Model of a Center for Continuing Education in a School of Public Health

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CONTINUING EDUCATION for persons in the public health professions in the United States has long been of concern to health practitioners and educators alike (*1–4*). If workers in public and private organizations are to do their part in improving the public's health, they must be able to develop and renew their understanding and skills. This need is urgent because economic conditions have limited the resources available for education at the same time that educational needs have been increasing. The increase in needs is caused primarily by the changing lifestyles of the clients that are served by health-related organizations. If they are to serve these new, diversified publics effectively, public health professionals need easy access to additional knowledge. They also face demands by individual citizens and groups for more and better health programs and for greater roles in determining public health policies (*5*). In this paper, the terms "health professional" and "health worker" refer to professionals practicing in public health—administrators, planners, nurses, epidemiologists, biostatisticians, educators, and environmental health workers—rather than professionals engaged solely in clinical care.

Thus, the circumstances of the 1970s have caused public health leaders in educational institutions, professional associations, and local, State, and national agencies to realize that the traditional formal education covering a prescribed number of years of study for a degree is not enough. They are directing more attention to continuing, lifelong learning that will encompass improvements in both techniques and knowledge and that, perhaps, can be extended to other members of the community (*1,3,6,7*).

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The impetus to reassess and broaden the educational opportunities open to public health professionals has also been intensified by the following developments:

1. It is becoming increasingly costly to pursue full-time academic study at the master's level and, because of budgetary constraints, employing agencies have reduced the release time and the financial support available for on-the-job career development (*8*). Although continuing education will not replace degree programs, many necessary skills can be taught outside these programs at a fraction of the cost for master's level study. Alternative methods for acquiring new skills and knowledge in health are needed.

2. Federal agencies, licensing and certification boards, professional associations, and other groups are moving toward requiring periodic relicensing and recertification as a condition for continued professional practice (*1,9*). This movement parallels consumers' demands for greater accountability and for improvements in services rendered to the public.

3. Because of the growing emphasis on a multidisciplinary approach in the professions of service (*10*) and in organizing and delivering health services in today's dynamic society, a school of public health has a unique potential as a training site.

4. Private industry and local and national governments are increasingly interested and involved in health affairs.

5. Great changes are occurring in the roles of health professionals, their professional environment, and their clients. They must deal not only with individual clients but also with organizations that purchase professional services. They are called upon to serve groups not ordinarily involved in health matters, and they must be prepared to cope with multiple, and sometimes conflicting, client systems and projects (*10*).

6. Current education and training programs do not equip workers with the skills they need in a dynamic and increasingly complex society. A philosophy of lifelong learning is required to cope with continual changes in technology and the rapid growth of knowledge about prevention.

The Rationale for Action

Several reports and reviews on continuing education in the health professions have taken account of these developments and suggested changes. A general overview by Nakamoto and Verner of continuing education in medicine, nursing, dentistry, and pharmacy reveals that most programs suffer from a lack of clear purpose, an absence of professional interest, and incompetence in the provision and conduct of educational activities (*2*). Moreover, an impression emerges that programs are ad hoc or piecemeal. In the opinion of Houle (*11*), continuing education in all professions is a responsibility not yet discharged satisfactorily or adequately at all levels, yet it is clear from the review of Nakamoto and Verner (*2*) that there is a rapidly growing concern about the quality and extent of opportunities for continuing education in these four professions.

In the report of the Commission for the Study of Higher Education for Public Health (*12*), Sheps summarized the plight of continuing education programs. The programs had no distinct role in institutions of higher education for public health, and responsibility for their administrative and academic components was not clearly defined. Coherent learning experiences should be developed to fill identified gaps in practioners' knowledge and skills; with few exceptions, the many existing courses and programs sponsored by a variety of academic institutions, field agencies, and professional groups are haphazardly conceived, miscellaneous efforts. Planning for such learning should take into account who needs it, for what specific purposes, and how each offering relates to other offerings.

