

# NURSING CONTINUING EDUCATION IN THE UNITED STATES

A PAPER DELIVERED AT THE SYMPOSIUM "TOTAL HEALTH IS BORN IN MIDWIFERY",  
JOHANNESBURG, MARCH 1981.

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## OPSOMMING

Met die omskrywing van die Amerikaanse verpleegstersvereniging se definisie van voortgesette onderwys as uitgangspunt en gepaard met agtergrondinligting oor die basiese akkrediteringseenheid, gee die stuk 'n algemene oorsig van die ontwikkeling van die begrip van voortgesette onderwys in die dekade sewentig en skets dit die struktuur van sy administrasie — met kommentaar oor onderrigtegnieke, die vakbestek wat aangebied word en die benaderings tot evaluasie. Daarna gee dit 'n beskouing oor die belangrikste vrae en probleme en sluit af met opmerkings oor hoe voortgesette onderwys die verpleegster-vroedvrou raak.

**T**HE discussion of nursing continuing education in the United States is approached by a consideration of the following aspects:

- Definition and Background
- Evolution of the Concept
- Administration of the Process
- Teaching Techniques
- Range of Subjects
- Evaluation of the Program
- Issues and Problems:
  - Mandatory vs. Voluntary Participation
  - Control of the Accreditation Process
  - Responsibility for Participation
  - Program Cost/Availability

## DEFINITION AND BACKGROUND

Most of us would probably agree that the term *continuing education* includes some form of learning activity after a basic educational program but because it has been subject to various interpretations a definition from the organization most broadly associated with nursing continuing education in the U.S. would be appropriate.\* During 1974, the American Nurses' Association (ANA), in its statement on *Continuing Education in Nursing* said:

\*In South Africa continuing education is regarded as all post-registration education, whether formal or informal. (Ed)

*Continuing education in nursing consists of systematic learning experiences designed to enlarge the knowledge and skills of nurses. As distinct from education toward an academic degree or preparing as a beginning professional practitioner, continuing professional educational activities have more specific content applicable to the individual's immediate goals; are generally of shorter duration; are sponsored by colleges, universities, health agencies and professional organizations; and may be conducted in a variety of settings.<sup>1</sup>*

This statement resulted from a resolution passed in 1974 by the ANA House of Delegates which resolved to establish a system of accreditation of continuing education programs in nursing. This was further supported in the same year by a statement by the National League for Nursing (NLN), in effect the accreditor of college and university programs, which established guidelines for the development of continuing education programs in nursing. The League's position statement, which outlined its role in continuing education, included a comment to the effect that *continuing education is a personal evaluative educational experience, objectively planned for*

*individual growth and enrichment of and attitudes and skills beyond the basic preparation for a profession or occupation. The manner in which continuing education is obtained and the method of documenting it, while important, are secondary to the goal, which is to assure the continued development of competence of nursing personnel at all levels of practice and education.<sup>2</sup>*

Based on the full role statement, the League went on to establish guidelines which focused on four factors for program development: assessment, planning, implementation and evaluation. The detailed sub-headings are available from the League's statement and the guidelines are probably most notable for reference to use of the continuing education unit (CEU) within the Implementation section. The CEU, developed by a national task force made up of representatives of 34 organizations and agencies, is defined as *Ten contact hours of participation in an organized continuing education experience under responsible leadership, capable direction and qualified instruction.<sup>3</sup>* CEU's are not used for programs carrying academic credit or diplomas, in-service learning, orientation programs or short-term programs casually related to upgrading.

It's principal benefit stems from it's general acceptance as a standard unit for organized educational offerings, and the emphasis is on the word *organized*.

## EVOLUTION OF THE CONCEPT

Actually, continuing education for nurses in the United States had it's early beginnings around the turn of the century, *mainly to make up for the poor quality of education in many programs, where students were used almost entirely to meet service needs . . . Institutes and workshops by the professional organization gained some momentum in the 1920's and are still a major source of continuing education. Refresher courses for inactive nurses were most prevalent in times of major nursing shortages, such as during World War II and the 1950's and 1960's. Federal funding under the Nursing Training Act in 1964 provided funding for short term courses, and institutions of higher education took a renewed interest in providing continuing education, an interest that had dwindled through lack of funds and prepared faculty. Other federal funding for Regional Medical Programs also resulted in nursing workshops. When these funds began to vanish during the Nixon administration, many colleges found it impossible to continue full programs. Others, seeing both the need and the trend, established institution-funded continuing education programs.*<sup>4</sup> This led to greater emphasis on inservice education.

