Continuing Education: A Quality Assurance Approach

(competency, recertification, education)

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In the arena of accountability measures in health care recertification mechanisms are being evaluated for their cost-effectiveness in occupational therapy. The use of continuing education as one recertification option raises concern about the efficacy of educational activities. One measure of program quality is the continuing education unit. Criteria for its award are delineated. Several methods for implementing the measurement of educational activities in occupational therapy are examined.

The field of occupational therapy has long striven to ensure that practitioners of the art are competent, skilled persons, trained and approved to deliver services to their clientele. Accreditation of education programs began in 1935 in cooperation with the American Medical Association and continues today (1). Notably, the certification examination is an objective assessment used to determine competence for entry-level performance and has served without question until recently as the competency measure in the profession.

"The option of continuing education is a potential recertification mechanism."

Accountability emerged on the health care scene in 1972 with the passage of Public Law 92-603, which mandated the establishment of Professional Standards Review Organizations (PSROs). Physicians as well as allied health practitioners were charged with the responsibility to define "quality" vis-a-vis health care. Criteria defining optimal care were established and delivery of services was measured against these criteria. Numerous sets of drafted criteria were submitted to PSROs from various professional organizations.

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tions. Ostensibly, the goal of this process was to determine areas of health care needing remediation. The American Occupational Therapy Association (AOTA) therefore initiated a quality assurance program that emphasized peer review and chart audit. Techniques were disseminated throughout the profession in a series of workshops and through the Regional Review Consultant Program, with an emphasis on measuring quality of care delivered and indicating areas in need of improvement.

Resolution 300-71 (2), adopted by the AOTA in 1971, required an exploration into and the initiation of long-term research into competency assurance within the profession. This three-phase program involved the establishment of standards for continuing certification and registration, preparation of a plan to implement standards, and the actual implementation of the standards. Numerous activities facilitated enactment of the legislation; that is, the identification and description of occupational therapy services, delineation of occupational therapy roles, development of standards of practice and continuing education programs, establishment of a Code of Ethics and a Standards and Ethics Commission, and the formation of Special Interest Sections.

During the course of this project, several contracts were obtained from the U.S. Department of Health, Education and Welfare in support of the three phases. Gray, focusing on the various mechanisms for measuring competency—peer review and chart audit, certification examination, fieldwork observation and evaluation, and participation in continuing education—reported the results of her study (3). One conclusion was that not only continuing education resources be developed and supported, but also that a system of recognizing participation in continuing education not be promoted by the national association. The final recommendation of this study was that criterion-referenced examinations be required for recertification.

"The CEU measures the quality of educational activity by nationally determined standards."

Subsequently, the Representative Assembly has taken actions affecting recertification. Resolution 540-79 (4) mandated design of a recertification program that is "mandatory, attainable, accessible, and cost effective for all members," and also included the notion that several different options for recertification should be offered to the membership. These, for example, included courses for credit, research, publication, professional participation, honors, examination, fieldwork, continuing education, and self-study and self-assessment.

The 1980 Representative Assembly also explored the issue of recertification. A resolution to require only voluntary recertification was defeated, and a pilot project to study recertification options was endorsed (5). This study was designed to investigate the use of different methods for satisfying competency, that is, peer review, continuing education, written examination, and fieldwork performance reporting. The continuing education option will involve a state that currently has a mandatory continuing education requirement, either for state association membership or for state licensure.

Since the option of continuing education is a potential recertification mechanism, measurement of the quality of continuing education activities is implied. Continuing education activities that award the Continuing Education Unit (CEU), may be more appropriate for therapists to attend than those not awarding the CEU because of the criteria and standards upon which the CEU is based. Moreover, continuing education activities sponsored, co-sponsored, or sanctioned by educational institutions and/or professional organizations that have content expertise in occupational therapy may be more beneficial than those with other sponsorship. These statements are conditioned on the assumption that providers of continuing education adhere to the standards and criteria of the CEU and are administratively structured to assure the provision of quality continuing education. This paper will examine the criteria and standards of the CEU; how these criteria and standards are applied in a higher educational setting; and the feasibility of the adoption by the AOTA of the CEU as an appropriate measure of participation in continuing education.

Evolution of the CEU

In 1968, the National Task Force on the Continuing Education Unit met to study the issue of noncredit continuing education. The fundamental issue to be addressed by this task force was "... the problem of identifying, measuring, and recognizing individual effort in continuing education" (6, p 4). Difficulties in transferring a record of educational experiences and a need for uniformity in noncredit educational activities were addressed.
The Task Force agreed on the feasibility of a uniform measure of noncredit continuing education and developed the concept of the continuing education unit. Pilot testing of the concept was undertaken by 14 National University Extension Association member institutions during 1970 and 1971 and the concept survived intact. The Task Force published *The Continuing Education Unit, Criteria and Guidelines* (original title) in 1974, signaling the successful completion of six years of work (6, pp 23-24).