In April 1977, the Ad Hoc Committee on the Development of a Mission/Foundation for Continuing Education in Public Health presented a proposal to the Association of Schools of Public Health meeting in Houston, Tex. (*13*). The committee, workers in continuing education, supported many of Sheps' findings and encouraged the association to take leadership in providing comprehensive and planned continuing education by (*a*) becoming familiar with each school's program, (*b*) coordinating efforts to establish minimum criteria for quality control, and (*c*) establishing rapport with the appropriate professional associations whose members represent potential target audiences.

In the committee's opinion, if the schools carried out selected recommendations in the proposal (*13*), they could revitalize communication between public health interest groups and the universities. Such a relationship could further public health affairs generally as well as the desires of each school. Thus, in essence, the committee's report agreed with Sheps and proposed that continuing education activities should have:

1. Clearly defined focus of responsibility for academic and administrative components,
2. A system of evaluating faculty participation and giving rewards such as academic promotions, and
3. Programs based upon information generated through assessments of needs that identify gaps in the knowledge of those who are potential clients for continuing education.

Therefore, through planned emphasis, organized leadership, involvement and cooperation with appropriate professional organizations, agencies, and other groups with a potential interest in continuing education, the schools of public health may embark on a new era in continuing education, taking advantage of the past mistakes in other disciplines (*13*).

The 1975 recommendations of the Commission on Education for Health Administrators also emphasized needs for continuing education, not only of practicing administrators but also of those indirectly concerned with public health through their work as local officials, members of civic organizations, union leaders, or policy-making officers in private corporations. These recommendations encouraged faculty and students in schools of public health to participate in community health programs and policy decisions and thus make their teaching and learning responsive to current problems in public health (*3*). Additional innovative recommendations have been proposed in more recent reports of the Kellogg Foundation (*14,15*).

Addressing these recommendations and the pressures giving rise to them requires that schools of public health develop appropriate, action-oriented mechanisms through which faculties and practicing public health professionals may offer relevant continuing education. To overcome the inadequacies cited in these reports (*3,12,13*), the schools should set up programs based on the following principles:

- The school is committed to programs that are relevant to practitioners.
- The programs are planned, comprehensive, and include research and evaluation.
- The programs have continuity.
- The administrators' philosophy is to facilitate the training's relevancy to the practitioner's work.

- The school is sensitive to barriers that keep faculty and practitioners from participating.
- Responsibility for the programs' academic and administrative functions is clearly defined.