By the turn of the decade, momentum had picked up to the point where Prof. Malcolm Knowles of the University of NC, well known for his writings in the field, said: *I believe that in the '70's continuing education will become an integral element of all the professions in general, but of nursing in particular. The creation of a new role, that of Continuing Education Specialist, will assure that every professional practitioner is engaging in a process of continuing self-development.*<sup>5</sup> While the role of the continuing education specialist has most certainly evolved, the author believes that the best most practitioners — together with Prof. Knowles — would say about assurance of continuing self-develop-

ment is, given the state of the art, that we have made a commendable beginning.

A good part of that commendable beginning can be associated with the ANA's development of an administrative structure. As has already been noted, the year 1974 was kind of a benchmark, with publication of ANA's resolution and NLN's supporting position statement. It was further highlighted by ANA's publication of *Standards for Continuing Education in Nursing* which were directed to three principal areas: program, resources and evaluation and included twenty-one criteria. Although pertinent in their entirety, perhaps point No. 4 under Program addressed the central core of requirements. It stated:

*Continuing Education programs are designed to assist nursing personnel to:*

- *acquire and update knowledge and skills*
- *prepare for reentry into practice*
- *make a transition from one area of practice to another*
- *acquire greater depth of knowledge and skill in one particular area of nursing*
- *enhance professional attitudes and values*
- *implement concepts of change both within the individual's own practice and throughout the health care delivery system*
- *assume responsibility for personal and professional development*
- *encourage the improvement of the ability of other health care personnel to meet the specific needs of the public served by the health agency*
- *promote and support innovation and creativity in health services.*

The points under *Evaluation* are not comparably explicit. They were notable for their lack of reference to *How To*.

## ADMINISTRATION OF THE PROCESS

By 1975 a great deal had been said, written and actually accomplished in terms of putting programs in place. This included a lot of ideas on record keeping and administration. Everything was essentially voluntary and bordering on the comparably chaotic. During the summer of that year the

ANA published a series of pamphlets on *Accreditation of Continuing Education in Nursing* in which the association did an admirable job of outlining all the nitty-gritty subjects on continuing education in nursing about which you needed information and didn't know whom to ask.

The structure of the accreditation process is illustrated in Diagram I and it's function is described by Popiel<sup>6</sup> as follows:

*Organizationally, the model is headed by the Commission on Nursing Education which designates line authority to the National Accreditation Board (NAB). Under NAB are three Regional Accrediting Committees (commonly referred to as RACs); eastern, central and western. Originally, there were five RACs, but economic considerations changed this.*

*In addition to the RACs, NAB also governs a National Review Committee, which is responsible for accreditation of non-degree granting programs preparing nurses for extended roles.*

