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Psychiatric Clinicians' Perspectives On Continuing Education (CE) Programming In Rural Maine

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PSYCHIATRIC CLINICIANS' PERSPECTIVES ON CONTINUING EDUCATION (CE) PROGRAMMING IN RURAL MAINE

Abstract

There are a variety of barriers that psychiatric clinicians face when attempting to attend continuing education programming. The purpose of this qualitative, phenomenological research study was to explore continuing education practices within the health care industry, specifically mental health care, with a focus on psychiatric clinicians' perspectives on continuing education programming in rural Maine. For the purposes of this research study, mental health care was inclusive of behavioral health care and substance abuse treatment. This study defined the term "psychiatric clinician" to be inclusive of social workers, counselors, and therapists. The participant pool was comprised of 37 psychiatric clinicians employed at a non-profit acute care hospital that provides psychiatric hospital-based treatment services through a 100-bed inpatient setting and community-based mental health services through an outpatient setting. All but 2 of the 37 respondents (94.6%) agreed or strongly agreed with the statement that they understood what the requirements were; still 100% reported that attending continuing education programming was important both to them and to their professional practice. This is also the case regarding their own understanding and their perceptions of their organization's understanding of their licensing requirements. There was a 50/50 split of psychiatric clinicians who attend continuing education programming to increase their clinical knowledge and skill to practice or to maintain their professional clinical license/certification. Participants communicated a genuine

thirst for knowledge as well as an equally discouraging concern for being able to effectively maintain their professional clinical license. Participants shared that the top key barriers to participation in continuing education programming are direct patient care schedule (work commitments), geographic distance, cost, and relevance of the content. Organization support is another determining factor taken into account by psychiatric clinicians when planning to attend continuing education programming. Generalized perceptions of organization support show that there exists approximately a 75/25 split of support versus feeling of no support, however, direct conversations showed more of a 50/50 split surrounding the topic of organization support. This study provides some insight into some perceptions that psychiatric clinicians have toward current continuing education practice as well as recommendations for future action/practice and recommendation for future study.

University of New England

Doctor of Education
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DEDICATION

This dissertation is dedicated to my good friend Florence Hannan for persuading me to attend graduate school and her continued support in my educational endeavors that followed. This dissertation is also dedicated to my feline son Henry for sharing his curiosity about all things, which continually inspires me to seek out knowledge.

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CHAPTER 1

INTRODUCTION

Continuing Education (CE) is a must for people to gain the knowledge and skills required of their profession along with upkeep and maintenance of professional licenses and/or certifications. This is especially true in the world of health care given that someone's life is in a health care professional's hands throughout the length of their care. Continuing education is so important to health care that multiple authors have advocated that health care professionals prepare to become lifelong learners (Bindawas, 2013; Congress, 2012; Leach & Fletcher, 2008). It is not only important but it is required as government agencies or other accrediting bodies regulate such professionally-licensed disciplines (Britt, 2012). McPartland (1990) and Levett-Jones (2005) both argued that mandatory continuing education helps professionals stay up-to-date with the goings-on within their discipline. Staying current with required knowledge and skills would result in positive patient outcomes and the ability to provide the very best patient care to those that look to the professionals within the industry for services.

Health care as an industry has a variety of licensure levels from respiratory therapists to nurses and physicians to pharmacists, which are required to attend continuing education. Within the health care industry, there exists the realm of mental health care. This special subset of services encompasses a special subset of professionally licensed disciplines such as social workers to certified psychiatric nurses and psychiatrists to psychologists. Professionally licensed mental health care practitioners uphold the same type of continuing education standards as those that work in a medical/surgical facility. However, the current literature seems to be lacking in previous research surrounding continuing education practices of mental health care practitioners. More specifically, there is a lack of discussion in previous research regarding continuing

education practices in rural areas such as Maine or that of specialized disciplines such as psychiatric clinicians.

The importance of continuing education should not be underestimated as it is a career-long obligation for practicing professionals. A well-crafted and delivered continuing education curriculum is important because it delivers benefits to the individual, their profession, and the public. Sometimes it is mandated by professional organizations. Other times it is required by codes of conduct or codes of ethics. Yet at its core, it is a personal responsibility of professionals to keep their knowledge and skills current so that they can deliver the high quality of service that safeguards the public and meets the expectations of their patients and the requirements of their profession.

Statement of the Problem

The Economic Research Service approximated that 17% of Americans live in the rural areas of the United States in which the combined population is larger than numerous European nations (Jukkala, Henly, & Lindeke, 2008, p. 556). Given the geographic size, how remote rural areas are, and the number of United States citizens that live in rural areas, it is of utmost importance that health care workers that practice in these locations are as knowledgeable as possible. Even more important is to understand the staff perceptions surrounding participation in continuing education programming which provides that knowledge base.

Some of the significant debates in the literature surrounding continuing education practice include the effectiveness/quality of continuing education programming (Inoue, Del Fabbro, & Mitchell, 2012), the relevance of discipline-based mandatory continuing education licensure requirements (Phillips, 2011; McPartland, 1990), and the struggle to get health care professionals engaged in their own learning process. Other barriers can include geographic

distance, time constraints, organizational/leadership support, sufficient amount of relevant programming topics, and cost of courses (Shahhosseini & Hamzehgardeshi, 2015, p. 188; Lohmann & Lohmann, 2005, p. 303-304).

Rural health care professionals face similar barriers when trying to participate in continuing education programming (Jukkala et al., 2008, p. 556; Penz et al., 2007; Curran, Fleet, and Kirby, 2006). More specifically, rural practitioners face a lack of leadership support, lack of understanding of licensing requirements, lack of financial resources, and the inability to get time away from patient care. These barriers may prevent a rural practitioner from participating in continuing education programming or to allow a rural professional to renew a professional license (Jukkala et al., 2008, p. 556-557). In addition to those barriers, the literature surrounding staff perceptions to the participation of continuing education programming includes only limited discussion on continuing education participation in rural areas and an even more limited discussion related to the discipline of psychiatric clinicians.

Penz et al. (2007) discussed barriers to participation in continuing education programming for nurses in rural Canada while Jukkala et al. (2008) discussed the same for nurses in the rural midwestern United States. Of the limited literature available concerning continuing education programming participation in rural areas, there is little available regarding mental health care practitioners. Additionally, these limited discussions on rural health care focus solely on the discipline of nursing which leaves out so many other professionally licensed disciplines such as psychiatric clinicians (social workers, counselors, and therapists), psychiatrists, and psychologists.

Professional organizations and state licensing boards, such as the National Association of Social Workers (NASWs), have codes of ethics that advocate for licensed practitioners to pursue

continuing education programming to maintain their level of proficiency in their field (Congress, 2012, p. 397). The NASW also advocates that practitioners attend 48 hours of continuing education programming over a 2-year period, which may vary across different state-regulated licensing boards (Congress, 2012, p. 397). Attaining the appropriate amount of continuing education credit within the allotted licensing period may be difficult to accomplish given the various barriers to accessing continuing education programming and the difficulty of psychiatric clinicians in gaining access to continuing education programming in rural areas (Lohmann and Lohmann, 2005, p. 303-304).

Purpose of the Study

The purpose of this qualitative, phenomenological research study was to explore continuing education practices within the health care industry, specifically mental health care, with a focus on psychiatric clinicians' perspectives on continuing education programming in rural Maine. For the purposes of this research study, mental health care was inclusive of behavioral health care and substance abuse treatment. This study defined the term "psychiatric clinician" to be inclusive of social workers, counselors, and therapists. This study explored the personal experiences of these mental health care practitioners through surveys and interviews as well as through a comparative review of literature related to other health care disciplines and various geographic locations.

Research Questions

Implications for further research that this study explored in the arena of continuing education participation of psychiatric clinicians in rural Maine are detailed by the following research questions:

- What level of understanding does clinical staff have in regard to licensing requirements of their discipline?
- What motivates clinical staff members when choosing continuing education events to attend?
- What barriers do clinical staff members face when trying to participate in continuing education?
- What is the clinical staff member perception of the level of support by their organization?

Conceptual Framework

The conceptual framework or lenses that guided this study were empiricism and rationalism. In empiricism, the senses are the fundamental source of knowledge, whereas in rationalism, reason is the fundamental source of knowledge. Empiricism states that ideas are formed through some experiences, perceptions, or the perceived reality is the actually reality. Beyond the experiential nature of empiricism is rationalism's discussion of the logic or reason behind a situation or decision that is made. There is a symbiotic relationship to the experiences that influence future decisions and the logic behind making the decision, which is why these two [seemingly] opposing theoretical frameworks are central to the topic of this study.

In utilizing these lenses when looking at literature surrounding continuing education practice, a great deal of it is constantly looking to the human element of the situation, the decision-making and human interaction aspects related to continuing education. Jukkala et al. (2008) examined perceptions of rural health care workers regarding their participation in and the availability of continuing education programming, which helps to tell the tale of how the human element plays into the need for attention when planning continuing education programming. This human element, or human interaction dynamic, becomes important to continuing education

practice and leaders in the community of practice if these leaders wish for any improvements to practice that will help better meet the needs of their customer base.

Assumptions, Limitations, and Scope

Assumptions of this study included but were not limited to: respondents to survey and interview questions were professionally licensed psychiatric clinicians, participants responded honestly, and the researcher was mindful of researcher bias based on his previous work experiences including the assumption that respondents attend continuing education programming to maintain their professional clinical license versus reducing any knowledge gaps, improving their practice, or improving patient care outcomes.

Limitations of this study included but were not limited to: researcher biases; level of work experience of the research participants; level of burnout of the research participants; geographic location; the focus on the discipline of psychiatric clinicians; and voluntary, self-reported participation. Researcher bias was something that the researcher needed to be constantly mindful of from the planning process through the data analysis aspects of this study. The researcher has worked for over 6 years in a staff education and development department in a mental health facility. This experience will have given the researcher insight into the topic at hand as well as helped to form their own perception of the perceptions of what might be a motivator or barrier to participation of continuing education programming.

The level of work experience of the responding professionally licensed mental health care practitioners may be a limiting factor. Depending on the level of work experience, staff members may have a biased perspective. This goes hand-in-hand with the level of burnout of the responding professionally licensed mental health care practitioner. Those with higher levels of burnout may be less engaged in their continued learning than those with lower levels of burnout.

The study was limited to psychiatric clinicians that are actively professionally licensed in the State of Maine. Other geographic locations or other professionally licensed disciplines inside or outside of health care may not be able to draw any generalizable conclusions from this study. Additionally, the discipline focus of the study combined with the geographic location also limited the sample size of the study. Furthermore, completion of any surveys or interviews by those located in this geographic location was completely voluntary. The responses to any survey or interview questions were also self-reported. Thus, honesty in responding to any survey or interview questions was a limiting factor.

The scope of this study was to survey and interview psychiatric clinicians in rural Maine to explore their perceptions surrounding their choice of continuing education programming. This research study did not evaluate other professionally licensed disciplines or geographic areas. However, this research study did reference the literature surrounding other professionally licensed disciplines and geographic areas because of the lack of literature specific to psychiatric clinicians in rural Maine. The researcher collected, analyzed, coded, interpreted, and published the survey and interview data as part of degree requirements of a doctoral program in educational leadership.

Rationale and Significance

The rationale for this type of study comes from the need to aid those responsible for curriculum development (educators and health care leaders) for mental health care practitioners to provide more appropriate programming and to further promote positive patient outcomes based on peer-reviewed, evidence-based practice. Additionally, there does not seem to be much relevant research related to that of psychiatric clinicians in rural Maine. This study will help to promote the need for further research in such rural areas and specialized disciplines.

The significance of this type of study stems from the potential substantial impact to practice that future, appropriate continuing education programming will offer (Shahhosseini & Hamzehgardeshi, 2015, p. 191). Such continuing education programming changes will be meaningful to mental health care practitioners at all levels and disciplines, but ultimately it will be the most meaningful to patients. In the end, by better exploring and understanding clinical staff perceptions, those responsible for curriculum design will be able to design and implement educational offerings that are more applicable to what clinical staff need to more appropriately tailor their services to the health care needs of their patient population.

Definitions

To understand continuing education requirements and practice within the health care industry, there is some terminology one should become familiar with. The following are definitions of key terms utilized within this arena.

Accrediting Body: A regulatory agency (such as the American Medical Association (AMA), the American Nurses Association (ANA), or certain state licensing boards) that oversees accreditation of quality education programs through a rigorous application and review process.

Continuing Education (CE)/Continuing Professional Education (CPE): Hegney, Tuckett, Parker, and Robert (2010) state that there are numerous naming conventions used to label continuing education of health care workers. For this research study, Continuing Education (CE) is defined as educational programming required by licensed health care professionals to attend within a particular licensing period.