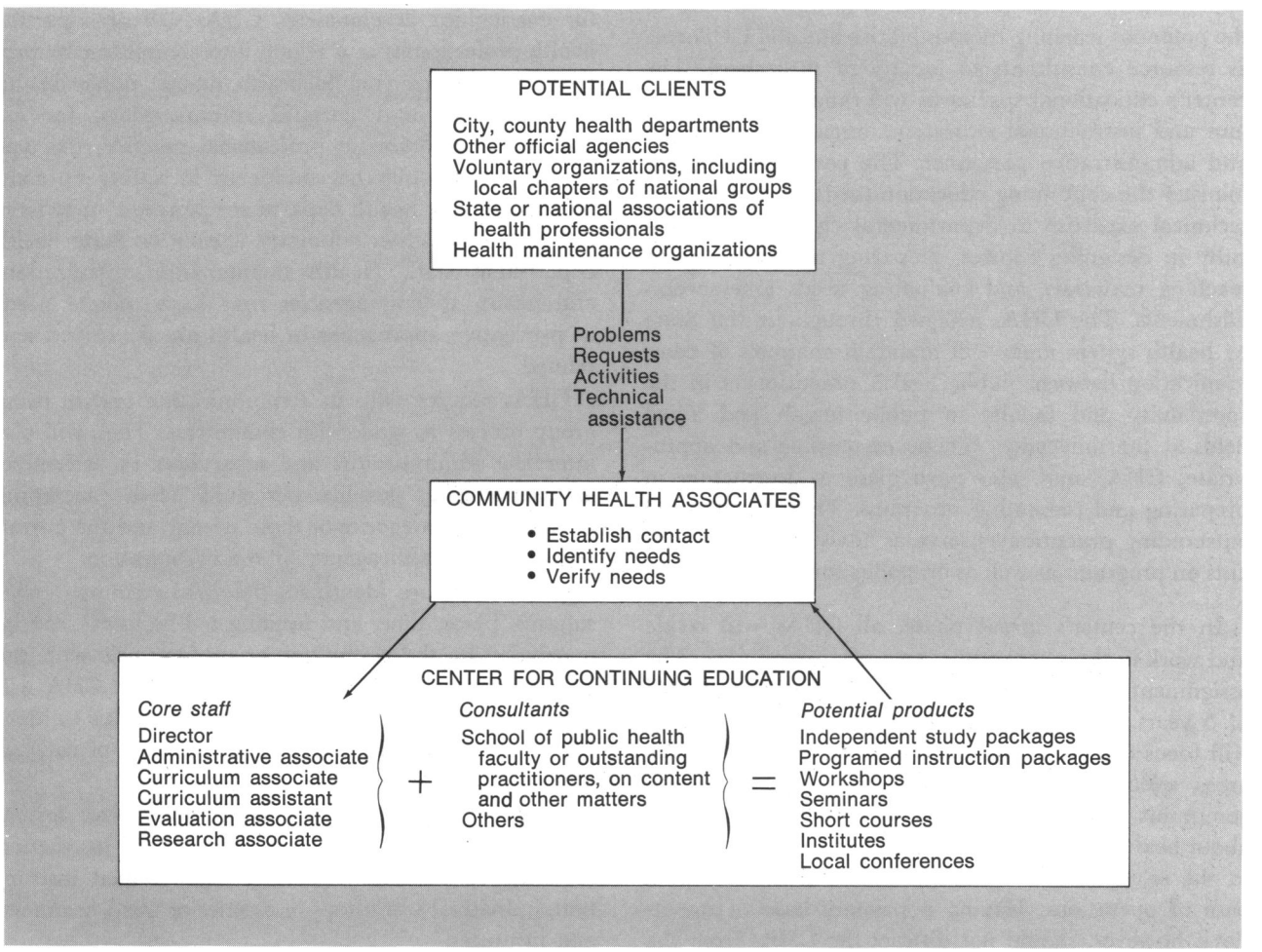
A discussion of the approach now being taken by the University of Michigan may illuminate some key issues.

The University of Michigan Model

The University of Michigan School of Public Health is establishing an administrative unit within the school's central administration that functions as a center for planning schoolwide activities in continuing education. This center's services are available to all faculty members. The chart shows the communication channels of the center. The leadership and the emphasis of the central administration on continuing education matters will demonstrate the school's commitment and thus may further reduce barriers to faculty participation in continuing education activities.

The center is administered by a director with faculty status, and it receives policy guidance from an executive board appointed by the dean. The board currently consists of senior professors and departmental chairmen, and they will be augmented by practitioner-representatives at various levels of public health practice in communities. The Michigan Department of Public Health, Michigan Public Health Association, Michigan Health Officers Association, and Michigan Environmental Health Association are among the organizations with representatives on the board. The executive board will act to formulate and approve educational policies that will be recommended to the faculty, and it will approve the director's recommendations concerning the direction and emphasis of programs and activities. It is important for faculty to understand that continuing education can be an integral and viable function within public health practice, their personal careers, and the school. The term "center" at the University of Michigan ordinarily is reserved for activities of major scope.

