Continuing Professional Development for Rural and Remote Health Care Practitioners

Helen Geissinger, Peter Lloyd

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Helen Geissinger, Centre for Enhancing Learning and Teaching, Peter Lloyd, School of Public Health, Charles Sturt University

ABSTRACT

Every health care professional recognises the need to acquire new skills and knowledge and maintain their awareness of changes in their field. The public, and those outside a particular disciplinary area, expect that continuing professional education or CPE (also known as professional development) will supply these needs. In the past, continuing education has been presented in face-to-face sessions in a geographical location such as a State capital or city. A health professional not living in that area would find it difficult to attend the session because they would have to travel, take time away from their families and their work, and face all the expenses both of the travel and the education session. Consequently, professional bodies have experienced difficulty in ensuring that all their members gain the CPE they need. The educational needs of practitioners in rural and remote areas — as well as those who may be more urban but live a considerable distance from an education site — are now being recognised by Australian providers. CPE is in transition, moving from the focus on face-to-face sessions to the use of flexible modes that support professionals so they can study on their own or in small groups in their local area. Through the use of electronic technologies, members can communicate with their peak body, read or download important online materials and engage in “learning work” that is as good as — or better than — face-to-face sessions. Where a provider has obtained the services of content experts and experienced web and learning designers, the elements of a website can be utilised to provide an excellent learning experience for those who access it online. Now the challenge for peak bodies and professional societies lies in ensuring that all relevant programs are available and accessible to health care workers regardless of geographical location. Many rural and remote areas of Australia still lack some of the infrastructure needed to support the dependable delivery of affordable CPE via the internet, so providers must take such access problems into account.

Adult education principles now inform much of what is accomplished through continuing education. As health-care practitioners become more accustomed to accessing their education through electronic means, and their professional associations develop relevant online activities that will award “points” to successful learners, the problems around the availability of good quality CPE will ease. Many providers — whether the peak bodies responsible for ensuring their members meet set standards of practice (or those to whom the responsibility has been devolved) — agree that electronic media can be very effective as educational tools. Charles Sturt University, in recognising that many practitioners may not yet be aware of the force of the changes in CPE delivery that are taking place, has published a useful monograph through the Gilmore Centre for Rural Health Development. It unpacks many of the educational
issues, the terminology, and the problems of electronic learning. It also makes suggestions for the design and development of effective CPE websites.

INTRODUCTION

The development and delivery of CPE for professionals in any discipline is a complex process. It is influenced by government and other stakeholder requirements, the speed with which disciplinary knowledge changes, and the expectations held by the public about practitioners’ capabilities. Because the national peak body for each discipline is accountable for the competence of its members, it must establish and implement activities that provide evidence of continuing expertise. When some members become specialised in their knowledge and skills, the peak body must recognise this higher level of attainment. Thus, organisations become enmeshed in the work of setting and maintaining standards for their members. They place a heavy emphasis on the prior education and training that must be achieved by all those who wish to gain formal acceptance into the particular profession. Once a candidate gains entry into membership, that person and the peak body have a mutual obligation to maintain competence and meet stated levels of knowledge and skill, even though these may change over time. The national organisation is likely to have developed registration competencies acceptable to the government and may also have the task of ensuring that all its members are registered in good standing. Such an organisation may be occupied sufficiently with the work of registration and standards that it cannot devote resources to the provision of CPE for its members. In such cases, it may devolve the responsibility to a semi-autonomous section of itself or to public or private providers such as universities, technical colleges or other educational entities. Members of professional organisations are usually required to provide evidence that they are abreast of the latest developments in their field, so most peak bodies have a method for members to record their learning. Most award “points” for educational activities and require members to obtain at least a minimum number of these every year they are in practice. An alternative to the points system is the keeping of CPE logs or portfolios, in which each member records their learning, stating where, when and how they engaged in learning work, and predicting the effect of that work on their practice. National associations in Australia such as ASUM (Australian Society for Ultrasound in Medicine) are currently trailing the portfolio approach online, and allow their members to choose whether to keep their portfolio on paper and submit it at required times or download it from their computer to the society’s website. As more professionals become accustomed to working with computers and the internet, they expect to access CPE via technological means and have consumer requirements for its relevance, appearance and accessibility. The ASUM initiative is simply one way of helping members integrate their use of the internet with their CPE.

