

**Continuing Education – is basic to the long term care administrator’s continuing competency as an administrator. It has been a recognized component by the early developers of the Long Term Care Licensure model in the 1960’s. Continuing Education is a component of most recognized professions around the world in the medical, nursing, dental, administrative, teaching and allied health field.**

**NAB recognized the need to certify continuing education programs for LTC as it developed National Continuing Education Review Service. In its “Criteria for Review of Continuing Education Programs”(1) the relevance of the subject matter is defined as providing the fundamentals for the reviewer to be guided by:**

- i. Must relate to long term care administration.**
- ii. Must be designed to promote continued knowledge, skills and attitudes consistent with current standards in long term care administration.**
- iii. Assist administrators in the improvement of their professional competencies.**
- iv. Programs which deal with internal affairs of an organization do not qualify for credit. (2)**

**The International Association for Continuing and Training (IACET) defines continuing education as “structured educational and training experiences for personal or professional development in which participants are assumed to have previously attained a basic level of education, training or experience. (3)**

**The Citizens Advocacy Center (CAC) serves the health professionals licensing boards public members through training, research and networking programs. The group is sponsoring a seminar on June 22, 2011 entitled “A Full-Day Disclosure of How to Conduct Competency Assessment to Begin a Life-Long Learning Program”. (4)**

**The Institute of Medicine has several committees which are seeking to address as “recommended more meaningful assessment and demonstrations of current competencies as a condition of re-licensure and re-certification.**

**“All health professions boards should move toward requiring licensed health professional to demonstrate periodically their ability to deliver patient care...through direct measure of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods”**

**“Licensure and certification processes should reward successful demonstrations of maintenance of competence. Additionally, certification should require a minimum standard of practice-based needs. Licensure should require demonstrated use of learning portfolios with documented needs assessment”**

**“The committee embraced continuing professional development as the philosophy and the practice underpinning a better system for keeping our professionals at the cutting edge of their clinical**

**care abilities...Self –assessment and the selecting of the right (continuing professional development) program is a very immature science.”(5)**

**It should be noted that there are five (5) other groups who conduct continuing education training, research and standard development:**

**University Continuing Education Association**

**Association for Continuing Higher Education**

**American Association for Adult and Continuing Education**

**Canadian Association for University Continuing Education**

**Canadian Journal of University Continuing Education**

## **I What is Continuing Education?**

**Continuing Education is a structured learning experience with a framework that produces outcomes in these areas of learning:**

- (1) Knowledge – relates to the ability to know the content being taught. “These outcomes deal with knowing, using and applying information in a problem-solving situation”(6)**
- (2) Skill – takes practice and time. It could be “psychomotor outcomes that require some neuromuscular coordination such as decision making, negotiating and performance reviews. They take more instructional time as they involve both the acquisition of knowledge and skill building through practice.(7)**
- (3) Attitude – relates to internal functions of the individual and are not as easily observed or measured “these outcomes include**

**values, attitudes, feelings and interests.” (8)**

**Continuing Education offering could be based on knowledge, skill or attitude or a combination of the three.**

**Continuing Education is part of the continuing competency for the professional to enable him or her to function as a more effective administrator.**

**Continuing Education relates to changing regulations, new management skills, new procedures for communication, personal growth needs, operations of HIT within a facility, changing resident needs, environmental settings, etc.**

**Continuing Education is a vehicle for the Administrator to keep up-to-date in the profession of LTC Administration.**

**Continuation Education can strengthen the proficiency of the administrator in his/her profession.**

**Continuing Education can enhance the performances of the administrator in his/her day-to-day management of LTC facility.**

**Continuing Education can challenge the thinking of how to perform his/her tasks as well as to acquire new resources for day-to-day management.**

## **II What Continuing Education is not**

**\*\*\*More than basic education or being able to achieve the minimum knowledge level to take the entry level examination toward licensure.**

**\*\*\*More than doing work of committees, such as examination, NCERS, education or the like. The work is time consuming and at times you may learn some new insight for practice of LTC Administration.**

**\*\*\*More than giving a speech or teaching a seminar, even though you may be able to re-fresh your understanding of the subject you are presenting**

**\*\*\*More than studying for a degree in LTC Administration, which can strengthen your insights into administration and maybe even help you pass the NAB examination. Yet the degree is still entry level component towards licensure.**

**\*\*\*More than administering a LTC facility for 5/10/20 + years. The experience can be educational but it is much more an administrative function of providing quality care.**

**Continuing Education is often confused with basic education, degree studies, committee work of professional organization, speaking or teaching, and/or administrating a LTC facility for 10/20/30 years.**

**Continuing Education is a step up from basic entry level education which enhances the administration continuing competency.**

**Consider the following five (5) activities for which CEU is not intended:**

- 1. Association Membership and serving as officers**
- 2. Committee meeting**
- 3. Work experience**
- 4. Entertainment and recreation**
- 5. Unsupervised study**

### **III What NAB requires for CE presentation**

**Must relate to the domains of practice for either NHA and RC/AL or both. In the “Nursing Home Administrators Licensing Examinations booklet on “Information for Candidates”(9) It is the job analysis study that produces the domains of practice for both NHA & RC/AL, which has been developed for entry level. Here is the dilemmas – domain of practice as developed for entry level candidates yet it is the same domain of practice that become the required standard for all CEU courses.**

**It seems that NAB ought to inform all CEU provider that the domains of practice have been developed as entry level of activities/knowledge/and skills. CEU provider should take these domains to the next level of understanding for domains for which a seminar is based upon. For example: CE should be 20% knowledge**

**60% skill 20% attitude (value development). NAB could provide training for providers to emphasize the next level up course.**

#### **IV Outcomes of CEU**

**Outcomes of CEU could be measured:**

- A. Quality care – (rating schedule and education satisfaction surveys.)**
- B. Surveys – (clear immediate jeopardy)**
- C. Staff Turnover - (Reduction by 10%)**
- D. Census – (increase .5%)**
- E. Professional certificate**
- F. Challenge thinking (cause-to rethink)**
- G. Better insights – higher confidence**

#### **V Prevention of Bad Habits**

- \* Doing it same way**
- \* Never considering a new idea**
- \* Same old, same old**
- \* Predictability**
- \* Being an unchanged person**
- \* Being distracted – not remembering staff names, - not relating to families, not understanding individual disability.**

#### **VI Check List:**

- \* New Ideas**
- \* New Procedures**

- \* New Requirements**
- \* New Thinking**
- \* New Research**
- \* New Resources**

**Continuing Education –**

**How you continue in profession**

**How you integrate knowledge with performance**

**How you perform in light of regulations:**

**Changes, resident needs, public expectations, family needs,  
payee and health/rehab. standards**



**References:**

- 1) National Continuing Education Review Service, “Criteria for Review of Continuing Education Programs” NAB Procedures, page 30.**
- 2) NCERS, page 30**
- 3) Phillips, Louis. The Continuing Education Guide, Second Edition. 2009. page 92**
- 4) Citizens Advocacy Center, Program Announcement, page 1**
- 5) Institute of Medicine Committees, CAC Program Announcement, page 2.**
- 6) Phillips. Page 29**
- 7) Phillips. Page 29**
- 8) Phillips. Page 30**
- 9) Nursing Home Administrators Licensing Examination – Information for Candidates, NAB. 2011. page 2**