

Two Sides of the Same Coin: The Pros and Cons of Continuing Education

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Abstract: Upon our initial entry into the field of social work, Dianne and I possessed an enormous thirst for knowledge and interventions that could help us help our clients. As emerging professionals, we wanted to know everything. Continuing education quenched that thirst for us. Through workshops and conference attendance, we were able to bridge the gap between theory and practice. Professional development became a passion for a number of years as we both embraced an understanding of what it meant to be a lifelong learner. As developing professionals, we understood the need to keep our skills sharp and remain relevant, particularly for professions requiring continuing education credits in order to maintain licenses or certifications. Despite the intended value of continuing education, some professional development opportunities may not produce the expected return on investment. Identifying, affording, and authenticating valid opportunities to enhance our professional competence is becoming more difficult.

Keywords: lifelong learning, research-informed practice, professional development, continuing education effectiveness, client outcomes

I (Val) have been in the field of social work for more than thirty years as a social worker, educator, trainer, and director. During this period, my engagement in various types of continuing education has waxed and waned. Upon my initial entry into the field, I hungered for new information and attended workshops and conferences routinely as my primary means for professional development.

Professional development refers to many types of educational experiences and is generally viewed as a “formal process such as a conference, seminar or workshop; collaborative learning among members of a work team; or a course offered at a college or university” (Mizell, 2010, p. 5). Not only was professional development a source of new information for me, but it was also an opportunity to network with other professionals. By attending conferences and workshops, I was able to make new connections and identify new resources for clients. And, there was the added benefit of self-care. Conferences and workshops provided an opportunity to focus on something in addition to providing services to my clients; it was an opportunity to mitigate some of the stress I experienced on an almost daily basis. There were no phone calls to answer and no crises to resolve, just information to gain and opportunities to mingle with colleagues. It was good to get away from the office and experience an opportunity for intellectual growth. When I returned to the office, I was always invigorated and overflowing with new ideas and techniques to try with my clients.

For a number of professions that require licensure or certification, mandatory continuing education has been deemed crucial to the continued development of professional competence (Ahmed et al., 2013; Casebeer et al., 1997; Cervero & Gaines, 2014; Smith, 2003). With this mandate comes the need to determine the most effective methods for ensuring continued

professional competence (Cervero & Gaines, 2014; Mansouri & Lockyer, 2007; Marinopoulos et al., 2007; Smith, 2003). Certainly, the act of attending a conference or workshop is no guarantee of the value or quality of knowledge gained or skills enhanced. Perhaps a more objective measure should be required if we are to ensure the enhancement of professional competence as a result of continuing education. Professional development is known by many names, including staff development, in-service training, and continuing education (CE). With so many iterations of CE, it would seem important to delineate which delivery methods, tools, and techniques are most effective as we seek to assess our return on investment (ROI). During the first 25 years of my professional life, I never held a position that required licensure or certification. This allowed my engrossment with CE to be solely for my benefit, not as a requirement to maintain a job, licensure, or certification. The absence of a mandatory CE requirement allowed me to be more self-centered in the type and frequency of continuing education I pursued.

As I think back to one of my earlier experiences with continuing education, I recall the awe of being able to participate in a workshop with Harry Aponte. During the pursuit of my master's degree, I was exposed to his work in several classes. To have the experience of actually meeting Harry and the opportunity to ask questions on a more personal level was mind-blowing for me. At the age of 24, everything was new to me and it felt like I was getting a fantastic gift just to meet him. As a new MSW graduate, I would have been unable to attend Harry's workshop based on my income—but I, along with a number of other graduates, was fortunate enough to have my university pay for Harry's workshop. It was a little frightening to have Harry provide feedback on my roleplay, but it was extremely beneficial to my professional development. When Harry critiqued my roleplay, it was done in such a manner that I did not feel ill-equipped or incompetent. That evaluation allowed me to feel comfortable making a mistake and receiving corrective feedback. Harry created a true learning environment that I will always remember.

