

# The Library's Role in the Continuing Education of Health Professionals\*

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## ABSTRACT

Health sciences librarians have historically viewed disseminating information to health professionals as a major role. Typically, they have provided individualized services and are among the professions that help health professionals further their education after finishing formal education. Another group directly involved in health professional continuing education is continuing education (CE) providers who offer ongoing learning through group activities.

These two professions often reached the same audiences in the past, and their different approaches—individual and group—were complementary. Health professionals who needed information immediately or who wished individual learning used the library while those who wanted to hear eminent colleagues tended to use CE meetings or seminars; some did both. The librarians and CE providers rarely interacted, but this is now changing. With the introduction of personal computers, medical librarians have expanded their responsibilities to include formalized classroom instruction. At the same time, CE providers have increased their scope beyond formalized group instruction into individualized education. Librarians and CE providers can either collaborate and share their expertise or they can compete against each other.

THE AIM of this paper is to help librarians better understand the continuing education (CE) provider. First, a CE provider perspective on how health professional CE developed during this century, why CE providers emerged, and current and future

trends are illustrated. This background may provide the foundation for more extensive working relations between librarians and CE providers. The second part of the paper relates two successful interactions between the professional groups, identifies barriers between interactions, and recommends how these barriers can be overcome.

## DEFINITION

The common bond between librarians and CE providers is health professional continuing education. In this paper, CE refers to ongoing learning by health professionals once they leave formal education. This learning includes both structured and unstructured training experiences, e.g., books and journals, journal clubs, seminars, workshops, conferences, lectures, and preceptorships.

## HEALTH PROFESSIONAL CONTINUING EDUCATION—CE PROVIDER PERSPECTIVE

### *Historical Perspective*

At the beginning of this century, continuing education was viewed by some health professionals as an ethical responsibility, but became a more focused issue following the Flexner Report in 1910 and the subsequent closing of non-university-based schools. Continuing education then functioned primarily to correct the educational deficiencies of physicians who graduated from inadequate institutions. In the 1930s, the impetus for offering con-

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tinuing education changed again. Professional societies now began offering courses to keep health professionals abreast of rapidly growing health care technology. While continuing learning was historically considered a factor in quality care, it was not until the 1960s that large numbers of public officials and professional leaders supported the notion of *mandating* attendance at CE courses. Subsequently, a variety of organizations began to offer learning opportunities for health professionals, among them, academic health centers, pharmaceutical houses, equipment manufacturers, and entrepreneurs who anticipated profits.

Increasingly, health professionals—many without formal training in education and drawn primarily from the clinical ranks—were given positions as “directors” or “deans” for CE. These administrators, particularly those connected with academic health centers, took steps to legitimize the professional aspects of their CE role. They promoted the concept that quality CE was more likely to be provided by persons who had special educational and administrative skills (often acquired on-the-job) and that there was a theoretical body of knowledge that supported their professional role.

Houle [1], Knox [2], Knowles [3], Kidd [4], and other educators approached adult learning as significantly different from student-directed learning both in intent and in characteristics of the learner. In contrast to students, the practicing professional had considerable experience on which to build new skills. In addition, they were interested in information that was relevant to their clinical situations.

#### *Current Status*

Today, many health organizations expect lifelong educational efforts from their members because of the apparent link to quality of care. Until five years ago, most CE activities were aimed at updating scientific and technical knowledge. However, in the last few years socioeconomic and professional changes have created a need for training in such areas as administration, cost containment, and marketing. The nature of CE offerings reflects this new trend.

Traditionally, CE has been a group activity, taking form as seminars, workshops, conferences and meetings. These activities are slowly giving way to new concepts of lifelong education, self-directed learning, an array of educational methods (both group and individual), and the integration of pre- and post-doctoral education with continuing education and speciality training. Learners are

increasingly urged to become active participants in identifying needs, and in designing and evaluating their own learning experiences. This learner-centered approach uses such strategies as needs assessments, tailored instructional events, and learner evaluation.

The CE provider has often evolved from a single individual into an entire department of continuing educators headed by a director. They are members of an established profession with a mission, recognized terminology and tools, and a track record of accomplishments.

#### *Future Trends*

It is projected that there will be more, not less, continuing education available. Major forces that will drive this increase are the ongoing increase in new information and technology, and increasing competition in the health care field. More than ever health professionals will need to update their skills and keep abreast of changes in technology.

While the demand for CE is likely to increase, there will probably not be a corresponding increase in mandatory requirements. A few states have already lifted mandatory CE requirements on the rationale that lifelong education can make competence and appropriate behavior possible, but that it will by no means assure them; that is, correct apathy, indifference to patients' needs, or poor communication with patients.

Health professionals will continue their education in numerous formats in the years to come. Surveys show reading as the most desired and used means of ongoing education. Although this preference is still very strong, technological changes are creating new forms that may replace books and journals. Health professionals will still attend meetings sponsored by specialty groups, state medical societies, and hospital staffs, and they will participate in programs devised by medical, nursing, and dental schools and voluntary health agencies. In the future, health professionals may not gather in one room for meetings, but sit in their homes, offices, or libraries and conduct meetings using teleconferencing. Such innovations as audiotapes, films, videotapes, videodiscs, computer-assisted instruction, and links with large databases and information systems are already well-established.

