often could not be applied toward continuing education requirements. (One exception to this statement was independent learning, or correspondence study.) Distance education, made possible by rapidly changing and expanding technology, has the potential to radically alter the format and delivery of CPE, providing highly convenient, cost-effective, and educationally equal or superior alternatives to traditional offerings.

Professionals now can participate in CPE where and when they choose, and frequently they need never leave home or office to learn. For CPE providers, virtual opportunities are seemingly limited only by one's imagination and are far too numerous to explore in this context. Like kids in a candy store, educators everywhere find their imaginations running wild with the seemingly endless possibilities. Options ranging from Web-based instruction to fiber-optic network linkages have virtually unlimited potential for CPE. However, successful use of distance education requires consideration of educational principles, organizational and operational considerations, and professionals' readiness, as well as familiarity with the capabilities and use of alternatives presented by technology (Leavitt, 1997).

**Educational Principles.** Teaching at a distance, via technology, simply is not the same as teaching in a classroom. Demonstration techniques, facilitation of discussion, visual aids, and specific teaching strategies (for example, debates) must be adapted to the form of distance education selected. Habits like writing on a blackboard or calling on students may require modification or substitution. Unbroken lectures, never highly effective, quickly lose distance learners' attention. Establishing a positive learning environment and building relationships with and among students can be a challenge.

Beginning an activity with a few minutes devoted to participants' expectations and concerns, and to the use and limitations of the technology, can be worthwhile. Competent instructional designers experienced in working with distance education know how to work around these constraints and maximize the strengths of a given technology. A program transmitted by satellite, for example, can permit close views of a specific procedure or exhibit that could not be matched for a traditional classroom audience.

**Organizational and Operational Considerations.** Most organizations of any size have a certain amount of bureaucracy. In the case of distance education, this bureaucracy can stall progress over issues such as awarding of credits, educational integrity, funding, and establishment of certain kinds of partnerships. Something as seemingly straightforward as a written agreement to share revenues and shortfalls has been known to completely derail a proposed distance education program. Similarly, turf issues can cause problems both intra- and interorganizationally. Union agreements also can catch the unwary, for often they specify who may and may not perform what tasks, and when. Openness to compromise and awareness of one's organizational regulations, agreements, and policies in advance of embarking on a distance education program can help CPE providers avoid or overcome these potential problems.
In a related issue, governmental regulations covering topics from copyrights to broadcast rights can have an impact on distance education offerings. Because technology has greatly expanded the potential for information access, the entire copyright issue is fraught with ambiguity as efforts proceed to strike a balance between protecting authors’ rights and optimizing access to information. Determining who can transmit what, using which access routes, is an issue not likely to be permanently resolved for some time. Since guidelines are in a state of flux, accommodating current regulations may be difficult and seeking legal advice may be wise.

Costs of distance education also must be considered. Development of distance education programs is substantially more expensive than development of on-site activities, and it requires more time. These realities translate into greater risks and larger commitments on the part of providers.

**Professionals’ Readiness.** Because the environment for acceptance and use of distance education is in transition, consideration of a CPE audience’s state of readiness is important. Like adults everywhere, many professionals retain traditional views of education that include an instructor in front of a classroom. These views are changing as younger people infuse the professions, but acceptance of distance education is not yet universal. Thus the clients whom CPE providers serve are a bifurcated group: those who must be taught to be comfortable with both the distance education concept and the technology that makes it possible, and those who are completely at home with this relatively new way of learning. While the population’s overall comfort with technology is increasing, as new technologies become available the problem is likely to continue in some form.

Access to the technology that supports much distance education is not yet universal. Individual professionals may not have access to the Internet, for example, or their employers may not have satellite downlink capabilities. Related to access is the issue of compatible equipment; while the technology is moving toward universal compatibility, it remains a stumbling block for many professionals, and hence for the CPE providers striving to serve them.

Adult learners are eager to share and exchange their experiences and expertise. While such interaction is quite possible via distance education, CPE providers must create the proper educational and environmental contexts for such communication, and often also need to help participants use it effectively.

**Vision of the Future**

CPE has several stakeholders: adult and continuing educators, faculty members across disciplines, professional associations, regulatory agencies, employers of professionals, private entrepreneurs engaged in provision of CPE, public consumers of professional services, and, not insignificantly, professionals themselves. Because they all are active players in the broad CPE context, they are critical to attaining the goal of
demonstrating relationships between CPE participation and professional practice. Just as professionals from different fields must work together to solve problems of practice, continuing professional educators from these varied settings must collaborate to provide meaningful CPE. By doing so, they can pool their capabilities and more readily develop an in-depth understanding of the professions and professionals they strive to serve. CPE providers, working together, can expect to become performance consultants to the professionals they serve, their employers, and the professions themselves.

It is important to recognize that CPE cannot solve all problems of professional practice. As Wcdman and Graham (1998) point out, a range of performance support strategies is essential. Their Performance Pyramid suggests that such things as motivation, performance capacity, expectations, environment, and recognition also are important factors. Often problems in these areas require strategies that are beyond the scope of CPE.

However, CPE can and should have a key role. If it is to respond to the increased calls for competence assurance across professions, it will have to change in several ways, beginning with adoption of a practice orientation. Much of it will include components addressing teamwork, and will be interprofessional in nature. CPE in the twenty-first century should be technology-based as appropriate, and available in multiple formats. And finally, it must be available equally to all practitioners within a profession.

The costly nature of practice-oriented CPE presents all involved with an overarching challenge in terms of both cost containment and identification of funding sources. Practice-oriented CPE, a virtual necessity if CPE is to address questions of competence and accountability, is expensive to design, develop, and deliver. Who bears the financial responsibility? Should individual professionals be responsible for financing their CPE? Should employers be expected to support it, and/or do professional associations have some obligation to help cover costs? Whether individual professionals or their employers pay for it, inequities in ability to pay are apparent. Within some professions, practitioners are paid at a high level, but in other fields this is not the case. This disparity became a stark reality when Penn State offered an interprofessional continuing education program several years ago: while physicians’ and lawyers’ registration fees were paid without comment, social workers, nurses, and clergypersons felt it beyond their means. Is differential pricing one answer?

At one time it was assumed that higher education had both the responsibility and the capability to fill this role. However, many feel that colleges and universities have fallen short, failing to meet the needs of professionals, their employers, and the society they serve. In not meeting expectations, they have underscored the importance of collaboration with other CPE providers. Not only higher education, but all providers need each other—none of them has the resources to meet the current challenges of CPE alone. Either CPE providers will join together to develop new strategies, or employers, professional associations, and/or regulatory bodies will find alternatives to CPE to ensure competent professional practice.
References


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