Once I entered the world of work, conference and workshop attendance was available as long as the organization that I worked with had the funds to cover the cost. The salary from my first job was \$10,512, which did not leave a lot for conferences and workshops. I had to be frugal in my requests for continuing education. The first 10 years after receiving my MSW were filled with the excitement of learning new techniques to use with my clients. I worked in teenage pregnancy prevention for several years and decided that I wanted to share my knowledge with others. I began planning conferences and workshops and then became a presenter at several national conferences. This was the best of both worlds. I was able to acquire new information from other presenters and share information I had obtained working with my clients. I can honestly say that it was my attendance at earlier conferences and workshops that provided me the skills I needed to plan and execute my own workshops. My exposure to adult learning theories provided the foundation for my growth as a presenter/trainer. I learned what adults wanted from CE and how to facilitate their learning. I discovered that a lecture-only format did not work for most. I realized that adults wanted to learn something beneficial to their work and needed to be engaged for learning to occur.

As the clinical coordinator for an outpatient drug treatment program, I had the opportunity to attend a three-day training at the Philadelphia Child Guidance Clinic. I had read and heard so much about the clinic that I approached my agency director with the idea that attendance at the training would enhance my clinical skills and could lead to better client outcomes. The agency

director agreed with my assessment and spent several hundred dollars to ensure my attendance. There was so much information to be gained and the opportunity to witness the impact of the one-way mirror sessions and engage in roleplay scenarios was truly the pinnacle of my continuing education experience. I was so impressed with the Philadelphia Child Guidance Clinic that I considered participating in the externship program but eventually decided it was beyond my financial capability.

After several years of attending as many training opportunities as I could garner, I became a little jaded toward professional development. It seemed that there was very little new information and that presenters were simply taking old ideas and repackaging them with a new name. I realized that I was not acquiring new information or skills and decided that my time could be better utilized working with my clients. As time passed and my job duties became more demanding, I became more selective about the conferences and workshops that I attended. There were several years that I attended only one conference, primarily for networking purposes.

I managed several non-profits over a 25-year period and the demands on my time were excessive. Each program required a lot of grant writing, fundraising, and solicitation of donations from the various jurisdictions where my programs were located. I had to present requests in person to United Way panels and a number of city councils and/or boards of supervisors. I also coordinated site visits from different state agencies that provided funding for various components of my programs. During any month of the year, I was writing two to three grant requests simultaneously. Since none of my positions as executive director required a license or certification, there were no mandates for CE. The only trainings I attended were related to the one-day request for proposal (RFP) workshops available to anyone interested in applying for certain grants. It was during one of the RFP workshops that I discovered I had missed out on new trends as a result of my hiatus from continuing education. Several attendees mentioned terms that I was unfamiliar with and the workshop leaders used a classroom polling system to which I had not been exposed. I felt like a dinosaur. I wondered, "When did this happen?" Most everyone in attendance seemed familiar with the "new-to-me" terms and very few participants had difficulty using the classroom polling system. I was embarrassed. At that point, I realized that I needed to get back into the scheme of continuing education.

My return to CE began with attendance at a regional homeless conference, appropriate because I was the executive director of a domestic violence shelter. Homeless programs from around the country presented information on their programs, intervention models, new technologies, and success stories. This was what I wanted to hear and learn about. I needed to see foundational services infused with new ideas. It was great to see the levels of success some programs experienced with hard-to-serve populations. This conference reignited my desire to participate in continuing education opportunities. I attended the annual homeless conferences for 10 consecutive years and enjoyed each one. I learned something useful from every conference and returned to my office with renewed vigor and a greatly enhanced toolkit.

When I changed jobs and entered higher education, professional development was a requirement. As a college professor, I needed to be cognizant of the latest research, new technologies, research-informed interventions, practice and policy initiatives, and emerging conceptual frameworks. Wilkerson and Irby (1998) proffer an explanation for continuing

education requirements in higher education:

Faculty development has a critical role to play in promoting academic excellence and innovation, and it is a tool for improving the educational vitality of our institutions through attention to the competencies needed by individual teachers and to the institutional policies required to promote academic excellence. (p. 388)

The expected return on investment for the institutions would be “improved teaching performance and better outcomes for students” (Hendricson et al., 2007, p. 1517). The expected ROI for faculty would be promotion, tenure, and pay decisions. As a tenure track professor, I was obligated to engage in continuing education, but as a social worker, my obligation was to myself as a lifelong learner.

