



Sacred Heart  
UNIVERSITY

Sacred Heart University  
**DigitalCommons@SHU**

---

All PTHMS Faculty Publications

Physical Therapy & Human Movement Science

---

2012

## Emerging Trends For Continuing Education In Athletic Training

Gail Samdperil

Sacred Heart University, [samdperilg@sacredheart.edu](mailto:samdperilg@sacredheart.edu)

Follow this and additional works at: [https://digitalcommons.sacredheart.edu/pthms\\_fac](https://digitalcommons.sacredheart.edu/pthms_fac)



Part of the [Medical Education Commons](#)

---

### Recommended Citation

Samdperil, Gail, "Emerging Trends For Continuing Education In Athletic Training" (2012). *All PTHMS Faculty Publications*. 3.

[https://digitalcommons.sacredheart.edu/pthms\\_fac/3](https://digitalcommons.sacredheart.edu/pthms_fac/3)

This Peer-Reviewed Article is brought to you for free and open access by the Physical Therapy & Human Movement Science at DigitalCommons@SHU. It has been accepted for inclusion in All PTHMS Faculty Publications by an authorized administrator of DigitalCommons@SHU. For more information, please contact [santoro-dillond@sacredheart.edu](mailto:santoro-dillond@sacredheart.edu).

# Emerging Trends for Continuing Education in Athletic Training

Gail Samdperil, EdD, ATC • Sacred Heart University

**T**he current movement in continuing professional development (CPD) embraces the concept of life-long learning, with the ultimate goal of positively influencing patient outcomes. Research has demonstrated that traditional methods of continuing education (CE) do not meet the professional needs of health care providers in terms of having a positive influence on patient care or cultivating life-long learning. Rather than to simply encourage clinicians to attend an organized or structured continuing education activity, the trend in CPD is to cultivate a more engaged participant who selects learning opportunities in a self-directed and purposeful way, depending on his or her individual educational needs.

The trend in continuing professional development is to cultivate a more engaged participant who selects learning opportunities in a self-directed and purposeful way, depending on his or her individual educational needs.

## Continuing Education v. Continuing Professional Development

Many use the terms *continuing education* and *continuing professional development* interchangeably, but in fact they are quite different. CPD includes organized continuing education components but requires that the clinician focus and prioritize learning experiences in a way that CE typically does not. It moves past the simple accumulation of CE credit hours and maintenance of minimal competency to creation of a culture that integrates life-long learning and improvement of patient outcomes. The focus of CPD places control of the learning process on the individual and “has the

flexibility to adapt to the needs of the individual clinicians, enabling them to be the architects of their own learning.”<sup>1</sup>

CPD is a systematic, ongoing cyclical process of self-directed learning. It encompasses the entire scope of one’s practice and includes activities both within and outside the usual work environment. Participation in active learning promotes growth and change.

Constant changes in healthcare have forced providers to stay current with clinical practice standards. Continual professional education needs to provide learning opportunities that reflect changes in technology and clinical practice and to ensure that professional growth occurs.<sup>2</sup>

The shift from CE to CPD has been embraced by health care professional organizations and credentialing agencies because of the findings of the Institute of Medicine (IOM) report published in 2010.<sup>1</sup> In an effort to consistently prepare the health care workforce to provide high quality of care, the IOM charged the Committee on Planning a Continuing Health Professional Education Institute to review continuing education of health care professionals. The IOM reported five key points, which include the following:

1. Major flaws exist in the way CE is conducted, financed, regulated, and evaluated.
2. The science underpinning CE is fragmented and underdeveloped.

3. CE should be interprofessional in nature.
4. A new vision for professional development is needed to replace CE.
5. A national interprofessional CE institute should be established.<sup>1</sup>

Based on these findings, the IOM made a series of recommendations that directly impact the delivery, acquisition, and culture of continuing professional development among all health care professions.

Many healthcare organizations have embraced the recommendations of the IOM report and have incorporated CPD into the culture of the professions they represent. The Accreditation Council for Pharmacy Education defines CPD as “the lifelong process of active participation in learning activities that assists individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.”<sup>3</sup> Promotion of CPD within a professional organization helps to shift its culture toward life-long learning.

CE was instituted in the field of athletic training as a means to promote attendance at the NATA annual meeting.<sup>4</sup> The regulation of CE by the Board of Certification (BOC) has evolved from the agency’s inception in 1974 and the implementation of a CE requirement in 1979. Today, the BOC is exploring ways to develop the CPD model for athletic trainers, which will allow the profession to define its own future, rather than having changes imposed by external forces.

Mandated CE is intended to provide meaningful learning within a formal, organized environment. The structure of the learning environment is supposed to be designed by the content provider to meet specific learning objectives and goals; however, the learning objectives must match the individual clinician’s specific needs for new knowledge or skills to change clinical behaviors.<sup>5</sup> A notable flaw in traditional CE systems is the inability to match the unique learning styles and learning goals of the participants with the educational activities that are available.

Mandatory CE is inconsistent with many adult learning principles.<sup>6</sup> The basic premise of adult learning relies on the individual’s self-reflection and critical evaluation of the learning process. Adult learners use life experiences to give context to new information. Adult learning theorists stress the importance of self-directed learning and suggest that CE providers are short-sighted when they develop and implement

CE programs in a manner that emphasizes teacher-centered learning. A lecture presentation from a large platform is an example of teacher-centered learning. Large-group presentations that offer little or no interaction between lecturers and attendees may not impact clinical practice.<sup>7</sup> The acquisition of new information or skills is highly dependent on the participant’s level of engagement.

