Mandatory Continuing Education in Kansas — Three Years Later

by Susan Gaston and Janet Pucci

July 1981 marked the third anniversary of mandatory continuing education requirements in Kansas. This article describes the Kansas continuing education law as well as the effects of the law. Problems existing in the program are identified.

Introduction

When mandatory continuing education went into effect on July 1, 1978, the plains of Kansas did not tremble and move as some had prophesied. Yet there was discontent among the Kansas nurses. This had been evident at the well attended State Board of Nursing hearing on the law previous to its implementation.

How had this law come to be passed if many nurses were opposed to it? The answer is consumerism. The consumer of health services identified the need for health professionals to keep current in their professional practice. These consumers found it difficult to understand that a state which required elementary and high school teachers to participate in continuing education did not require health professionals to do the same.

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Law and Regulations

The mandatory continuing education for nurses amendment was legislated in 1976. Nurses were required by this revised statute to present proof of continuing education before their licensure would be renewed. Although the professional organization (the Kansas State Nurses Association — KSNA) had instituted a voluntary CE program in 1971, mandatory continuing education was legislated without opposition from KSNA.

The nurse practice amendment added the responsibility of regulating continuing education to the duties of the State Board of Nursing. The Board was directed to develop guidelines and regulations for CE requirements for licensure and for providers. Forums all over Kansas were used to obtain ideas and opinions to develop the regulations for CE. A hearing was also held on the proposed regulations. Each nurse licensed in Kansas received a copy of the regulations. Forums conducted by KSNA were again used to update nurses on the amended nurse practice act.

The State Board of Nursing developed regulations that allowed a gradual progression. The first stage of the relicensure process from July 1, 1978 to June 30, 1980 required that nurses show proof of five contact hours of CE. The second stage of relicensure involved the completion of 15 contact hours from July 1, 1980 to June 30, 1982. The final stage of the revised relicensure program will require 30 contact hours in a two-year period beginning July 1, 1982.

The nurse must show proof of CE attendance by submitting certificates, college transcripts or similar documents. The State Board will also recognize independent study but for only 20% of the required hours. Clinical experience as a part of a CE offering may not be counted for contact hours.

Since 1977, the State Board of Nursing has assisted and accredited providers of nursing CE. Two types of providerships are identified in the CE regulations. Single course providers or long-term providers can be approved to present CE programs.

The single course providers must submit an application and their offering to the State Board. When approved, the offering can be repeated by the provider for two years after the approval date.

Long-term providers or agencies must submit an application for a two year providership. When granted providership by the State Board, any offering presented by the agency is an approved CE offering. (An offering is one segment of a continuing education program.) The long-term provider application requires a description of the agency’s administration, organizational chart, financial support, philosophy of and plan for CE, as well as specific information on two sample offerings such as faculty qualifications, facilities, records, and evaluation of offerings and total program.

Each CE offering must be two or more hours in length; utilize a qualified course instructor; develop objectives, content, bibliography, and evaluation tool. The providers must maintain records of attendance and issue certificates of CE to the participants of each offering.

Effects of Mandatory Continuing Education

The major effects of mandatory continuing education have been to improve the quality and quantity of continuing education offerings. Changes are also apparent in the nurse consumer of CE.

On July 1, 1978 there were 39 long-term providers approved by the State Board. Today over 70 long-term providers are approved. Hospitals and educational institutions which had not been involved in continuing education created continuing education positions and departments or expanded the number of offerings. These providers have also been concerned with continuing education of the individuals responsible for planning and implementing the offerings.

During the two-year period since mandatory CE has been in effect, approximately 100 approved continuing education offerings have been provided each month. These offerings have been on an increased variety of topics. The regulations have set a standard for continuing education, thereby improving the quality.

The nurse consumer of continuing education in Kansas has become more sophisticated and selective. There was originally a tendency for nurses to select CE offerings based solely on their availability. While this basis for choice is still practiced by some nurses, most are concerned with the quality of the offering and its relevance to their practice.

Some nurses, who were not active in nursing, let their licenses lapse rather than meet the continuing education requirements. An estimated 700 Registered Nurses were in this category.

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Problems of Mandatory Continuing Education

Mandatory continuing education in Kansas is progressing well with minimal difficulty, but several problems do exist. The source of these problems stems from the nurse, the provider, and the amended law and regulations.

Selection of continuing education is based upon the personal preference of the nurse. This cafeteria style of CE does not promote in-depth study. Offerings that the nurse selects may not be what she needs for her practice in a specific area. While nurses should be free to select CE offerings, their choices should be structured or limited within clinical or functional areas.

Some sections of Kansas are not in the immediate area of long-term providers. Nurses in these outlying areas of the state must travel to agencies to attend CE offerings. The cost of gas is becoming a prime consideration in a nurse's choice of CE offerings. Nurses in the rural areas may be forced to select CE offerings provided by outreach programs, telement courses, and correspondence courses. The problem may become more acute when nurses are required to obtain 30 contact hours this year.

The evaluation of continuing education has been limited to individual offerings and programs rather than the effect of CE upon nursing practice. Studies by practitioners have not been conducted to determine how a single CE offering or a program of CE has improved nursing care. As the State legislature becomes conscious of accountability, cost of the implementation of CE legislation must be justified with improvements in patient care. Yet providers have not undertaken this task.

Kansas currently does not have a statewide calendar that includes all State Board approved CE. Although there are CE calendars, they are incomplete and/or have a limited availability. Due to funding, the State Board cannot provide this service. A complete statewide calendar is an expressed need of Kansas nurses.

Limited funding also has contributed to the difficulty experienced by the Kansas State Board of Nursing in maintaining and evaluating CE records. The Board has inadequate access to computer services. Computerization could be used to develop CE transcripts for individual nurses. Currently, the documents the nurse submits for relicensure must be checked by hand with the roster furnished by the provider. Due to the number of programs and number of nurses licensed in Kansas, this is a monumental task for the State Board staff. Lack of computerization also hinders studies of CE offerings and participants.

The regulations of the State Board recommend that nursing content be given consideration equal to non-nursing content in any agency's program of offerings. Without the requirement that nursing content be included in each offering, non-nursing topics are offered for CE. In practice this has resulted in nurses using college courses such as calculus for continuing education requirements. While courses in other disciplines may enhance a nurse's knowledge, its applicability to nursing practice is questionable.

Summary

In 1976, Kansas was the fourth state to legislate mandatory continuing education for relicensure for all nurses. Since the implementation of the legislation, nurses have come face-to-face with the reality of mandatory CE. Mandatory CE forces nurses to examine and assess their educational needs. CE providers have improved the quality and quantity of CE offerings. Other states considering mandatory CE will profit from examining the Kansas experience with mandatory continuing education.

References