My first conference as a tenure track professor was regional, with a cost of \$405 for the three-day event. My hotel lodging was another \$475, travel expenses were \$125, and meals were \$150, for a total of \$1,155. I received 15.5 continuing education contact hours, which averaged out to \$74 per contact hour. But how much did I learn? Ahmed et al. (2013) suggest it would be “an erroneous assumption to equate the number of continuing education hours with enhanced professional competence” (p. 270). I can honestly say that I enjoyed only two of the workshops and the awards luncheon. Most of the workshops I attended were not research-informed or evidence-based, but instead presented a lot of information on personal experiences. I did acquire information on the enneagram, a tool that was unfamiliar to me as my work had largely been with the genogram. The second workshop that I enjoyed was conducted by a therapist couple on the recovery path from a traumatic brain injury. It was very interesting to hear the process of recovery from someone in the helping profession and the many missed opportunities by paid professionals to help this couple move from trauma to well-being. This couple’s experience supported the position that clients may need to get more than one professional opinion and that someone has to advocate for the appropriate level of services to ensure positive client outcomes. Prior to registering for this conference, I spoke with several university colleagues to determine if any were planning to attend. Three of four indicated that they were not planning to attend the conference because there was nothing interesting being presented. As a fairly new faculty member, I did not have the luxury of non-attendance, but I was excited to attend initially. Now, as I consider the cost and the knowledge gained from the various workshop presentations, I believe the cost did not produce the desired return on investment.

As I reflected on my experience with the regional conference, I wondered how other attendees evaluated their continuing education experiences. I stumbled across a dated research article regarding a cost-benefit analysis for continuing education. Casebeer et al.’s (1997) article indicates that, at the time of publication, there was “little evidence of measurement of return on investment for those participating in CE” (p. 225). Casebeer et al. advise that providers historically tended to focus “evaluation efforts on the quality of the speakers, perceptions of enhanced professional effectiveness, and overall participant satisfaction, as well as some testing of knowledge, attitudes, and skills” (p. 225). While this article addresses continuing *medical* education and is more than 20 years old, it seems clear that these types of evaluations continue to this day.

My most recent conference and workshop attendance concluded with a written evaluation of the workshops and the overall conference. My evaluation of the workshops appeared to mirror what was reported in 1997. Participant opinions about the speakers, satisfaction with the workshop, and perceptions of enhanced effectiveness are subjective measures that have not been shown to enhance client outcomes (Liao & Hsu, 2019). From a cost-benefit analysis perspective, Casebeer et al. (1997) indicated that “the true cost of an activity is the value of the alternative endeavors that might have been undertaken with the same resources” (p. 226). In other words, is there a true increase in professional competence as a result of continuing education participation? Is my knowledge, skill, or ability greater after continuing education or unchanged? More importantly, how does one measure the change in a participant’s skill level and whether that change positively impacts client outcomes? The literature has provided mixed reviews on the effectiveness of continuing education with regard to client/patient outcomes (e.g., Ahmed et al., 2013; Cervero & Gaines, 2014; Hendricson et al., 2007; Liao & Hsu, 2019; Mansouri & Lockyer, 2007; Smith, 2003).