Continuing Education (CE) Credit/Continuing Professional Education (CPE) Credit: A numerical acknowledgement granted to attendees of accredited educational programming

equivalent to the length of time spent in attendance of an accredited educational event. Continuing Education Credit/Continuing Professional Education Credit are equivalent to the contact hours of attendance.

Continuing Education Unit (CEU): A numerical acknowledgement granted to attendees of accredited and non-accredited educational programming alike. A single Continuing Education Unit is equivalent to 10 contact hours of attendance. The term *CEU* is the nomenclature more widely utilized by licensed health care professionals. However, Maine State licensing board requirements are calculated based on contact hours of attendance (CE/CPE Credit). ("About the Continuing Education Unit or CEU", 2016)

Health Care Leaders: Those in the health care industry that have a role in determining educational programming curricula or allowing health care workers the ability to attend continuing education programming.

Lifelong Learning: The continuous, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons.

Mental health care practitioner: Someone who works in the health care industry that focuses on mental health care such as psychiatry, behavioral health, and substance abuse treatment. They may or may not be a clinically licensed professional.

Professional License: A discipline-specific certification granted by a state licensing board and/or regulatory agency. Disciplines with such certification processes are physicians, nurses, social workers, counselors, therapists, etc.

Psychiatric Clinician: Someone who works in the mental health care industry as a social worker, counselor, or therapist.

Quality Educational Programming: Integration of adult learning theory into the development of the curriculum/programming such that it becomes more than just educational content being made available to the health care worker but that it is effective, relevant, peer-reviewed, evidence-based educational content in relation to their particular work environment regardless of whether it was submitted for approval through an accrediting body for continuing education credit.

Regulatory Agency: An organization that oversees quality and compliance with accrediting standards such as The Joint Commission (TJC), the Centers for Medicare and Medicaid Services (CMS), or the Department of Health and Human Services (DHHS).

State Licensing Board: A state agency that licenses professional disciplines such as nursing, counseling, social work, etc.

Conclusion

Continuing education plays a large role in the day and life of professionally licensed mental health care practitioners. More specifically, not only do psychiatric clinicians need to acquire continuing education credit to relicense but they also need to attend continuing education events to stay up on current events and issues within their discipline. Through continuous quality improvement of continuing education programming, continuing education is able to make a difference in patient care outcomes. This is accomplished by evaluating psychiatric clinicians' perceptions of continuing education practice and participation in continuing education programming.

CHAPTER 2

LITERATURE REVIEW

An integrative typology seemed to fit best with the aim of this research study. An integrative typology allowed for flexibility to grow and explore while it still presented a logical approach. To see key theories and concepts that are integral to the topic of continuing education in the health care industry, this section will detail the who, what, where, when, why, and how surrounding literature collection for this literature review.

Personal bias is a key concern to monitoring while constructing a literature review, as personal thoughts and experiences of the researcher should not interfere with selection of relevant literature or in displaying true and accurate data through my research study. Even though one might agree wholeheartedly with McPartland (1990) that continuing education licensure requirements alone do not necessarily benefit patient care practice, the role of a researcher must come before the researcher's personal thoughts surrounding the topic. Rampatige, Dunt, Doyle, Day, and van Dort (2009) also seemed to have similar views in that they believed that continuing education should be shifted "beyond delivering content to individual clinicians to one of being more of a facilitator of organizational change, development and improvement" (p. 35).

Primarily, this literature review focused on publications within the last 15 years. However, some noted works outside of that range such as Anderson (1999), Jeska (1992), McPartland (1990), and Robertson and Martin (1981) still have relevance and should be considered along with the rest of the literature. Anderson (1999), for example, stated that quality assessment of patient care services has shown that there is an underuse, overuse, and misuse of services within the health care industry. The article continued by defining quality of care and

metrics that link continuing education to performance improvement. Anderson (1999) asserted that reviewing patient care performance improvement metrics can reveal relevant and much needed continuing education programming topics.

Selection criteria for sources were limited to the following categories:

- Attitudes/perceptions of health care staff regarding continuing education
- Licensure requirements of health care professionals
- Continuing education focused
- Lifelong learning of health care professionals
- Health care focused
    - Higher priority if the focus is related to mental health professionals
- Access to continuing education
    - Higher priority if the focus is in a rural area
- Leadership involvement in the process of continuing education

These selection criteria were chosen as a result of the direction this research study took on the topic of continuing education. The selected criteria helped to give a good background surrounding current continuing education practices as well as helped to point out possible knowledge gaps that exist in the current literature surrounding the targeted population of this research study. The intended research study setting was a mental health facility in a rural area of the northeastern United States. The selected criteria also helped to locate other research studies that have been done within health care, mental health, and/or rural areas.

Major Issues Surrounding the Topic

The major issues surrounding continuing education in the health care industry revolve around the importance of continuing education. Britt (2012) introduced an interesting notion that

health care professionals should "commit to a 'life-long learning' philosophy" to ensure quality of care. Yet, some of the main topics focused on in the literature are a general lack of understanding of continuing education requirements by health care workers and health care leaders, a perceived lack of support to attend continuing education programming by health care organizations/leadership, a lack of quality continuing education programming, and a lack of access or limited access to continuing education programming in rural areas.

There seems to be a lack of research in the specialized area of mental health and psychiatry. In the literature, the health care industry is covered in general but there were very few articles that look at mental health specifically. Moreover, there was little research that focused on mental health as a whole or disciplines other than physicians or nurses. Inoue, Del Fabbro, and Mitchell (2012) looked into assessment of educational needs of mental health nurses in an adolescent inpatient psychiatric ward in Japan. They discussed the perceived less than adequate training that mental health nurses receive to work in a specialty field such as adolescent inpatient psychiatric nursing. They also included key components of adult learning theory to assist in the "development of competencies, knowledge, and abilities, supporting personnel to do the work required and to accomplish the goals of the organizations in a way that is meaningful to the learners" (Inoue et al., 2012). However, more analysis in this arena with the inclusion of other disciplines could benefit current practice and add to the current literature.

Staff Attitudes and Perceptions

Choy, Billett, and Kelly (2013) discussed how the constantly evolving workforce within the health care industry requires constantly offered and constantly changing continuing education programming. The study was a 3-year examination of effective teaching methods and looked at not only current learning practices and preferred learning styles but also to employee

perspectives concerning their employers regarding current support for continuing education opportunities. It also examined the preferred methods employees have toward receiving continuing education. The study concluded that employees expect continuing education opportunities to be integrated with work tasks, to be based in their work environment, and to be facilitated by content experts.

Govranos and Newton (2014) brought forth perceptions that direct care nurses have regarding continuing education. Govranos and Newton (2014) offered a short background of adult learning and asserted that the definition of lifelong learning is different from person-to-person. Govranos and Newton (2014) also described how education is valued by nurses and how they view their role in relation to their continued learning. The study also examined how continuing education affected their department and on what topics nurses would like to see more education offered. The study resulted in a great deal of demographic data that could be utilized to search for patterns in requested topics for future continuing education programming. An educational needs assessment with this type of detailed demographic collection shows that continuing education programming topics requested by staff may be based on their particular experience level or based on general lack of knowledge related to new developments within industry practice. This type of focus will allow health care educators to better target their efforts on effective continuing education programming that will work toward the benefit of patient care treatment outcomes.

Leadership's Knowledge and Support of Continuing Education

Health care leaders generally have a clinical background and not a business or education background, so they may not fully understand continuing education in relation to licensing requirements or the important effect toward patient care. Cherry, Davis, and Thorndyke (2010)

described five major arenas that health care leaders should focus on: financial strength; innovation; people and the workplace; knowledge management; and leadership. They discuss the Kotter Change Model, which articulates a "sense of urgency" as it relates to leadership development. The main point of this is to ensure there are future leaders by continually developing new leaders as part of succession planning. Understanding the importance of continuing education should be part of the leadership development curriculum to best help with succession planning of these new leaders. This philosophy that leaders have a general lack of knowledge, understanding, and appreciation of continued learning falls in line with the view of Levett-Jones (2005) who stated "there is a marked contradiction between rhetoric and reality, with administrators merely paying 'lip service' to educational activities and the training budget is often the first casualty when cost containment is on the agenda" (p. 229-230).

Penz et al. (2007) stated that "financial issues such as tuition costs and workplace budget constraints, lack of employer or administrative support, and lack of time due to staff shortages" (p. 58) are some of the leadership-related barriers that staff face in wanting to attend continuing education. However, Fairchild et al. (2013) stated in relation to the health care leader's role in continuing education that "transformational leaders in nursing education are those who demonstrate the value of investing in people" (p. 364). They also stated that reflective communities of practice are important to develop "relevant, timely and environment-specific programs" (Fairchild et al., 2013, p.364) for health care workers. The focus of their study was the examination of continuing education programming in the rural region of the midwestern United States. The authors proposed that health care educators need to tailor continuing education activities to relevant issues that health care workers are currently dealing with in their work environments. Some of these issues that educators and health care leaders should

scrutinize are horizontal violence, staff burnout, advocacy for/use of evidence-based practice, level of staff critical thinking skills (novice versus veteran staff), staff empowerment, and advocacy for use of self-reflective practice.

Rural Access to Programming

Curran, Fleet, and Kirby (2006) stated that recruitment and retention are "key issues to the sustainability of rural health care systems in a number of countries" (p. 51). They focused on the barriers and challenges that health care employees perceive when trying to access continuing education programming. The top three results from this study are geographic isolation, lack of funding/no financial support, and no remuneration for time off. The second focus is on best practices to overcome the perceived barriers and challenges. Hegney, Tuckett, Parker, and Robert (2010) concurred through their comparison of metropolitan areas versus rural areas. Hegney et al. concluded that most nurses have access to attend continuing education programming but have a lack of funding by their organization. These barriers are further corroborated by Penz et al. (2007) who stated that rural and remote nurses perceive that "rural accessibility, time constraints, and financial constraints" (p. 65) are some of the main barriers to attendance of continuing education.

Quality Continuing Education Programming

Cheesman (2009) stated that during the course of her research one nurse offered up that "continuing education is one of the best ways we can provide top quality care to our patients" (p. 341). To indicate the importance of continuing education programming, especially in the field of mental health, Inoue et al. (2012) detailed a perception of less than adequate training received to work in a specialty field such as adolescent inpatient psychiatric nursing. Adult learning theory was depicted as a key component to assist in the "development of competencies, knowledge, and

abilities, supporting personnel to do the work required and to accomplish the goals of the organizations in a way that is meaningful to the learners" (Inoue et al., 2012). By understanding how adult learners process information and by weighting viewpoints equally and fairly, continuing education programming can be constructed to better meet the needs of the worker and work environment.

More quality-based research completed by Leach and Fletcher (2008) proposed that continuing education programming should consist less of lecture-based learning and more of competency-based learning. The authors described the use of metrics as a tool to compare and contrast the effectiveness of continuing education programming through a continuous improvement process. Utilization of metrics allows health care leaders and educators to continue to learn about learning and what methods are effective so attendees are competent in the subject matter at hand. The authors also described a movement from *qualified* to *competent* which not only includes competency-based learning methods versus lecture-only style events but how the financing component of continuing education programming should remain free from commercial support as not to be skewed in favor of the views of those offering the financial support. This is similar to research and how the data should be displayed as it is and not skewed through bias or outside influence.

Mandatory Licensure Requirements

Some geographic locations have state licensing boards or regulatory agencies that require attendance of continuing education as part of a licensing requirement. Each discipline is different but they tend to be consistent with requiring a certain number of continuing education credits per licensing period. McPartland (1990) argued that mandatory continuing education requirements do not necessarily positively impact practice. Prater and Neatherlin (2001) support

this perspective in their review of mandatory continuing education requirements by nurses in Texas. This study connected themes of continuing education quality, access barriers, and staff attitudes/perceptions with outcomes of similar studies related to mandatory and/or rural continuing education practice. Through their study, Prater and Neatherlin (2001) support further examination of "the relationship between competency and mandatory CE" (p. 131) as well as "investigation into learning styles and instructional design during participation of mandatory CE" (p. 131). Their study concluded on a relatively positive note with most participants perceiving improved knowledge but cost of programming remained the greatest barrier for licensed professionals.

