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Commonwealth of Pennsylvania
Bureau of Professional and Occupational Affairs
State Board of Chiropractic
PO Box 2649
Harrisburg, PA 17105-2649

September 1, 2014

RE : Proposed Rule Amendment TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS, PART I. DEPARTMENT OF STATE, Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS, CHAPTER 5. STATE BOARD OF CHIROPRACTIC, Subchapter G. CONTINUING EDUCATION, § 5.79. Distance education which would limit limit non interactive online continuing education

Thank you for the opportunity to provide public comment to the Pennsylvania State Board of Chiropractic

I would like to start by providing you a little bit of my background. I am the authorized representative from the University of Bridgeport College of Chiropractic, Division of Postgraduate and Continuing Education. The College is accredited by the CCE (Council on Chiropractic Education). I have been a licensed Chiropractic Physician in Connecticut for over 25 years and served for 6 years on the Connecticut Board of Chiropractic Examiners. I have been involved with Chiropractic postgraduate and continuing education for over 22 years, and was an author of a research article titled *Chiropractors Opinions of Continuing Education* published in a journal listed in PubMed of the National Library of Medicine. I have appeared before over 30 professional licensing boards specifically to provide information and testimony in the area of distance based learning. I hope that I will provide you valuable information pertaining to distanced based learning.

My comments today specifically pertain to the proposal to limit non interactive online continuing education. We ask that the Board **not** pass such a limitation, and instead, step back and consider some alternative rule modifications to improve the delivery of continuing education for Pennsylvania licensees, no matter what the delivery mechanism, in the interest to better serve and protect the public.

Accountability in Learning

With most online learning platforms, educational objectives or course descriptions are posted, there is some interactivity with the program by having to click on links, answer questions, and perform activities along with some form of testing as one moves through the educational activity. This is considered a high degree of accountability of learning.

In contrast to this, what is the accountability in learning when taking a live, in person continuing education course? Showing up and signing in/out of attendance sheets. That is it. You can sleep through the course, browse the web on your Ipad or read a

newspaper. Realistically, not a shred of accountability in learning. With no disrespect intended, one has to question why there is a limitation being considered for online learning where it might be more appropriate to limit live, in person events. However, in reality, we ask the Board to not limit any mechanism of learning and instead, urge the Board to step back and consider creating standards for not only online courses but also standards for in person, live courses.

Audit and Monitoring

Let's talk about those licensees who try to obtain their continuing education hours in a less than ethical manner. How many licensees try to do this? In reality, it is quite low. So putting a limitation on the number of hours one can obtain online is really punishing the vast majority of licensee's who obtain their hours in an ethical manner.

But, this point goes even further. With Online Learning, the probability of catching those that tried to obtain their continuing education hours in a less than ethical manner is vastly higher than catching someone who attended a live, in person event. While the only item to audit with a live event is a certificate of completion and perhaps the sign in/sign out sheets, with an online event, the Board can request individual log files to check not only the time stamps of when the course was started and completed, but also the logs for when every question was answered and every activity was performed.

ChiroCredit.com performs a daily audit on all completed courses. Algorithms have been created and modified over the years to provide a maximum level of compliance by license holders. License holders are notified within 24 – 48 hours of completing a course if the coursework did not pass our audit and that the courses will not be certified for continuing education. Less than 1% of courses taken do not meet the criteria of our internal audit. Therefore, a rule change to limit online learning would punish the 99% of licensee's that are properly taking courses.

Learning Models and Attention Span

Live programs are often offered as 12 hour seminars over two days in one subject. Online education allows a doctor to select continuing education courses in many different subjects with educational objectives that are of specific interest to a particular doctor. For example, instead of a 12 hour program in nutrition, a doctor can take several hours in nutrition, several hours in diagnostic imaging, several hours in Physical Diagnosis and several hours in Risk Management. It leads to a more rounded educational experience that is tailored to the specific educational needs identified by each specific doctor.

Classroom courses for chiropractic physicians are typically offered in 12 hours over two days. In this model, students sit through six hours of lecture per day. Although it is traditional, is it optimal? Consider that attention often starts to drift after only 10 to 20 minutes and the average learner is paying attention to the lecturer approximately 50 percent of the time. It should not be a surprise that these students commonly retain less than 20 percent of the material presented.

Unlike traditional classroom programs that are presented verbally, online education programs require that material is presented in a variety of audiovisual modes. Learners are able to progress at their own pace as the material is presented, which optimizes learning. Although the classroom learner may miss 50 percent of what is offered only once verbally, the online learner can review the information as many times as necessary and retain more.

The Public is Protected. There is no evidence that healthcare providers that obtain all of their continuing education requirements by way of distanced based learning are more likely to have a malpractice claim or board action against them.

A research of literature demonstrates no evidence by any state or federal licensing board in any profession that a professional that obtains all of their continuing education requirements by internet/distance based learning is correlated with a greater amount of disciplinary actions or malpractice complaints. Thus, limiting the ability to obtain all hours by way of distance based learning *does not protect the public to a greater degree.*

The limitation is not consistent with the current standards of education at institutions of higher education nor with the requirements of medical doctors.