I attended a second three-day conference at a cost of \$125. The fee was certainly better than my previously mentioned conference. Other than the opening remarks and a lunch panel discussion, the workshops were unremarkable, as 90 percent of the presenters read their papers about current social problems but provided no information about impactful interventions. A three-day presentation on problems that most of us in the helping profession are keenly aware of provides little opportunity for professional growth. This lecture format was not an effective delivery method for me. According to the National Association of Social Workers (NASW, 2003) Standards for Continuing Professional Education, professional development methodologies must be “diverse and encourage the active participation of the learner in the educational process” (p. 17). Marinopoulos et al. (2007) conducted a systematic review of the literature on the effectiveness of continuing education and reported that “multimedia is more effective than single media; multiple exposures are more effective than a single exposure; interactive techniques are more effective than didactic techniques; and simulation methods are effective for improving psychomotor and procedural skills” (p. 57). If our professional goal is to engage in lifelong learning, the conferences and workshops we attend should facilitate more opportunities for learning rather than simply listening. I was, of course, extremely disappointed that I had committed to three days of training that provided little opportunity for growth. The one positive from this conference experience involved meeting the professional development requirement for tenure based solely on my attendance. I remember thinking that it would be nice if I could learn something new and useful for my position while also meeting tenure requirements.

If we consider any of the variations on adult learning theory, we find that adult learners are generally more focused about what they want to learn. Adult learners want to be able to solve problems they currently face, learn more about what they can do about an issue/problem, and/or develop mastery in a particular task or skill. The NASW (2003) Standards for Continuing Professional Education indicates that providers “should be able to demonstrate that the format and methods selected for continuing education were influenced by contemporary adult learning theory...” (pp. 16-17). I would also advise conference proposal reviewers to consider the true value and impact of research with delimited sample sizes as a conference presentation. New techniques and interventions with empirical data to support them would be more valuable for me than a few individuals’ opinions and/or experiences. While required for certain professions, CE

can be costly and on occasion may produce very little in terms of practice or academic value. With that premise, participants in continuing education programs need more assurances they are receiving value commensurate with their time and fund expenditure.

CE Evaluation Models

The literature abounds with varied continuing education evaluation models. Some of the models elicit more subjective assessments, while others would seek and even require empirical data to support the effectiveness of CE. I reviewed three CE evaluation models that may provide a foundation for those providers interested in ensuring the value of their offerings. Since CE offerings can be pricey, I believe it prudent that providers exercise diligence in evaluating the effectiveness of these professional development opportunities.

Model I

A report produced by The Ohio State University Center on Education and Training for Employment offers four levels of evaluation (Satisfaction, Learning, Behavior, Evaluation) to consider when assessing CE opportunities (Mullins et al., 2010). This framework is an important component of the evaluation process for three reasons:

1) It can provide information on the effectiveness of specific professional development offerings, 2) it can help professional development facilitators improve their offerings, and 3) it can help inform professional development consumers in selecting appropriate trainings to improve their program's performance. (Mullins et al., 2010)

1. **Satisfaction**—Evaluation of participants' initial reaction to professional development activity.

I understand how a participant's reaction to the workshop presenter and the materials utilized can affect learning. If the workshop leader is not engaging and does not present the information in an interesting manner, attendees may tune out and fail to benefit from the training. While this level of evaluation is very subjective, participants must be open to what the presenter is providing in order to benefit from the information. Donnelly and Behan (n.d.) indicate that workshop leaders must get the attention of participants "in the first five minutes of the workshop... [or] you've lost them for the rest of the day" (p. 12).

2. **Learning**—Evaluation of the knowledge and skills that participants acquire through professional development.

Smith (2003) conducted a research study for the National Council on State Boards of Nursing to assess the value of continuing education mandates for nurses. Study results were mixed, but a majority of the nurses reported learning more from work experience, initial professional education, and mentors than participating in continuing education. The majority of the RNs, LPNs, and LVNs also reported that CE offerings were too expensive.

Additionally, a 2015 study regarding the development of more effective continuing education

and training identified several key elements, including “a pattern of workers being active learners, motivated mostly by personal goals for employability and advancement and less by certification requirements” (Billett et al., 2015, p. 27).

Donnelly and Behan (n.d.) also reported that CE “participants seek knowledge that goes beyond the nature of social problems; they seek solutions” (p. 6).

3. **Behavior**—Evaluation of participants’ application of knowledge and skills learned and acquired through professional development.

I propose that learning new information is only part of the anticipated gain for continuing education. The knowledge we acquire should inform our practice behavior. If our behavior does not change as a result of new information, what is the benefit of continuing education? The real concern for me is whether or not that behavioral change also enhances client or patient outcomes.

