Overview ..............................................................................................................................................2
Overall Findings .....................................................................................................................................2
Methodology ..........................................................................................................................................3
Survey Results .......................................................................................................................................3
Who Responded and Their Responsibility for CE/CME Management .............................................. 3
Type of Training for CE/CME Re-licensure and Professional Development ................................. 6
Effective and Preferred Types of Training and Suggestions for Distance Learning .................. 11
Learning About and Registering for Training ................................................................................... 15
Topics for CE/CME and Professional Development ......................................................................17
Resources for CE/CMEs: Funds, Staff, Equipment, Release Time ..................................................28
Mandatory Training ............................................................................................................................43
Barriers, Ways UAA AHEC Can Help ...............................................................................................53
Continuing Education Needs Assessment

OVERVIEW

The Area Health Education Center (AHEC) at the University of Alaska Anchorage (UAA) contracted with Information Insights to assess the continuing education (CE)/continuing medical education (CME) needs of health care providers at hospitals and community health centers in Alaska. This survey was preceded by a literature review conducted to determine the most effective manner of gathering data about CE/CME needs. Results of the literature review supported the plan to collect data via an online survey.

OVERALL FINDINGS

Overall, health care professionals at hospitals and community health centers in Alaska have access to some training on an annual basis. However, access to training beyond that required to maintain professional licensures is harder to obtain. Workers pay for much of their own CE/CME. In some cases, workers even pay for mandatory employer trainings. Funding to pay for training and travel to training was cited as the biggest barrier to obtaining training. The other large hurdle was to obtain time off to attend offerings, in part because of coverage issues.

In general, workers preferred in-person trainings to online training considering them to be more effective. Respondents frequently indicated conferences are the best way to obtain continuing education. Topics for CE/CME ranged between medical topics and administrative and/or managerial topics. The majority of survey respondents reported spending several days per year on mandatory trainings on topics such as HIPAA, CPR certification, ethics, and safety.

The health care field in Alaska faces a challenge to determine how to deliver quality, effective training across vast geographic distances. Often respondents do not have access to the most current technology. Workers do not view technology that is available as effective. Bridging the gap between workers needs and wants is a substantial challenge. Certainly technology will play a role in solving the problem, but considerable attention must be given to ensure technology related training is not viewed as second rate. The
joint effort between AHEC and ASHNHA to address the challenges offers the field a better chance at success.

**METHODOLOGY**

Survey questions developed in collaboration with staff at the UAA AHEC, ASHNHA and Mary Lou Madden, contractor for ASHNHA’s project. Once an initial questionnaire was developed, a focus group comprised of the target sample population was convened telephonically to discuss CE/CME issues. That discussion informed the questions and answer choices included in the survey. Information Insights worked closely with Mary Lou and ASHNHA staff so that the same questions would be posed so that the data could be merged.

Staff at UAA AHEC provided a list of facility directors (71 contacts) for Alaska hospitals and community health centers (which excluded the small and rural hospitals that were part of ASHNHA’s project). Facilities were alerted in advance so that they would recognize the invitation when it arrived.

The online survey was distributed using Zoomerang, an online survey tool. Respondents received an invitation to take the survey from AHEC staff. The URL for the workers’ survey was included in and invitation from AHEC staff. Facility directors were encouraged to distribute it to their staff.

Invitations were sent on July 23, 2011. A number of reminders were sent, both from the survey software as well as AHEC staff. Additionally, calls were made to non-respondents encouraging them to complete the survey and offering to resend the online address if necessary. In order to improve the response rate, the survey closing date was extended. The survey closed on August 19th. Sixty three individuals completed the facility director survey (including those added by the contractor working with ASHNHA) as well as 52 workers.

**SURVEY RESULTS**

**Who Responded and Their Responsibility for CE/CME Management**

**What is your position? (Facility Directors)**

Few respondents selected from the listed titles. Three respondents were Clinical Supervisors and three were Nurse Educators. CNO and Education Director were reported by two respondents. Answers written in by more than one respondent include: Executive Director (3), Medical Technologist (3), Administrator (2), and Administrative Assistant (2). All the other responses were on given by a single respondent except for ‘facility summary’ which was written in by 11 respondents. Single answers included: Pharmacist, Outpatient nurse, Registered Dietitian, Operations Manager, Program Administrator, Human
Resources Manager, Deputy Director, Infant Learning Program Coordinator, Director of Nursing/RN, Chronic Pediatric Case Manager, GYN Case Manager, Quality Assurance, Director of Village Health Services, Utilization Management, Manager, Compliance Officer, Tribal Health Director, Trauma Program Manager, Senior Office Specialist, Radiologic Technologist, Physician Assistant, Registered Nurse/Case Manager, Recruiter, Patient Services Assistant, Department Manager, Human Resources Specialist, RN Clinical Quality Analyst, Patient Accounts & Data Entry, Technician, Case Manager, and Composite.