Accredited versus Non-Accredited

There are various kinds of continuing education programming available to health care workers. They can be broken down into types such as accredited and non-accredited educational sessions and mediums of accessing continuing education such as synchronous and asynchronous. Inoue et al. (2012), Leach and Fletcher (2008), and McPartland (1990) all discussed the matter of quality within continuing education programming that is offered which has a correlation to whether the programming has gone through an accreditation process or not. Robertson and Martin (1981) discussed a history of Continuing Education Units (CEUs) which is a topic that most health care professionals barely understand. To ensure that educational programming is of the highest quality, certain criteria must be met to be eligible to offer CEUs. The eligibility criteria are ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. This type of accrediting criteria ensure quality of an educational program combined with a vigorous yet subjective evaluation process for continuous improvement to ensure the quality of programming

being offered. However, as stated previously, the term CEU is shrouded in misunderstanding by practitioners, educators, and health care leaders alike. The term CEU is public domain and anyone can offer CEUs without having any sort of quality check on the programming content ("About the Continuing Education Unit or CEU", 2016). The term CEU is also a generic term utilized by practitioners to reference the credit received in attendance of continuing education programming even though their licensing boards do not measure continuing education for re-licensure in this manner. Licensing boards and regulatory agencies that accredit continuing education programming for health care professionals generally utilize the same quality-focused criteria as CEUs except for offering credit in the form of Continuing Education (CE) Credit which would be equivalent to the contact hours of attendance.

The medium that health care workers use in accessing continuing education programming is another arena that researchers evaluated. Given that the State of Maine is a very rural environment similar to the geographical areas focused on by Curran, Fleet, and Kirby (2006), Fairchild et al. (2013), and Hegney, Tuckett, Parker, and Robert (2010), investigation of alternatives to synchronous (live trainings) educational opportunities is a must seeing as recurrent barriers in the literature to continuing education participation are cost of programming and time away from direct care duties. Asynchronous (self-paced) continuing education has been on the rise to accommodate rural educational needs by way of Computer-Based Learning (CBL), Web-Based Training (WBT), and the use of paper-based materials like reading or publishing of professional journal articles. Even though asynchronous education helps to broaden the access to continuing education programming in rural environments, health care leader support to attend programming during regular working hours is a limiting factor to accessing programming. One must also take into account the varied adult learning styles and the

number of generations in the workforce to determine whether asynchronous education is a preferred method of obtaining knowledge or skills.

CE Impact on Practice

There is a need for quality in continuing education of health care professionals for the hope of improving patient care. This sentiment is mirrored by Levett-Jones (2005) who stated that "staff satisfaction is strongly related to being able to provide good quality care" (p. 230) and that "continuing education is important to an organization's strategic plan because of positive influence on the quality of patient care" (p. 231). Given the fast-paced and constantly changing nature of the health care industry, staying up-to-date on current events, issues, processes, theories, and other professional content is of utmost importance. There are those that believed that health care is able to reach a greater number of positive patient outcomes by way of continued education and professional development (Leach & Fletcher, 2008; McPartland, 1990). In contrast, Curran, Fleet, and Kirby (2006) believed that offering an appropriate amount of continuing education and professional development opportunities not only assists in maintaining a high level of employee competence but also raises job satisfaction and retention rates. This allows for better customer service and a more positive patient experience.

One of McPartland's (1990) arguments was that health care professionals seek to maintain compliance with their continuing education licensure requirements but do not necessarily do so in a way that will positively impact their practice. Leach and Fletcher (2008) also discuss this type of movement away from a *qualified* practitioner just because of attending any continuing education programming to a *competent* practitioner by way of relevant competency-based learning methods versus lecture-only style events. This is not dissimilar to when Hudmon, Addleton, Vitale, Christiansen, and Mejicano (2011) discussed the need for

competency-based, team-focused continuing education programming with a multidisciplinary stance instead of solely targeting physicians. Such a multidisciplinary focus works toward better patient care treatment outcomes through effective communication and understanding of each discipline's scope of practice.

An example of how continuing education programming can impact practice, one merely needs to look at how ethical and moral decision-making can facilitate or hinder a patient's care. All health care workers at one point or another will deal with ethical or moral issues. Rowe (2013) detailed three different kinds of morality along with examples of each: pre-conventional, conventional, and post-conventional. "The development of the moral element of leadership in health care organizations is often ignored in the training and education of upper and middle management, practitioners, and clinical persons" (Rowe, 2013, p. 145) which can make tough decisions that health care workers need to make even tougher. Since "the process of resolving moral dilemmas doesn't take place in a vacuum" (Rowe, 2013, p. 146), health care workers must understand the circumstances behind why the situation happened. To better understand how to gather insight into the moral dilemma, the author suggested defining the problem, collecting as much data as possible, identifying the important values and principles, reflecting on personal motives and intentions, and prioritizing conflicting values. By utilizing these steps and reviewing case studies in an educational setting, health care workers will be able to better deal with moral dilemmas when they arise. Also, such training might alleviate some of the misunderstanding surrounding their support of continuing education attendance for their staff. Since moral dilemmas within health care are very real and can occur often, ongoing quality continuing education and support are integral to health care professionals being confident in their role and completing their day-to-day patient care tasks.

Expanding upon individual health ethical decision-making to that of population health, Hudmon et al. (2011) proposed that there is an intersection of two related but differing realms: medicine and public health. The authors defined medicine as diagnosis and treatment of an individual versus public health being the health and wellbeing of a population. The authors use CS2day (Cease Smoking Today) as an example of the intersection of medicine and public health by utilizing *translational science*. Translational science is defined as evidence-based practice translated into tools that empower health care workers to implement cessation interventions. A couple key educational strategies to best merge medicine and public health are competency-based educational programming and team-focused education with a multidisciplinary stance instead of solely targeting physicians.

Conclusion

Continuing education plays a large role in the day and life of professionally licensed health care workers. Not only do health care employees need to acquire continuing education credit to relicense but they also need to attend continuing education programming to stay up on current events and issues within their discipline. These two reasons can sometimes be challenging since barriers exist that sometimes make it difficult for staff members to attend continuing education programming. However, this is why transformational leadership is of utmost importance within the health care field. By evaluating the perceived motivators, facilitators, and barriers to participation in continuing education programming, leaders can work toward improving continuing education practice which can ultimately make a difference in patient care outcomes. Moreover, by evaluating perceived motivators, facilitators, and barriers to participation of those working in specialty fields, such as psychiatric clinicians, and those that live in rural areas, both of which dealing with at risk populations as it is not easy for mental

health and rural patients to access the appropriate care they require, leaders will be able to implement initiatives to ensure practitioners have the support and/or access needed to maintain and improve their practice.

CHAPTER 3

METHODOLOGY

The central theme of this research study is psychiatric clinicians' perspectives on continuing education programming in rural Maine. To better explore the lived experience of continuing education for psychiatric clinicians practicing in rural Maine, this study focused on determining the level of understanding of their licensing requirements, what motivates psychiatric clinicians when choosing continuing education events to attend, what barriers they face when trying to participate in continuing education programming, and their perception of the level of support by their organization to attend continuing education programming.

Creswell (2013) described a phenomenological study as "the common meaning for several individuals of their *lived experiences* of a concept or a phenomenon" (p. 76). By utilizing a phenomenological methodology, the researcher will be able to delve deeper to better understand the rationale of psychiatric clinicians when choosing continuing education programming. This was accomplished through the utilization of surveys and interviews of psychiatric clinicians (social workers, counselors, and therapists) in rural Maine.

Setting

The institutional setting was Acadia Hospital, a member of Eastern Maine Healthcare Systems (EMHS) and a Joint Commission accredited facility that employs around 682 individuals. Acadia Hospital is one of nine member hospitals of Eastern Maine Healthcare Systems (EMHS). Eastern Maine Healthcare Systems (EMHS) also consists of ten integrated physician groups, nine nursing home and retirement communities, eight home health organizations, four emergency transport service organizations, one affiliated hospital, and six other organizations. Acadia Hospital is a non-profit acute care hospital that provides psychiatric

hospital-based treatment services through a 100-bed inpatient setting and community-based mental health services through an outpatient setting with approximately 24,000 patient visits per month. Acadia treatment services, as a whole, encompass a broad service area to include the whole State of Maine. Recently, Acadia earned the 2014 Non-Profit of the Year award from the Bangor Region Chamber of Commerce due to their advocating for their patients and the community benefits they provide.

Acadia Hospital offers a wide variety of psychiatric and substance abuse treatment services including acute care beds, adult and child/adolescent units, day hospital programs for all ages, substance abuse services, care coordination (community support) services, a Psychiatric Observation Unit (a 23-hour or less unit for patients in crisis), and specialized outpatient programs for specific illnesses. The Acadia Hospital outpatient clinics provide consultation, therapy, and medication management service. Table 1 depicts the breakdown of staff per professionally-licensed discipline at Acadia Hospital.

Table 1.

Acadia Hospital Staffing by Discipline

Discipline	**Number of Staff**
Physicians (MDs)	28
Psychiatric Mental Health Nurse Practitioners (PMHNPs)	20
Family Nurse Practitioners (FNPs)	12
Nurses (Registered Nurses (RNs) & Licensed Practical Nurses (LPNs))	160
Psychiatric Clinicians (LCSWs, LMSWs, LCPCs, CADCs, LADCs, OTs)	111
Psychiatric Technicians (Certified Nursing Assistants)	136 (20)
Other Professionally-Licensed Staff	23
Non-Clinical/Support Staff	176

Conflict of interest and bias were major concerns in utilizing this institution. The researcher was employed at Acadia Hospital during the duration of this research study and also has a prior service history in the Education Services department of the hospital. To minimize any potential risks, the researcher followed any and all research guidelines set by the Doctor of Education (Ed.D.) program, University of New England's institutional review board (IRB), and by Acadia Hospital's Clinical Research Council. To further reduce risk, the researcher ensured that potential participants understood that this research study was being conducted by a student as part of the degree requirements of a Doctor of Education (Ed.D.) program through the University of New England (UNE) and that even though the researcher was an employee of Acadia Hospital the study is not part of any project funded by Acadia Hospital or Eastern Maine Healthcare Systems (EMHS).

Participants/Sample

Based on gaps in the literature surrounding rural areas and the mental health care discipline of psychiatric clinicians, this study has selected a participant sample that will help to close these knowledge gaps. The targeted pool of research study participants consisted of all 111 psychiatric clinicians (social workers, counselors, and therapists) employed by Acadia Hospital. The targeted survey participation rate was 80% or approximately 88 participants. The researcher utilized email notification to send invitations (Appendix A) to this selected group of Acadia Hospital employees to participate in this research study. Interview participants were chosen based upon their willingness to contribute, their professional license, and how many years they have worked in their field. The aim was to equally and effectively give voice to each type of professional license and level of work experience available to this research study. At a minimum, the targeted participant sample size for the interview process was 10% of the survey

participants or approximately 11 participants, which is a number consistent with Creswell's (2013) recommendations for a phenomenological study sample size (p. 157). Interview process participants were also sent invitations (Appendix B) via email notification.

Data Collection Plan

A Continuing Education Research Study Survey (Appendix C) served as 1 of 2 primary modes of data collection. A set of semi-structured interviews (Appendix E) served as the second data collection method. Survey and interview question development consisted of a thorough review of the literature to identify common characteristics on which people base their decisions for continuing education opportunities. The connection between the literature and the resulting compilation of questions was based on these common core elements which helped to add to the validity of this data collection instrument. The survey instrument and interview questions were further validated through peer review of the survey questions by a mental health care nurse educator and two psychiatric clinicians.

Education of participants surrounding the study's definitions of the key terms occured prior to their involvement in the study. Survey data was collected electronically via SurveyGizmo.com. Survey participants had one month to complete the online survey. There was one version of the survey that was completed by all participants but the resulting data was broken down based on the participants' clinical professional license. Interviews of 30-45 minutes took place individually, in-person, in a private office or small conference room located at Acadia Hospital. To ensure accuracy of interview data, interviews were recorded and transcribed. Transcribed interviews were provided to the participants for them to member check the content for accuracy prior to analysis.

Research records were kept in a locked file in the office of the researcher. Electronic survey data collection conformed to SurveyGizmo's Terms of Use and Privacy Policy. SurveyGizmo strives for HIPAA compliance through the use of numerous anti-hacking measures, redundant firewalls, and constant security scans. A SurveyGizmo Security White Paper was available to potential participants upon request. Interview recordings were stored on a flash drive with a minimum of 128-bit encryption.

The researcher collected, analyzed, coded, interpreted, and published the survey and interview data as part of degree requirements of a doctoral program in educational leadership through the University of New England (UNE). Survey and interview data was de-identified and coded by the researcher as an added layer of protection to the privacy of the research study participants. Participant names were not associated with the research findings in any way and only the researcher will know their identity as a participant. Pseudonyms were also utilized during the interview process to protect the identities of the research study participants.

