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Opinion Article

Psychomotor Evaluation: A Mandatory Requirement for CAM Continuing Education

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Abstract

Many professions require continuing education (CE) to maintain professional licensure. The purpose of this opinion paper is recommending a shift from passive, lecture-based formats to learning requiring active engagement in CE sessions. Administrators and organizations offering CE should make a paradigm shift and begin requiring educational providers offering workshops and educational sessions begin using active engagement and psychomotor participation of its participants. For both traditional and complementary and alternative medicine practice, this would include mandating using psychomotor evaluation as part of evaluation for maintaining credentials for practice. Practitioners offering CE will need to become educators to make this transition from passive to active learning and psychomotor evaluation. Administrators and organizations will also need to change how they conduct hiring practices to assure CE providers can actively engage practitioners in their learning rather than passively sitting in a weekend lecture. These actions would require a seismic paradigm shift in the academy.

Keywords: Psychomotor evaluation; Complementary and alternative medicine; Academics; Clinical practice; Continuing education

Introduction

Healthcare professionals are often required to complete continuing education for maintaining licensure to clinically practice. States and allied health professions have varying requirements for completing continuing education requirements [1,2]. Varying national associations for health professionals contend individuals must engage in continuing education to maintain knowledge and competency [3]. If educational sessions are intended for promoting best practices, there is a need to further consider how we are assuring practitioners are competent in demonstrating action associated with current standards of care and practice. One significant consideration related to continuing education is the lack of psychomotor skill evaluation as an educational component for assuring practitioners maintain clinical competence. Little research has been conducted and published related to actual psychomotor evaluation of continuing education in allied health practices [4-6]. However, various allied health professions are making a call to action for more rigorous evaluation [6]. When continuing education seminars only include didactic content without actual demonstration and evaluation of the proffered psychomotor skills being discussed, there is a "disconnect" between actual capability to complete these skills in clinical practice. Completing outcomes based, hands-on psychomotor evaluation [7], within the context of continuing education courses would allow for determining if individuals are not only developing new skills but maintaining previous ones. This topic is significant when it comes to maintaining clinical competence or developing new skills for application in professional practice.

Discussion

Continuing Education

Continuing education units (CEU's) for maintaining professional licensure are often available through a variety of methods: paper correspondence, online, and during face-to-face seminars. However, it is rare to have a psychomotor element for evaluating participants during face-to-face learning, and paper correspondence and online does not require any active physical participation. Often, large, sponsored symposiums or weekend workshops offering CEUs for licensure renewal are offered strategically during the year of license renewal. Healthcare educational institutions offering these symposia are not necessarily required by an accrediting body to assure psychomotor skill evaluation as part of measuring clinical competence following graduation or licensure. However, this is both potentially dangerous to clients, and a possible point of litigation for the practitioner who was not evaluated on their skill development during the workshop's attendance. Typically, practitioners' liability insurance holder pays malpractice claims lodged against the insured. It is possible there would be less malpractice litigation, including class action suits, if institutions offering continuing education required psychomotor skill evaluation while earning CEUs. Evidence in adult education supports active learning [7-10], while building and demonstrating applied skills. There is a need to make a significant paradigm shift relating to offering CEU in the areas of complementary and alternative medicine practices: that of assuring at least basic, minimal "hands on" competence in demonstrating and using the psychomotor skills being taught.

These authors have noted on multiple occasions the primary method of "assessment" is having participants complete a satisfaction survey at the conclusion of a CE workshop. Unfortunately, using a satisfaction survey is a passive means of data collection and does not address skill development or improvement. Actively engaging participants in demonstration of actual psychomotor skills would require both some pre-planning and crucial thinking by both the presenter and the organization for assuring everyone is assessed in demonstrating the skills being introduced, reviewed, or remediated. Thus, another paradigm shift: learning how to become an educator rather than only a clinician with skills in educational development, methodology and assessment.

Methods of active learning and engagement: Rather than having the "presenter" provide a passive lecture when no one responds or participates, setting expectations of the presenter for using active engagement within CE workshops is a requirement for facilitating applied learning. Using jigsaw discussions, inquiry based, Socratic learning, peer review, brainstorming, concept mapping, case studies, or think/pair/share moments throughout the content requires participants to actively engage and interact with both the presenter and the participants. Alma maters offering CEUs have opportunities to promote engagement and active learning rather than simply passively following the status quo.

Reducing resistance: Reducing resistance of both the presenter and participants requires starting small with "low stakes" activities; giving clear instructions so both participants and presenters know what is expected, how long it will take, and what they need to do. Once these steps are taken, it is important to make sure participants are clear on both the goal of the learning activity, and the steps of the exercise they will participate in are clear. If the presenter makes sure there is clear alignment of what is being done as an exercise with the learning outcome of the continuing education, resistance is lessened. Using clearly defined rubric [7-10] can provide step-by-step guidance. Simultaneously, the presenter now has an engaged, active audience [10], who will potentially share cases or information with each other as they participate and assess each other. Participants themselves can also engage in sharing their own cases or experience, also expanding professional development within the learning taxonomy. If the continuing education session includes tasks like upper or lower body assessment, presenters can establish they will be having participants complete the psychomotor task of completing those assessments, rather than passively discussing them. Skill demonstrations including using a rubric while receiving focused feedback would be the logical next step [7]. Planning both frequent use of these methods, coupled with assuring difficult to understand or applied concepts are clear, moves the learning to action and the audience to engaged.