Since its initial development and with relatively minor refinements over the past 12 years, the CEU has been widely adopted by "... over a thousand colleges, universities, professional societies, associations, corporate training departments and other instructional organizations are now awarding continuing education units to more than two million persons a year . . . ." (6, p 28).

**Definition and Criteria of the CEU**

The CEU was defined by the Council on the Continuing Education Unit as: "1. ten contact hours of participation . . . . 2. in an organized continuing education experience . . . . 3. under responsible sponsorship . . . . 4. capable direction . . . . and 5. qualified instruction" (6, p 1).

Those organizations that propose to award the CEU, whether they are educational institutions, professional groups, business and industry, or governmental units, must adhere to the administrative and programmatic criteria promulgated by the Council on the Continuing Education Unit (6, pp 9-10). In regard to the administrative criteria, a separate, identifiable educational arm professionally staffed and empowered to administer/coordinate the continuing education effort is required (6). Programmatic criteria relate to the standards upon which individual continuing education activities are to be judged before a CEU may be awarded. These criteria are delineated in *Criteria and Guidelines for Use of the Continuing Education Unit* (6, pp 9-10).

The application of these administrative and programmatic criteria to a proposed continuing education activity or program assures certain minimum standards of quality. Deviation from these criteria, however, may yield programs of less than sufficient quality.

**Applying the CEU: One University's Experience**

Virginia Commonwealth University (VCU), a state-aided comprehensive urban university, began awarding CEUs for all eligible noncredit and special activities following the adoption of the CEU by the Southern Association of Colleges and Schools in 1971. In addition to the criteria established by the Council on the Continuing Education Unit, the Southern Association of Colleges and Schools in its Standard Nine requires (7, p 14):

Special activities shall always be evaluated and judged by the Commission on Colleges as part of its function in recommending the granting or reaffirming of accreditation of the total scope of special activities.

The administrative unit should provide for continuous systematic evaluation of programs and offerings within the total scope of special activities.

In other words, the member institution is required to evaluate each CEU activity.

VCU’s policy for the use of evaluative strategies with noncredit activities is: (8, p 15):

1. Approved CEU activities, regardless of type or length, require an overall program evaluation designed to assess the manner in which the program was presented, inclusive of activity faculty.

2. Approved CEU activities, which state that participants will learn or acquire a specific skill, will require an evaluation or demonstration of the successful attainment of that skill.

3. In CEU activities, which require only a program evaluation, attendance is the sole criterion for the successful completion of the activity.

Collectively, requirements for the award of CEUs in this university are imposed by three sources: 1. the Council on the Continuing Education Unit; 2. Standard Nine of the Southern Association of Colleges and Schools; and 3. VCU’s policy on award of CEUs. These criteria and standards assure the provision of continuing education activities that meet not only quantitative requirements, but also qualitative requirements; thus, the participant may be assured of continuing education activities that meet basic standards of quality.

The Department of Occupational Therapy in the School of Allied
Health Professions is guided by the university and school policies as well as the criteria and guidelines for the award of CEUs as developed by the Council on the Continuing Education Unit. In the department, the purpose of continuing education is defined as the promotion and maintenance of professional competency through activities sponsored, co-sponsored, or sanctioned by the department. A brief description of the procedure followed for award of CEUs will illustrate the means used to ensure the provision of high quality programming in the department.

Continuing education activities are provided in response to identified interest in program content among statewide occupational therapy and related groups. Persons interested in presenting an educational activity approach the department, or persons with particular content expertise are sought by the department. The objectives of a specific program are discussed and the capabilities of the presenter in relation to the topic are defined.

An assessment of the need for the activity and competence of the presenter then follows. Faculty members with content expertise most related to the subject are consulted, and the program is reviewed by the department and submitted to the Office of Continuing Studies, School of Allied Health Professions. After review and approval there, it is submitted to VCU’s chief administrative officer for continuing education for final approval. An integral part of this review process is the constant measure of the quality of the program, the ability of the presenter to meet the stated objectives, and the selection of learning activities well suited to the topic.

The departmental continuing education coordinator then works with the presenter, as required, to develop a quality program. Objectives are discussed and developed; consultation in teaching and learning styles is available to facilitate program development and provide suggestions for learning activities that may enhance the content.

Program evaluation is an ongoing process from program conception to completion. In the area of planning, several questions direct the focus of the evaluation: Did the program meet an identified need of the target population? Was the course planned sequentially? Did the instructors seek educational consultation as needed? Were the teaching formats suitable for the content covered? Was pre-planning coordination with the target group, faculty, and continuing education personnel evident?