4. **Evaluation**—Evaluation of the effect that professional development has had on participant and program performance.

The Ohio State model links learning, behavior change, and program outcomes as intentional targets for continuing education. I believe that an evaluation of program performance should be influenced by improvements in patient/client/student outcomes that ultimately function as indicators of program performance.

Model II

NASW (2003) asserts that CE program evaluation is essential and offers two distinct but related measures for CE managers and administrators. These measures include the following:

- a. Assessment of the event based on content, format, methodology, instruction, and facilities.
- b. Assessment of knowledge acquired by participants based on the following:
 1. Demonstration of targeted skill
 2. An oral or written test
 3. A project or report
 4. A self-assessment checklist
 5. Another instrument designed to collect data on changes in participant knowledge or performance attributed to the educational experience. (p.18)

The second measure of the NASW (2003) evaluation does extend beyond the parameters of a

purely subjective assessment. The demonstration of a “targeted skill” or “another instrument designed to collect data on changes in participant knowledge or performance attributed to the educational experience” could be representative of a change in behavior as well as enhanced practice outcomes (NASW, 2003, p. 18).

As the training coordinator for a local department of human services, I attended a four-day Train the Trainer workshop to become a Crisis Prevention Institute (CPI) trainer for my agency. The cost of the training was well over \$2,000, but it came highly recommended. This training allowed me to train my agency’s direct service staff on effective non-violent crisis intervention techniques in order to meet their annual recertification requirements. The four-day training involved lecture presentations, discussions, demonstrations of techniques, and a considerable amount of physical activity. Attendees were advised in advance to dress casually due to the physical nature of the training. After each physical technique was demonstrated by workshop leaders, we were required to practice the technique and demonstrate mastery. At the end of each training day, I went home physically exhausted. My muscles ached and the only thing that helped was a warm bath and sleep. By the third day, neither the warm bath nor sleep alleviated the muscle aches. One of our assignments required us to develop a presentation connecting theory to crisis intervention practice and then present this to the entire class. Our presentations were rated. At the conclusion of the four-day training, the final evaluation included a demonstration of the physical techniques and a written exam indicating an understanding of the theoretical base for the training and the practice application. I acquired an enormous amount of information and useful crisis intervention techniques. This training reflected elements of the second level of NASW’s (2003) CE evaluation model via the *written test*, a *project or report*, and *demonstration of a targeted skill*.

Model III

The New World Kirkpatrick Model (NWKM) identified four levels of evaluation for use in determining the effectiveness of educational programs:

- a. L1 involved the trainee’s Reaction to the training
- b. L2 involved the trainee’s Learning
- c. L3 involved the trainee’s Behavior, and
- d. L4 involved Results or outcomes (Kirkpatrick Partners, n.d.)

Liao and Hsu (2019) conducted an evaluation of a continuing medical education program using the NWKM to assess the impact of CE on trainee performance and outcomes. L1 and L2 were more subjective and the researchers determined that “L1 (reaction) and L2 (learning) evaluation cannot necessarily predict trainees’ performance and attitude changes, how trainees apply the learning to problem solving at work, or what influences the training program might bring to the institute” (Liao & Hsu, 2019, p. 268). The researchers concluded that only changes in behavior (L3) could directly predict positive results (L4). These findings suggest that behavioral changes as a result of CE are likely to result in positive client outcomes, unlike participant satisfaction or

learning alone. From a direct service perspective, this should be the desired outcome.

There are distinct similarities between The Ohio State University's framework and the NWKM. Elements of NASW's second evaluation measure are reflective of the behavior change and results identified in the NWKM. It would seem prudent for CE program managers and administrators to utilize the four levels of evaluation, to the degree possible, when developing and evaluating CE opportunities and assessing the impact of CE on patient/client outcomes. It is important to "emphasize learning that is applied and related to skill development or real-world application and practice" and to "support theory and practice by citing credible empirical research" (Donnelly & Behan, n.d., p. 6).