Analysis

In line with how Creswell (2013, p. 190) describes how to analyze phenomenological data, the researcher compiled survey data within SurveyGizmo and export it into a Microsoft Excel spreadsheet to be further filtered and sorted. Once the data was organized, the researcher fully analyzed the data to establish codes and themes that are able to describe the essence of the phenomenon of psychiatric clinician participation in continuing education programming in rural Maine. Additionally, the researcher utilized qualitative data analysis software, QDA Miner Lite, to evaluate themes that exist within the data collected through the interviewing process. In-depth interview data was analyzed to extract major themes to further support the survey data by adding a more humanistic element. The phenomenological nature of this study makes it important for

these personal stories to be told. Once survey and interview data had been coded and analyzed, the researcher constructed a narrative that is descriptive of the story that the data illustrates. This narrative helped the researcher construct a visual representation of the survey, interview, and combined data.

Participant Rights

Participation in this study was completely voluntary and participants were able to withdraw from the study at any time. There were no financial costs to participate in this research study. The only cost incurred by participants was the cost of their time to participate in this study. Participating in this research study did not result in any form of monetary compensation. Participation in this study occurred on a voluntary basis and outside of the participants' working hours. Permission to include Acadia Hospital employees in this research study was approved through Acadia Hospital's Clinical Research Committee. None of the Acadia Hospital employees that participated in this research study were professionally or clinically supervised in any capacity by the researcher.

Participants that agreed to participate in this research study signed an Informed Consent Agreement for Participation in Research (Appendix D), which included information related to confidentiality and privacy protections. If participants chose not to take part, it did not affect their current or future relations with the researcher, the University of New England (UNE), Acadia Hospital, or Eastern Maine Healthcare Systems (EMHS). Participants were able to skip or refuse to answer any question for any reason. Participants were free to withdraw from this research study at any time, for any reason. If participants chose to withdraw from the research, there was no penalty to them and they did not lose any benefits that they were otherwise entitled to receive. The Institutional Review Board (IRB) for the Protection of Human Subjects at the

University of New England has reviewed the use of human subjects in this research. The IRB is responsible for protecting the rights and welfare of people involved in research.

Potential Limitations

Other geographic locations or other professionally licensed disciplines inside or outside of health care may not be able to draw any generalizable conclusions from this study. Additionally, the discipline focus of the study combined with the geographic location also limited the sample size of the study. The potential participant pool was limited to 111 psychiatric clinicians that are actively professionally licensed in the State of Maine that work at Acadia Hospital. Furthermore, completion of any surveys or interviews by those located in this geographic location was completely voluntary. The responses to any survey or interview questions were also self-reported. As a result, this study was subject to some expected biases based on entirely self-reported data. This research study examined the psychiatric clinicians' perspectives of continuing education programming in rural Maine, which is a very personal issue, yet these perspectives may not have reflected fact. Thus individual's perceptions of the situation are at least as important if not more important than the objective reality of the situation.

CHAPTER 4

RESULTS

The purpose of this qualitative, phenomenological research study was to explore continuing education practices within the health care industry, specifically mental health care, with a focus on psychiatric clinicians' perspectives on continuing education programming in rural Maine. This study explored the personal experiences of these mental health care practitioners through surveys and interviews as well as through a comparative review of literature related to other health care disciplines and various geographic locations.

A researcher-constructed survey (Appendix C) served as 1 of 2 primary modes of data collection. A set of semi-structured interviews (Appendix E) served as the second data collection method. Ultimately, data were gathered from thirty-seven (n=37) psychiatric clinicians that are professionally and clinically licensed in the State of Maine. This chapter will discuss the method of analysis as well as present the research results in two sections: (a) Respondent Demographic Data and (b) Research Questions and Results.

Data Analysis Method

After the surveys were submitted, the researcher checked them for completion. The researcher then tabulated and analyzed the data in a Microsoft Excel spreadsheet. Frequencies and percentages were tabulated for each survey question where appropriate. Survey questions and their resulting data were then grouped based on their connection to the study's research questions.

After interviews were completed, audio files were sent to a transcription service to be transcribed. The transcripts were reviewed by the researcher for accuracy. Subsequently, transcripts were sent to the respective research participant for member checking. Following the

participant member check, data was imported into QDA Miner Lite for coding. Transcript data were coded based on the mention of key factors that were consistent with Question #13 of the research survey. The list of key factors included: cost, financial assistance by their organization, duration of the event, geographic distance, mode of delivery, style of delivery, accreditation, relevance of the content, quality of the event, date/time of the event, who the presenter(s) is/are, direct patient care schedule, possibility of career advancement, ease of access, and opportunity to network with colleagues. Communication/notification about events and personal schedule (home life) were added to the list of key factor codes during the analysis process. A second level of coding delineated whether key factors were facilitators or barriers to participation. Coding also consisted of codes related to the primary reason for attending continuing education programming as well as references to organization support. Once coding was complete, QDA Miner Lite assisted in aggregation of statistics for each code along with locating descriptive narrative that best gave voice to the participants' personal experiences.

Table 2 depicts the relationship of research questions, the instrument, the instrument question/code, and data analysis method used for each research question.

Table 2.

Research Questions, Related Instrument Items, and Data Analysis

Research Question	**Survey Question Number**	**Interview Data / Code**	**Data Analysis Technique**
1. What level of understanding does clinical staff have in regard to licensing requirements of their discipline?	Section II, Questions 1-4	Quotes	Frequency, percentage, and descriptive.
2. What motivates clinical staff members when choosing continuing education events to attend?	Section II, Question 15	Primary Reason	Frequency and percentage.
3. What barriers do clinical staff members face when trying to participate in continuing education?	Section II, Questions 6 & 13	Key Factors	Frequency and percentage.
4. What is the clinical staff member perception of the level of support by their organization?	Section II, Questions 6-12	Support & Quotes	Frequency, percentage, and descriptive.

Respondent Demographic Data

Thirty-seven (37) Continuing Education Research Study Surveys (Appendix C) were returned. Although one (1) survey was only 88% complete, it was identified as useable where it only omitted answers to two (2) questions regarding education materials. The overall survey response rate was 33.6%. Table 3 reports demographic data for the survey participant sample.

Table 3.

Survey Participant Demographics

Characteristics	**n**	**%**
Age		
Under 20 years – 24	2	5.4%
30-34	5	13.5%
35-39	10	27.0%
40-44	3	8.1%
45-49	6	16.2%
50-54	5	13.5%
55-59	3	8.1%
60 years or above	3	8.1%
Level of Education		
Some college	2	5.4%
Bachelor's Degree	1	2.7%
Master's Degree	34	91.9%
Years in Field		
Less than 1 year	1	2.7%
1-2	3	8.1%
3-5	5	13.5%
6-9	7	18.9%
10 or more years	21	56.8%
Years with Current Employer		
Less than 1 year	9	24.3%
1-2	7	18.9%
3-5	6	16.2%
6-9	6	16.2%
10 or more years	9	24.3%
Primary Patient Care Setting		
Inpatient	11	29.7%
Outpatient	23	62.2%
Administrative/Leadership	3	8.1%
Clinical Professional License		
Licensed Clinical Social Worker (LCSW)	20	54.1%
Licensed Master Social Worker (LMSW)	4	10.8%
Licensed Clinical Professional Counselor (LCPC)	9	24.3%
Certified Alcohol & Drug Counselor (CADC)	2	5.4%
Licensed Alcohol & Drug Counselor (LADC)	4	10.8%
Occupational Therapist (OT)	1	2.7%
Certified Clinical Supervisor (CCS)	1	2.7%

All 37 research study participants were invited to participate in semi-structured interviews (Appendix E). Only ten (10) participants decided to take part in the semi-structured interview process for a response rate of 27.0%. Table 4 reports selected demographic data for the interview participant sample.

Table 4.

Interview Participant Demographics

Characteristics	**n**	**%**
Age		
30-34	2	20.0%
35-39	2	20.0%
40-44	1	10.0%
45-49	3	30.0%
50-54	1	10.0%
55-59	1	10.0%
Level of Education		
Some college	2	20.0%
Bachelor's Degree	1	10.0%
Master's Degree	7	70.0%
Years in Field		
3-5	1	10.0%
6-9	2	20.0%
10 or more years	7	70.0%
Years with Current Employer		
Less than 1 year	2	20.0%
1-2	1	10.0%
3-5	2	20.0%
6-9	2	20.0%
10 or more years	3	30.0%
Primary Patient Care Setting		
Inpatient	1	10.0%
Outpatient	8	80.0%
Administrative/Leadership	1	10.0%
Clinical Professional License		
Licensed Clinical Social Worker (LCSW)	4	40.0%
Licensed Clinical Professional Counselor (LCPC)	3	30.0%
Certified Alcohol & Drug Counselor (CADC)	1	10.0%
Licensed Alcohol & Drug Counselor (LADC)	4	40.0%
Certified Clinical Supervisor (CCS)	1	10.0%

Research Questions and Results

This section presents the results of this study, focusing on the main themes of this study's research questions. The main themes are the level of understanding of professional clinical licensing requirements, the motivators to participate in CE programming, facilitators and barriers to participation, and perceived organization support.

Level of Understanding of Licensing Requirements

Research study participants were assessed through their answers to multiple survey questions to gauge the level of understanding they had concerning licensing requirements of their discipline. Table 5 reports psychiatric clinician perspectives related to perceived importance of continuing education programming, their understanding of their own licensing requirements, and their perception of their organization's understanding of their licensing requirements.

Table 5.

Survey Participant Perceived Understanding of Licensing Requirements

Survey Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
	n (%)	n (%)	n (%)	n (%)	n (%)
Attending continuing education programming is important to me	0 (0.0%)	0 (0.0%)	12 (32.4%)	25 (67.6%)	37 (100.0%)
Attending continuing education programming is important to my clinical professional practice	0 (0.0%)	0 (0.0%)	7 (18.9%)	30 (81.1%)	37 (100.0%)
I feel that I fully understand what continuing education programming will be accepted by my licensing board when it is time to relicense	0 (0.0%)	2 (5.4%)	17 (45.9%)	18 (48.7%)	37 (100.0%)
I feel my organization fully understands my continuing education licensing requirement needs	1 (2.7%)	1 (2.7%)	23 (62.2%)	12 (32.4%)	37 (100.0%)
Total	1 (0.7%)	3 (2.0%)	59 (39.9%)	85 (57.4%)	148 (100.0%)

All survey participants responded that they either agree (32.4%) or strongly agree (67.6%) that continuing education programming is important to them. Similarly, all survey participants also responded that continuing education programming is important to their clinical professional practice. An observation of interview participants draws more attention to the level of importance placed on continuing education programming by psychiatric clinicians:

> I am a firm believer that as providers we are always evolving, and the field is always ever evolving. I believe that if we don't continue to attend certain areas within our field we become stagnant. We need to keep enriching ourselves and keep ourselves immersed in Continuing Education in order to be the best providers we can be in this field. (Dorothy, personal interview)

The sentiment of continued learning being important to psychiatric clinicians and their practice is further validated through another interview participant having shared the following statement:

> Not only is it required for my licensure to be continuously granted upon me, but also I believe it's extremely important for me to continue learning new approaches and new avenues of thought and to continue advancing my education to best serve those I see in this field. (Jack, personal interview)

Motivators to Participate in CE Programming

Through recognizing the level of understanding of licensing requirements, it starts to become clear as to what motivates psychiatric clinicians to participate in continuing education programming. To assess what motivates clinical staff members when choosing continuing education programming events to attend, survey participants were asked to indicate their primary

reason for attendance. The breakdown of survey participant responses to this question of motivation can be seen in Table 6.

Table 6.

Survey Participant Primary Reason to Attend Continuing Education Programming

Reason for Attendance	**n**	**%**
Increase my clinical knowledge & skill to practice	19	51.4%
To maintain my skill level	0	0.0%
To maintain my professional clinical license/certification	18	48.6%
Total	37	100.0%

Survey participants reported that they are slightly more inclined to attend continuing education programming to increase their clinical knowledge and skill to practice (51.4%) than just to maintain their professional clinical license/certification (48.6%). However, Table 7 indicates 46.2% of interview participants prefer to attend continuing education programming to maintain their professional clinical license/certification compared to 44.6% of interview participants preferring to attend continuing education programming to increase their clinical knowledge and skill to practice.

Table 7.

Aggregated Interview Participant References of Reasons for Attendance of Continuing Education Programming

Reason for Attendance	**Average Reference Rate**	**n[1]**	**%**
Increase my clinical knowledge & skill to practice	2.9	29	44.6%
To maintain my skill level	0.6	6	9.2%
To maintain my professional clinical license/certification	3.0	30	46.2%
Total	-	65	100.0%

Note[1]: Totals are greater than the number of respondents due to multiple responses.