What is your position? (Workers)

Again, few respondents selected answers from the listed titles. Over half of respondents selected ‘other.’ Seven Clinical Supervisors, four Outpatient Nurses, three Pharmacists, two Physicians, and then one respondent selected five of the other listed titles. Those titles written in or selected included:

- Education Director
- Floor Nurse
- Nurse Educator
- Physical Therapist
- CNO
- Physician Assistant (3)
- Nurse Practitioner/Medical Director
- Family Practice Nurse Practitioner
- Director of Behavioral Health Services
- Lactation Consultant/ Patient Education
- Behavioral Health Clinician
- Community Health Aide 2
- Community Health Practitioner
- Psychiatric Medication Case Manager & Education RN
- Behavioral Health Practitioner/Educator
- NP/ Owner
- Charge Nurse at Dialysis / Floor Nurse
- Registered Dietitian
- Behavioral Health Consultant (2)
- Clinical Supervisor and Floor Nurse
- Nurse Practitioner
- Regional Instructor = CHA/P Supervisor & Coordinator, plus work in clinic
- Health Aide Supervisor and Midlevel Provider
- Advanced Nurse Practitioner (2)
- Case Manager PCC
- Dentist (2)
- Wellness Coordinator, and ER Nurse
Even if your title is not Education Director, are you the individual responsible for managing CE/CME at your facility?

Among facility director respondents, just over half, 51%, of respondents report they were the individual responsible for managing CE/CME at their facility. Among workers, only 17% reported being responsible for managing CE/CME at their facility.

Which of the following elements of CE/CME are you responsible for?

Respondents were able to check all that applied, so percentages don’t total 100%. The range of responsibilities varies widely. Some respondents are responsible for the entire CE process, while others only collect paperwork after a worker attends training. Half of the facility directors carried out some of these duties, while less than one-fifth of the workers were responsible for any of these duties.
• Determining need, researching trainings, negotiating with contractors to bring trainings on-site, authorizing expenditures
• Facilitating training, monitoring outcomes
• Interview results (9)
• Monitoring completion of required CEUs
• Must submit CE for certification for health aides
• Setting up on-site training for nurses

Workers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting completion paperwork</td>
<td>89%</td>
</tr>
<tr>
<td>Registering staff for trainings</td>
<td>67%</td>
</tr>
<tr>
<td>Submitting credits to the state</td>
<td>56%</td>
</tr>
<tr>
<td>Circulating notice of upcoming trainings</td>
<td>56%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>11%</td>
</tr>
</tbody>
</table>

Other responses:

• I provide all above functions for CHA/Ps; no-one has this responsibility for midlevel providers, that I know of

Is your facility accredited by the Joint Commission?

This question was only asked of facility directors. Over half of respondents (54%) reported that their facility is accredited by the Joint Commission. One-fifth of respondents were at a facility that could be accredited, but is not.

Professional Training for CE/CME Re-licensure and Professional Development

How do you or your staff currently fulfill CE/CME requirements needed for re-licensure?

Respondents were encouraged to choose all the answers that applied, so answers do not total to 100%. Among facility directors, online training options were not cited as frequently as in-person trainings. Among workers, online subscription services were
most commonly used, followed by out-of-state conferences and then in-state conferences. While specific rankings varied between directors and workers, the top four choices are the same, appearing in a different numerical order.