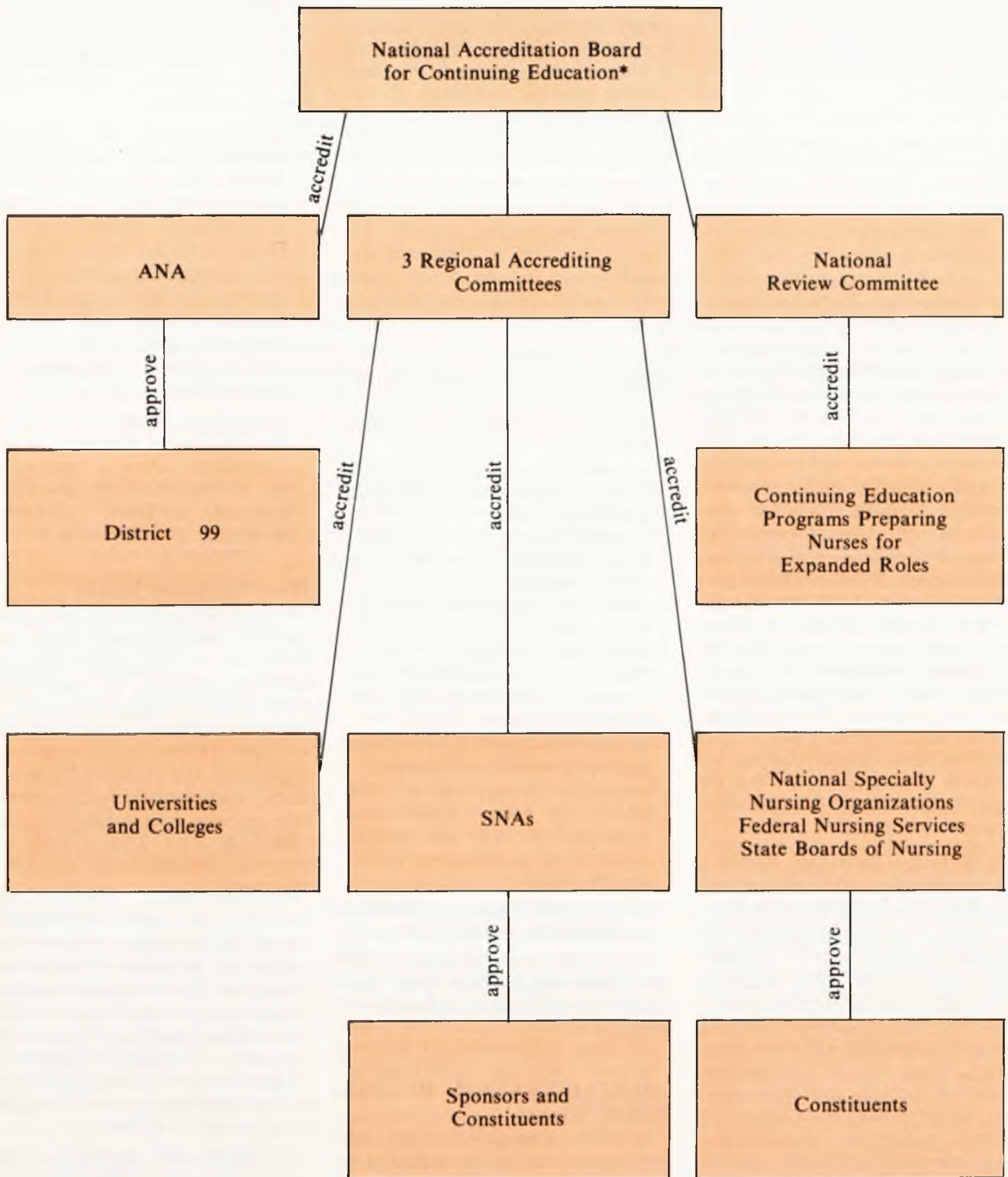
## How the Model Works

The model encompasses local, state, regional, and national levels and functions in two ways. First, it identifies criteria for accrediting other agencies and associations as approval bodies of CE offerings. For example, if a state nurses' association applies for and is granted accreditation as an approval body it may in turn approve an individual provider within the state. This provider can then offer programs that are "ANA-approved".

Secondly, the model also identifies criteria for the approval of individual continuing education offerings and programs. This is the usual route for independent or commercial providers who present programs in more than one state. Obtaining ANA approval of their programs often, though not always, eliminates the need to apply to each individual state.

The mechanism emphasizes self-regulation and collaboration between all levels of the ANA, other national nursing organizations, health agencies and organizations, and providers who sponsor continuing education activities for nurses.

**DIAGRAM 1  
ACCREDITATION OF CONTINUING EDUCATION IN NURSING**



\*A monitoring group will be established to evaluate the effectiveness of the National Accreditation Board for a minimum of five years.

Overall authority and responsibility for reviewing and revising the accreditation and approval criteria reside in the National Accreditation Board for Continuing Education.

The three RACs grant accreditation to universities and colleges, national nursing organizations, state boards of nursing, state nurses associations, national specialty nursing organizations, and federal nursing services. The committees also approve offerings of independent providers and commercial organizations.

A separate National Review Committee, which is also governed by NAB, reviews applications and accredits the non-degree programs for the expanded role.

Only state boards of nursing, state nurses' associations, national specialty organizations and federal nursing services are eligible to apply for accreditation and as approvers of the offerings of their constituents. Universities and colleges, and national nursing organizations receive only accreditation. Commercial companies may apply for approval of their programs/offerings but not for accreditation. As a matter of fact, Johnson & Johnson Companies have developed and received approval for a number of CE offerings — for example, *The Post-Operative Wound Care Program* and *The Hospital Product Evaluation Workshop*.

