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CONTINUING EDUCATION AND

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Continuing education and training address themselves quite directly to the primary purpose of the Regional Medical Programs -- to make more widely available to the patients of the Nation the latest advances in the diagnosis and treatment of heart disease, cancer, stroke and related diseases. Because the more successful continuing education and training programs are often dependent upon cooperative efforts of a number of individuals and organizations, the creation of regional cooperative arrangements by the Regional Medical Programs may provide significant new opportunities for the development of effective continuing education activities. The regional nature of the Programs can also provide other assets to continuing education and training - an opportunity for close relation of teacher and learner in development of programs, convenience and accessibility of programs, and opportunity to build together links between education and health care. Indeed one of the real potentials of continuing education and training within Regional Medical Programs is the opportunity to integrate these activities into the larger sphere of health care which they subserve.

Relation of Educational Needs to Health Needs

Although Regional Medical Programs have stimulated additional attention to the problems of continuing education, this new interest is only an additional increment in the extensive array of activities already underway along with widespread discussion of needs and solutions. Yet there is

cause for thoughtful concern and a hard look at past accomplishments and future prospects, for there are a number of knowledgeable persons who have entertained serious reservations about the effectiveness of current activities in continuing education in improving patient care. The approach to developing truly effective training programs must be viewed in the broad context of health care.

Educational program design takes its origins in identification of the educational needs of the health professional. These educational needs in turn have their origins in the health needs of individual patients and in the patterns of medical care and the total health needs and resources of the particular region. The sequence of educational design commences then with the identification of the health needs of the population accompanied by an analysis of the existing resources to meet those needs. Out of these considerations, discrepancies between resources and needs become apparent. The challenge then becomes the design of methods to meet these discrepancies.

Some of these discrepancies can be met by programs in continuing education and training. Often however, the human resources available within a region for continuing education are scarce. Conservation and appropriate utilization of these scarce resources requires close working relationships between all individuals, groups and organizations involved in continuing education in the region. Difficult judgements will have to be made as to which educational programs will receive priority, for all educational needs cannot be met at once. Strong consideration to the

health needs of the region should be given in setting these educational priorities.

Design of Education Programs

The design of educational programs to meet these needs requires considerable creative thought. Based on previous experiences, however, some of the important factors to be considered in effective educational design can be identified. Many educational experiences which have staying qualities are characterized by active participation of the learner in the learning experience. These experiences have also linked that participation to the ultimate focus of the educational process - care of the patient. The clinical clerkship, internship and residency programs in medicine have recognized the importance of participation. Judged on this basis, the standard two-day program of sequential lectures may not be the most effective mechanism for continuing education.

Although health care has become increasingly complex with resulting requirements for close collaboration among specialized personnel, our educational programs continue to be designed in a manner which suggests each health professional is functioning independently. Educational programs designed to meet patients' needs should give consideration to these areas of interrelated function. It is meaningless, for example, to design educational programs for physicians in the functioning and appropriate use of intensive care units without considering the education of the other personnel essential for the unit's operation as well as the availability of the necessary facilities and equipment. It is also

wasteful of scarce human and physical resources to carry out such programs where they will not be utilized optimally.

Continuing education by definition implies some continuity to the educational process, yet the continuing education of most individual health personnel today is characterized by the lack, rather than the presence, of continuity. The framework of the Regional Medical Programs provides an opportunity for program design which can achieve better continuity. The challenge is to structure programs which relate not only to current educational needs but which take into consideration the previous educational experiences of the participant.

Consideration must be given to other factors which have inhibited effective educational activities in the past such as the problems of time, distance, commitment of available effort to the actual delivery of health care, financial loss, and established habit patterns. Modern technology offers potential for overcoming some of these problems. The use of television, computers, teaching machines, or other applications of modern techniques and hardware is being explored in some places and many Regional Medical Programs are considering the effective utilization of these educational tools. The comments in this document about design and evaluation are, however, very relevant for educational programs utilizing these techniques. By providing an opportunity to integrate the use of these techniques into a total educational program related to the real educational needs of the region, the Regional Medical Programs can help to avoid the danger that these techniques may be developed in isolation from those needs.

Educational Evaluation

Even if the design of educational programs gives careful consideration to the factors discussed, one may anticipate that the resulting programs will not be totally successful in meeting the educational needs. The successes and the failures must be evaluated and analyzed to serve as the basis for appropriate decisions about the improvement and continued renewal of the educational activity. Since resources for continuing eduation and training are scarce, continued evaluation of educational effectiveness is necessary to assure the efficient use of these resources. As discussed above, the ultimate criterion of effectiveness of an educational activity in health resides in measurements of change in health care. There are many components, however, of this effectiveness, including the success in reaching the desired audience, effectiveness of information transfer, effectiveness in bringing about behavioral change, and the effectiveness of the behavioral change in improving patient care. These factors need to be assayed at each step in the process in order to understand fully the relative significance of their effect on the ultimate goal of improved health care.

The manpower resources of those who have competencies and experience in educational evaluation as it applies specifically to continuing education and training in the health professions are limited. One potential resource for advice, counsel, and training is the modest cadre of individuals who have established units of research in medical education in recent years. A resource exists in the colleges and schools of

education throughout the country where graduate activities in educational research are being carried out. Although few of these units have had direct involvement with education in health affairs the potentiality of their involvement is very real and should be encouraged.

Cooperative Efforts in Educational Programs

In addition to ongoing evaluation and modification of educational programs, consideration must also be given to the development of effective cooperation among the people, institutions, organizations and agencies already involved in the education of health personnel. The development of improved programs requires utilization of their strengths and should, in turn, provide a mechanism for those strengths to expand and grow. Cooperative activity in continuing education and training should become a symbiotic relationship. If possessiveness by any single group occurs or if monolithic programs are attempted the benefits of symbiosis will be lost to the detriment of better health care.

The necessity of cooperative efforts for effective continuing education is inherent in the nature of our medical system. It is determined both by the requirements of modern medicine and the patterns of our society. The Regional Medical Programs provides a mechanism for cooperative relationships between the medical environment primarily concerned with development and dissemination of new knowledge and the environment primarily concerned with the delivery of health services. Only if both environments are involved and cooperating will the full impact of continuing education and training programs be made on the health needs of the region.