NATIONALLY SPEAKING

From Continuing Education to Continuing Professional Education: The Shift to Lifelong Learning in Occupational Therapy

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In occupational therapy the conceptual change from continuing education (CE) to continuing professional education (CPE) has been a gradual one. This change has paralleled the awakening of the field of adult continuing education to the unique needs for lifelong learning activities shared by individuals who are members of the various professions. The concept of CPE is now commonly applied to ongoing education that is necessary to maintain or improve competence in the professions. While CE is generally identified with the adult portion of the lifelong learning continuum (1, 2), CPE has specific content that is related to the participant's area of expertise and occurs after entrance into the profession. Lifelong learning for the professional follows four stages: (1) high school diploma; (2) preparation for entry into the profession; (3) contact with clients of the profession; and (4) education after graduation to explore and study beyond entry-level requirements (3). Continuing professional education is identified with Stage 4 of this continuum.

Continuing professional education in occupational therapy includes a variety of educational methodologies available to the learner, including instructor-guided modalities and self-directed activities. It encompasses all professionally related learning activities initiated by the individual following entry-level preparation.

The Value of CPE
The value of ongoing education originates in early learning experiences, is internalized, and progresses through each successive stage in the developmental pattern of lifelong learning. Houle's (4) Emergent Model of Professional Education is based on the idea that voluntary participation in CPE results from the early value placed on learning. In contrast, the classical model that the individual, after entry into the profession, engages in CPE after a period of educational inactivity. The individual does so as the result of immediate, usually practice-oriented, problem-solving needs.

Continuing professional education has characteristics consonant with Charter's Stage 4, which includes the following components:
1. a voluntary decision to continue learning
2. a belief that CPE is an integral part of the education of the profession rather than a supplement
3. an articulation with the three previous stages that enhances the total educational experience
4. a needs assessment as a basis for planning learning activities
5. a relevance of lifelong learning to the professional
6. variety in educational methodologies and delivery patterns.

Both the commitment to professionalizing and a value for the voluntary participation in lifelong CPE requires defined learning patterns. These may include habitual needs assessment, followed by inquiry, self-study, and consultation, which is interspersed with instructor-guided and formalized activities.

Historical Perspectives
The American Occupational Therapy Association (AOTA) has been involved in the development of continuing education for the profession since its founding. The AOTA annual conference and the professional journal are methods used to provide review and new material to practitioners.

The Association has demonstrated its longstanding commitment to support the growth of...
CE within the profession. Inherent in this commitment has been the adoption of a series of resolutions over the past 15 years to stimulate and guide the development of CPE initiatives.

In 1970, allocations were approved by action of the AOTA policy-making body to sponsor CE workshops. This early focus on workshop development was consistent with environmental trends evidenced in the CE activities of other health care professions.

In 1971, Resolution 306-71 marked the initiation of an extensive accountability study conducted to maintain a high quality of occupational therapy practice nationwide. Among the alternative procedures suggested to maintain certification was the institution of a mandatory CE requirement using continuing education units (CEUs) as the unit measure. Although the intrinsic value of participation in CE activities was recognized and affirmed as a valuable aspect of professional development for occupational therapy personnel, AOTA did not endorse mandatory CE. This was the result of the position that CE is not a relevant measure of professional competence.

As society’s need for health care continued to grow, AOTA developed a series of professional priorities directed toward addressing the needs of the consumer for a full range of therapeutic services along the health care continuum. Two years later, among its charges Resolution 359-73 directed that the focus of CE endeavors should be to enhance where necessary the existing knowledge and skills of occupational therapy practitioners to provide programs for school-age children with developmental problems, individuals with impairments affecting occupational behavior, clients with chronic performance deficits, clients living in nonsupportive environments, and clients affected by the aging process.

As the health care industry flourished, so did the CE programs offered by numerous health care disciplines. Mandatory CE programs adopted by other disciplines produced extensive escalation in the number and scope of CE offerings. At this time, an affirmation of individual responsibility for CE was endorsed by AOTA in Resolution 548-79, which provided a stimulus for individual career planning and selection of CE activities. This paralleled the emerging emphasis in the adult and CE environment of the concept of lifelong education. With the adoption of Resolution 541-79 in 1979, the AOTA Competency Assurance System incorporated the development, provision, and coordination of resources for CE as one of eight interrelated components of the AOTA plan to promote quality care for consumers.

Resolution 544-79 directed the national office staff to provide mechanisms that contribute to the process of maintaining or improving competency. Another innovative aspect of the resolution was to identify environmental trends as a basis for planning and to expand the scope of presentation styles for CE materials. An emphasis on AOTA as a clearinghouse of information related to CE for various association bodies was established.

By 1982, the concept of CE programming developed by AOTA had shifted away from its initial focus on the traditional workshop format toward a comprehensive competency-based curriculum design as developed for Training Occupational Therapy Education Management in the School System (TOTEMS). This model provided the structure for extensive data gathering and analysis around which competency-based CE could be designed and disseminated nationwide. This model was viewed as highly effective because of its potential impact on the quality, consistency, and availability of standardized CE to occupational therapy personnel nationwide. This successful model is currently being employed to develop materials in additional practice areas of vocational readiness, gerontology, and mental health.

Although Resolution 548-79 assigns responsibility to the individual to engage actively in CE activities, the Association is aware of the difficulties this may present to occupational therapy personnel confronted with a shortage of available activities and resources. In response to the needs expressed by Resolution 581-82, a task force has been working to develop a system to provide a national network. This network will link the available resources of local groups, state organizations, and educational institutions with AOTA to provide a comprehensive range of CE opportunities.

The steady updating of knowledge, skills, and research development, and the increased body of knowledge that results from a lifelong learning process serve the interests of both the professional and the consumer. The process also adheres closely to the goals of the original Certificate of Incorporation of the National Society for the Promotion of Occupational Therapy, Inc. (now AOTA), which were “…The advancement of occupation as a therapeutic measure; for the study of the effect of occupation upon the human being; and for the scientific dispensation of this knowledge.” (5, p 4)

REFERENCES