### What is the Difference Between Accreditation and Approval?

Many providers of continuing education as well as nurses are confused about the difference between accreditation and approval of CE programs and offerings. Definitions of the two words, as published in the booklet *Accreditation of Continuing Education in Nursing*, begin to help clear the confusion.

**ACCREDITATION** — *The public recognition by the professional association that the CE program (the overall program, not an individual offering) of the organization being reviewed meets certain standards as determined through evaluations (self and review committee) based on predetermined criteria.*

**APPROVAL** — *The review and acceptance by an accredited body of the total program or individual*

*offerings of a sponsor or constituent based on predetermined criteria.*

Not all providers of continuing education are eligible for accreditation but may have their offerings approved by an accredited state nurses association or state board of nursing. The federal nursing services and national specialty organizations may approve only the offerings of their constituents. All the organizations who approve CE offerings must have an approval mechanism which meets the criteria set forth by NAB.

### Purposes of Accreditation

The essential purpose of the accreditation process is to provide a professional nursing judgement regarding the quality of the CE offerings and/or programs. Through the national accreditation process, the professional association seeks to promote the standards for CE in nursing at the national, state, and local levels. The process also encourages sponsors to persistently improve the quality of their offerings.

As can be readily seen, the accreditation process is complex; it is also awkward, time-consuming and expensive. On the other hand, it works, and will probably improve with time, experience and improved computer techniques. The ANA is found to be tough but fair.

### TEACHING TECHNIQUES

Another aspect of nursing continuing education in the United States which is interesting stems from several well established trends — the segmentation of speciality groups within nursing resulting in an increased number of nursing speciality organizations; the knowledge/communications explosion — which makes more knowledge more available to the expanded specialties; the shift in teaching concepts from pedagogy to andragogy which gears continuing education to adults as learners<sup>7</sup>; — all of which have truly exercised the vehicles for teaching techniques and because of competition for attention and the need for variety, have brought the whole gamut into play.

Two issues of a publication called *CME Marketing Memo* highlighted

### Alternatives to the Lecture Method.<sup>8</sup>

This included techniques for offerings through colloquy, committee, demonstration, field trips and groups. These were derived from a guidebook for CE providers developed for the University of Florida which lists outlines, definitions, uses, advantages and problems for the various methods. For example the outline on common group methods listed eight types: forum, group discussion, interview, panel, quiet meeting, seminar, speech and symposium. The immediate tendency is to anticipate overlaps but this is quickly clarified in the outline for definition, uses, advantages and problems which go with each of the previously mentioned types. The outline headings for *Forum* were, for example:

#### Definition —

*15-60 minute period of open discussion that is carried on among members of the group.*

#### Uses —

*Clarify specifics; encourage contributions; thorough discussion; flexible interaction; identify needs.*

#### Advantages —

*Suited for in-depth discussion; produces new considerations.*

#### Disadvantages —

*Lack of skillful moderators; lack of time; audience reluctance; inappropriate faculty; unpredictable.*

This type of analytical approach to teaching techniques is, of necessity, increasingly called into play and uses a broader range of vehicles for improved techniques in an increasingly competitive market for CE offerings.

### RANGE OF SUBJECTS

For the most part the same trends which have exercised the use of expanded teaching techniques and vehicles have also stimulated a very broad range of subject offerings. The real extent of this range cannot be conveyed but a quick insight is provided into the scope offered by the University of Pennsylvania School of Nursing Center for Continuing Education during the academic year Fall 1980/Spring 1981:

- 1.0 CEUs "Pain Management: The role of the Health Professional"
- 2.0 CEUs "Basic Physical Assessment of the Adult. A Non-Traditional Course Combining Self-Study and a Practice Workshop"
- 8 CEUs "Interpretation and Implications of Diagnostic Studies: Update Series II"
- 6 CEUs "Changing Life Styles — Yours and Your Patients"
- 8 CEUs "Brief Treatment: Politics and Practice"

