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LONG TERM IMPACT EVALUATION OF CONTINUING EDUCATION PROGRAMS

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ABSTRACT:

The information explosion in our technologically oriented society has brought with it a shortened time span of cultural and factual knowledge change in each succeeding decade. Thus, professionals constantly need continuing education programs which provide up-dated information and skill development in their respective fields to keep from becoming obsolete. However, a question remains for those who seek to serve those needs: How will the long term impact of these continuing education programs be measured, determined and evaluated? One continuing education program has sought to answer that major question. In 1975 some rural health care professionals originated a request to an educational institution for providing low cost quality continuing education for their needs in their rural area. By 1988, the continuing success of that program included: a local program planning committee, thirty-six one-day workshops, each on a different topic, with an average attendance of sixty-eight from four states. A one-page "Impact Survey Report Form" was adapted and developed to include Kirkpatrick's evaluation paradigm of reaction; learning, behavior and results. Five hundred twenty different participants were sent forms with two hundred twenty-seven responding. Questions included: what they gained, applied, the value to them and others, skill practice adequacy, cost/benefit ratio, benefits resulting, people served weekly, and space to describe something they used and the results.

Long Term Impact Evaluation of Continuing Education Programs

The information explosion in our technologically oriented society has brought with it a shortened time span of major cultural change in each succeeding decade. Half of what we know as facts today will rapidly be replaced by new knowledge. Thus, professionals constantly need up-dated information and skill development in their respective fields. Improvement of performance on present jobs, acquiring skills and knowledge to do new jobs, and continuing career progress in the changing world of work are all part of the employee competence and productivity picture needed by organizations for survival in the volatile economic conditions of the world marketplace.

Technological, economic, and demographic change, as well as other forces continually create new needs for learning by the work force. Lifelong learning is mandatory to those who would not become obsolete. Employee training and development has emerged as a major educational enterprise in the past three decades or so. Continuing education programs conducted in-house for an organization or provided for public subscription or enrollment have become big business to a wide variety of organizations who recognize the opportunity to serve these important needs.

Focus of the Study

A question remains for those who would seek to serve these needs: How will the long term impact of these continuing education programs be measured, determined and evaluated? If one were to inquire of various program coordinators responsible for evaluation, multiple answers would be forthcoming, few of which focus on long term impact. This problem does not just exist with major institutions providing continuing education programs for the public. The author has confronted and raised questions about this with Fortune 500 Corporations in the metropolitan St. Louis area such as: a defense contractor, a chemical research firm, a communications supplier and a health care provider.

The author also has raised the issue with a large educational institution in another major city in the USA. Almost without exception the problem is not understood, much less addressed in any coherent fashion. The following illustrates the lack of understanding. To determine what the training department would do when and if the corporation ever faced a financial crisis and questions were raised about the monetary value of the training function to the corporation, the question was asked: How would you respond? Members of the training department responded by saying that they knew they were not prepared for that day. Neither did they come to grips with that issue as time moved on. Three years later in 1987 when the crisis came, the total training function was dismantled and the training staff of seventy persons was disbursed into other non-training jobs throughout the company and some left the company.

It should be fairly obvious that with the press today for accountability and "the bottom line," an answer needs to be developed to help continuing education programs survive in times of tough financial realities.

Methodology

One program has sought to answer that major question regarding long term impact evaluation. In 1975 a continuing education program for health care professionals was originated through a request from the professionals to a university. The request was an inquiry about whether affordable, quality continuing education programs could be provided to the health care professionals in the rural setting.

While some were provided in the larger cities, distance, cost, accessibility, and ability to get time off tight work schedules to attend was becoming increasingly difficult to manage.

After a two year period of needs assessment and developing the mechanism to respond, the program was launched in 1977. During the two year planning period several items were clarified that contribute to the long term impact. It was determined that the major constant in the professional's needs for up-dated information and skill development in health care concerned modes of transmission and disease, causative agents, symptoms, preventative and corrective measures. The major objectives of the workshops became helping the participants acquire: updated information on various aspects of nursing and other professional health care; new and improved methods and techniques in the delivery of professional health care; and, enhancement of their competencies in health care delivery in the late 1970's, throughout the 1980's, and into the 1990's.

It was also thought that a planning committee needed to become a permanent part of guiding and developing appropriate offerings. This group has remained in place throughout the years although it has changed personnel. It has maintained its function and purpose in working with the university even when the university personnel has changed and the relationship to this committee has been assigned to other university personnel. The planning committee decided that since the center of the geographic area to be served was in the northwest corner of Missouri, the needs of professionals from the three surrounding states (Iowa, Kansas, Nebraska) could be provided for in the planning and expected to participate.