Health professional continuing education research will likely focus on learning theory and styles, needs assessment and evaluation instruments, and technology's impact on the learning process. Research will also focus on what might be

termed the principal "basic science question" of adult learning: what is the nature of change itself and the factors that influence it? [5].

#### POSSIBILITIES FOR INTERACTION

Librarians have much to share with CE providers in their efforts toward health professional self-instruction. The group focus that has characterized CE is one of the strengths librarians can adopt. That CE is enhanced when these two professions work together may be illustrated by two examples.

The first was a hypertension CE course involving two of the authors and presented by the Veterans Administration (VA) [6]. The VA Regional Medical Education Center (RMEC) determined through a needs assessment that primary care physicians in the VA who only sporadically treated hypertensive patients were not current on diagnostic and treatment modalities. The RMEC planned a conference and, for the first time, included a librarian on the planning team. Besides providing speakers, the conference introduced the concept of libraries as a way for the physician attendees to remain current once the conference was over. Selected books, journals, audiovisuals, and indexes featuring current or ongoing information on hypertension were displayed in the lobby leading to the conference room. Free MEDLARS searches were provided during intermission and an audiovisual viewing room was available adjacent to the conference living quarters so attendees could preview audiovisual programs in the evenings and early mornings. In addition, the last speaker of the conference, a librarian, discussed how librarians in the physicians' own hospitals could assist those physicians in remaining current. As a follow-up, attendees were sent selected bibliographies to reinforce what had been presented during the conference, as well as to provide new information. This follow-up selective dissemination project used the skills of the librarian, the principal faculty member of the conference, and the CE provider.

A second example of a joint librarian/CE provider project occurred with Norris Library staff at the University of Southern California. The Pharmacy School Continuing Education Department had determined that community pharmacists were not always providing services such as user education. Librarians, pharmacists, and CE providers teamed together to assist pharmacists in offering more services. Pharmacists who volunteered for the project were visited by the team which assessed their services and determined with the pharmacist

additional services that might be added. The librarian identified sources that would give the pharmacist information or skills to begin these new services, such as a few selected articles, teachers, or community courses. Once the pharmacist had an opportunity to absorb the information and to develop a new service, a follow-up analysis determined which services had been put into action.

In both examples, these two professional groups were pleased with the success of their interaction. Librarians discovered the value of assessing group needs and of doing post-testing to learn whether an educational event met its objective. The CE providers also showed librarians how to turn expressed needs into structured adult learning experiences with objectives that can be measured later. At the same time, CE providers became aware of the vast resources available through the library that can be used as educational tools and that can provide ongoing support. Furthermore, CE providers valued the librarians' ability to assess the learning needs of the individual.

#### BARRIERS TO CE PROVIDER/LIBRARIAN INTERFACE

If interactions can be so successful, why have librarians and CE providers not collaborated long ago? A major obstacle is the lack of knowledge about and contact between the two professions. Librarians may contact the CE department to obtain credits for a course they are teaching. In turn, CE providers may request an occasional computer search to develop a bibliography for an upcoming course or to check the qualifications of a potential speaker. This is the usual extent of the interaction. Probably the most contact librarians and CE professionals have is through the learning resources center (LRC). For example, the LRC may subscribe to an audiovisual series which the CE provider shows to a scheduled group. However, such contact is minimal.

A second barrier arises from the different ways in which these professions provide continuing education. CE providers use carefully developed written tools to assess needs. Based on the feedback, they typically design a formal group experience with learning objectives. Authoritative speakers provide information and adult learning techniques are used to structure the event, most often a workshop. Although they often use pre- and post-tests to evaluate the success of the event, there is typically no follow-up refresher or ongoing CE activity offered. The key point is that CE providers,

with adult learning methods, use structured, one-time, group activities as a means to address an identified need.

Unlike CE providers, librarians most often work with health professionals individually. Having perceived a general need, an individual comes to the librarian, who through a reference interview helps to define the information requested. Within minutes, the librarian has devised a personalized strategy to assist health professionals in addressing their continuing education needs. The librarians' sources of information are usually books or journals. While librarians typically do not check to see if the information was located and useful, the health professional has an ongoing continuing education resource through the library. Here the learning experiences are individual, requester-initiated, spontaneous, and potentially ongoing.

#### SUMMARY

This paper has looked at similarities in the current and future goals of librarians and CE providers in approaching health professional continuing education. It has also addressed how these two professions can benefit from sharing their respective expertise with one another. While continuing education will increase in order to help health professionals remain current with rapid changes in medicine, the CE marketplace is much more competitive than in the past. With sharp

attention to cost containment in hospitals and clinics, health professionals want more for less cost. Furthermore, private entrepreneurs have realized that profits can be made in providing lifelong learning. Librarians and CE providers have a choice in this new environment; they can compete with each other, or they can join forces to take advantage of their complementary skills to provide solutions to health professionals' continuing education needs.

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