Discussion with research participants through the interview process was able to tease out more background information as to what motivates psychiatric clinicians to attend continuing education programming whereas the survey question was limited to just the primary reason for their attendance. Some psychiatric clinicians attend continuing education as a way to challenge themselves as they "can become very stagnant if you're not learning and growing and challenging yourself about the way you look at things or apply information" (Cassandra, personal interview). Psychiatric clinicians also work to balance continued learning and obtaining enough continuing education credit for renewing their license due to their drive "to continue to learn in my [their] field and …I'm [they're] required to have a certain amount of hours per year for my [their] license" (Misty, personal interview). A motivation to learn combined with a concern for maintaining licensure can also be seen through the following statement:

> As my licensure needs ethics, I desperately needed it for my licensure, but I also thought it was important how the ethics was being taught was with regards to legalities, and I think it's important for us to know exactly legally how to not only protect those we serve, but to protect ourselves, as well, so I found it beneficial in two different ways. (Jack, personal interview)

One interview participant shared an assessment of the value of their time intertwined with a thirst for new knowledge and skills through the following statement:

> …if I'm going to take time out of my day, I want it to be worthwhile. I want to know more, I want it to be unique information that I couldn't have easily gathered otherwise, and I want concrete applicability to what I'm doing. (Amy, personal interview)

Other studies in the review of the literature identified similar themes and results. Nalle, Wyatt, and Myers (2010) examined the reason for participation in continuing education which

included “personal and professional interest”, licensure requirement”, “career advancement”, and “job requirement” (p. 111). The Nalle, Wyatt, and Myers (2010) study resulted in a similar fashion to the present research study’s survey results in that participants indicated they attend continuing education programming more so due to interest (43%) than due to licensing requirements (15%). The authors also compared themes of personal influence on continuing education participation. However, these results show the reciprocal of the previous data points. This relationship showed 33% of participants are motivated in their decision to attend continuing education due to opportunity to influence practice compared to an aggregated 43% of participants attending continuing education due to the influence of their professional certification (23%) or licensure requirement (20%).

Facilitators and Barriers to Participation

To evaluate what facilitators or barriers clinical staff members face when attempting to participate in continuing education, survey participants were asked to select, from a list of key factors, the choices that they take into account during their decision-making process when determining which continuing education programming to attend. Interview participants had any references made to key factors coded and analyzed in QDA Miner Lite. Table 8 reports survey participant responses and interview participant references of key factors affecting attendance of continuing education programming.

Table 8.

Participant References of Key Factors Affecting Attendance of Continuing Education Programming

Key Factor	**Surveys**	**Interviews**
Cost	16.3%	12.0%
Relevance of the content	12.4%	8.2%
Geographic distance	11.9%	12.0%
Accreditation	11.4%	3.3%
Direct patient care schedule	8.9%	16.3%
Financial assistance by their organization	8.4%	11.4%
Date/Time of the event	7.9%	5.4%
Quality of the event	6.9%	5.4%
Duration of the event	4.0%	0.0%
Mode of delivery	4.0%	5.4%
Opportunity to network with colleagues	3.5%	1.1%
Style of delivery	3.0%	6.5%
Who the presenter(s) is/are	1.0%	2.2%
Possibility of career advancement	0.5%	0.0%
Ease of access	0.0%	4.3%
Notification / communication	0.0%	3.8%
Personal schedule	0.0%	2.7%
Total	100.0%	100.0%

In comparing the result from both the survey and interview participants, the key factors that rank consistently high on both lists are: cost, relevance of content, geographic distance, direct patient care schedule, and financial assistance by their organization. Table 9 further breaks down this list of key factors into what facilitates psychiatric clinician participation in continuing education programming.

Table 9.

Interview Participant References of Key Factors Affecting Attendance of Continuing Education Programming as Facilitators

Key Factor	**Facilitators**
Financial assistance by their organization	31.6%
Direct patient care schedule	21.1%
Cost	10.5%
Geographic distance	10.5%
Relevance of the content	10.5%
Ease of access	10.5%
Personal schedule	5.3%
Duration of the event	0.0%
Mode of delivery	0.0%
Style of delivery	0.0%
Accreditation	0.0%
Quality of the event	0.0%
Date/Time of the event	0.0%
Who the presenter(s) is/are	0.0%
Possibility of career advancement	0.0%
Opportunity to network with colleagues	0.0%
Notification / communication	0.0%
Total	100.0%

To facilitate an atmosphere where psychiatric clinicians feel that they are able to participate in continuing education programming, organizational support is essential. One interview participant indicated "there is a high push for productivity and increasing the number of patients being seen and so I'm often in a bind of trying to meet both needs of patient care needs and training needs" (Joanne, personal interview). Yet given perceptions of collaboration and support, another participant articulated that,

> the knowledge and the inspiration can only benefit the employers, so I think here they really are on top of that by allowing people to do that [participate in continuing education programming]….when you have that opportunity to enhance your skills and inspire you and increase your confidence level, I think you become a much more productive and happy employee. (Sophie, personal interview)

Other than looking at what key factors psychiatric clinicians take into account when deciding on what continuing education programming to attend or what key factors might facilitate them in being able to attend, Table 10 also indicates which key factors are barriers to attending continuing education programming.

Table 10.

Interview Participant References of Key Factors Affecting Attendance of Continuing Education Programming as Barriers

Key Factor	**Barriers**
Direct patient care schedule	22.2%
Geographic distance	13.6%
Cost	12.3%
Relevance of the content	12.3%
Date/Time of the event	9.9%
Financial assistance by their organization	8.6%
Notification / communication	6.2%
Ease of access	4.9%
Personal schedule	4.9%
Quality of the event	2.5%
Style of delivery	1.2%
Accreditation	1.2%
Duration of the event	0.0%
Mode of delivery	0.0%
Who the presenter(s) is/are	0.0%
Possibility of career advancement	0.0%
Opportunity to network with colleagues	0.0%
Total	99.8%

Note: Due to rounding, percentage totals add up to a fraction under 100%.

Key barriers are clearly direct patient care schedule, geographic distance, cost, and relevance of the content. Sometimes it is just one key factor that creates a barrier to attendance such as one participant's feeling that "there's just so much going on with work and my own life that adding one more thing to it is difficult at times" (Rose, personal interview). Moreover, interview participants were able to illustrate a correlation between key barriers. It is not just one factor that may block their participation in continuing education programming but a combination

of a few. A correlation between work schedule, cost, geographic distance, and relevance of the content can be observed when one participant expresses:

> The hospital I work at pays a certain amount for our continuing education, so some of it is free, even outside of the program, which makes it easy, but even then, it's still limited. If I wanted to travel outside of the state, which there are some amazing programs in other parts of the state, in other parts of the country, I mean, I wouldn't be able to afford that. I would have to do that out of pocket. (Jack, personal interview)

Another interview participant gives further insight into the interconnection between geographic distance and relevance of the content:

> I don't feel like there's enough education in my field that's offered at this facility. It pertains more to mental health, nursing. There has been few and far in between things offered to substance abuse services. (Misty, personal interview)

Other studies in the review of the literature identified similar key barriers and results. Work commitments, cost of courses, geographic distance, and lack of relevant CE programs were listed by Shahhosseini and Hamzehgardeshi (2015) as some of the largest barriers to continuing education programming attendance (p. 188). Their assessment is corroborated by Penz, et. al (2007) in which 41% of participants in their study indicated "rural community and work life" as a barrier to continuing education programming attendance (p. 61). This particular thematic category in that study includes barriers such as rural location/isolation, staffing levels (work schedule), and accessibility/availability of relevant programming.

Perceived Organization Support

Research study participants were assessed through their answers to multiple survey questions to gauge the level of support to attending continuing education programming that they

perceived they receive from their organization. Table 11 breaks down the response rates for survey questions that were categorized to answer research question number four, "What is the clinical staff member perception of the level of support by their organization?" An aggregated 72.8% of survey participants either agree or strongly agree that they feel supported by their organization to attend continuing education programming. This can be further broken down into evaluating just the perceived level of support by their organization/leadership to attend continuing education programming, in which a combined 86.5% of survey participants having indicated that they agree or strongly agree. Comparably, a majority of survey participants also perceived that they had the resources or access to the resources to attend continuing education programming that was appropriate to their discipline. Although, overall, there was a noticeable 27.3% of survey participants that perceived they do not have the support from their organization to attend continuing education programming that is appropriate to their discipline.

Interview participants disagree with their perceived level of support from the organization compared to what survey participants identified. The references of organization support during the interview process can be seen in Table 12. The overall outcome of the interview participant data is a 50/50 split on whether they feel supported or not by their organization to attend continuing education programming.

Table 11.

Survey Participant Perceived Organization Support for Attendance of Continuing Education Programming

Survey Question	Strongly Disagree n (%)	Disagree n (%)	Agree n (%)	Strongly Agree n (%)	Total n (%)
I feel supported by my organization/leadership to attend continuing education programming	0 (0.0%)	5 (13.5%)	24 (64.9%)	8 (21.6%)	37 (100.0%)
I have sufficient access to synchronous continuing education programming opportunities that are appropriate to my discipline	1 (2.7%)	12 (32.4%)	18 (48.6%)	6 (16.2%)	37 (100.0%)
I have sufficient access to asynchronous continuing education programming opportunities that are appropriate to my discipline	0 (0.0%)	6 (16.7%)	27 (75.0%)	3 (8.3%)	36 (100.0%)
I have sufficient access to online continuing education programming opportunities that are appropriate to my discipline	1 (2.8%)	7 (19.4%)	24 (66.7%)	4 (11.1%)	36 (100.0%)
I feel that there is an appropriate amount of continuing education programming opportunities that are offered which fit my preferred learning style	1 (2.7%)	14 (37.8%)	20 (54.1%)	2 (5.4%)	37 (100.0%)
I have sufficient resources to help me choose continuing education programming opportunities to attend	0 (0.0%)	11 (29.7%)	23 (62.2%)	3 (8.1%)	37 (100.0%)
I have sufficient access to resources to help me choose continuing education programming opportunities to attend	0 (0.0%)	12 (32.4%)	22 (59.5%)	3 (3.1%)	37 (100.0%)
Total	3 (1.2%)	67 (26.1%)	158 (61.5%)	29 (11.3%)	257 (100.1%)

Note: Due to rounding, the aggregated percentage total add up to a fraction over 100%.

Table 12.

Interview Participant References of Organization Support for Attendance of Continuing Education Programming

Key Factor	As a Facilitator		References		As a Barrier	
	n[1]	%[2]	n[1]	%	n[1]	%[2]
Education Department	6	40.0%	15	37.5%	8	53.3%
Immediate Leadership	7	46.7%	15	37.5%	4	26.7%
Executive Leadership	3	30.0%	10	25.0%	4	40.0%
Total	16	50.0%	40	100.0%	16	50.0%

Note[1]: Totals are greater than the number of respondents due to multiple responses.
Note[2]: Facilitator/barrier percentages are calculated as a percent of the number of references.

Some interview participants indicated that the facility is not meeting their educational needs such as "I [they] don't feel like there's enough education in my field that's offered at this facility. It pertains more to mental health, nursing. There has been few and far in between things offered to substance abuse services" (Misty, personal interview).

Other interview participants more than perceive an educational support disconnect from their organization through direct conversation with their immediate supervisor:

> I've actually had that conversation with my immediate leadership person, that I don't think there's a lot of push for upgrading skill. Where we're working in the same old, same old, there are new studies on different disorders, how they inter-relate. It's about being busy, it's about productivity and administrative stuff.…I think, especially for substance abuse services, I don't think there are a lot of people who understand substance abuse services. (Michael, personal interview)

Comparatively to previous employers, one participant when asked about support to attend continuing education programming, indicated the current perceived level of support is "… very

little compared to what I've had in the past simply because if I'm too busy it's not a priority for anybody but me. If I'm too busy then it's just too bad and I just don't go" (Jessica, personal interview).

Other studies in the review of the literature identified organization support as a significant factor when planning continuing education programming attendance (Prater and Neatherlin, 2001; Shahhosseini and Hamzehgardeshi, 2015). However, these other studies only indicated organizational support as a barrier and did not assess the level that organizational support played in facilitating attendance to continuing education programming.

Previous studies have also listed these themes as important aspects that clinical staff take into account when they seek to attend continuing education programming. Shahhosseini and Hamzehgardeshi (2015) reported "lack of organizational support" and "lack of supervisors' support" (p. 188) in a list of facilitators and barriers to participation in continuing education. Similarly, Penz et al. (2007) indicated "employer support" as a main thematic category with a further description of it as a barrier to attendance by being defined as "lack of support from management; employer not flexible; no support from workplace" (p. 61).