ISSUES FOR RURAL AND REMOTE PRACTITIONERS

What might be termed the “garden variety” CPE issues for rural and remote practitioners centre around physical and technological access to educational events, expense, and time management. At the moment, telephone line access to the internet and technical skills with regard to computers and communications technologies can still
hold back many health care professionals who otherwise might regularly use the internet for relevant information. In addition — and even more important — there is the requirement for the availability of CPE content that addresses felt educational needs. A particular problem concerns the current lack of study materials and learning activities developed specifically for health care practitioners in rural and remote areas. All too many CPE programs are developed for presentation to the “general” membership rather than being designed with sections of relevance to professionals in different geographic locations with different client needs.

Because computers connected to the internet are fewer than those that stand alone or are on an intranet dedicated to the work of a business or facility, access to the internet remains a problem for many health professionals. Barnett\(^2\) suggests that we live in “an age of supercomplexity” and that learning and work, although usually seen as separate activities, are becoming very closely related. Thus, if professionals are to keep up with changes in their field and to participate in CPE, they need access to the internet when they have time available to do so. It is likely that many rural and remote health professionals may depend on access to the internet through their workplace computer, as health care institutions and related organisations have better quality telephone service than that available to residences in many areas of Australia.

**A NICHE MARKET FOR CPE**

A survey of the few CPE websites for rural health workers shows that, besides Australia, a number of other developed countries also experience these “garden variety” problems. The CPE sites do not offer as much support or variety to their target audience as health care workers might wish. In contrast, sites that are well funded, resourced and aim at a target group such as medical practitioners are rich with CPE learning opportunities, recording mechanisms and feedback capabilities. There is an opportunity here for Australian providers to develop and expand a niche market for the provision of excellent CPE for health care professionals. This is especially true for allied health fields for which Australia, through interactive web resources and facilities, could supply an international professional market for relevant content, associated learning activities and reflective discussion. Because scientific, medical and technological findings can impact upon the provision of good quality health care in any developed country, an extensive CPE site that is well furnished with updated content and relevant learning activities could be of value to members of that discipline worldwide. In addition, frequently-used reference materials and textbooks could be placed on CD-ROMs so that health care providers would have readily-accessed resources on the computer, even if the computer is not on a network.

It is worthy of note that material that is current with changes in a field will be of use to professionals in any country, if only so that they can keep up with trends. Then, when it is possible for them to deliver new levels of care and expertise in their own geographical area, they will be able to identify the learning that they require. Unfortunately, the internet is not yet the best delivery mechanism for remote areas whether in developed or less-developed countries. Other delivery modes must be utilised such that, should the opportunity to access the internet become available, compatibility is ensured between the ‘net and other modes that have been used. Thus, a CPE provider would design a series of mechanisms appropriate for the content and
learning activities, rather than concentrating on a single method of delivering a set educational program to all its members.

**IT CONTRIBUTIONS TO HEALTH CPE**

For example, suppose a CPE provider wishes to ensure that its members know about newly-developed equipment that can render an accurate diagnosis of a particular disease entity. The design of that new equipment may depend on a theory about the role of certain body cells, even though previously the theory had not been considered relevant to diagnostic tests. The health care professionals in the field will need to rethink the meaning of the theory and examine the ways on which it impacts upon their conceptions of how a diagnosis can be achieved. In addition, they need to understand how the new equipment works, even if it is unlikely they will use it in the immediate future. The CPE provider has the responsibility of reaching all the registered members, giving a clear explanation of the new application of the theory, and providing an opportunity for members to access more information relevant to their use of the new knowledge in their field. Both postal mailouts and internet announcements would be appropriate to alert members to the change. Then, media such as computer diskettes (for print-formatted documents) and CD-ROMs could be used to explain the phenomenon and provide its provenance so that members could make links between their previous knowledge and the update.

Group activities requiring compulsory participation would help members think about and discuss the concepts such that they can engage actively with the new development and begin to work through its meaning for their practice. One group activity might be the use of online “chat”, in which “real-time” (synchronous) communications take place in which people use their computer keyboards to “talk” to each other. One advantage of a chat program is its ability to admit a number of people (say, 10–12) to a session at the same time. Participants can see others’ comments on their computer screen and can interact with each other to develop the meaning of a particular topic to their work. Because chat is so immediate, participants can come away from a session feeling that they have experienced almost the same benefit as being able to talk to their peers in the same room.

