

SOME CONCERNS RELATED TO THE USE OF CONTINUING EDUCATION UNITS*

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I support the awarding of continuing education units (C.E.U.'s), especially by educational institutions, and I commend the College Commission of the Southern Association of Colleges and Schools for the implementation of revised accreditation Standard Nine and for the development of the revised *Continuing Education Unit Guidelines* to be issued shortly. However, my assigned role today is that of the negative reactor. Therefore, I will pose questions relevant to three movements or forces related to the use of C.E.U.'s.

The first movement grows out of the trend to use C.E.U.'s in developing formulas for state funding support of university and college continuing education (C.E.) programs. Georgia has done this and other states are attempting to do so. If successful in doing so, immediately one is confronted with the problem of participants who do not complete the individual participant C.E.U. permanent record form. During the past year our School's C.E. Program awarded approximately four fifths of the C.E.U.'s earned. Some participants refuse to complete the form because they don't want to give personal information, such as their Social Security number, to anyone. Others forget to turn them in. Those who forget sometimes send them by mail months later, long after individual program records are closed. Others leave the program early, or get sick and cannot attend the entire program. If C.E.U.'s awarded mean money,

will we yield to the temptation to award C.E.U.'s for partial attendance? If so, how do we decide which portions of an entire program may be educationally sound experiences?

Whether or not registrants complete a C.E.U. form, time, money and effort have gone into the offering of that program to all who attended for any length of time. When graduate and undergraduate students cut class, that time is not deducted from the semester credit hours determined as a basis for funding.

The Southern Association's new *C.E.U. Guidelines* suggest that by combining individually awarded C.E.U.'s and institutional C.E.U.'s or C.E.U.'s utilized for accounting purposes only, an institution can report total C.E.U. productivity and regular academic credit hours output in terms of full-time equivalent (FTE) as a basis for funding. Does this mean that we can count individual C.E.U.'s earned but not awarded? The problems of keeping track of earned but non-awarded individual C.E.U.'s or of keeping track of institutional C.E.U.'s seem almost insurmountable, especially when the group is large. Having participants sign roll call lists several times a day seems to me to be a violation of the principles of adult education. Will the use of either preregistration or initial attendance records be acceptable?

Whatever the answers to these questions may be, if FTE enrollments are used in any state's formula for budgetary support we need to determine, for example, whether the full-time professional C.E. staff position is analogous to the equivalent full-time undergraduate teaching position or to the

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full-time graduate teaching position or if a new classification is needed. I feel certain that more money would be needed to adequately fund classified personnel and supporting services for continuing education programs than for undergraduate programs. Also, do we want money for more faculty to serve as C.E. program instructors as well as money for administration of the program?

I am pleased to see the Southern Association's new *C.E.U. Guidelines* include suggestions for recording and reporting C.E.U.'s for interinstitutional continuing education programs, but I can foresee possible inequities and record-keeping problems with this or any other approach. How can we forestall any decrease in our slow but certain and desirable program toward intra- and interinstitutional and multidisciplinary planning and sponsorship of programs?

My greatest concern is what effect will the conversion of C.E.U.'s to state appropriations have on the quality of offerings? If institutional C.E.U.'s are as good as individual C.E.U.'s for funding purposes will we strive to meet the more stringent criteria for awarding individual C.E.U.'s? Undoubtedly, because of nurses' desire for earning C.E.U.'s, but will programs be improved or will we yield to loose interpretation of established criteria? For example, could a lecture program to 300 persons meet the individual C.E.U. criteria? Also, will we plan popular programs or needed programs? Will we plan more inexpensive programs than costly ones, whether or not they are educationally sound? I hope and trust not.

I urge all of us to work for the establishment of state continuing education funding formulas and to ensure nursing input into any such decisions.

The second movement, the goal of a single national computerized depository for C.E.U.'s earned by persons in all disciplines, is commendable. This summer I attended a Continuing Education Unit Data Base Workshop sponsored by Texas A

and M University where they hope to establish a regional C.E.U. data bank until a national bank is established somewhere. During the work session on "Organization of Data Bank Project" it seemed apparent to me that continuing education directors in university schools of nursing need to become and remain involved in all such planning. For our consideration we were shown a defined data base outline designed to provide all information necessary for the production of reports outlined in the Georgia plan. I was the only nurse in the group but several of us made suggestions for additional information. The discussion leaders admitted that the software system which they proposed using would not permit later flexibility of the inclusion of any additional information once the data base was defined and implemented. Also, with the proposed system all entries had character limitations, for example, program titles would be limited to 35 characters. I understand that use of a system without these limitations and one which is capable of such flexibility and expansion was soon thereafter investigated by the Texas A and M group. We don't need to be very knowledgeable about computer systems to express our additional needs for record information in plain English.