Summary

Based upon research findings, there is interconnectivity between level of understanding of psychiatric licensing requirements, motivators to CE participation, facilitators and barriers to CE participation, and the level of organization support perceived by clinical staff members. Most psychiatric clinicians in this study understand what the requirements are for their professional clinical license and equally attend continuing education programming to maintain that license and increase their knowledge and skill to practice. Organization support, whether financial or otherwise, helps to facilitate breaking down interrelated barriers to attendance such

as direct patient care schedule, geographic distance, cost, and relevance of the content. Most psychiatric clinicians in this study also feel that they have the resources or access to resources necessary to meet their continuing education needs. However, the perceived barriers to attendance that psychiatric clinicians face are very real and problematic when they occur.

CHAPTER 5

CONCLUSION

The purpose of this qualitative, phenomenological research study was to explore the personal experiences of psychiatric clinicians (social workers, counselors, and therapists) and their perspectives on continuing education practice in rural Maine. To evaluate what those perspectives are and to better understand those lived experiences, this study focused on determining their level of understanding of their licensing requirements, psychiatric clinicians' motivations to attend continuing education programming, the barriers they face when trying to participate in continuing education programming, and psychiatric clinician perceptions of the level of support by their organization to attend continuing education programming. This was accomplished through a review of the literature to develop a survey to be utilized as 1 of 2 primary methods of data collection. Following the survey, participants were then invited to partake in the second primary method of data collection, which was a semi-structured interview process to delve deeper into the lived experiences of these psychiatric clinicians.

A 33.6% response rate is reasonable for an online survey given that a colleague within the setting of the targeted organization of the research study sent out the survey invitations; yet, the purpose for the survey was for reasons external to the organization (Fryrear, 2015). Once the data was collected and organized, data was tabulated and analyzed to calculate frequencies and percentages for each survey question where appropriate. The researcher fully analyzed the interview data by utilizing qualitative data analysis software, QDA Miner Lite. This analysis was performed to establish codes and themes that are able to describe the essence of the phenomenon of psychiatric clinician participation in continuing education programming in rural Maine. Both datasets were then evaluated as a whole to extract major themes that were then able

to be compared and contrasted with previous research to construct recommendations for action, practice, and for further study.

As noted in the results section, there are numerous key factors that psychiatric clinicians take into account when choosing continuing education programming opportunities to attend. In particular, a few key factors stand out as barriers to attendance. These key barriers were clearly direct patient care schedule, geographic distance, cost, and relevance of the content. Although generally focused on nurses rather than psychiatric clinicians, these barriers are corroborated in the literature by Shahhosseini and Hamzehgardeshi (2015) and Penz et al. (2007) in which they state that rural and remote practitioners perceive that work commitments, cost of courses, geographic distance, and lack of relevant programming are some of the main barriers to attendance of continuing education. In this chapter, study findings are discussed and compared to previous research findings. Additionally, recommendations for action/practice and for further study will be presented.

Interpretation of Findings

Based upon this study's four research questions and research findings, the following interpretations are offered.

Question 1: What level of understanding does clinical staff have in regard to licensing requirements of their discipline?

All but 2 of the 37 respondents (94.6%) agreed or strongly agreed with the statement that they understood what the requirements were; still 100% reported that attending continuing education programming was important both to them and to their professional practice. This is also the case regarding their own understanding and their perceptions of their organization's understanding of their licensing requirements. Given the heightened awareness that psychiatric

clinicians have surrounding the importance of continuing education to their practice, this gives way to increased knowledge on what is required by their professional clinical license as well as what will best increase their clinical knowledge and skill to practice.

Parallels to these results can be drawn from the literature. Although focused on the discipline of nursing, Shahhosseini and Hamzehgardeshi (2015) corroborate this feeling of the value of continuing education. They indicated that participants in their study had a "high motivation for updating nursing knowledge" (Shahhosseini & Hamzehgardeshi, 2015, p. 189). Comparably, Brady (2014) carried out an exploratory study on child protection social workers' engagement in continuing professional development in which participants saw the role of continuing education as a way to be "kept up-to-date and informed on legal issues, policy changes, and developments in new methods of working" (p. 826).

Question 2: What motivates clinical staff members when choosing continuing education events to attend?

Whether examining this study's survey results or analysis of interview data, there was a 50/50 split of psychiatric clinicians who attend continuing education programming to increase their clinical knowledge and skill to practice or to maintain their professional clinical license/certification. Reasons other than their primary motivation of attendance can be determined through detailed conversations with individual psychiatric clinicians. Through this study's interview process, participants shared a genuine thirst for knowledge as well as an equally discouraging concern for being able to effectively maintain their professional clinical license.

When studying the literature, Shahhosseini and Hamzehgardeshi (2015) identified that participants from their study "considered the increase in clinical skills as their most common

motivation to participate in continuing education [programming]" (p. 189). However, they do not make mention of practitioners attending continuing education programming solely for reasons of licensure maintenance. This sentiment is mirrored in Brady's (2014) study in which some of the primary motivators for attendance include personal interest, professional interest, and career advancement (p.827). Prater and Neatherlin (2001) also focus solely on the benefits of continuing education as motivators, such as awareness of professional issues, improved performance in practice, networking opportunities, and being able to learn beyond the required hours (p. 129). Although these authors have described similar motivators, including a thirst for continued knowledge, it is unclear whether psychiatric clinicians from this study are directly comparable to research studies of health care practitioners within other licensed disciplines or non-rural areas. However, influences behind what primarily motivates psychiatric clinicians to attend continuing education programming can be tied to facilitators and barriers to their attendance as identified through the course of this research study's inquiry.

Question 3: What barriers do clinical staff members face when trying to participate in continuing education?

Psychiatric clinicians that participated in this study indicated that they take into account the following key factors when deciding on which continuing education programming to attend: direct patient care schedule, geographic distance, cost, relevance of the content, and financial assistance by their organization. Out of these factors, financial assistance by their organization is a facilitator to participation versus direct patient care schedule, geographic distance, cost, and relevance of the content having been barriers. This study assumed that these barriers might be unique to a rural locale as it would be easy to see that psychiatric clinicians in a rural environment would have a difficult time attending continuing education programming due to

work commitments, the great distance they may have to travel for relevant content, or costs associated with programming or travel to programming. However, in exploring the literature, this is not necessarily the case. The results of this study seem to align with that of other research studies, whether those studies focused on rural environments or not.

A study completed by Penz et al. (2007) that focused on rural nurses in Canada similarly listed rural location/isolation, work-related time, and work-related finances as the top 3 barriers to continuing education attendance (p. 61). Although the study carried out by Penz et al. (2007) concentrated its participant sample to rural Canada (which is geographically similar to rural Maine), their results were consistent with other non-rural studies such as those carried out by Shahhosseini and Hamzehgardeshi (2015) and Nalle, Wyatt, and Myers (2010), which also listed geographic distance, work commitments, and cost of courses as top barriers to attendance.

Overall, these key barriers to attendance seem to be common across all geographic locations and professionally licensed disciplines and not exclusive to psychiatric clinicians in rural Maine. Rural and non-rural studies alike also list the lack of organizational/employer support as a key barrier to attendance of continuing education programming. Psychiatric clinicians in this study seemed less likely to attend continuing education programming to increase their clinical knowledge and skill to practice, but instead they attend to just maintain their professional clinical license/certification when faced with these key barriers to attendance, especially when you compound lack of organizational/employer support on top of these other key barriers.

Question 4: What is the clinical staff member perception of the level of support by their organization?

Results of this research study's survey related to generalized perceptions of organization support show that there exists approximately a 75/25 split with most psychiatric clinicians feeling that they are supported by their organization to attend continuing education programming. However, through deeper discussions with psychiatric clinicians during this study's interview process, it seems to be more of a 50/50 split on whether they feel or do not feel supported by their organization to attend continuing education programming. When looking at the key barriers identified in this study and connecting them to perceptions of organization support, one participant shared that "I don't think there's a lot of push for upgrading skill… It's about being busy, it's about productivity and administrative stuff" (Michael, personal interview). Given this statement, it is easy to see a lack of organization support in combination with a higher focus on work commitments than continuing education. When asked about organization support to attend continuing education programming, another research study participant shared that "if I'm too busy, it's [continuing education] not a priority for anybody but me. If I'm too busy then it's just too bad and I just don't go" (Jessica, personal interview). This sentiment is validated by yet another research study participant that shared that "there is a high push for productivity and increasing the number of patients being seen and so I'm often in a bind of trying to meet both needs of patient care needs and training needs" (Joanne, personal interview).

Levett-Jones (2005) shared similar reflections surrounding the importance of organizational support for continuing education attendance by having stated that "at times, there is a marked contradiction between rhetoric and reality, with administrator merely paying 'lip service' to educational initiatives" (p. 229). This correlation is consistent with results discussed

by Penz et al. (2007). In that study, rural practitioners that perceived barriers to attendance indicated a 53/47 split related to feelings of support versus feelings of no support by their organization to attend continuing education. When compared to that study's results for rural practitioners that did not perceive barriers, there was an 83/17 split related to feelings of support versus feelings of no support by their organizational to attend continuing education. Given this relationship between organization support and other key barriers to attendance, organization support is definitely an influencing factor on what motivates psychiatric clinicians to attend continuing education programming or further acts as the main barrier to attendance.

Implications

This study's results clearly identify continuing education practice concerns of rural psychiatric clinicians in Maine, including barriers to attending continuing education programming and issues related to level of support to attend by their organization. This information can direct development of continuing education programming that specifically addresses these barriers and is offered in a geographically preferred location to meet the continuing education needs of rural psychiatric clinicians in Maine. Study results must be disseminated to those offering continuing education for psychiatric clinicians including urban and rural hospital facilities; community-based mental health service providers; and universities, technical, and community colleges with programs focusing on psychiatric clinical care. Study results should also be shared with executive leadership and middle management in hospital facilities, community-based mental health care service providers, and clinical directors in educational settings throughout the state.

This dissemination may lead to continuing education program development addressing barriers to attendance and topic areas of need. Continuing education programming for rural

psychiatric clinicians in Maine should also address barriers to attending and topic areas of need as to stay mindful of issues related to maintaining or increasing skill to practice. This study identifies organization support as one way to address the barriers identified by rural psychiatric clinicians. Study results identified that approximately 50% of participants feel supported by their organization to attend continuing education programming.

Acadia Hospital employs an internal staff education and development department, its main focus is on the profession of nursing. Where Acadia Hospital is one of very few psychiatric facilities in the State of Maine, it would benefit the community of practice statewide to take the lead in implementing a greater focus on psychiatric clinician continuing education programming. Several hospital facilities in Maine have begun to network themselves together in various health care systems. Eastern Maine Healthcare Systems (EMHS) in Brewer, Maine (of which Acadia Hospital is a member) could become a continuing education leader throughout the State of Maine if they networked their staff education and development departments to maximize the resources they have at their disposal. Such a supportive partnership may be able to better assist in coordinating the identified continuing education programming needs of rural psychiatric clinicians while combatting barriers such as cost to the individual, geographic distance of programming, and inability to attend due to work commitments. Continual assessment of such a curriculum development program would direct further development while assessing whether key factors identified in this study continue to be barriers to attendance.

One of the top four barriers to obtaining continuing education by rural psychiatric clinicians in Maine was cost. This researcher's recommendation to combat this barrier would be investigation of funding resources for rural psychiatric clinicians desiring to obtain continuing education. Some areas for funding of continuing education might include rural hospital funds for

continuing education per psychiatric clinician, education funds from urban hospitals to provide continuing education to rural facilities, psychiatric clinicians' willingness to finance their own continuing education, and grant funding for continuing education development for rural psychiatric clinicians.

This sentiment regarding the importance of continuing education hinging on organizational support allowing staff to attend is consistent with considerations shared by Levett-Jones (2005) in which the author states that "administrators and managers may be either facilitators or impediments to continuing education depending on their commitment to the process and the degree of support they provide" (p. 229). Thus effective and accountable change to current perceptions of rural psychiatric clinician continuing education practice is completely dependent upon these important stakeholders, health care leaders, being onboard with the notion that psychiatric clinicians are lifelong learners and need continued education to increase their clinical knowledge and skill to practice.

Recommendations for Action/Practice

Specifically, administrators and policy makers might consider strategic actions to support continuing education for psychiatric clinicians in rural areas. The following are recommendations to that end.

1. Conduct organization-based annual educational needs assessments focusing on all relevant disciplines (not just physicians or nurses) and subject areas to determine which areas of continuing education are most appropriate, particularly in specialty areas such as mental health care.
2. Organizations and all levels of leadership therein should support access to continuing education programming offerings that are convenient for staff.

