The body of knowledge in health care and its environment is rapidly changing. To remain viable as professionals, health care practitioners must stay current with practice changes, legislation trends, and technological advances. Information can be obtained through various avenues, such as in-services within the facility, peer audit review, enrollment in a postgraduate curriculum, local and national special interest sections, networks, professional journals and publications, state and national conference workshops and lectures, telecommunication conferences, and self-study programs. Many of these avenues are provided by the American Occupational Therapy Association (AOTA) not only to meet practice needs but also to satisfy state regulation requirements for continuing education. According to demographics generated by AOTA, there are currently 46,000 occupational therapists practicing in the United States. Over the last 5 years, more than 15% have participated in one of the self-study series sponsored by AOTA. In addition, more than 1,000 therapists participate in the AOTA-sponsored workshops presented yearly. Continuing education needs also motivate more than 5,000 therapists on a yearly basis to attend the AOTA annual conferences (J. Brady, personal communication, 1993).

Whether guided by external constraints or internal need of professional growth, most occupational therapists participate in some form of yearly continuing education experience. Abreu and Blount (1993), comparing academically based education with continuing education, argued that postprofessional graduate education is the best format for allowing practicing therapists the opportunity to refine clinical reasoning skills, develop a mentor relationship with a clinical educator, and get feedback on skill acquisition via lecture and laboratory assignments. They criticized continuing education settings as time limited, rigid learning environments that are nonconducive to mentor development. They claimed that an "unconscious indoctrination" process may occur because a single belief process is conveyed to a passive audience (p. 84).

As counterpoint, Strickland (1993) maintained that the academic setting is only one of several options that therapists can use to enhance postgraduate education. Because not every therapist lives close to an academic program, continuing education programs need to go where therapists practice. Strickland argued that continuing professional education programs held close to the practice community enhance collaboration, communication, networking, and mentorship.

In this article, we describe an innovative continuing education program initiated at the 1993 AOTA Annual Conference in Seattle, Washington, and discuss future trends in the area of continuing education programming.

Literature Review

Knowles (1984) has written extensively on the special
nceds of the adult learner and has outlined several principles that constitute the foundation of adult learning theory:

1. Adults are motivated to learn as they experience needs and interests that learning will satisfy; therefore, these are the appropriate starting points for organizing adult learning activities.
2. Adults' orientation to learning is life-centered; therefore the appropriate units for organizing adult learning are life situations, not subjects.
3. Experience is the richest resource for adults' learning; therefore the core methodology of adult education is the analysis of experience.
4. Adults have a deep need to be self-directing; therefore, the role of the teacher is to engage in a process of mutual inquiry with them rather than to transmit his or her knowledge to them and then evaluate their conformity to it.
5. Individual differences among people increase with age; therefore adult education must make optimal provision for difference in style, time, place and pace of learning. (p. 31)

These points were further emphasized by Queeney and Smutz (1990), who suggested that the following characteristics are important to consider when designing and implementing professional education programs:

1. Demonstration models to illustrate the application of specific skills.
2. Frequent interaction among program participants to provide a forum for integrating skills with practice for exchanging alternative approaches and perspectives.
3. High ratio of instructors to participants in order to provide individualized attention.
4. Guided practice both during and after formal instruction through case studies and client simulations.
5. Frequent feedback from instructional personnel to shape participant's use of the desired skills.
6. Small-group activities to facilitate the interactive nature of the instruction. (p. 177)

A study was conducted at Pennsylvania State University from 1980 to 1985, directing continuing education programming for the four Pennsylvania schools of pharmacy and the American Pharmaceutical Association. Full day programs were structured to implement all the characteristics listed above. Evaluation forms completed after the program indicated that participants made practice changes as a result of their continuing education experience (Queeney & Smutz, 1990).

Several studies reviewed encouraged the use of small groups to facilitate peer discussion and learning. Tracy (1993) called this small groups process coaching. He contended that this emphasis on horizontal learning encourages participants to try new techniques while they are being critiqued by a peer and to take greater risks in the learning process because collegial support is present.

Learning through an experiential approach is also considered important. Cracknell (1992) proposed that, instead of the usual format of learning the theory first and then applying it to practice, occupational therapy theory and practice can be experienced simultaneously through a process like the exploration of infants and children learning about the world.

Goldrick, Gruendemann, and Larson (1993) assessed the learning styles and educational strategy preferences of 282 nurses and found that 64% had an abstract learning style and would respond best to learning through a self-directed discovery approach. Therefore, for this group, the authors concluded that the best educational formats focus on learning through abstract conceptualization, reflective observation, and active experimentation.

Davis, Thomson, Oxman, and Haynes (1992) assessed the effect of varied continuing medical education interventions on physician performance and health care outcomes. Surveying the literature between 1975 and 1991, they identified 50 continuing medical education studies that met the criteria defined in their study (“randomized controlled trials; educational programs, activities, or other interventions; studies that include 50% or more physicians; follow-up assessment of at least 75% of study subjects; and objective assessments of either physician performance or health care outcome” [Davis et al., p. 1111]). Findings indicated that patient outcome was changed most by continuing education programs that provided opportunities for case discussion and rehearsal of practice behaviors. The authors recommended chart review or chart-simulated recall as an effective continuing medical education activity. This selected literature underscores the idea that health care professionals learn most effectively by experiencing theory through practice.