1.3 CEUs	"Increasing Teaching Effectiveness"
.5 CEUs	"Increasing Professional Effectiveness"
.6 CEUs	"Recurrent Ventricular Tachycardia: Cure or Control"
<b>Spring</b>	
.6 CEUs	"Conflicting Loyalties in Nursing"
.6 CEUs	"Gerontological Nursing"
.8 CEUs	"Non-Traditional Health Practices: Applications for Nursing"
.6 CEUs	"Nurse Midwifery: Facts and Families"
1.3 CEUs	"Sixth National Conference: Nursing of Children"
.5 CEUs	"Health Promotion of Black Americans"
<b>Fall/Spring 1980/1981 CE Nursing Lecture Series</b>	
1.5 CEUs	"Management of Stress"
1.5 CEUs	"What's New in Diabetics"
1.5 CEUs	"Death and Dying: The Nurse, Family and Client"
1.5 CEUs	"Psychiatric Emergencies Nursing Techniques"
1.5 CEUs	"Cardiac Rehabilitation"
1.5 CEUs	"Legal Aspects of Nursing"
1.5 CEUs	"Health Considerations of the Elderly"
3.0 CEUs	"Conflict Resolution"

This collection of twenty-two offerings over a period of nine months, averaging better than two per month, is pretty broad and diverse fare and the University of Pennsylvania is by no means unique. This can be multiplied by a factor of several thousand approved providers and you would probably be in the range of the CE offerings available nationwide. Unfortunately, despite the marvels of computer high technology, the figure cannot really be corroborated because there is no program clearing house mechanism. However, it is a good sized number, and now the reader can begin to understand why continuing education programs have become highly competitive for both nursing time and money; why continuing education has become a big business and why nurses are becoming increasingly selective.

## EVALUATION

With all this information available to change minds — figuratively and literally — what about evaluation of these programs? An effective technique, process or instrument all wrapped up, does not exist. Popiel points out in *Nursing and the Process of Continuing Education* that *evaluation is of deep concern to all continuing education personnel and will continue to be.*<sup>11</sup> The following are suggested evaluations that can be done:

- evaluation of growth of participants;
- self-evaluation of participants;
- evaluation of courses;
- evaluation of overall program;
- evaluation of effectiveness of resource persons;
- evaluation of outcomes of courses

as they affect the participants' performance on the job; evaluation of improvement of patient care because of the new knowledge skills and insights acquired at a course.

Obviously number seven is the name-of-the-game payoff for which we are looking. Even when specific behavioural objectives are written so that each one can be evaluated in terms of outcomes, performance difference levels are difficult to measure.

Perhaps the four most accepted criteria are:

- satisfaction (Happiness Index);
- What did participants learn? (Pre-Post Test);
- transfer of knowledge (Pre-Post-Test: Hospital Data);
- effect on the system (Hospital/Epidemiological Data)

*The first two levels produce measurable feedback which is comparatively easy to assess. It is the last two from which it is difficult to initiate and obtain reliable data. Results and significant proof that the participant's knowledge gained has been transferred to practice or that there has been an effect on the system are evaluation problems that have yet to be solved.*<sup>10</sup> However, the author shares Popiel's point of view that evaluation is a necessity and that the search for scientific evaluation of continuing education programs must continue.

## ISSUES AND PROBLEMS

Based on what has been said about nursing continuing education administration, teaching techniques, range of subjects and evaluation of programs, it is not surprising, since it is a subject very close to the hearts, minds and pocketbooks of a comparatively large number of Americans, that it may have stimulated a few issues and problems. Most of the issues, all of which represent problems, are inextricably interrelated and revolve around a central concern for professional competency. The principal issues include (not necessarily in order of importance): mandatory versus voluntary participation; control of the accreditation process; responsibility for participation and program cost/availability.

## Mandatory versus voluntary participation

The concept of special knowledge, expertise and competency is inherent in the definition of professionalism and while health care professionals in general, and nursing in particular, has held self-regulatory accountability and competency inherent in a license to practice, the public has doubted the responsiveness of some professionals in voluntarily meeting their public trust obligations. Proof demanded of the medical profession became federally mandated through the passage of legislation which required peer review through Professional Standards Review Organization (PSRO). Despite efforts by the ANA, nurses were not included in the PSRO legislation and in an effort to demonstrate accountability in 1974 the ANA House of Delegates publicly went on record in favor of mandatory continuing education as a condition of relicensure. The intent was to demonstrate competency in nursing practice. Mandatory as opposed to voluntary continuing education has become one of the more controversial issues in nursing