3. Provide an education department within each organization that focuses on creating educational curriculum for all licensed disciplines equally. Also, pool resources from within larger rural health care systems to avoid duplication of curriculum development efforts as recommended for rural practitioners by Lohmann and Lohmann (2005, p. 304).
    a. Offer local continuing education programming more often to offset the barriers of direct patient care schedule and geographic distance.
4. Communicate more effectively with staff regarding availability of financial assistance and availability of continuing education programming opportunities.
5. Reimburse financial fees and remuneration for employees to attend continuing education programming.
6. Provide a variety of delivery options for staff including on-line programs for individual use at their convenience.
7. Address the varied learning styles of the learner when planning continuing education curriculum.
8. Offer programming with more of a focus on the content that is specifically relevant to rural psychiatric clinicians as recommended for rural practitioners by Lohmann and Lohmman (2005, p. 304).

Recommendations for Further Study

As a result of this study, it is clear that additional research could be undertaken, replicating and altering various aspects of this study. This study should be replicated:

- to determine if results vary in other states with respect to facilitators, barriers, and topics which may influence future psychiatric clinicians' participation in continuing education programming, in order to further validate the study;

    - to determine whether a rural environment influences psychiatric clinicians' continuing education programming participation, research should be conducted in rural and urban/metro environments concurrently within the same study;
- to validate the study's research instrument further and improve upon questions asked of psychiatric clinician respondents;
- to investigate the factors which affect psychiatric clinicians in other employment areas outside the hospital setting, in other states, and other urban/rural areas to determine if results vary regarding their participation in continuing education programming;
- to evaluate new psychiatric clinician graduates within one year of completing their licensing exam to determine if continuing education programming impacts skill to practice;

Future research should address the various types of instructional delivery methods psychiatric clinicians prefer when attending continuing education programming. In the literature review for this study, there were illustrations of use of online distance education as a means of delivering continuing education. An extensive examination of instructional delivery methods will assist in determining how best to deliver continuing education to psychiatric clinicians.

The healthcare field is changing rapidly. Further studies are necessary to continue to identify topics of interest for psychiatric clinicians with respect to requirements of their licensing boards' professional regulations. The findings of this study should be presented at national and state conferences in order for mental health care leaders and educators to fully understand the ramifications of this study and recognize the significant impact on the profession. Similarly, future researchers may also deem it necessary to examine clinical supervisor perceptions, staff educator's perceptions, and psychiatric clinician professors' perceptions to also determine

psychiatric clinician staffs' participation in continuing education and the significance of their commitment and participation in their community of practice.

Conclusion

This study identified key issues for Maine's rural psychiatric clinicians related to their continuing education practices. Increasing clinical knowledge and skill to practice is crucial in the delivery of skilled and knowledgeable healthcare to rural residents, yet these psychiatric clinicians have identified barriers to obtaining continuing education. The results of this study can guide continuing education practice, the development of continuing education curriculum, and the delivery methods for Maine's rural psychiatric clinicians. As Maine moves forward and considers the requirement of continuing education for re-licensure, the results of this study may become more important as rural health care providers, especially in mental health care, try to find ways to provide the continuing education necessary to maintain a licensed workforce in a manner that supports continued learning and increase knowledgebase.

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Appendix A

Continuing Education Research Study Survey Invitation

Dear Potential Research Study Participant,

The following information is provided for you to help you decide if you would like to take part in a research study surrounding psychiatric clinicians' perspectives on continuing education programming in rural Maine. You should be aware that you are free to decide whether or not to participate and you may withdraw at any time without affecting your relationship with the researcher or the institution.

Continuing education participation is important for health care providers. This is especially true for mental health care practitioners. This research study hopes to explore the psychiatric clinicians' perspectives on continuing education programming in rural Maine. The study is being undertaken due to gaps in the literature surrounding continuing education programming specifically geared for psychiatric clinicians (social workers, counselors, and therapists) and for mental health care practitioners in rural areas. This study looks to give voice to the participants' personal experiences with continuing education programming in rural Maine with the hope to improve the quality and relevance of future continuing education programming for this audience. This study is also being undertaken in partial fulfillment of the researcher's doctoral degree requirements.

Participants will be asked to complete an electronic survey that will evaluate their experiences with continuing education programming. Some of the survey participants will be further invited to take part in an interview process and will be interviewed by the researcher for approximately 30-45 minutes regarding their lived experiences with continuing education programming.

Your name will not be associated with the research findings in any way and only the researcher will know your identity as a participant. Pseudonyms will also be utilized during the interview process to protect the identities of the research study participants. There are no reasonably foreseeable risks associated with participation in this research study.

The survey's informed consent notification contains more detailed information about this research study. Please read this thoroughly. If you wish to participate in this research study, please complete the survey with full knowledge of the nature and purpose of this research study as well as its procedures. A copy of this informed consent information can be given to you to keep.

Please follow this link to complete the online survey:
http://www.surveygizmo.com/s3/2750410/UNE-Doctoral-Research-Study

Thank you for your time and consideration,
Charles M Wakeling, MSM-HCA

Appendix B

Continuing Education Research Study Interview Invitation

Dear Research Study Participant,

The following information is provided for you to help you decide if you would like to take part in an interview process surrounding psychiatric clinicians' perspectives on continuing education programming in rural Maine. You should be aware that you are free to decide whether or not to participate and you may withdraw at any time without affecting your relationship with the researcher or the institution.

Interviews will be conducted by the researcher for approximately 30-45 minutes regarding your lived experiences with continuing education programming.

Your name will not be associated with the research findings in any way and only the researcher will know your identity as a participant. Pseudonyms will also be utilized during the interview process to protect the identities of the research study participants. There are no reasonably foreseeable risks associated with participation in this research study.

The informed consent form contains more detailed information about this research study. Please read this form thoroughly. If you wish to participate further in this research study, please sign your informed consent form with full knowledge of the nature and purpose of this research study as well as its procedures. A copy of this informed consent form will be given to you to keep.

Thank you for your time and consideration,
Charles M Wakeling, MSM-HCA

Appendix C

University of New England

INFORMED CONSENT NOTIFICATION FOR PARTCIPATION IN RESEARCH

Dear Potential Research Study Participant,

The following information is provided for you to help you decide if you would like to take part in a research study surrounding psychiatric clinicians' perspectives on continuing education programming in rural Maine. You should be aware that you are free to decide whether or not to participate and you may withdraw at any time without affecting your relationship with the researcher or the institution. Please read this information in its entirety. Your participation is voluntary.

Project Title: Psychiatric Clinicians' Perspectives on Continuing Education Programming in Rural Maine

Researcher(s): Charles Wakeling, MSM-HCA, University of New England, cwakeling@une.edu

Introduction:
Continuing education participation is important for health care providers. This is especially true for mental health care practitioners. This research study hopes to explore the psychiatric clinicians' perspectives on continuing education programming in rural Maine.

Why is this study being done?
The study is being undertaken due to gaps in the literature surrounding continuing education programming specifically geared for psychiatric clinicians (social workers, counselors, and therapists) and for mental health care practitioners in rural areas. This study looks to give voice to the participants' personal experiences with continuing education programming in rural Maine with the hope to improve the quality and relevance of future continuing education programming for this audience. This study is also being undertaken in partial fulfillment of the researcher's doctoral degree requirements.

Who will be in this study?
Individuals are being invited to participate in this study based on licensure level of what this study is classifying as a psychiatric clinician. That classification includes but is not solely limited to various levels of social workers, counselors, and therapist that work in a mental health care environment. At Acadia Hospital, there are approximately 111 individuals that will be invited to participate in a research survey and approximately 10-15 of the research survey participants that will be invited to participate in semi-structured interviews.

What will I be asked to do?
Participants will be asked to complete an electronic survey that will evaluate their experiences with continuing education programming. Some of the survey participants will be further invited

to take part in an interview process and will be interviewed by the researcher for approximately 30-45 minutes regarding their lived experiences with continuing education programming. Interviews will be recorded to ensure the accuracy of the participants' lived experiences. Interviews will then be transcribed. A copy of the transcribed interview will be provided to each respective participant for member checking.

What are the possible risks of taking part in this study?
There are no reasonably foreseeable risks associated with participation in this research study.

What are the possible benefits of taking part in this study?
Possible benefits of this research study include the potential improvement of current continuing education practice.

What will it cost me?
There will be no financial costs to participate in this research study. The only cost to be incurred by you will be the cost of your time to participate in this study. Participating in this research study will not result in any form of monetary compensation. Participation in this study will occur on a voluntary basis and outside of the participants' working hours.

How will my privacy be protected?
Research records will be kept in a locked file in the office of the researcher. Electronic survey data collection will conform to SurveyGizmo's Terms of Use and Privacy Policy. SurveyGizmo strives for HIPAA compliance through the use of numerous anti-hacking measures, redundant firewalls, and constant security scans. A SurveyGizmo Security White Paper is available upon request. Interview recordings will be stored on a flash drive with a minimum of 128-bit encryption.

The researcher will collect, analyze, code, interpret, and publish the survey and interview data as part of degree requirements of a doctoral program in educational leadership through the University of New England (UNE). Survey and interview data will be de-identified and coded by the researcher as an added layer of protection to the privacy of the research study participants. Your name will not be associated with the research findings in any way and only the researcher will know your identity as a participant. Pseudonyms will also be utilized during the interview process to protect the identities of the research study participants. During the data analysis process, the researcher will utilize qualitative data analysis software, QDA Miner Lite, to evaluate themes that exist within the data collected through the interviewing process. Please note that the Institutional Review Board for the University of New England (UNE) or Acadia Hospital may review the research records.

What are my rights as a research participant?
Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the researcher, the University of New England (UNE), Acadia Hospital, or Eastern Maine Healthcare Systems (EMHS). You may skip or refuse to answer any question for any reason. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. The Institutional Review Board (IRB) for

the Protection of Human Subjects at the University of New England has reviewed the use of human subjects in this research. The IRB is responsible for protecting the rights and welfare of people involved in research.

What other options do I have?
All individuals have the option to not participate in this research study.

Whom may I contact with questions?
The researcher conducting this study is Charlie Wakeling. For questions or more information concerning this research you may contact him at cwakeling@une.edu.

If you have any questions or concerns about your rights as a research subject, you may call Olgun Guvench, M.D. Ph.D., Chair of the UNE Institutional Review Board at (207) 221-4171 or irb@une.edu.

The faculty mentor is expected to take an active role in students' research activities and provide supervision throughout the duration of their research study. The faculty mentor is legally responsible for all research activities. The committee chair of this research study is Marylin Newell, Ph.D. You may contact her at mnewell@collegematters.us if you have any concerns about how this study was conducted.

Will I receive a copy of this informed consent form?
You may print/keep a copy of this informed consent notification.

Thank you for your time and consideration,
Charles M Wakeling, MSM-HCA

I understand the above description of the research study as well as the risks and benefits associated with my participation as a research subject. By completion of this survey, I have agreed to take part in the survey portion of this research study and do so voluntarily.

Continuing Education Research Study Survey

Section I – Participant Demographics

1. Please select your age range:
    a. under 20 years – 24
    b. 25 – 29
    c. 30 – 34
    d. 35 – 39
    e. 40 – 44
    f. 45 – 49
    g. 50 – 54
    h. 55 – 59
    i. 60 years or above

2. Please select your level of education:
    a. High School Diploma / GED
    b. Vocational / Technical school
    c. Some college
    d. Associate's Degree
    e. Bachelor's Degree
    f. Some post-graduate work
    g. Master's Degree
    h. Doctorate (Ph.D., Ed.D., etc.)
    i. Medical Doctorate (MD, DO, etc.)