Model Continuing Education Program

Overview

At the 1993 AOTA conference in Seattle, a 1-day institute titled “Learning the ABC's: ADA, Bagels and Consultation” provided an experiential learning environment. The course description and learning objectives are shown in Figure 1 and Figure 2.

The audience was limited to 50 participants to optimize the learning experience. Participants’ areas of practice specialty included pediatric, geriatric, mental health, and physical disabilities. Their scope of knowledge and practice skills regarding the American Disabilities Act of 1990 (ADA), work site analysis, and consultation ranged from entry level to advanced levels.

Format of Institute

From previous experience with occupational therapy workshops, the instructors were able to hone in on the needs of adult learners and structure the institute accordingly. The rationale for this type of format was previously described through the use of the six characteristics of practice oriented programs (Queeney & Smutz, 1990). The day was scheduled to incorporate multimedia lecturing, hands-on learning, small group discussion, and peer presentation by going off-site from the conference center.
Since the Americans With Disabilities Act was implemented, occupational therapists have been actively pursuing this competitive area of consultation. Wear your walking shoes and be prepared for a day of experiential work site analysis at a bagel shop in a suburb of Seattle. On-site experiences will include evaluation of mass transit, job analysis, hiring interview, postoffer screening, and reasonable accommodations with an employee with cognitive impairments. Documentation, follow-up communication, and marketing will be highlighted.

**Figure 1.** Course description.

and using mass transit to travel to a workplace, the context for learning work site analysis skills (see Figure 3). The following section specifically relates workshop activities with the six characteristics of practice oriented programs (Queeney & Smutz, 1990).

The use of demonstration models to illustrate the application of specific skills. A multimedia overview was provided on Titles I, II, and III of the ADA, work site evaluation forms, and strategies to use during the task analysis.

Frequent interaction among program participants. Participants were provided with a written case study of a young client who had a head injury with subsequent minimal residual cognitive deficits and who was seeking work reentry. Time was provided en route to the workplace to review the case study. Participants were observed networking on the bus ride and during lunch at the bagel shop. A day of close interaction provided participants with ample opportunities to integrate skills with practice and exchange alternative approaches and perspectives.

High ratio of instructors to participants. To provide individualized attention, the ratio of instructor to participant was 1:17.

**Figure 2.** Learning objectives.

1. Participants will understand the terminology of Titles I and III of the Americans With Disabilities Act (ADA).
2. Participants will apply the ADA terminology to an actual work site assessment and mass transit experience.
3. Participants will analyze a factory job specific to returning employee with a cognitive impairment.
4. Participants will learn to use the ADA Work Site Assessment Form (c) as one method for establishing essential functions of the job.
5. Participants will determine reasonable accommodations for an employee with a cognitive impairment through a group process.
6. Participants will learn components of consultation, including documentation, follow-up communication, and marketing.

**Figure 3.** Schedule for the day.

Guided practice both during and after formal instruction. Through a case study, with client simulation and hands-on participation, participants were guided through work site evaluations and access surveys (the bagel shop building and mass transit system). A medical student was hired to pose as an employee with a cognitive impairment who was attempting to return to work after a car accident. In addition to observing him applying for a job within the bagel shop, participants observed his employer performing a pre-placement post-offer screening interview. Participants also became familiar with various types of work site evaluation equipment used to measure forces, weights, and inclines.

Frequent feedback from instructors. Instructors helped shape the acquisition and refining of skills through the use of frequent verbal and demonstrated feedback. A videotape was made of the entire on-site experience and was used back in the classroom to illustrate and reinforce concepts that had been presented during the morning’s lecture.

Small group activities. To facilitate the interactive nature of the instruction, numerous small group activities were used. Prior to the hands-on aspect of the institute, participants were randomly divided into three groups. Each group had specific responsibilities that included an accessibility audit and a work site analysis that had to be performed during the hands-on activities. Upon return to the classroom environment, group participants synthesized the data that were collected and devised recommendations for compliance with Titles I, II, and III of the ADA. The videotape was available for review during this process. A representative from each group presented the group’s findings to all participants and feedback was provided from instructors as well as peers.
Future Considerations

Presently, creative alternative methods of continuing education are available through such avenues as weekend courses, telecommunications, and courses offered on commuter trains. Some of these methods, such as telecommunications, are beginning to meet the needs of the occupational therapy practitioner; however, content that is relevant to occupational therapy practitioners is limited. As the pace of technology increases and health care reform escalates, continued education for occupational therapy practitioners will be judged by how well it stays ahead of the race.

Imagine being a practitioner in the 21st century who wants to acquire knowledge and skills in a new area. You turn on your computer, bring up your telecommunications system, and access AOTA's continuing education menu of self-study programs. By inputting demographic information, you are able to access a multimedia interactive self-study program that is specifically designed to meet your adult learning needs, such as being local (in your home), being accessible via your computer and having the potential to be more economical than traditional continuing education programs allow. This vision of specialized continuing education is closer than one might imagine. Practitioners are beginning to critically select course work that will give them the best value for their time and money. The market will respond to consumer demands of occupational therapy practitioners.

Conclusion

An experiential learning experience was described that was organized as an adult practice-oriented program. Occupational therapy practitioners from varied backgrounds and skill levels collectively enhanced their knowledge in the ADA via hands-on practice and small group discussion. Feedback was generally positive and participants indicated their practice would change because of the information gained.

References