The Diversity of Professional Development Methodologies

Certainly, there are other means of continuing education, such as taking classes at local colleges and universities. There are also online trainings, occasionally at affordable rates. I found several online trainings for social workers starting at \$39 and for healthcare professionals starting at \$37. These rates were so low that I questioned their authenticity. The value and legitimacy of these trainings is unknown at this time. For those of us who are not solitary learners, online classes may provide limited opportunities for growth. For me, there is something transformative about the opportunity to ask questions and receive feedback that aids in my learning. These online trainings are taken at one's own pace and require the passage of an exam to obtain CEU credits. Alexander (2012) reports awareness that some companies simply allow students to pay their fee and then print their continuing education certificate. In such cases, reading the material is based on the honor system. As a nurse educator, Alexander (2012) believes in the value of continuing education but asserts that it is "extremely important to ensure that it is appropriately instituted, that companies are not using state requirements to make money without providing a quality service, and that participants use the opportunity to fill the gaps in their knowledge" (p. 3). Though I have been disappointed with my most recent attempts with professional development via conferences and workshops, I do believe in the value of continuing education. I do anticipate attending that one special conference or workshop that will reignite that flame.

In discussing my two conference experiences with Dianne, a university colleague, I was advised that she must obtain 60 continuing education hours over a three-year period in order to maintain her certification. Imagine paying roughly \$74 an hour for 60 hours of continuing education for a total of \$4,440! Dianne is a social worker and an assistant professor. Like me, she does not earn a six-figure income. Dianne and I first met at the Ethelyn R. Strong School of Social Work where we were pursuing masters' degrees in social work. She was a semester ahead of me and we encountered each other infrequently. Thirteen years later, we met again in the pursuit of doctorates in social work. We were the first two graduates of the social work PhD program at Norfolk State University. Over the years, our paths rarely crossed as she established her own business providing EAP services and I worked in the non-profit arena. Eighteen years later, we met again, but this time as new social work faculty at an HBCU. This time, our interactions were more frequent since we were both full-time faculty. In response to tenure requirements, we would meet frequently to discuss plans for publishing, research, professional development, and conference presentations. Our plans for professional development led to many discussions on the types of conferences we wanted to attend. As we reviewed different conferences, we calculated

which would produce the biggest return. We considered the cost of conferences inclusive of registration, lodging, transportation, and meal expenses. Based on our past professional development experiences, we decided to share our reflections about continuing education via this treatise. Dianne's past and current involvement with continuing education differ from my position since she has been obligated to engage in mandatory CE requirements for a considerable time. Her experiences reflect the other side of continuing education.

The Other Side of the Coin

To begin with, I (Dianne) consider myself a lifelong learner always in pursuit of learning new ideas, techniques, emerging conceptual frameworks, whatever the case may be. If there is something I need to learn or if I have an interest in enhancing my skill set personally or professionally, I am all in. My thirst for lifelong learning is part of my DNA and desire to constantly renew my mind to enrich my life and those around me.

Lifelong learning relates to a set of values and principles regarding the role of ongoing acquisition, integration, and application of new knowledge throughout one's lifetime, and also includes the practices and structures that position professionals to be relevant, effective, and engaged in their careers. (Nissen et al., 2014, p. 386)

Nissen et al. (2014) definition of lifelong learning embraces my philosophy and response to the need to engage in continuing education and lifelong learning. Applying this definition to my early years in social work practice, the approach nearly thirty years ago was to integrate lifelong learning into what was then known as "practice wisdom." In fact, I can recall many of the well-known "gurus of social work" conducting in-service trainings for my agency and thus imparting valuable practice wisdom. During that time, in-service was considered the model for enhancing social workers' knowledge and skills. The agencies bore the cost of the training sessions and I came away with a feeling of being nourished by those practitioners whom I had often read about in social work journals and textbooks.