**Facility Directors**

- On-site in person trainings: 73%
- In-state conferences: 71%
- Out-of-state conferences: 66%
- On-line CE/CME subscription service: 65%
- Podcasts/webinars: 48%
- In-state courses: 42%
- Video-conferences: 40%
- By distance in real time (synchronous): 37%
- By distance on own time: 32%
- Other, please specify: 13%

**Workers**

- On-line CE/CME subscription service: 65%
- Out-of-state conferences: 62%
- In-state conferences: 62%
- On-site in person trainings: 52%
- By distance on own time (asynchronous): 42%
- In-state courses: 38%
- By distance in real time (synchronous): 29%
- Podcasts/webinars: 23%
- Video-conferences: 15%
- Other, please specify: 12%

Other responses:
- Home Study CE in quarterly newsletter
- Journals; professional society briefings
- Journal review/testing
- Hospital wide CEU series
- ASRT Journal
- Indian Health Service required trainings
- Large simulation facility on site in Sitka; can take mannequins on the road
Other responses:
- E-learning and in-state conferences
- Periodical reviews
- By mail
- Hospital has classes
- National conferences
- Home study courses

How do you or your staff access training for professional development?

Respondents were encouraged to choose all the answers that applied, so answers do not total to 100%. Among facility directors, results were surprisingly different when compared to training for re-licensure. Conferences were described most frequently followed by courses and then in-person trainings on site. Among workers, like facility directors, in-state conferences were cited most frequently. However, workers listed on-site in person trainings, not out-of-state conference as their second choice.

Other responses:
- Home study CE
- Weekly meetings w/training component; peer review
- Journals; professional society briefings
- Journal review/testing
- Indian Health Service required trainings
- Also some staff have professional development opportunities through Pease Health
- On-site simulation lab
Which type of training is used most for obtaining re-licensure CE/CME credits?

Among facility directors, the top four choices account for over three-quarters (77%) of respondents’ answers. Out of state conferences and on-site in person trainings are equally popular. Among workers, out-of-state conferences are also the most frequently type of training selected.
Other responses:
- In/out of State equally—it’s a recruitment nugget to provide two out of state CMEs annually
- Journals; professional society briefings
- School
- In-hospital training and education
- I have to have at least 48 credits in person

Workers

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-state conferences</td>
<td>33%</td>
</tr>
<tr>
<td>On-line CE/CME subscription service</td>
<td>19%</td>
</tr>
<tr>
<td>In-state conferences</td>
<td>15%</td>
</tr>
<tr>
<td>On-site in person trainings</td>
<td>12%</td>
</tr>
<tr>
<td>By distance on own time...</td>
<td>10%</td>
</tr>
<tr>
<td>In-state courses</td>
<td>4%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>2%</td>
</tr>
<tr>
<td>Podcasts/webinars</td>
<td>2%</td>
</tr>
<tr>
<td>Video-conferences</td>
<td>2%</td>
</tr>
<tr>
<td>By distance in real time (synchronous)</td>
<td>2%</td>
</tr>
</tbody>
</table>

Other responses:
- Classes available at home hospital

**Which type of training is used most for professional development?**

Among facility directors, the top four choices account for 85% of respondents’ answers. In and out of state conferences comprise the majority, 51%. Facility directors and workers both reported on-site in person trainings as the most common method of training for professional development. In both groups these were followed by in-state and out-of-state conferences, although those options appeared in a different numerical order.
Effective and Preferred Types of Training and Suggestions for Distance Learning

Which type of training is most effective?

Facility directors consistently reported all types of in-person training were more effective than online trainings. Workers also reported all types of in person training to be more effective than any type of online training.

Other responses:
- I don’t know what is used most
Other responses:

- Depends - having providers go be among a large peer group off-site works very well for big new ideas, or to learn a whole new skill (like acupuncture); on-site in person trainings work better for "how we do things here" type education
- All of above
- Depends upon the topic
- Depends/therapies and specialties need hands on

Other responses:

- Interactive learning
Which type of training is preferred by you or your staff?

Among facility directors, only 2% of respondents reported a preference for online options. Nearly half of facility director respondents reported a preference for on-site in person trainings followed by 40% who prefer conferences, in-state being more popular than out-of-state conferences. Among facility directors, the one ‘other’ answer was ‘any type of training.’ Similar preferences were reported by workers, although the first choice was for out-of-state conferences. A few more workers reported a preference for some type of online training, although the percentage remained very small.