Since 1974 a number of states have passed laws requiring continuing education programs for relicensure. At one point nurses in as many as fourteen states were faced with mandatory continuing education requirements, although as of the end of 1980 this number has dropped to eleven. The case for mandatory continuing education stems in large measure from the fact that although licensure for nurses fills a social need which is outwardly supported by the competence inherent in the profession, in actual practice the *environment in which nursing is practiced is often not one that is conducive to encouraging continuing education, so that there is no impetus to seek new educational experiences . . . . The real issue, then, is mandatory relicensure, and implicit within the concept of relicensure is the threat that some nurses may have their licenses withdrawn.*<sup>11</sup> Writing in the *Journal of the American Hospital Association*, Myra Levine, an Associate Professor at the University of Illinois College of Nursing says: *It is time to begin a tough move towards honest professional practice. Mandatory relicensure is a social need, and a professional nurse appreciates a*

social need . . . It is only through mandatory relicensure and a commitment to excellence that the nursing profession will realise the true dimensions of professional practice.<sup>12</sup> Interestingly, Prof. Levine is far from a voice in the wilderness. A relatively recent survey conducted by *Nursing '78* among a random sample of 900 subscribers had a 61 percent response in favour of mandatory continuing education, 30 percent were opposed and 9 percent were undecided.

However, the decade of the 80's may show us the other side of the coin, with a reversal of the trend toward mandatory continuing education. One reason is the lack of definitive research findings correlating continuing education with nursing practice . . . if there is no proof of improved practice, through mandatory CE to demonstrate competence in practice it becomes irrational.<sup>13</sup> Writing in *AORN Journal*, Gwen Dodge, AORN's Assistant Director of Education points up another reason, stating *One of the facts of political life is the subtle and not so subtle influence exercised by vested interests. At least one of these groups, the hospital industry, is likely to contribute to the decline of mandatory CE for relicensure . . . State hospital associations generally oppose the requirement because, among other reasons, they believe mandatory CE has increased hospital operating expenses without proven cost savings*". Ms. Dodge continues, *"The final blow for the movement will come when the first license is denied for failure to meet CE requirements. The ensuing legal action will be precedent setting and, if as likely, the judgement goes in favor of the licensee, every state mandating CE will abolish the requirement with all due haste"*.<sup>14</sup> Actually, a voluntary program has been set up which does allow maximum freedom for nurses to set their individual education goals and recognises their achievement of them. Called CEARP (Continuing Education Approval and Recognition Program), the system works like this: the National Accreditation Board of the American Nurses' Association certifies state nursing associations as continuing education providers and approval bodies. This ANA certification provides national recognition of contact hours earned by registered nurses

who attend continuing education activities approved or offered by the state nursing associations.

*Nurses who attain a designated number of contact hours within a specified time are awarded certificates of recognition by the state associations. Their achievement is recorded and publicized, and in many cases their employers are notified. Also, most states with mandatory continuing education permit nurses moving into the state to transfer credits earned elsewhere under CEARP to meet their licensure requirements.*

*Some states with mandatory programs have voluntary ones as well. One such state is Colorado, which recognizes under CEARP those nurses who accumulate 60 contact hours in two years, three times the mandatory requirement. Thus, the state board is attempting to assure competency under its mandatory program; the state association is attempting to encourage excellence under CEARP.*<sup>15</sup>

However, regardless of the outcome of the controversy for mandatory versus voluntary continuing education, what is not controversial is the responsibility of the nurse, as a professional practitioner, to maintain competence in whatever area of practice is being engaged in: clinical, administrative or other.<sup>16</sup>

### Control of the accreditation process

Another major issue involves control of the accreditation process. As has already been discussed, the ANA has set up a working process for accreditation. We also noted that the National League for Nursing (NLN) issued statements of support. Implicit in those statements was the fact that NLN would continue to accredit continuing education nursing programs in university or college settings. *The original concerns about the duplicative accreditation role of each organization have not been resolved.*<sup>17</sup> A further complicating factor is that a number of the nursing speciality organisations have their own accreditation procedures which do not fall within the ANA framework, and other specialities control both credentialing and the content of continuing education programs for their respective members. An example of the

former is the organization of Pediatric Nurse Practitioners (NAPNAP); an example of the latter is the Nurses' Association of the American College of Obstetrics and Gynecology (NAACOG). The ANA accreditation structure was discussed previously; Diagram 2 shows how NAACOG ties into it.