As my professional life developed and I began operating my own EAP business, the "in-service training model" evolved into what I describe as a "heavily mandated continuing education model" in response to increasing requirements for credentialing. Gianino et al. (2016) reported that the shift towards a concentrated continuing education focus occurred around the mid-twentieth century as a result of social work professionalization with emphasis on social work licensure. This new focus created a market for mandated continuing education credits. It also created, from my social work perspective, a growing emphasis on the need for social workers to obtain certifications in specialty practice arenas. For example, in my practice domain of employee assistance counseling, I am required to be a certified employee assistance professional (CEAP). And, because I sometimes teach human services courses, I was encouraged to become a human services-board certified professional (HS-BCP), a certification that I did obtain. Now, as a social work educator, I am required to engage in professional development seminars and workshops annually to enhance my competence as an assistant professor. Although many of the continuing education/professional development content requirements overlap, I often feel I am on the certifications "treadmill," trying to balance time and resources to participate in the required number of workshops and/or seminars to maintain

my practice credentials.

The challenge of satisfying the various credentialing requirements is one issue—the other “elephant in the room” is the cost. Some 20 or more years ago, the cost for attending a day-long continuing education workshop ranged from \$59–\$100, which my agency paid if funding was available (if not, I would pay out of pocket). Today, this practice has changed to me having to finance all of my continuing education/professional development costs, which may range from \$500–\$1,000 or more to obtain a total of 60 continuing education credits for renewal of my certifications. Conversations with a number of my colleagues who also consider themselves lifelong learners (and who would like to maintain their credentials) have ended with some feeling almost forced to relinquish their license or certifications due to the extraordinary registration fees for conferences and workshops. This was particularly evident with retirees. A review of the literature examining social workers’ participation and engagement in continuing education activities identified the following CE participation barriers: limited funds due to low pay and limited time due to work demands (Cabiati, 2017; Gianino et al., 2016).

As the owner of a small employee assistance business, I always attempted to ensure that my employees remained up to date with regard to “best practices” in employee assistance counseling and training services. To that end, I covered the expenses for a three-day Critical Incident Stress Management (CISM) training for my entire EAP staff. CISM training is a type of crisis intervention designed to provide support for those who have experienced traumatic events. The training included a number of small group activities, case studies, roleplays, and quizzes that assessed knowledge gained. This training was highly effective, as it empowered my staff with valuable tools and the step-by-step process for conducting critical incident stress management debriefings. The knowledge and skills acquired were long-lasting and continue to be utilized today. As a CE participant, I viewed this training as exceptional, affordable, and value-added. This refers to the value that is added at each stage of production.

It appears that the increasing demand for continuing education credits to satisfy licensure and/or certification requirements for social workers has created an opportunity for profit-making entities to monetize professional development by offering easy access to online CEU credits with a hefty price tag. These providers may or may not be legitimate or sanctioned by social work professional associations. Kurzman’s (2016) review of the state of continuing education in social work noted the entrance of questionable providers focused on generating revenue by mass-producing CEU certificates. Personally, this poses a challenge and is something that really needs to be addressed because I have found that some of these workshops/seminars are substandard, providing limited or no value-added knowledge to my social work practice skills. Findings from a statewide qualitative study on social work continuing education in Massachusetts revealed social workers’ dissatisfaction with the inferior quality of course offerings, incompetent workshop presenters, high cost, and lack of quality control (Gianino et al., 2016). There needs to be some type of vetting of these CEU providers and courses—I don’t have hundreds of dollars to waste. Online course offerings are a viable option, but only if they meet NASW standards and Council on Social Work Education (CSWE) core competencies.

A noticeable gap in the continuing education market is the limited offerings of macro content. There are very few, if any, continuing education courses embracing macro social work practice

such as agency administration, research, policy, and community organization, to name a few. Macro practitioners such as myself also need affordable professional development and continuing education courses to stay current in this area of practice. This is an area where far too little attention has been paid with regard to advancing social work practice. The continuing education market appears to be laser-focused on providing clinical content areas in response to the mandated clinical licensure requirements. What is quite evident from my experiences and review of the literature is the absence of a regulatory clearinghouse, which could not only regulate the quality of social work continuing education offerings but also evaluate their effectiveness on the outcomes of social work practice (Gianino et al., 2016; Kurzman, 2016; Schachter, 2016). This process could ensure rigorous course requirements and would hopefully be less costly to practitioners and other lifelong learners. As one of those lifelong learners, I would welcome the opportunity to participate in legitimate, affordable professional development opportunities that permit me to maintain my credentials and enhance my social work practice knowledge and skills.