The Center for Continuing Education of Public Health Professionals



The center will offer both basic and specialized training to public health workers and other groups interested in health affairs. The school's principal goals were set forth in the policy on continuing education, a statement approved by the faculty in November 1974: to improve community health services, enhance the effectiveness of health agencies, promote career development for health workers, and convey information about health matters to the public. Thus, the center was given a mandate to develop systematic and continuing educational opportunities that would enable health professionals to learn about and to cooperate in planning changes, in the development of new methodology, in improved use of technology, and in educational planning.

The center has both a core staff, based at the school of public health, and professionally qualified liaison consultants appointed as community health associates (CHAs). These outreach consultants have a master's degree in a public health discipline, are appointed to the "professional and administrative staff personnel system" of the university, and are eligible for faculty appointments. Their faculty status is ideal because of the potential teaching responsibilities and the CHA role as resource consultants to faculty of the school. The center's educational specialists will range from curriculum and instructional experts to research, evaluation, and administrative personnel. The core staff will administer the continuing education program and furnish technical expertise to departmental chairmen and faculty in designing courses, preparing and advising on teaching materials, and evaluating needs and accomplishments. The CHAs assigned throughout the State by health system areas will maintain channels of communication between public health practitioners in the community and faculty in public health and allied fields at the university. Whenever possible and appropriate, CHAs may also participate as instructors in preparing and presenting programs. Thus, faculty and outstanding practitioners serve as advisors and consultants on programs as well as on policy for the center.

In the center's initial phase, all CHAs will reside and work in their geographic area of responsibility. The assignment of CHAs will be phased in over a period of 5 years. During its first year, the center's program will focus on southeastern and southwestern Michigan, areas selected as representative of urban and rural communities. The perceptions that the CHAs acquire about health organizations' leadership are all important in the selection of a local institution or agency as a base of operations. Having a primary base of operations, however, should not distract the CHAs from the work of establishing a firm cooperative relationship among local health departments, health planning agencies, and voluntary health organizations in a region.

Two functions of the CHAs are vital to the philosophical and practical development of the school's continuing education programs: client-centered planning and needs assessment.

Client-centered curriculum planning begins by considering and gathering data on the learner's education and experience, on barriers to the acquisition of skills for learning and to participation in learning experiences, on the learner's environment, and on the resources available to develop competency in independent inquiry. The educator's role is to encourage independence by engaging the learner in the processes of defining and identifying needs and formulating appropriate educational objectives. The educator can then bring to bear available resources to meet those needs. The client's participation and personal feedback in educational planning reinforces his motivation to learn and provides information necessary to the center in its task of planning programs useful to practitioners.

Assessment of clients' needs will serve as the basis for curriculum development. CHAs will organize the health professionals of a region into committees by professional practice (public health nurses, public health administrators, and hospital administrators, for example). In addition to professional practice, the type of organization may be considered in setting up committees; that is, health department personnel may have different needs than voluntary agency or State health department staff. Health maintenance organizations and health systems agencies may have unique needs as preventive approaches in health are developed and refined.

CHAs require skills in communication and in using group process to work with committees. They will also interview administrators and supervisors to determine, as accurately as possible, perceived needs (according to traditional categories of those needs) and the overall goals of the health agency or the organization.

Once needs are identified, potential resources (consultants, place, time, and funding mechanisms) can be marshaled by the committee of professionals with the CHA serving as the group's facilitator. The CHA will communicate with the school of public health to identify interested faculty and initiate the work of curriculum specialists and faculty.

Teaching can take many forms other than formal lecture courses. Some possible mediums of instruction are independent study packages, programed instruction, individual workshops or a series of them, seminars, and institutes.

It should be noted that it is one kind of problem to identify needed skills and devise a suitable medium in which they can be taught. It is quite another to discover that an organization or institution does not encourage or allow the use of a skill perceived to be needed by a practitioner or administrator. Reinforcement for learning may be supported by the organization's goals, which determine the opportunities that are available to apply knowledge and skills acquired in continuing education activities. In some instances, however, contributions that will improve practice may not be given a common priority. Such problems will need to be addressed by the administrative personnel of the center or by the health agency itself. Concepts of management theory about organizational and individual behavior will be useful in understanding such concerns.