Another group discussion activity can occur in “lag” time (asynchronous). Access to a CPE website can permit people to post comments to a forum or bulletin board-style page. The person responsible for the discussion (moderator) can post a topic and might supplement that with an attachment containing additional information so participants can engage in informed discussion. A certain time period might be specific during which replies are to be posted. Participants can send comments and questions to this forum when they have had an interval to reflect upon the information. The “lag time” allows consideration of others’ comments so that a reflective discussion can take place. As Schön notes, “reflection-in-action” is a characteristic of competent practitioners. Participation in an asynchronous reflective activity such as an online discussion forum can be a valuable way for health care workers to make sense of new findings and relate them to their work. The moderator for such a discussion has a crucial role, as Salmon shows, and must devote time and effort to keep participants on topic and help them work out the relevance of that topic to their knowledge of their field.
Many professionals, especially those in rural and remote areas, must have a working knowledge of other disciplines because they may have to act as a substitute for other practitioners in certain circumstances. Thus, they need to be aware of the ways in which changes in associated fields of knowledge can impact on their clients. Being an active member of an online discussion group can be one way to stay abreast of those trends and developments. But because participants’ ability to access an online discussion group may be irregular, the participants must be supported in other ways that are not unlike those already described for CPE delivery. For example, a website for members of related professional areas could provide “breaking” news to alert viewers to changes of which they must take notice. Then a CD-ROM or single diskette (if appropriate) containing information and learning activities could be produced and mailed to all professionals. An online discussion activity could then build on the understandings garnered from the CD and possibly could include a content expert among the participants. Since there would be a need for reflection time and the participants might experience difficulties accessing the website, the discussion might suffer from long gaps between postings. The moderator of such a discussion might have to obtain input from participants by, say, telephone conversations and post the comments to the web for others to see. The discussion themes can be summarised at the end of the chosen period, placed on diskettes and sent to all participants if access to the website is problematic.

**IT MEDIA APPROPRIATE FOR CPE**

One benefit of the trend toward the extreme miniaturisation of silicone chips is the availability of inexpensive portable equipment for copying and disseminating information. For example, CD files can be produced using software that is available in most countries. The “burner” needed to place the CD files on the master disk, and the equipment copying from the master are both quite affordable in developed countries. And health care workers, even if they live in remote areas, can purchase a CD player as an add-on component if it is not supplied as part of their original computer equipment. Because a CD can hold a huge number of text documents as well as video and audio files, it is excellent as a delivery mechanism for CPE. An associated website can offer the “breaking” news that precedes the CD production, but can also provide further new information that builds on that given on the CD. If the CPE is co-ordinated through the website (news, discussion, email feedback) and various CDs, health care professionals will be able to access a wealth of pertinent information, participate in reflective discussion of that content, and perhaps even participate in an action research group to see how that material impacts upon practice. These methods for CPE delivery are capable of being used by providers regardless of the geographic location of their participants.

**A CAVEAT**

The preparation of CD material that is designed to help learners engage with content and participate in learning activities usually requires the services of a graphic designer, an educational designer and one or more content experts. This is also true for a mail package of print material a set of diskettes or a CPE website. The fact that the
technologies have become more accessible to us all means we have the opportunity to produce material in these media if we can afford the equipment. In spite of these boons, a CPE provider may not have the expertise to actually provide useful, connected learning experiences. As the technologies become more widely used and professionals come to expect to receive CPE via technology, the need for expert design, development and technical production will become greater, not less. The designers can advise the CPE provider on ways to produce desirable visual effects and learning outcomes without requiring the latest, most expensive technology, while the content experts can develop material that explains concepts and places new developments into context. These people can also help the CPE provider by looking at trends in their various fields and relating these to the goals of the provider and the peak body and its stakeholders. Without such co-ordinated design, planning and input, a CPE program may not be able to make best use of available technologies or meet the needs of rural and remote members.

SUMMARY

Health care providers need to keep abreast of the many changes in their various disciplines and to make meaning of them in relation to practice. Although national organisations have provided continuing professional education (CPE) in the past through face to face presentations, educational events have proved difficult for rural and remote area members to access. The government and various stakeholders expect that all practitioners will maintain currency in their levels of knowledge and skill regardless of geographical location and will be capable of applying their skills to the benefit of the public. The costs of time and travel for individual practitioners preclude their attendance at face-to-face events, so the onus is on educational providers to produce and make accessible CPE for all professionals within a member group using whatever means are available. Information and communications technologies are both affordable and accessible when educational design and media technological capabilities are utilised appropriately. A number of suggestions for the use of technology to provide up-to-the-minute CPE have been put forward and a case made for Australia to make its name in the production and distribution of high quality CPE via the internet.

REFERENCES