The purpose of the program is evaluated: Were the purpose and goals of the program clearly stated? Were the objectives identified to the participants? Are the performance criteria for award of the CEU assessed? Were the criteria for award of the CEU clearly enumerated prior to the activity?

An evaluation of the activity after its completion follows. Did the educational activity meet the stated objectives? Were the learning experiences well prepared and appropriate to content? Was the meeting space adequate? Was pre-registration available?

Moreover, quality is assured through an on-site faculty observer (the departmental coordinator or designee) at each continuing education activity. This individual’s role is to evaluate the continuing education activity in terms of the criteria and standards upon which the CEU is based. His or her attendance at all or selected parts of the program is required as an official representative of the institution granting the continuing education units. A summary report with recommendations is made to the department and school officials and cosponsor(s) following the activity.

Continuing Education and Occupational Therapy

Various professional groups, such as the American Nursing Association and the American Physical Therapy Association have debated the cost-effectiveness of the CEU. Yet, since the development of the CEU 12 years ago by the National Task Force on the Continuing Education Unit, an increasing number of educational institutions and professional organizations have adopted the CEU as the standard unit of measurement for participation in continuing education activities. Acceptance by employers, professional societies or groups, and regulatory agencies of the CEU as an appropriate measure of an individual’s participation in continuing education has similarly increased over the years.

Because continuing education has been included in an AOTA study of recertification options, and because of the widespread use of the CEU, a closer look at its advantages and disadvantages is warranted. Further, a look at implementation strategies for the use of the CEU is indicated.

A primary advantage of the CEU
is that it lends credibility to educational programs by defining criteria relating to quality and by providing a means of measuring program plans against these criteria. Continuing education activities that award CEUs, may, because of these standards, be more appropriate for therapists to attend than those that do not award CEUs. The CEU facilitates the provision of quality education programming.

A second advantage is that a statement about the importance of the CEU in educational activities generates institutional participation and support. Clinical therapists have noted an increased approval for educational leave from work settings if the activity to be attended offers CEUs. In addition, organizations are more likely to support such activities financially by reimbursing travel and registration fees.

The disadvantage of using CEUs as a competency assurance option is the possibility that professionals will mistake the use of the CEU as a measure of competence rather than as a measure of the quality of an educational experience. A second error in attitude or judgment is the possibility of mistaking continuing education as competency in a specialization. Although continuing education may provide the information needed to enhance or maintain competency, it must still be supplemented with a certification mechanism in order to measure competency.

The purpose of this paper is not to minimize the importance of an examination in the recertification process; but rather, to encourage the provision of quality continuing education programs in occupational therapy. The use of the CEU allows access to an established mechanism for evaluating the quality of educational programs presented.

A series of strategies will be required to resolve any possible distortions of the intent and implications of endorsing the CEU. A resolution clarifying the intent of endorsement, public information programs for membership, and statements on the implications for licensure and recertification plans are a few examples.

Three methods of implementation are available to the AOTA to endorse the CEU. First, the Association could follow the same approach currently used: that is, continuing education activities presented by the state and national associations in various locations. The quality of the program is determined by a subjective assessment of the presenters’ past contributions to the field as judged by a number of therapists polled. This method of ensuring quality has no set of pre-defined criteria against which potential programs could be measured.

Second, a national program of providing CEUs through the Association could be implemented. This would involve application to the Council on the Continuing Education Unit to award CEUs. This approach requires the development of a mechanism for assessing program requests, development of a standard mechanism to ensure quality programming, and design of a system to record the CEU. It would provide data to evaluate the need for future activities, to assess the relative value of various programs, to reflect trends in the profession, and to describe a wealth of demographic data. Manpower and other resources to implement this extensive program would be required.

Third, a mechanism for processing continuing educational activities through an accredited university and other institutions could be established. In this strategy, the accredited institution in the state where the activity is to be held can be requested to enter into a coproducing or sanctioning relationship with the AOTA. A similar option would be to affiliate with one educational institution and establish ongoing procedures for reviewing programming and awarding CEUs. This option is perhaps the most cost-effective of the three: It ensures that high quality programming is available for occupational therapy activities and minimizes the overhead costs associated with processing and recording CEUs. The model developed at Virginia Commonwealth University, an example of this third method of implementation, appears to be the most viable approach.

REFERENCES

7. Commission on Colleges, Southern Association of Colleges and Schools: The Continuing Education Unit: Guidelines and Other Information. Atlanta, GA: Commission on Colleges, Southern Association of Colleges and Schools, 1973