The programs were ultimately developed into one-day workshops with each having their own set of specific objectives. Between 1977 and 1988 there had been thirty-six one day workshops conducted each on a different topic as follows:

1. Child Abuse and Neglect;
2. Teenage and Adult Alcoholism and Drug Abuse;
3. Growth and Development - Behavior Problems;
4. Depression and Suicide;
5. The Dying Patient and His Family;
6. Mental Health and the Older Adult;
7. Management and Assessment of the Cardiac Patient - A Team Approach;
8. Stress, Anxiety, and Depression;
9. Psychodrama;
10. More Effective Therapeutic Communication for the Health Care Professionals;
11. The Sex Experience Cycle of the Physically and/or Emotionally Disabled Person;
12. Assertive Training for the Health Care Professional;
13. The Human Side of Aging;
14. Pediatric Assessment of the Newborn;
15. Chronic Obstructive Pulmonary Disease;
16. Congestive Heart Failure;
17. Moral, Ethical, and Legal Issues of Nursing Practice;
18. Diabetes Assessment;
19. Mental Health--Dealing with Stress and Burnouts;
20. Pediatric Assessment of the School-Age Child;
21. Training for Parent/Child Sex Education;
22. Ostomies;
23. Intrapartum Complications;
24. The Mature Adult: Alzheimer's Disease;
25. Family Support: The Hospice Setting;
26. Sleep Disorders;

27. How to Manage Your Home, Career, Family & Sanity;
28. Communication Sense
29. Perspectives on Aging;
30. Caught in the Trap--Compulsive Behaviors;
31. Abuse: Our Elusive Problem, Children the Victims;
32. New Visions in Health Care for Today's Woman;
33. Change Begins With Me--Behavior Modification
34. AIDS--Spread Facts Not Fear;
35. -Getting Along With People Who Are Difficult;
36. AIDS: Education Is Your Best Weapon;

Although it may seem unnecessary to list all the topics, this helps to identify some major themes which are part of this particular program's long term impact. Family focus is one of the underlying themes of a number of topics. Current diseases is another underlying theme. Communication and management of self is still another.

The average number of participants was sixty-eight with the low attendance being twenty-four and the high attendance being one hundred forty-two. The participants came from four states--Kansas, Nebraska, Iowa and Missouri. They came from a radius of one hundred eighty miles around Maryville, Missouri including the metropolitan areas of Kansas City, Des Moines, and Omaha.

Evaluation Design

Each of the programs had finished with a fairly typical post-meeting reaction evaluation form being completed by the participants. Those immediate reactions were mostly positive and some of the participants came back to subsequent workshops. Not only that, a number of new participants enrolled with each succeeding workshop. In addition, one section called for participant suggestions of topics to be considered for future workshops - an idea which also contributed to the long term impact and continuation of the series. However, the long-term effect some years and months later of what the participants gained and were still using in their professional practice was the main concern which initiated this study. When the question of determining the effectiveness of the programs was raised, a second question needed to be answered: Effective in terms of what? Kirkpatrick's (1987) Four Step Paradigm helped develop the answer. Reaction indicates how well conferees like the program. Learning targets the principles, facts and techniques to be acquired as well as the attitudes that changed. Behavior identifies the changes in job behavior which were implemented. Results encompass the tangible reduced cost, improved quality, improved quantity, etc.

The evaluation design consisted of a one-page impact survey report form for thirteen programs and five hundred twenty participants. A personal interview with twenty past participants, and a personal interview with one supervisor of each of these twenty participants was considered. However, this idea was abandoned later because added benefits that would be gained from this step were not warranted by the time and cost that would have been involved.

The one-page Impact Survey Report Form was adapted from literature in the continuing education and health care fields and the one used with University of Wisconsin--Extension Programs (Steele, 1980). A cover letter was sent to the past participants along with a copy of each form, from thirteen of the programs. They were requested to complete and return the form indicating their viewpoint of what and how these programs contributed to their professional practice and current delivery of services. A reminder card was sent six weeks after the original letter. A second letter and materials was sent six weeks after the card to those who had not responded.

Evaluation Results

The title, date, and objectives of the one-page Impact Survey Report Form was appropriate to each program under consideration.