Methods of assessing psychomotor skills

There are various means of assessing psychomotor skill development. The simplest approaches include both the "process" or "product" methods of assessment [7]. These methods of psychomotor evaluation can be used as part of assessment of educational programs, classes, workshops, and continuing education sessions.

Process method: Like being fully immersed in clinical education prior to seeing clients or patients, working in triads where one person is provider, one "client", and one observer allows for groups to rotate through each role. Thus, the observer can note to both peer partners what they are noticing about the technique used, what is being conveyed to the "client" during assessment or treatment practice. The "client" can indicate anatomical locations, pressure, sensations; while the provider gets an opportunity to have "hands on" valuable practice using new techniques, remediating on others, or simply improving current clinical technique. Measuring process methods for varying complementary and alternative medicine (CAM) practices may include specific placement of acupuncture needles following meridians for a provided patient's or client's case. Palpation, and manipulation of upper and lower extremities in chiropractic care is another. Observing workshop participants are following standard hand placement patterns for Reiki or using muscle testing techniques for herbal medicine diagnosis and treatment recommendations are other CAM examples. These examples document how the process method of psychomotor

evaluation can be used as part of assessment for educational programs, classes, workshops, and continuing education sessions. Using rubrics [7] can standardize these practices.

Product method: Another means of psychomotor assessment is taking the "product" approach. Rather than observing all steps as in the varying process methods described, the presenters, or organizational facilitators, can assess workshop participants on the "end result" or "product" of their "hands-on" experience [7,10]. This assessment approach requires active engagement of the workshop participants, freeing the presenter, or trained evaluators, to move between and observe groups. The product method uses active engagement in Continuing Education (CE) resulting in measuring an intended outcome of the experience. Thus, practicing applied techniques resulted in the intended outcome of the experience [4]. Prosthetists' perceptions using this method was enhanced, and both process and product methods were deemed successful in increasing the confidence of the practitioners in administering outcomes measures [4]. This method of assessment can also be used in providing workshop participants with case studies, insurance cases, or other office, ethics, or business practice skill development. Assessment of any skill can be completed using the process or product methods, but it requires time for educators to deliberately design, develop and assure alignment of active learning with the intended outcomes of the CE session. These examples document how the product method of psychomotor evaluation can be used as part of assessment of educational programs, classes, workshops, and continuing education sessions.

Professional Development as Educators, not just Practitioners

Most academic institutions hire faculty and adjunct staff based on their clinical practice background and experience rather than their having foundational educational background and teaching experience. Clinical practitioners often teach the way they were taught passively through tried and true "lecture". Unfortunately, unless students are only auditory learners, they retain only approximately five percent, with no demonstratable evidence they can apply it in practice [10]. Rather, using a combination of active learning techniques as described in this article increase retention for use, and when combined with teaching others during traditional or CE sessions, retention for use could increase to as much as 95% [8-10]. The applied use of psychomotor skills during CE workshops also has the potential to reduce litigation if practitioners practice techniques rather than only passively hearing about them and applying new skills for the first time when they return home to clients or patients. Thus, the recommendation of a major paradigm shift: These authors recommending academic academies begin either requiring or expecting individuals hired to teach in either traditional or CAM educational health care programs and settings are also expected to develop and maintain competence as educators. Doing so would require additional professional training and development beyond clinical practice and licensure by learning and using basic educational techniques including course development, educational methodologies for delivery, evaluation and assessment, and technological literacy [11]. Additional areas of educational competency include diversity, equity, and inclusion (DEI), adult education and psychology, and academic career counseling as it applies to traditional or complementary and alternative practice settings. Thus, these authors postulate further development for providers who decide to transition to careers in educational settings learn and apply the foundational principles of adult educational practice rather than teaching the way they "learned": using only a passive lecture which does not engage the learner in applied educational practice, nor simply following an educational textbook from the first chapter to the last. Additionally, applying active learning processes associated with student engagement and psychomotor assessment both during traditional, complementary, and alternative programs along with during continuing educational workshops can elevate the various professions served by them [5-11].

Conclusion

If healthcare practitioners want to assure, they are protecting themselves from potential litigation while simultaneously providing high quality clinical care, they need to begin demanding more of the institutions and providers of the CEUs required for licensure renewal. Clinical providers should be striving to exceed the current standards of care and practice for developing new or improving existing clinical skills rather than being satisfied with the CEU experiences being offered for maintaining licensure. As participants in educational experiences including required continuing education workshops for earning CEUs to maintain licensure if we do not expect more of the educational institutions and presenters offering them how can we expect our clients to continue accessing our provided services if the services may be substandard or not in alignment with current standards of care and practice? How can we expect to grow and improve as practitioners if the individuals and institutions offering CEUs are not also expected to develop and offer education that is clearly measurable and observable? Why is it psychomotor assessment is not a mandatory expectation of CAM continuing education as part of the educational process? Educational institutions, and lecturers need to focus on implementing psychomotor assessment as part of the CEU process. Rather than simply offering passive "lectures" while collecting fees for participating in a weekend's workshop for participants meeting requirements of licensing boards, states, and accrediting bodies, as healthcare professionals we should expect more from those in the educator and administrator's roles. Satisfaction surveys, which do not really measure satisfaction, need to be replaced by active engagement, and assessment using psychomotor performance of skill evaluations. Requiring the completion of an outcome based, hands on psychomotor evaluation within the context of completing

continuing education courses would allow for determining if individuals are not only developing new skills but maintaining previous ones.

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Conflict of Interest

The authors have no conflict of interest to disclose.

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