The center's client- and practice-centered approach to devising curriculums is an attempt to extend the resources of the University of Michigan School of Public Health. It is hoped that the proposed model will strike a balance between the professor's and researcher's macro-view of public health and the practitioner's micro-view of its application in the community.

Cumulative and constructive evaluation is important in the plans for the center. Its overall activities, as well as the behavioral objectives of specific programs and activities, will be evaluated. A specialist in evaluation is a member of the center's core staff. Evaluation will be planned for in advance of programs and carried out both during and after them. A schedule for evaluation is being developed during the center's first year to assure that evaluation becomes a regular process.

To be evaluated are the merits of each program, including the demand for it; appropriateness of its objectives; and the knowledge and skills that the students acquire. Evaluation of learning, conducted through faculty and student self-assessment of learning objectives and through observation of on-the-job performance, can be used to monitor progress and provide baseline data for future planning and teaching.

A clear relationship between participation in continuing education and improved practice is hard to document because the many intervening variables cannot be controlled. Performance-based evaluation will be determined through outcome measures of attainment, followup of on-job performance, and other assessments of acquired skills. Furthermore, contributions to the formulation of better evaluation methods in health manpower development can be made by being more specific about the processes of planning and implementing the center's programs and about the effect of curriculum approaches on defining improved practice.

People have a right to expect some accountability from educational programs for delivering X skill for Y dollars in Z amount of time. Furthermore, it is imperative for health agencies and other institutions to be able to count on performance criteria if educators expect them to encourage staff level workers to participate in continuing education. Therefore, it is important that the evaluation of process and outcome measures be synchronized. If time is provided for involving participants of potential programs in the planning process, then the outcome will be determined and defined in relevant terms by learners, their organizations, and the community. The University of Michigan School of Public Health intends to test the effectiveness of local conferences, courses, institutes, seminars, and workshops and to study why the activities have various degrees of effectiveness.

In summary, in order to meet its general goals and realize specific aims, the center will (*a*) develop client-centered planning through a cadre of workers acting as its extension agents, (*b*) engage in a systematic process of assessing needs whenever appropriate, and (*c*) provide technical assistance to faculty and others in producing a variety of learning packages and educational activities. Therefore, the effectiveness of client-centered planning must be assessed, as well as the effectiveness of individual educational activities and their costs, in order to discover the most useful instructional activities and techniques.

The impact of client-centered planning will also be determined by the extent to which local health organizations benefit from it. Both quantitative and qualitative methods will be used to examine its impact on agencies and organizations. Client-oriented planning, as well as other programs of the center, must be flexible as well as relevant and useful to local communities.

Overcoming Barriers to Participation

Schools of public health have been meeting demands for continuing education whenever means were available. The centralizing and formulating of such programs through centers such as the one at Michigan builds upon a strong base of past experience and current interest within the schools. School policies should include incentives for faculty to participate. Possible incentives are fees for service, opportunities for applied research in cooperation with practitioners, and creative experiences that may have publication potentials. The research and evaluation unit and the curriculum and instruction services of the center will provide various levels of technical assistance to support the opportunities just mentioned.

In addition to these incentives, another way to en-

courage faculty participation in continuing education is to decentralize the benefits to the departmental level. As an example, revenues generated by continuing education activities could be returned to participating departments for nonrecurring, discretionary uses (initiating research, travel, or other continuing education endeavors). Such policies would provide additional incentives for departments to participate. Technical educational assistance, teaching credit, and evaluation for merit increases will encourage faculty and practitioner consultants to take part in the center's activities.

These efforts are first steps in recognizing the barriers to participation in continuing education experienced by faculty and consultants. Usually, participation in these activities is not given much weight in evaluations for merit increases. Therefore, the services of the center provided to faculty and outstanding consultants will become more specific and tailored to individual needs as other barriers to faculty participation and client-centered planning needs are identified.