### Facility Directors

- On-site in person trainings: 48%
- In-state conferences: 21%
- Out-of-state conferences: 19%
- In-state courses: 10%
- Other, please specify: 2%
- On-line CE/CME subscription service: 2%
- Podcasts/webinars: 0%
- Video-conferences: 0%
- By distance on own time...: 0%
- By distance in real time (synchronous): 0%

### Workers

- Out-of-state conferences: 27%
- On-site in person trainings: 25%
- In-state conferences: 23%
- In-state courses: 8%
- By distance on own time...: 8%
- Other, please specify: 4%
- On-line CE/CME subscription service: 4%
- By distance in real time (synchronous): 2%
- Podcasts/webinars: 0%
- Video-conferences: 0%

Other responses:
- Interactive learning
• It depends on the topic e.g., for chronic disease care updates I prefer conferences with variety of speakers but for certain certifications I prefer on-site in-person

Suggestions for ways to increase the learning quality of distance delivery

Facility Directors
• Offer training after hours/on weekends; For distance in real time training, plan for significant interaction - lectures are not the best way to teach; have staff complete activity (i.e., stitching, or examining a heart, or reading an EKG, etc.) as during the training.
• Webinars/webex can be very effective methods to display canned content such as power points and yet have opportunity for live interaction
• Single day trainings should always be available via vtc, travel into Anchorage for a one day training is prohibitive
• Increased Internet speed is an issue
• More! Time is a factor so having home accessibility is important- and to be compensated by the company for time spent doing the CMEs
• Net meetings and or conferences
• More courses need to be offered via tele-video conference of archived providing the latest gold standard practices in nursing and medicine
• Webinars offered several times to ensure completion
• More video conference capabilities would help
• Continue to increase interactivity and variety of offerings
• Alaska needs more in-state conferences; it is very expensive to send staff out of state. I have to budget about $5000 for each trip and each provider typically takes two trips a year
• Certify process and educators for awarding CME in AK
• I think facilities that provide distance delivery need training not only on the technical aspects but the coordination aspects - in other words sometime the host forgets there are people participating long distance
• Notifications need to be in advance, increased in-state collaboration so there are not schedule conflicts (multiple trainings at same time)
• Some rural sites have a disadvantage to attend CME/CE opportunities. Advantage is to plan ahead to seek for coverage while attending using external resources such as ours; Provide continuous for PALS, ACLS, BCLS and DEA, etc.
• More instate offerings..I do not make as much money as a doctor, but conferences seem to be subsidized for MDs and not RNs
• Have a group participate together in a video or web-based training so there can be dialogue with others
• The most useful trainings are on-site when a multiple people can receive the same training

Workers
• Have access to downloadable material before online streaming sessions. The internet speed is such that sessions are often timed out or interrupted frequently.
• More classes to be offered would be great, or by Tele Video
• Record live offerings so that those in a busy clinical setting may view them at a later date
• Web cams and virtual class rooms
• On-line courses are convenient
• Video conferences have been good but it seems that the flexibility of on-demand type webinars or courses are more convenient
• Audio-updates on CD from AAFP work well for me
• Need an online link vs using local video equipment that requires software downloads. Link should be accessible from home as well
• It would be great to have ACPE courses, lectures, seminars on campus
• Please notice 12 weeks before training date
• Streaming trainings to remote site. Offering technical assistance to nonprofit organizations that are attempting to provide distance delivery continuing education

Learning About and Registering for Training

How do you or your staff find out about available CE/CME trainings?

Respondents were encouraged to choose all the answers that applied, so answers do not total to 100%. Most facility directors and workers learned of trainings through methods beyond their employers. The human resources department was not a good source of information, especially for worker.

<table>
<thead>
<tr>
<th>Facility Directors</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring agency website or fliers</td>
<td>83%</td>
</tr>
<tr>
<td>Professional association</td>
<td>70%</td>
</tr>
<tr>
<td>Professional colleagues</td>
<td>44%</td>
</tr>
<tr>
<td>Education coordinator</td>
<td>41%</td>
</tr>
<tr>
<td>Supervisor</td>
<td>32%</td>
</tr>
<tr>
<td>Human resources department</td>
<td>21%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>16%</td>
</tr>
</tbody>
</table>

Other responses:
• Community partners like public safety
• Surf Internet
• Manufacturers, certification agencies, large facilities, networking
Continuing Education Needs Assessment | September 2011

- Online
- Schedule of training
- Home page postings
- PALI
- PALI, clinical resource nurses
- Have difficulty in getting timely information

Workers

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring agency website or fliers</td>
<td>77%</td>
</tr>
<tr>
<td>Professional association</td>
<td>65%</td>
</tr>
<tr>
<td>Professional colleagues</td>
<td>60%</td>
</tr>
<tr>
<td>Supervisor</td>
<td>23%</td>
</tr>
<tr>
<td>Education coordinator</td>
<td>23%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>15%</td>
</tr>
<tr>
<td>Human resources department</td>
<td>4%</td>
</tr>
</tbody>
</table>