A primary purpose of CPD is to bridge the gap between scientific knowledge and clinical practice. The end result should be a change in clinical practice behaviors and improved patient outcomes. For example, CPD activities are vital for promotion of evidence-based practice among physicians. CPD activities are also essential for dissemination of the clinical practice guidelines and standards.<sup>8</sup> The IOM supports the advancement of a strong scientific foundation for CPD and sharing of research findings among healthcare professions to identify programming needs.

## **Competency and Continuing Professional Development**

All health care clinicians have a responsibility to uphold professional practice standards and guidelines to maintain clinical competency. Many members of society assume that health care providers are competent for no other reason than professional title. A primary role of credentialing agencies is to protect the public through verification of the clinical competence of providers. The current movement toward CPD is to ensure high quality of patient care provided by athletic trainers.

Competence is derived from the knowledge, skills, and judgment of a practitioner. But how is clinical competence best determined? Relicensing examinations and self-assessment plans have been recommended as alternatives to mandatory CE. Several professional organizations have adopted both options. Physician’s assistants are required to take a national recertification exam every 6 years. Some states mandate recertification exams, or some kind of CE program, for nurses and pharmacists. Registered dietitians maintain a comprehensive portfolio to assist in needs assessment and development of a learning plan.

Learners need to accept responsibility for identification of their own learning needs. Agencies that are responsible for providing CE opportunities need to “include validating learning instead of just providing it.”<sup>9</sup> Validation requires formative and summative

evaluation both during and after an educational session. The essence of life-long learning requires more than participation in CE activities. CPD promotes thoughtful learning, processing, and implementation of new knowledge in clinical practice.

Self-assessment and performance appraisals can be used to monitor competence. The self-assessment process is intended to promote self-reflection, self-appraisal, and self-advocacy. The process must be comprehensive and systematic for clinical competence to improve, which requires the participant be thoughtful, honest, and realistic about professional goals and deficiencies. A self-assessment should begin with a review of clinical competencies and identification of areas of deficiency. The clinician then identifies specific areas of learning needed. After learning goals and objectives are established, a comprehensive learning plan can be developed. The implementation of portfolio programs has been used as a means to assess competency.<sup>10</sup>

Individuals who are self-directed learners can effectively plan for learning activities and then apply newly acquired information and skills to daily practice.<sup>11</sup> Successful life-long learners have a desire to learn, and they recognize the value of CPD.

## Promoting Continued Professional Development in Athletic Training

The development of professionalism begins as a student. Interactions with preceptors and faculty members who value and engage in CPD will make athletic training students more inclined to develop such professional behaviors. Mentoring and modeling of appropriate professional behaviors are important aspects of student learning, which can create a foundation for both formal and informal education that promotes professionalism in athletic training.<sup>12</sup>

## Conclusion

It is clear that alignment of CE programming with the Institute of Medicine (IOM) recommendations will require the athletic training profession to embrace a contemporary CPD model. A shift in the prevailing culture and CE practices are needed to promote CPD among athletic trainers. ■

## References

1. IOM (Institute of Medicine). *Redesigning Continuing Education in the Health Professions*. Washington, DC: The National Academies Press; 2010.
2. Eneau J. From autonomy to reciprocity, or vice versa? French professionalism's contribution to a new perspective on self-directed learning. *Adult Educ*. 2008;58:229-248.
3. Accreditation Council for Pharmacy Education. *ACPE Continuing Professional Development*. <https://www.acpe-accredit.org/pharmacists/CPD.asp>. Accessed July 26, 2012.
4. Cuppett MM. Self-perceived continuing education needs of certified athletic trainers. *J Athl Train*. 2001;36:388-395.
5. Davis D. Continuing education, guideline implications, and the emerging transdisciplinary field of knowledge translation. *J Contin Educ Health Prof*. 2006;26:5-12.
6. McLeod PL, McLeod AH. If formal CME is ineffective, why do physicians still participate? *Med Teach*. 2004;26:184-186.
7. Merriam SB. Andragogy and self-directed learning: pillars of adult learning theory. *New Dir Adult Contin Educ*. 2001;89:3-13.
8. DeSilets, LD. The value of evidence-based continuing education. *J Contin Educ Nurs*. 2007;38:52-53.
9. DeSilets LD, Dickerson PS. Recommendations for improving health care through lifelong learning. *J Cont Educ Nurs*. 2008;39:100-101.
10. Walker, SE. Active learning strategies to promote critical thinking. *J Athl Train*. 2003;38:263-267.
11. Armstrong KJ. Self-directed learning in athletic training education. *Int J Athl Ther Train*. 2010;15(1):19-22.
12. Gardiner A, Mensch J. Promoting professional development in athletic training. *Athl Ther Today*. 2004;9(4):30-31.

---

**Gail Samdperil** is with the Physical Therapy and Human Movement Science Department at Sacred Heart University in Fairfield CT.

**John Parsons, PhD, AT**, A.T. Still University, is the Report Editor for this article.