Moreover, as evaluation begins to document improvements in practice attributable to participation in continuing education, recommendations for alternative incentive systems for practitioners may evolve. These incentives may include additional released time for continuing education, a sliding pay scale that promotes participation and the accumulation of academic credits, career incentives such as administrative assignments, and reimbursement of tuition and fees for education that is related to work assignments or responsibilities. However, it should be noted that a significant impetus for faculty and practitioner to engage in continuing education activities is that the activities are of the highest quality, have proven to be relevant and effective, and have superior potential for contributing to the field of public health.

The center's potential impact on faculty development, on curriculums, on the use of alternate forms of instruction, on various faculty roles in the lifelong learning process, and on the development of competencies for independent learning among full-time graduate students (future health professionals) is substantial. The traditional theories of learning, both behaviorist and cognitive, only explain how to instruct, not how to produce or motivate self-directed lifelong learners, nor do they identify the kinds of resources that are needed for lifelong learning. Schools of public health should continue efforts of self-renewal by developing organizational capabilities that facilitate lifelong learning experiences for public health professionals.

Documenting this educational endeavor for other institutions and organizations would help identify factors that improve students' ability to relate educational programs and methods of independent inquiry to their fields of practice as well as identifying other curriculum needs of practitioners. If the center's planning techniques are successful, their success may be an important contribution to the theory of lifelong learning. The relationships among the university, the administrator, the practitioner, the faculty, and local communities may create the proper climate for promoting such learning.

Also favoring the concept of the center is the environment of cooperation—the ancillary technical resources useful to the center located on the university campus. The school of public health has formed a cooperative relationship with the Center for Research on Learning and Teaching and the Office of Educational Resources and Research, both in the medical school's department of postgraduate medicine. Among other groups on the campus whose help may sometimes be solicited are the Office of Institutional Research, the Center for Research on the Utilization of Scientific Knowledge, and other centers within the Institute for Social Research. It is also expected that valuable insights and data relating to adult education can be obtained from the School of Education, the Extension Service, and the W.K. Kellogg Foundation Institute. (The institute, a wing of the dental school, conducts a program in graduate and postgraduate dentistry.) Agencies and institutions outside the university can serve as additional sources of information and technical assistance, and efforts are being made to establish working relations with them.

Continuing education that encompasses such interactions will enable health professionals to keep abreast of advances in technology and to remain aware of proposed legislation and other matters affecting the nation's health. Contributions from practitioners in the field, in turn, can help faculty members keep well informed. The center would thus do much to ensure that teaching and research in public health increasingly respond to changes in the professional environment, society's needs in prevention, and the continual demand for new methods of organizing, delivering, and financing public health projects.

The center should be regarded as an opportunity to demonstrate what can be done by using principles and approaches that will strengthen the ties between public health organizations and the school. For the concept to work effectively, schools of public health should be committed to using, in every appropriate way, the extensive competence of their faculties and alumni practitioners.

Implications for Research

New and better processes of adult education may be

identified in bringing together principles from humanistic approaches to education and the idea of the accountability of behavioral outcomes. A major contribution would be a series of research studies to determine if client-centered planning methods, as a process, have measurable effects on the outcomes of programs in higher education. If effects are identified, extramural and other nontraditional educational programs could be improved while attempts are also made to improve the town-and-gown relationship of universities and their local communities. Curriculum planning and varying the modes of administration and operations are processes of importance to education. Identifying a correlation among the facilitative conditions provided by the administration, the academic achievements of practitioners, and the elements of improved practice would be a major contribution to adult education.

