The Issue Is

Academically Based Education Versus Continuing Education: The Best Way to Go

We believe that professional graduate education facilitates the development of clinical reasoning more effectively than continuing education does. This conclusion arises from our comparison of these two types of education, originally presented as a roundtable at the American Occupational Therapy Association Conference in New Orleans in 1990 (Abreu & Blount, 1990). Our analysis of the differences between graduate education and continuing education, which is presented below, holds clear implications for the development of clinical competence by practitioners and for the development of assurance by practitioners that they have attained competence.

Combining theoretical and practical education is critical for occupational therapy practice. Education is a teaching and learning process that promotes knowledge and personal development. In this context, postprofessional graduate education is defined as academically based education, "the transmission of knowledge" (Theodorson & Theodorson, 1969, p. 127) in an academic institution. Traditionally, this type of institution is seen as a society of scholars, representing particular fields of knowledge and sets of accepted ideas or organized opinion, who have come together to advance knowledge and impart it to others. At advanced or graduate levels, much of this education is professionally based and is designed to develop professional skills and values.

The intent is to stimulate "creative thinking" (clinical reasoning) and "innovation" (Theodorson & Theodorson, 1969, p. 127). In this type of educational process, maximal control and responsibility are held in part by the faculty (the rest is shared by students and administration) to support the educational outcome. This control takes the form of learner-generated and teacher-generated monitoring systems, such as regulated and controlled assignments, task completion, and examinations. The level of knowledge and development is measured in terms of credits, grades, and degrees.

Continuing education, on the other hand, is a process, located inside or outside an academic institution, that depends on content experts who are promoted as highly skilled in a given field or specialty area and whose goal is to transmit knowledge with practical and clinical application. This educational process reduces the faculty's control and emphasizes the learner's responsibility. Learners commit themselves to an intensive schedule, usually over a brief time period. Continuing education courses are planned to meet special and applied interests; students in these courses often earn continuing education units, certificates of completion, or competency-based certificates. Additionally, some academic institutions require added formal learning activities or evaluations and award course credit for continuing education experiences.

Academically Based Postprofessional Graduate Education

Among the characteristics of academically based postprofessional graduate education that we examined is the role of the occupational therapy clinician as part-time or full-time academic educator. In this role, the clinician educator stresses the provision of content knowledge (i.e., the basic subject matter or the substance of the topic, as opposed to process knowledge, which is the change that one goes through while mastering a given subject or topic) by emphasizing the structure and support for the knowledge being presented. Support, used in this sense, means the intellectual background of the material, reference, research findings, and other resources.

The postprofessional graduate student can be viewed as a clinician learner. The relationship of the clinician educator and the clinician learner can often be described as mentorship. The career stage of the clinician educator allows for the development of mentorship (Dalton, Thompson, & Price, 1977), because the clinician educator can assume some responsibility for the student's intellectual work and thus help to define the direction of practice.

The interactive teaching and learning process in the academic setting generally allows for a high degree of exchange and includes contact over a longer period of time than does a continuing education encounter. This interaction also has a different quality because in the academic setting, the..
content is often presented more abstractly, theoretical structure is emphasized, and the educator and student strive to describe, explain, and make predictions about the phenomena under study. The ultimate goal of the application and testing of theory is the prediction of outcomes and relationships (Blalock, 1960; Selzitz, Wrightsman, & Cook, 1976). Additionally, in this setting, the affective (Bloom, 1956) portion of the theoretical information can be, and often is, a part of the teaching and learning process. Often including both lecture classes and laboratory sessions as necessary parts of the professional teaching format, clinician educators encourage their graduate students to develop leadership skills and to think and act independently. The time required to complete graduate education also contributes to the achievement of this goal.

Academic organizations require a high degree of administrative structure; therefore, administrative considerations loom large in the academic setting. For the clinician educator, the considerations are course and class formats, room assignments, study requirements, reading and writing assignments, and grading criteria, most of which must match the number of credits that are awarded. The scope of administration is, of course, much larger, and includes issues like the mission of the institution and how the particular clinician educator and the requirements of the academic position fit into the institutional system (Jantzen, 1974). Clinician educators experience numerous dilemmas and responsibilities as they interact with the system, not the least of which may be related to methods of judging competence, including test and measurement considerations, maintaining objectivity, and correctly assessing the clinician learners’ level of receptivity.

With or without a mentor relationship that may occur naturally in the academic situation, the relationship of the clinician learner with the clinician educator is especially intense. The time involved and the depth of the interaction surpass the one-time nature of the continuing education experience. If power is the ability to cause others to perform as one wishes (Johnson & Johnson, 1975), the clinician educator has more power over the clinician learner than does the instructor in a continuing education setting. The ability to evaluate and judge the student’s performance, along with the position of the clinician educator in the institutional hierarchy, lead to an intense and uneven power relationship. In such a hierarchically based interaction, the clinician educator clearly has more inherent control than does the clinician learner.

The academic arena frequently trains the clinician educator to use a variety of teaching styles to match the changing needs and the personality or culture of the class, when the class is seen as one entity. The educator often identifies this class personality or culture and modifies his or her teaching style accordingly. For example, some classes seem to need emphasis on process, but the style exhibited by the class group might call for emphasis on content. The educator has or develops a personal teaching style but must adjust it to meet the information and signals emanating from the class.

The formal academic setting is necessarily more traditional than the continuing education milieu. It is steeped in an educational history that stretches far back to European, Middle Eastern, African, and Asian traditions. The knowledge that is accepted in this setting may be innovative and daring and may even approach the frontier of experience, but, because of its institutional location and the credentials of its transmitters, it is bound to be more conservative and conventional than is knowledge presented outside of the institutional setting. The knowledge presented in the academic setting must meet a more rigorous standard and will tend toward stability and valued, enduring tenets.