3. How many years have you worked in your field?
    a. Less than 1 year
    b. 1 – 2
    c. 3 – 5
    d. 6 – 9
    e. 10 or more years

4. How many years have you worked at Acadia Hospital?
    a. Less than 1 year
    b. 1 – 2
    c. 3 – 5
    d. 6 – 9
    e. 10 or more years
5. Please select the patient care setting you work in:
    a. Inpatient
    b. Outpatient
    c. Administrative/Leadership

6. Please select the type of your clinical professional license:
    a. Licensed Clinical Social Worker (LCSW)
    b. Licensed Master Social Worker (LMSW)
    c. Master Social Worker (MSW)
    d. Licensed Clinical Professional Counselor (LCPC)
    e. Alcohol & Drug Counselor Aide (ADCA)
    f. Certified Alcohol & Drug Counselor (CADC)
    g. Licensed Alcohol & Drug Counselor (LADC)
    h. Certified Occupational Therapist Aide (COTA)
    i. Occupational Therapist (OT)
    j. Recreation Therapist (RT)
    k. Other: _____

Section II – Motivators & Barriers

1. Attending continuing education programming is important to me:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

2. Attending continuing education programming is important to my clinical professional practice:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

3. I feel that I fully understand what continuing education programming will be accepted by my licensing board when it is time to relicense:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

4. I feel my organization fully understands my continuing education licensing requirement needs:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

5. I feel supported by my colleagues to attend continuing education programming:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

6. I feel supported by my organization/leadership to attend continuing education programming:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

7. I have sufficient access to synchronous continuing education programming opportunities (live in-services/workshops/seminars/courses) that are appropriate to my discipline:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

8. I have sufficient access to asynchronous continuing education programming opportunities (journals/books/self-directed learning/etc.) that are appropriate to my discipline:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

9. I have sufficient access to online continuing education programming opportunities that are appropriate to my discipline:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

10. I feel that there is an appropriate amount of continuing education programming opportunities that are offered which fit my preferred learning style:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

11. I have sufficient resources (education staff/supervisors/managers/etc.) to help me choose continuing education programming opportunities to attend:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

12. I have sufficient access to resources (education staff/supervisors/managers/etc.) to help me choose continuing education programming opportunities to attend:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

13. When choosing continuing education programming opportunities to attend, the following are key factors in my decision-making process (please choose your top 5 options):
    a. Cost
    b. Financial assistance by my organization
    c. Duration of the event
    d. Geographic distance
    e. Mode of delivery (live vs. online)
    f. Style of delivery (lecture, interactive learning, self-paced)
    g. Accreditation (CE credit vs. no CE credit)
    h. Relevance of the content
    i. Quality of the event
    j. Date/Time of the event
    k. Who the presenter(s) is/are
    l. My direct patient care schedule
    m. Possibility of career advancement
    n. Opportunity to network with colleagues

14. I attend continuing education programming:
    a. Often
    b. Once a month
    c. Bi-monthly
    d. Once in 6 months
    e. Annually
    f. Not very often
    g. Only when needed to renew my professional clinical license/certification

15. Please select/list your primary reason for attending continuing education programming:
    a. Increase my clinical knowledge & skill to practice
    b. To maintain my skill level
    c. To maintain my professional clinical license/certification
    d. _____

16. I feel that I share knowledge attained through continuing education programming in my workplace:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

17. I feel that my colleagues share knowledge attained through continuing education programming in my workplace:
    a. Not Applicable
    b. Strongly Disagree
    c. Disagree
    d. Agree
    e. Strongly Agree

Section III – Semi-Structured Interview Participation

1. If you are willing to participate in a semi-structured interview to give voice to your lived experiences with continuing education programming in rural Maine, please provide your name & contact information in the space provided. (Your name will only be utilized to select/invite candidates to participate in the semi-structured interview portion of the research process. Please review your informed consent information regarding the confidentiality of the information you provide with this survey, including your name.)

Appendix D

University of New England

INFORMED CONSENT AGREEMENT FOR PARTCIPATION IN RESEARCH

Dear Potential Research Study Participant,

The following information is provided for you to help you decide if you would like to take part in a research study surrounding psychiatric clinicians' perspectives on continuing education programming in rural Maine. You should be aware that you are free to decide whether or not to participate and you may withdraw at any time without affecting your relationship with the researcher or the institution. Please read this form in its entirety. Your participation is voluntary.

Project Title: Psychiatric Clinicians' Perspectives on Continuing Education Programming in Rural Maine

Researcher(s): Charles Wakeling, MSM-HCA, University of New England, cwakeling@une.edu

Introduction:
Continuing education participation is important for health care providers. This is especially true for mental health care practitioners. This research study hopes to explore the psychiatric clinicians' perspectives on continuing education programming in rural Maine.

Why is this study being done?
The study is being undertaken due to gaps in the literature surrounding continuing education programming specifically geared for psychiatric clinicians (social workers, counselors, and therapists) and for mental health care practitioners in rural areas. This study looks to give voice to the participants' personal experiences with continuing education programming in rural Maine with the hope to improve the quality and relevance of future continuing education programming for this audience. This study is also being undertaken in partial fulfillment of the researcher's doctoral degree requirements.

Who will be in this study?
Individuals are being invited to participate in this study based on licensure level of what this study is classifying as a psychiatric clinician. That classification includes but is not solely limited to various levels of social workers, counselors, and therapist that work in a mental health care environment. At Acadia Hospital, there are approximately 111 individuals that will be invited to participate in a research survey and approximately 10-15 of the research survey participants that will be invited to participate in semi-structured interviews.

What will I be asked to do?
Participants will have already completed an electronic survey designed to evaluate their experiences with continuing education programming. Some of the survey participants will be

further invited to take part in an interview process and will be interviewed by the researcher for approximately 30-45 minutes regarding their lived experiences with continuing education programming. Interviews will be recorded to ensure the accuracy of the participants' lived experiences. Interviews will then be transcribed. A copy of the transcribed interview will be provided to each respective participant for member checking.

What are the possible risks of taking part in this study?
There are no reasonably foreseeable risks associated with participation in this research study.

What are the possible benefits of taking part in this study?
Possible benefits of this research study include the potential improvement of current continuing education practice.

What will it cost me?
There will be no financial costs to participate in this research study. The only cost to be incurred by you will be the cost of your time to participate in this study. Participating in this research study will not result in any form of monetary compensation. Participation in this study will occur on a voluntary basis and outside of the participants' working hours.

How will my privacy be protected?
Research records will be kept in a locked file in the office of the researcher. Electronic survey data collection will conform to SurveyGizmo's Terms of Use and Privacy Policy. SurveyGizmo strives for HIPAA compliance through the use of numerous anti-hacking measures, redundant firewalls, and constant security scans. A SurveyGizmo Security White Paper is available upon request. Interview recordings will be stored on a flash drive with a minimum of 128-bit encryption.

The researcher will collect, analyze, code, interpret, and publish the survey and interview data as part of degree requirements of a doctoral program in educational leadership through the University of New England (UNE). Survey and interview data will be de-identified and coded by the researcher as an added layer of protection to the privacy of the research study participants. Your name will not be associated with the research findings in any way and only the researcher will know your identity as a participant. Pseudonyms will also be utilized during the interview process to protect the identities of the research study participants. During the data analysis process, the researcher will utilize qualitative data analysis software, QDA Miner Lite, to evaluate themes that exist within the data collected through the interviewing process. Please note that the Institutional Review Board for the University of New England (UNE) or Acadia Hospital may review the research records.

What are my rights as a research participant?
Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the researcher, the University of New England (UNE), Acadia Hospital, or Eastern Maine Healthcare Systems (EMHS). You may skip or refuse to answer any question for any reason. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw from the research there will be no penalty to you and you will not lose any benefits that you are otherwise entitled to receive. The Institutional Review Board (IRB) for

the Protection of Human Subjects at the University of New England has reviewed the use of human subjects in this research. The IRB is responsible for protecting the rights and welfare of people involved in research.

What other options do I have?
All individuals have the option to not participate in this research study.

Whom may I contact with questions?
The researcher conducting this study is Charlie Wakeling. For questions or more information concerning this research you may contact him at cwakeling@une.edu.

If you have any questions or concerns about your rights as a research subject, you may call Olgun Guvench, M.D. Ph.D., Chair of the UNE Institutional Review Board at (207) 221-4171 or irb@une.edu.

The faculty mentor is expected to take an active role in students' research activities and provide supervision throughout the duration of their research study. The faculty mentor is legally responsible for all research activities. The committee chair of this research study is Marylin Newell, Ph.D. You may contact her at mnewell@collegematters.us if you have any concerns about how this study was conducted.

Will I receive a copy of this informed consent form?
You may print/keep a copy of this informed consent form.

Thank you for your time and consideration,
Charles M Wakeling, MSM-HCA

I understand the above description of the research study as well as the risks and benefits associated with my participation as a research subject. I agree to take part in this research and do so voluntarily.

Participant Signature: _____

Date: _____

Researcher Signature: _____

Date: _____

Appendix E

Continuing Education Research Study Interview Script

Welcome and thank you for your participation today. My name is Charlie Wakeling and I am a graduate student at the University of New England (UNE) conducting my research study in partial fulfillment of the requirements for a Doctor of Education (Ed.D) degree in educational leadership. Thank you for completing the survey. This follow-up interview will take approximately 30-45 minutes and will include 15 questions regarding your experiences related to participation in continuing education. I would like your permission to record this interview so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please feel free to let me know. All of your responses are confidential. Your responses will remain confidential and will be used to develop a better understanding of how you and your peers perceive continuing education programming in rural Maine. The purpose of this study is to give voice to the participants' personal experiences of their participation in continuing education programming.

At this time I would like to remind you of your written consent to participate in this study. I am the responsible researcher, specifying your participation in the research project: Psychiatric Clinicians' Perspectives on Continuing Education Programming in Rural Maine. You have signed and dated an informed consent form certifying that you agree to continue this interview. You will receive one copy and I will keep another under lock and key, separate from your reported responses. Thank you.

Your participation in this interview is completely voluntary. If at any time you need to stop, take a break, or return a page, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Also, is there a pseudonym that you would prefer that I use to code this interview? Then with your permission we will begin the interview.

Begin recording

This is interview (insert interview code here) and I will refer to the interviewee as (insert pseudonym here). The interview will take approximately 30-45 minutes and will include 15 questions regarding your experiences related to continuing education participation. Your participation is completely voluntary and you can withdraw at any time. Before we get to the heart of the interview, I would like to verify some demographic information you supplied when you completed the Continuing Education Research Study Survey. Shall we begin?

Continuing Education Research Study Interview Questions

Section I – Participant Demographics

1. Please select your age range:
    a. under 20 years – 24
    b. 25 – 29
    c. 30 – 34
    d. 35 – 39
    e. 40 – 44
    f. 45 – 49
    g. 50 – 54
    h. 55 – 59
    i. 60 years or above

2. Please select your level of education:
    a. High School Diploma / GED
    b. Vocational / Technical school
    c. Some college
    d. Associate's Degree
    e. Bachelor's Degree
    f. Some post-graduate work
    g. Master's Degree
    h. Doctorate (Ph.D., Ed.D., etc.)
    i. Medical Doctorate (MD, DO, etc.)

3. How many years have you worked in your field?
    a. Less than 1 year
    b. 1 – 2
    c. 3 – 5
    d. 6 – 9
    e. 10 or more years

4. How many years have you worked at Acadia Hospital?
    l. Less than 1 year
    m. 1 – 2
    n. 3 – 5
    o. 6 – 9
    p. 10 or more years

5. Please select the patient care setting you work in:
    a. Inpatient
    b. Outpatient
    c. Administrative/Leadership

6. Please select the type of your clinical professional license:
    a. Licensed Clinical Social Worker (LCSW)
    b. Licensed Master Social Worker (LMSW)
    c. Master Social Worker (MSW)
    d. Licensed Clinical Professional Counselor (LCPC)
    e. Alcohol & Drug Counselor Aide (ADCA)
    f. Certified Alcohol & Drug Counselor (CADC)
    g. Licensed Alcohol & Drug Counselor (LADC)
    h. Occupational Therapist (OT)
    i. Certified Occupational Therapist Aide (COTA)
    j. Recreation Therapist (RT)
    k. Other: _____

Section II – Motivators & Barriers

1. Why do you attend continuing education programming?

2. How often do you attend continuing education programming?

3. What is your preferred mode of delivery (live vs. online) for continuing education programming? Why?

4. What is your preferred style of delivery (lecture, interactive learning, self-paced) for continuing education programming? Why?

5. What was the most recent continuing education opportunity that you attended? Why & how did you choose this event?

6. How do you locate continuing education programming opportunities that are appropriate to your discipline?

7. What are your expectations when attending continuing education programming? If applicable, how has this differed with previous employers?
    a. Related to quality:

    b. Related to ease of access (ability to attend, resources for choosing programming, geographic location):

    c. Related to cost:

8. How have your expectations been able to be realized (or not)? If applicable, how has this differed with previous employers?

9. What were some of the factors that helped you to fulfill your expectations? If applicable, how has this differed with previous employers?

10. Were there any factors that you can identify that may have limited you in realizing your expectations? If applicable, how has this differed with previous employers?

11. What supports/resources do you currently have and/or have previously had available to you to select continuing education programming to attend?

12. What level of support do you receive from your organization to participate in continuing education programming?
    a. Education department:

    b. Immediate leadership:

    c. Executive leadership:

13. How has your level of support by your current employer differed from previous employers (if applicable)?

14. How has participating in continuing education programming impacted your practice? If applicable, how has this differed with previous employers?

15. Before we conclude this interview, is there anything else you would like to share?