NAACOG sought and was granted initial accreditation from the ANA/NAB in 1976. It is currently accredited as both approver and provider of continuing education through to 1983, at which point it will submit for re-accreditation approval for another four year period. The NAACOG *Fact Sheet on Accreditation* points out: *Two NAACOG national committees are responsible for review of NAACOG Programs and determining the quality of content as well as designating the contact hour credit to be given. The Committee on Education reviews all continuing education programming which is subsequently offered on a national level. This includes NAACOG continuing education courses and national meetings. The Program Review Committee is responsible for reviewing and approving or denying contact hour credit to programs developed by NAACOG districts.*<sup>18</sup>

What has just been discussed only deals with the tip of the complexity iceberg. However, it should indicate that there is something less than a standardized approach to handling continuing education. This situation could probably be vastly alleviated if the nursing profession could agree on the establishment of a proposed centre for credentialing, the study for which has recently been completed. This study addresses *all aspects of credentialing of institutions and individuals in the occupation of nursing, including accreditation, certification, licensing degree designation and other forms.*<sup>19</sup> The study proposal is currently under serious consideration by most of the organizations within the nursing profession in the United States. If it can do what it proposes to do for the credentialing structure in the United States — the current structure is illustrated in Diagram 3 and the proposed structure in Diagram 4 — just think what that magnitude of change might do for the structure of continuing education, and it could start with centralized record keeping for CEU credits.



DIAGRAM 3

THE ACCREDITATION HIERARCHY IN NURSING

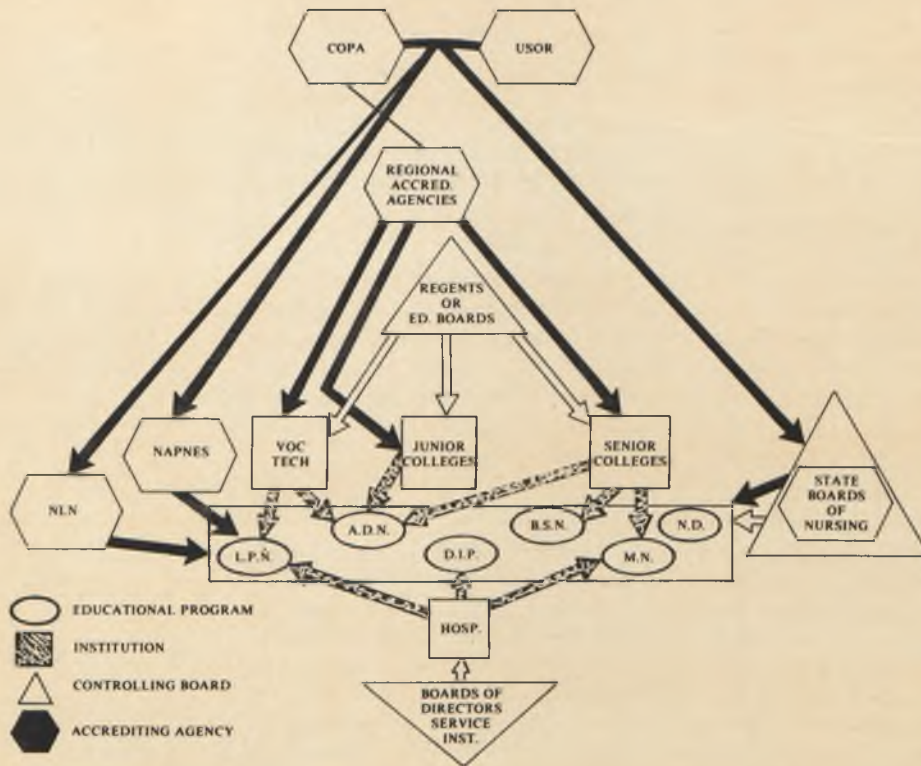
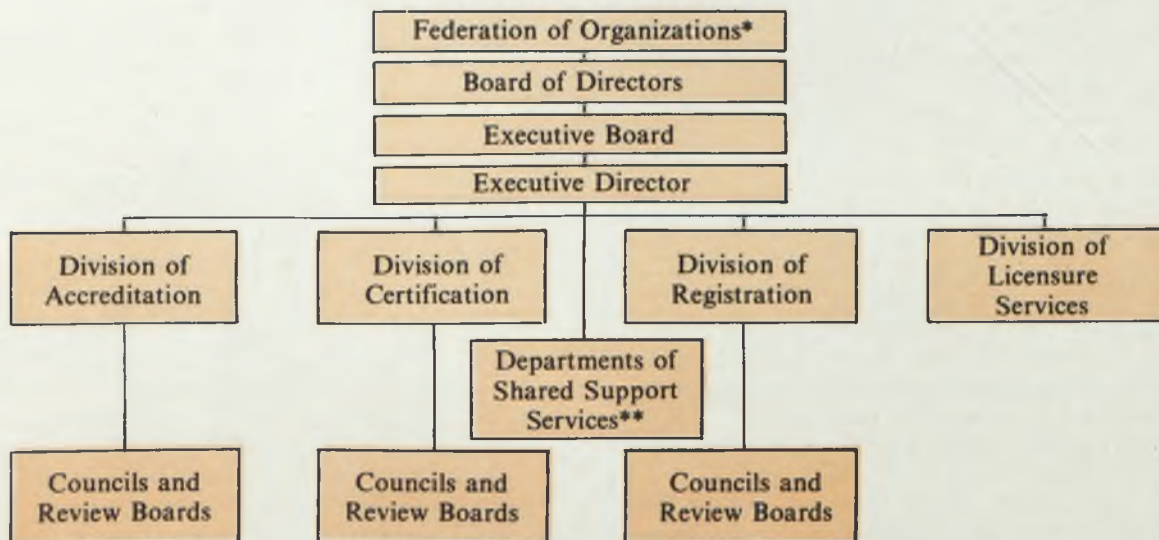