The limitation is **not** consistent with the current status of education as offered by institutions of higher learning as well as other primary care physicians' ability to obtain continuing education. It is a fact that Institutions of Higher Learning have embraced the use of Internet Education evidenced by the fact that one may now obtain a BS, MS and even a PhD online. It is also a fact that that Medical Doctors may obtain all of their continuing education requirements via distance based learning in *every* single jurisdiction that requires continuing education, *including Pennsylvania*. *Thus, how can the public be protected by having a rule that is in direct opposition to the current status of higher/continuing education?* Chiropractic is no more hands on that a surgeon and surgeons can obtain their continuing education through any mechanism of learning they choose.

Limiting a learner's choice in choosing the type of education most appropriate for them is a detriment to learning and thus, public safety.

There are different types of learners and it is known that adult learners choose the type of learning that is most appropriate to them as an individual. This is to say that licensees who want to attend live programs will do so while those who learn better by reading and studying as an individual will seek appropriate learning such as an online program. Forcing someone to taking a live, in person program when they learn better by reading and studying individually would be detrimental to learning. Thus, learners should have a choice.

This is emphasized in a rule change enacted by the Oregon Board of Chiropractic back in 2002. In a letter to the Chiropractic profession in October 2002, the board made several

key statements in discussing their new CE rules which allowed all mechanisms of delivery for continuing education. The Oregon Board stated “the new CE Rule takes into consideration that there are several unique aspects to adult education. One is that adults will typically make educational choices based on their assessment of need. Also, adult learning tends to be self directed with several stages: experience, observation, reflection, and then active testing in a new setting. To acknowledge this, the OBCE has expanded the ranges of sources for continuing education to the physician.” They went on to say “part of the mission of the OBCE is to promote quality in the Chiropractic profession. We feel the Chiropractic Profession’s continuing education rule should function as a tool to promote the quality of care delivered by chiropractic physicians. Our goal is to encourage the doctor to evaluate the quality of care they deliver and choose their educational tools accordingly.”

Taking away the opportunity for a learner to seek out the type of learning most appropriate for them would be a direct contradiction to learning itself, thus, would be considered a detriment to public safety.

The limitation is not consistent with education research literature

A limitation is contrary to the current literature as it pertains to education. The vast majority of research pertaining to education that compares live versus distanced based learning indicates that there is *no* advantage to live education. In fact, many studies show that distanced based learning is more advantageous.

An on point research study was reported in *JAMA: Comparison of the Instructional Efficacy of Internet-Based CME with Live Interactive CME Workshops. September 2005.*

I note the conclusions which state “Appropriately designed, evidence based online CME can produce objectively measured changes in behavior as well as sustained gains in knowledge that are **comparable or superior** to those realized from effective live activities”.

In fact, the study noted “while changes in knowledge and attitudes were comparable across both groups, **only the online CME participants demonstrated behavioral changes.**”

The limitation is not consistent with an on point resolution as passed by the American Chiropractic Association’s House of Delegates

The American Chiropractic Association, the World’s largest professional association of Chiropractic Physicians passed a resolution pertaining to distance learning in September 2005. It stated:

Because of the recent trend toward “distance learning,” and because online education is offered by many chiropractic colleges and state associations and

accepted by many states for license renewal, the House of Delegates resolved at its recent meeting to also support other types of educational activities. The new resolution states that the ACA supports educational activities “utilizing materials such as CD-ROMs, DVDs, power-point presentations, printed educational materials, audiotapes, video cassettes, films, slides, journal club activities, journal-based CME, teleconferences, web based and computer-assisted / online educational instruction that provide a clear, concise statement of the educational objectives and indicate the intended audience. These programs shall also have a method of verifying practitioners' participation.

100% of the Content for the Learner and for the Board

Distance based learning programs also make it easier for the Chiropractic Board to more easily monitor a continuing education program than it is to monitor a live program. Board member(s) or staff can evaluate/review a program without having to travel to attend a live program for purposes of evaluation. Whereas there is access to 100% of the course content with distanced based learning, with live, in person courses, the review is generally looking at the application alone.

Online courses provide the ability for the learner to have access to 100% of the material that they can review over and over again. Based on the log files of accessing “review completed courses” on ChiroCredit.com, this happens at a much higher rate than one might expect with over 38% of our site users accessing the review completed courses programming.

CONCLUSIONS

If the Pennsylvania Board is truly concerned with improving continuing education for Chiropractic License holders in an effort to better protect the public, stepping back and creating standards for distanced based learning as well as creating standards for live, in person learning is a dramatically better course of action.

For example, perhaps a limitation to how many hours of continuing education, through any mechanism of continuing education, may be earned in a 24 hour period. Other examples could be to require interactivity periodically within the online program and to require some form of post testing in both live and distanced based learning.

Doing so would strengthen the continuing education rule and provides a strong basis for accountability in mechanisms of learning. The resultant strong rule will ensure the public's health, safety, and welfare far beyond what a limitation in hours for online learning could ever create.

We would be happy to provide some framework and recommended standards for the Board to consider. Reaching out to Chiropractic Colleges and Universities as well as providers of continuing education for input would provide the Board with additional points to consider.

I would like to reserve the opportunity to appear at the Pennsylvania State Board of Chiropractic meeting at which this proposed rule change will be discussed so that I can add some additional relevant discussion and answer any questions Board members may have on this subject.

Respectfully Submitted,

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