Returns on the impact survey report totaled 341 forms from 227 participants. The returns on these indicate the following:

1. What they gained by taking part in these programs is indicated by the number of responses to each item--

- 204--Insights from hearing what others are doing
- 150--Contacts with experts in my field
- 181--New ideas to try
- 167--Answers to questions
- 143--Useful resource materials
- 143--Reinforcement that you probably are doing things right
- 125--Contacts with other participants
- 111--Help in making a decision
- 78--Development of a new skill
- 12--Other
- 15--Nothing much

2. Above eighty percent rated from moderate to high the amount of information they actually applied and used, value to them and others, and adequacy of skill practice allowed to them to use back on the job.
3. Over ninety-four percent said yes, definitely or probably yes that their gain from the program was worth the time and money they spent.
4. The benefits resulting from their use of the ideas gained at these programs included other things in addition to the most important ones of better service to the patients and personal satisfaction, as indicated by the number of responses to each item--

- 213--Better service to patients
- 213--Personal satisfaction
- 178--Personal confidence
- 145--Greater skill
- 149--Improved decision making
- 161--Increased thinking ability
- 128--Better personnel relations
- 108--Greater satisfaction from the people you serve
- 54--Better planning
- 50--Better use of time
- 52--Better management
- 33--Improvements in community
- 23--Improved handling of regulations, forms, etc.
- 6--A new position or a promotion
- 4--Increased income
- 6--Other

5. The health care needs of 11,764 different patients per week are being served presently by the professionals who attended these programs.

The health care needs of 18,846 total "professional-program-participant-patients" are currently being served per week with many of these nurses and other health care professionals having attended more than one of these programs.

Among the stories of what participants used from the workshops and results they had are the following:

Child Abuse and Neglect

"I presented a child abuse workshop to my nursing staff,"

"I assisted hospital staff in proper use of drug hot line,"

"I used this information to help a niece know the child abuse law, the number to contact and decide whether to report a case of what looked like child abuse."

Depression and Suicide

"I am a school teacher. A student had taken an overdose of drugs at a ballgame. I was able to talk with her and keep her at school until her mother arrived to take her to the hospital. They pumped her stomach and saved her. I was grateful for the information I'd learned at the course."

The Dying Patient and His Family

"In a year's time I serve 40-50 families in a death situation, counseling with many of them to prepare them for the final step of death. I am better able to do this and bring comfort, strength and hope to patient and family because of this workshop."

Stress, Anxiety and Depression

"This course helped me greatly with the 63 counseling sessions I have conducted this year such as coping, crisis situations, depressions, attempted suicides."

Findings and Implications

Based solely on the Impact Survey Report Form Data, it seems safe to assume that the general health level of the overall Northwest Missouri community and its outreach into neighboring states has been improved through these continuing education programs.

Beyond the immediate value of the listed programs, the process used for mobilizing and sustaining, staying close to and responding to the needs of the people being served has its own long term impact. In addition the impact report form if used, can contribute to making sound program decisions; provide understanding of important benefits to participants, aid in clear reporting of results to the community; and, be adapted and applied to use with a wide variety of professional groups and program series of long or short duration.

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NAME _____

(Optional but helpful)

DATE: December 3,

TITLE: The Human Side of Aging: A Practical Application of the Psychological Principles

OBJECTIVES of the Continuing Education Program were for participants to be able to:

- (1) Have a working knowledge of the normal aging process.
- (2) Understand the effects of aging on physical and mental disease.
- (3) Articulate the values of continuing productivity and social interaction.
- (4) Help the senior citizen to cope with the prospects of transplantation from their own home to that of a nursing care center.

1. Which of the following best describe what you gained from taking part in this program? (Check any that apply.)

Answers to questions	Reinforcement that you probably are doing	Contacts with other participants	
Help in making a decision	things right	Development of a new skill	
New ideas to try	Useful resource materials	Other (indicate what)	
Insights from hearing what others are doing	Contacts with experts in my field	Nothing much	
2. How would you rate the: (Circle <u>0</u> the number that applies on each one below.)	LOW	MODERATE	HIGH
a. Amount of information that you actually applied and used?	1	2	3
b. Value to you?	1	2	3
c. Value to someone else (professional practice, employer, patients, family, etc.)?	1	2	3
d. Adequacy of skill practice allowed for you to use it on your own (back on the job)?	1	2	3

3. Considering the time and expense involved, was what you gained from the program worth it? (Check one.)

Yes, definitely; _____ Probably Yes; _____ Definitely No.

4. Have any of the following benefits resulted from your use of ideas from this particular workshop? (Check any that apply.)

- Greater skill _____
- Personal satisfaction _____
- Personal confidence _____
- Increased thinking ability _____
- Improved decision making _____
- Increased income _____
- A new position or a promotion _____
- Improved handling of regulations, forms, etc. _____
- Better planning _____
- Better management _____
- Better personnel relations _____
- Better use of time _____
- Better service to patients _____
- Greater satisfaction from the people you serve _____
- Improvements in community _____
- Other (indicate what) _____

5. Approximately how many persons do you serve in your work during an average week? _____

6. Please describe something that you used and the results you had.

Please complete this form and return as soon as possible but not later than April 25, 1961.

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Thanks for your prompt help!