Clinician educators teaching postprofessional students in an academic setting seek to nurture their students’ professional development and encourage their creative thinking. In the optimal situation, educator–student relationships provide an environment in which time and educational tools will allow clinician learners to explore previously tested knowledge and to conceive original ideas. This process will enhance clinical thinking (Neistadt, 1987; Parham, 1987) when the therapist returns on a long-term basis to the treatment setting. Postprofessional students have the additional advantage of practical knowledge of client’s problems and often are working in clinical settings while they are pursuing this portion of their education.

**Continuing Education**

Each of the characteristics that we explored for postprofessional graduate education was also studied in the context of continuing education. In the continuing education setting, the instructor is often seen as a master clinician or expert, someone who has special knowledge in the area of the continuing education course, workshop, or presentation. More than one such expert may share the teaching in a given continuing education presentation.

These experts provide their students, or audience, with content knowledge that emphasizes many details in a given area of expertise and the relevance of this knowledge to practice. Because the support (research, journal articles, practice experience) for the information presented is usually seen by all concerned (i.e., the experts and audience) as less important, the presentation focuses on increasing the clinical skills of the clinician learners. Clinical skills in this case are all aspects of the therapists’ interactions with their clients.

Mentor relationships between expert clinicians and clinician learners do not consistently develop from continuing education experiences. The stage of the expert’s career (Dalton et al., 1977) may not lead to mentor relationships with the audience, which in any case may be too large to foster such relationships. In this type of education, assuming responsibility for the work of the audience and defining the direction of occupational therapy practice may not be conscious goals of the expert. Other factors, such as time and distance, that regularly separate the expert from members of the audience after the particular presentation may also discourage the development of mentor relationships.

The structure of the teaching and learning process in continuing education settings frequently allows only a limited degree of interaction with the audience. The amount of interaction, usually less than that in a traditional classroom setting, may result from the shorter period of instruction time usually available in continuing education as well as from priorities inherent in the plan for presentation of the content.
knowledge. Continuing education often emphasizes the practical, concrete aspects of the technique or process being presented, rather than the theoretical and affective aspects of knowledge dissemination that play a large role in graduate education. Therefore, the amount and quality of the teacher-learner interaction in this setting usually differ from that experienced in a regular academic setting.

The amount of attention that a continuing education experience devotes to encouraging leadership skills and independence in its audience may depend on the content or topic being addressed. For example, if supervision and management skills are the topic of a workshop, then such skills may be a focus of the experience. Often, however, leadership skills are not built into the course objectives of a continuing education presentation.

For the continuing education expert clinician, administrative considerations may not be as critical as they are for academic educators. They need not make specific requirements or assignments for student therapists or set grading criteria. The learning skills provided in the course need not be matched with a certain approach to measurement of knowledge. Other aspects of academic structure and governance do not affect much of what is called continuing education.

Most continuing education is not conducive to mentor relationships, because for most clinician learners, a given continuing education experience is probably the only one of that nature, with that instructor, that they will attend. Expert-student relationships that do develop are likely to be seen as collegial. Furthermore, the type of relationship that develops supports an egalitarian view of the educational process. The judgmental aspects of the application of grading criteria to performance are removed. The instructor is viewed as having greater expertise in specific subject matter or techniques. Often, in fact, members of the audience are at the same expert level as the presenter.

Although many continuing education instructors are also master teachers, the continuing education system is not designed to train the expert clinician to present material or to match and modify the changing needs of clinician learners. As for many other instructors, skills that do develop often result from trial and error, probably through observation of other instructors and through input from audience evaluations.

Because the priority in continuing education is usually transmitting content knowledge rather than emphasizing the teaching and learning process and discovering the learning style of a particular group of clinician learners, lectures tend to be more standardized and to remain similar from course to course as the presentation is repeated in various locales. The notion that each class or audience has a particular character or personality is usually not applied in these situations. Course development in continuing education, from content to method, may therefore be nontraditional. Judgments of the learners and their knowledge are not necessary. A result of these characteristics of continuing education is the possibility that what occurs in the courses could be called unconscious indoctrination. That participants may be successfully indoctrinated to a given point of view or the use of a given method does not ensure that the information imparted is valid, credible, or even beneficial. Such presentations often transfer a single view of content knowledge while censoring all other views. What is presented is a belief system.

Our argument is, therefore, that postprofessional graduate education allows clinician learners to systematically explore various topics with various methods of investigation, whereas the consumer of continuing education has purchased knowledge of a particular belief system, usually about a specific technique. Academic professional education stresses the development of independent learning and leadership skills that are applicable in many organizational settings. Most important, however, the academic setting nurtures the skills associated with clinical reasoning, first by teaching theory, and then by leading clinician learners to contemplate, critique, and test evaluation and treatment methods.

Contrasting these two approaches to the education of occupational therapists leads us to draw the most powerful distinction between the two at the level of analysis and criticism. The practice of looking carefully and thoroughly at topics of inquiry provides the student with an approach to understanding the multiplicity of variables involved in any treatment situation or the application of any method.

The clinician learner engaged in postprofessional graduate education receives the tangible outcome of a degree, a new level of recognition of knowledge. The sense of accomplishment, of having performed and completed a piece of intellectual work, is also rewarding in itself. In addition, the learner has developed many new competencies, habits of inquiry, methods of investigation, tentative conclusions, and questions that remain to be explored. For most students, the dividends of advanced education are that they have put much effort, time, and thought into it, and that they are therefore invested in their own educational accomplishments.

References