DIAGRAM 4

SIMPLIFIED DIAGRAM OF A POSSIBLE STRUCTURE FOR A NURSING CREDENTIALING CENTRE



\* Categories of organizations, such as general nursing organizations, speciality nursing organizations, federal government nursing services, state credentialing agencies, nursing student organizations, related health organizations, and consumer groups.

\*\* Departments of shared support services, such as research and development, tests and measurements, records, library and resources, administration, fiscal affairs.



tor of the American College of Nurse Midwives and Mary Brucher, CNMW, Chairperson for the College's Committee on Continuing Education. It is both interesting and frustrating to contemplate the catch-22 situation which prevails in states where there is mandatory continuing education.

In the United States a nurse-midwife has to be registered as a nurse in at least one state, presumably the state in which she starts her practice. If she moves her practice to another state, it is necessary to transfer her registration. Since there is reciprocity among all the states for the transfer of registration, this transfer can be accomplished through the payment of a fee to the State Board of Nursing. However, the same reciprocity does not necessarily apply to the transfer of continuing education credit. Although for the present nurses and nurse midwives participate in continuing education, programs, for the most part, on a voluntary basis, there are eleven states where continuing education is mandatory — i.e. where it is essential to have a certain number of continuing education contact hours each year for license renewal.

There are two broad types of continuing education agencies: those which are not for profit — represented generally by academic institutions, hospitals and professional organizations; and those which are for profit such as commercial companies like NURSECO and ASPEN, or like such state agencies as those which exist in Florida and California. In connection with the latter, for example, continuing education credit obtained in California is not necessarily transferable to Florida. While the nurse-midwife moving from California to Florida can transfer her license because of nationwide reciprocity, she cannot qualify for her license in Florida because of the catch 22 situation that she must first meet all of Florida's continuing

education requirements. This is both time consuming and expensive and tends to slow down the rate of transfers of nurse-midwives between states with mandatory continuing education. However, for the hardy souls determined to transfer, there is a small silver lining in that states with mandatory continuing education requirements offer more continuing education programs because there is a tailor-made market.

### CONCLUSION

This concludes the observations about nursing continuing education in the United States. If the impression has been given that a lot is happening, that is correct; if it has been implied that a lot still needs to happen that, too, is correct. And, if you in South Africa are planning to expand your program for nursing continuing education, it might be said — somewhat brashly — that you are commended to further study of the United States process, just as long as you do it with an eye to simplification.

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