At the above mentioned workshop the proposed data file formats incorporated the program classification code developed for the Georgia plan. I believe it would be possible, though rather frustrating perhaps, to classify our nursing C.E. programs using this activity code system. For example, would a workshop for A.D.N. faculty be classified: (1) "Problems and issues of society in...1.01 Health and Safety," (2) "Problems and issues of society in...1.03 Education," (3) "Skills and/or knowledge for occupational improvement in...3.01 The Professions," or (4) "Skills and/or knowledge for occupational improvement in...3.04 Education"? It appears to me as if most, if not all, nursing programs would have to be classified by one of these

four code numbers. I question the value of using any code system at all if thousands of programs for dozens of professions may get lost in the 301 code totals. Also, one can wonder why there are special listings for "Skills and/or knowledge for occupational improvement in...3.05 Law and Law Enforcement" and "in...3.09 Social Services.

In the Virginia classification system nursing has its own code number for credit courses. However, for "program areas by which C.E.U.'s should be reported" would nursing programs be classified under: "Area I: Programs which are wholly structured to provide skills and/or knowledge for occupational improvement in fields, such as...101 The Professions" or "107 Health Services" or in "Area II: Programs specifically organized to provide help in the solution of problems confronting the State, such as 201 Health and Safety" or "203 Education" or perhaps "206 Aging"?

I use all of these comments not as criticisms but as a challenge to us to make certain we are involved in all facets of the development of plans related to C.E.U.'s so that what is developed is of value to nursing. Can you imagine the usefulness to all other professions and groups of a classification system or a data base defined solely by nurses? We cannot expect others to even think about, let alone worry about, us if we are not present to articulate our needs and concerns.

A third force gaining momentum in our nation is reflected in many activities such as external degree programs, open curriculum, universities without walls, the open university, and so forth. The thrust of these efforts is to grant degrees in whole or in part for competencies gained other than through formal classes in residence at the university granting the degree. The Southern Association's new *C.E.U. Guidelines* suggest the possible use of C.E.U.'s for this purpose.

The ultimate and real possibility of converting C.E.U.'s to academic credit

offers new opportunities to nurse practitioners. Nurses were successful in getting non-nursing departments in at least one university in Texas to give nurses credit, toward non-nursing degrees, not only for non-university sponsored nonformal continuing education programs but also for their years of experience as nurses. I doubt if the push for this can long be resisted by schools of nursing. Few, if any, of us here are willing to negate the value of degrees, even if we'd all admit that no degree earned today can adequately or completely prepare nurses for any job they might select. Job orientation, inservice or staff development, and continuing education would be necessary immediately and continuously.

However, let us assume that an R.N. without a baccalaureate degree registers for an intensive, well-planned, educationally sound, four-week, special intensive critical care C.E. nursing course and passes all examinations with flying colors. The course offered 15 hours of instruction and 15 hours of instructor-guided laboratory practice per week, the equivalent of six semester hours of study. Soon the R.N. enrolls as a full-time B.S.N. student, having worked for many years on the prerequisite requirements. This student has the choice of several nursing electives. The student requests six hours of credit for the continuing education course. Are we going to say, "I'm sorry but that is not possible"? Are we going to say, "You must retake the exams taken two months ago"? Will our decision be based upon whether or not the school offers a similar elective or whether or not the content is in the undergraduate or graduate curriculum?

The decision in this example might be easier to make than in the dozens of other hypothetical situations I might present—situations which I predict we will encounter before we are prepared to do so. Evaluating our own C.E. offerings for credit will be easier than evaluating offerings by others.

Often C.E. programs can offer new

concepts, approaches, skills and knowledge before curricular changes can incorporate this content. Is learning the same thing two years from now in a formal program better than learning it now in an informal C.E. program? Or, if practicing R.N.'s take an elective course, for C.E.U.'s, in the same classroom with basic students who are taking the course for credit, should the R.N. later be able to request credit? If so, should we take back her C.E.U.'s? If so, how? What about the whole area of our nurse practitioner programs? Much of the content in these programs is being incorporated into undergraduate and graduate programs. How can an R.N. earn credit toward a baccalaureate or a master's degree for study in a nurse practitioner program?

I see no major problems in presenting C.E. programs which will help R.N.'s prepare to pass challenge exams. I foresee little difficulty in giving elective nursing course credits, as appropriate, for certain

nonformal C.E. courses, once we define "as appropriate." Beyond that the potential problems seem endless.

Nursing has not been as actively and as extensively involved in many of the C.E.U. developments to date as we should have been. Let us not wait to find ourselves using criteria for converting C.E.U.'s to credit which were developed by other components of our colleges or universities without our input. Furthermore, let us not all go off in different directions within states and among states. Let us try to establish criteria which will meet what we collectively consider to be minimum standards. Let us help nurses to use their C.E. learnings to earn degrees in nursing rather than business administration or something else. Let us remain flexible, try pilot projects, share our experiences and make it as easy as possible for R.N.'s to earn baccalaureate or master's degrees without sacrificing the quality of the education they so fervently seek.

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The Ninth Annual Conference of the Association for the Care of Children in Hospitals will be held at the Sheraton-Chicago Hotel from May 29 to June 1, 1974. Please note this corrected date.