Is CE Effective?

As Dianne and I reviewed the literature on the effectiveness of continuing education, there appeared to be an obvious gap regarding the effectiveness of continuing education for social workers. There was, however, an abundance of research on the impact of continuing education for medical professionals. Since the 1960s, a plethora of research studies have been conducted for the purpose of understanding the link between continuing medical education (CME), physician performance, and patient health outcomes. There appears to be an enhanced focus for CME outcomes to go beyond increasing knowledge and skills to improving physician competence and performance in practice, ultimately leading to better patient health. I found this information on CME effectiveness fascinating, as it led me back to the Flexner Report of 1910 (Flexner, 2002), the standardization of medical training for the enhancement of patient outcomes.

Cervero and Gaines (2014) reviewed 31 studies conducted between 1977 and 2002 to delineate the link between CME and patient outcomes. The researchers arrived at the following conclusions:

- a) CME does improve physician performance and patient health outcomes;
- b) CME has a more reliably positive impact on physician performance than on patient health outcomes; and
- c) CME leads to greater improvement in physician performance and patient health if it is more interactive, uses more methods, involves multiple exposures, is longer, and is focused on outcomes that are considered important by physicians. (p. 14)

Mansouri and Lockyer (2007) examined 31 studies involving 61 CME interventions and reported that the effect of CME on physician knowledge, physician performance, and patient outcome was small to moderate. The researchers also discovered that the “type of interventions [passive, active, or mixed], types and number of participants, the length of the intervention, and

holding multiple sessions over time were all found to mediate the effects of CME on its outcomes” (p. 12).

Marinopoulos et al. (2007) examined 136 articles and nine systematic reviews to determine the effectiveness of CME. The researchers concluded that “the literature overall supported the concept that CME was effective, at least to some degree, in achieving and maintaining the objectives studied, including knowledge...attitudes...skills...practice behavior...and clinical practice outcomes” (p. v).

Gianino et al. (2016) reported that there is a “lack of research on the effectiveness of different modes of CE, little understanding of how CE impacts social work outcomes over time, and uncertainty whether participation in CE actually achieves its goal of enhancing practice outcomes” (p. 343). Clearly, empirical data is needed to assess the true value of CE for social workers.

Recommendations for Continuing Education Programs

Available literature suggests that continuing education is important and does produce positive outcomes for participants and some patients/clients. My experience with several professional development workshops has shown me that CE can have a positive impact on professional competence. I believe the delivery method, tools, frequency, and techniques utilized have an impact on learning, behavior changes, and client outcomes. There is an ongoing need for continuing education if professionals are to remain cognizant of emerging trends, new iterations on theory, policy initiatives, and treatment options. “Best practices” continues to be a very popular buzz phrase in the practice arena and if we as helping professionals are to remain relevant, we need to absorb new information as it becomes available. We are obligated to provide the highest level of services humanly possible. Thus, the need for continuing education remains legitimate; the issue may occasionally be the quality of the training received in addition to the cost. The quality of the training provided and whether that training consistently produces positive client/patient outcomes presents as an issue for further research, especially in the field of social work.

As CE participants, Dianne and I would recommend that managers and administrators who oversee continuing education programs consider evaluating the effectiveness of their CE programs using the New World Kirkpatrick Model that includes participant reaction, participant learning, participant behavior, and results (outcomes). We see a need to develop objective measures for evaluating the impact of continuing education on patient/client outcomes and not rely solely on paper and pen evaluations conducted at the time of the training. We agree that the impact of continuing education should be long-term and should produce positive practice outcomes rather than just satisfy licensure, certification, or tenure requirements. As social work professionals, my colleague and I would be willing to pay more for a training that positively enhances our professional competence by producing positive outcomes for our various client populations.

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