In the search for truth and knowledge in academia, increasing numbers of persons proclaim a willingness to judge the quality of instruction by its effects on the behavior of learners. Process is berated, if not ignored. Evidence of a correlation between participation in continuing education and improved practice would influence agencies, legislative bodies, and foundations to provide research support as continuing education is developed for the professions. The Kellogg and Carnegie Foundations have contributed major reports that identify the potential of alternative, nontraditional education for adults in the health professions and in higher education (*3,10,16–18*).

Methods of Support

Part of the expenses of courses and other educational programs of the center will be met through tuition paid by students' employers or the students themselves. However, it is doubtful that tuition will ever cover all the costs. The current funding for the center is a Kellogg Foundation grant of $559,209 over a 3-year period. It is expected that the center's worth will become sufficiently evident to the university and other public agencies so that they will be inclined to assume financial support after the grant period.

Proposals for other methods of sharing costs with appropriate agencies will be developed by the director and the executive board. Limited but traditional funding opportunities provided by contracts and grants from the Public Health Service and selected educational grants from the National Institute of Education appropriate to research on and promotion of lifelong learning will be sought as appropriate. Finally, it is necessary to look for funding for research in such areas as management, organizational behavior, and the social sciences as applied to concepts and models in public health.

References

1. APHA launches nationwide continuing education program. Am J Public Health 66: 589, June 1976.
2. Nakamoto, J., and Verner, C.: Continuing education in the health professions: a review of the literature pertinent to North America. Educational Resources Division, Capitol Publications, Washington, D.C., 1973.
3. Commission on Education for Health Administration, Kellogg Foundation: Education for health administration. University of Michigan, Ann Arbor, 1975, vols. I and II.
4. Matthews, M. R.: Some trends in schools of public health. Am J Public Health 65: 291–292, March 1975.
5. Shields, D. E., ed.: A declaration of interdependence: developing America's health policy. *In* Proceedings of the 1976 National Health Forum. National Health Council, Inc., New York, 1976, pp. 1–98.
6. McTernan, E. J., and Hawkins, R. L.: Educating personnel for the allied health professions and services. C. V. Mosby Co., St. Louis, 1972.
7. Miller, G. E.: Continuing education for what? J Med Educ 42: 320–326, April 1967.
8. News of the cooperative health statistics system. National Center for Health Statistics Newsletter, vol. 3, No. 1, 1976. Rockville, Md.
9. Parlette, G. N., and Leonard, A. R.: Continuing education in public health; the experience of the western States, 1959–1966. Am J Public Health 58: 558–568, March 1968.
10. Schein, E. H.: Professional education. McGraw-Hill Co., New York, 1972.
11. Houle, C. L.: To learn the future. Med Clin North Am 54: 5–17, January 1970.
12. Milbank Memorial Fund, Commission for the Study of Higher Education in Public Health, Cecil Sheps, chairman: Higher education for public health. Prodist, New York, 1976.
13. Ad Hoc Committee on the Development of a Mission/Foundation for Continuing Education in Public Health: A proposal. Presented to the Association of Schools of Public Health, Houston, Tex., Apr. 7, 1977.
14. Task Force on Lifelong Learning and Non-Traditional Education in Health Administration, Kellogg Foundation: A system for lifelong learning and non-traditional education in health administration. Department of Health Services Administration, University of Pittsburgh, Pittsburgh, Pa., 1977.
15. Task Force for Centers for Advanced Studies in Health Administration, Kellogg Foundation: Proposal for institute for advancement of knowledge in health administration. Kellogg Foundation, Battle Creek, Mich., 1976.
16. Eisley, J. G., and Coppard, L. C.: Extending opportunities for graduate studies in Michigan. Horace H. Rackham School of Graduate Studies, University of Michigan, Ann Arbor, 1977.
17. Wharton, C. R.: Lifelong university: task force on lifelong education. Michigan State University, East Lansing, 1973.
18. Hesburgh, T. M., Miller, P. A., and Wharton, C. R.: Patterns for life-long learning. Jossey-Bass, Publishers, San Francisco, 1973.