Other responses:
- Online searches (2)
- Local networking
- Mail
- Peers
- Literature
- Professional organization ENA
- Drug company sponsored dinner /lecture

**How do you register for CE/CME events?**

Respondents were encouraged to choose all the answers that applied, so answers do not total to 100%. Only workers were asked how they registered for trainings and 82% reported registering online and more than half reported registering by e-mail.
Other responses:
- In person
- At time of course

What method of registration do you prefer?

Only workers were asked what method of registration they preferred and overwhelmingly they prefer online registration. One quarter prefer e-mail, 4% by mail and no one prefers registering by phone.

Topics for CE/CME and Professional Development

Who decides the topics for CE/CME for re-licensure?
Respondents were encouraged to choose all answers that applied, so answers do not total 100%. Facility directors do not determine topics for re-licensure requirements themselves, yet licensing requirements dictate more training topics than anything else. More workers reported getting to choose their training topics. Among workers, licensing requirements were the second choice for influencing training topics.

### Facility Directors

- Licensing requirements: 74%
- Self: 71%
- Supervisor: 35%
- Employer mandates: 34%
- Other, please specify: 10%

### Workers

- Self: 75%
- Licensing requirements: 63%
- Employer mandates: 17%
- Supervisor: 15%
- Other, please specify: 2%

Other responses:
- Need
- Staff - through needs assessments
- Assessment of interests
- Requirements of trauma center designation criteria
- Certificate requirements
Who decides the topics for CE/CME for professional development?

Respondents were encouraged to choose all answers that applied, so answers do not total 100%. Nearly three-quarters of facility director respondents decide professional development training topics. Among workers the percentage who reported that they decided professional development topics themselves was 81%.

Facility Directors

- Self: 73%
- Supervisor: 66%
- Licensing requirements: 37%
- Employer mandates: 32%
- Other, please specify: 6%

Workers

- Self: 81%
- Licensing requirements: 31%
- Supervisor: 23%
- Employer mandates: 17%
- Other, please specify: 2%

Other responses:
- Certifying agency
- Shared governance processes
- Staff
- Assessment of learning interests
What are your focus areas for CE/CME for yourself or your staff for this current year?

Respondents were encouraged to choose all answers that applied, so answers do not total 100%. Among facility directors, top responses were ‘Other’, ‘Leadership skills,’ and ‘Documentation.’ Other selected topics of more 20% of facility directors included ‘Patient Care Management,’ ‘Emergency Care,’ ‘Pain Management,’ and ‘Conflict Resolution.’ Workers’ topic areas were administrative and tended to be about patient care topics, including pain management and emergency care, although leadership was selected by 27% of workers.

Other responses:
- Community Health Aide Program

Other responses:
- Behavioral health (6)
- Wound care (2)
- Palliative care (2)
- Grant management (2)
• Pediatrics (2)
• Diabetes (2), diabetic foot care
• Immunization delivery
• Change management; team leadership; disaster management; reading and interpreting x-rays
• Meaningful use and EHR and HCIA
• Public health nursing: STIs, population based care, infectious diseases, child health
• Federal IDEA Laws for birth to 3 years of age
• MDS 3.0 and CAA
• Emergent testing modalities, new instrumentation, new technology, evolving tests, newer techniques, others...
• Pediatric courses endocrine, disabilities
• Patient Centered Medical Home Certification
• PI/QA
• Suicide prevention
• Injections, trigger point
• Patient centered care
• Fraud, audit and compliance
• Biopsychosocial assessments
• In patient perinatal nursing
• Trauma; disaster management; trauma registry software
• Laboratory testing and equipment
• Dose reduction
• Laboratory medicine topics
• HR and the law
• Quality and safety topics/Core Measures/Infection Control/EHR
• Learning new software for billing/data entry
• Ultrasound
• X-ray
• Rural nursing competencies
• Evidence-based practices
• Nursing specialties
• PALS & ACLS
• Trauma nursing
• Chemo
• OB
• Trauma

Workers

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Other, please specify</td>
<td>52%</td>
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<tr>
<td>Pain Management</td>
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</tr>
<tr>
<td>Emergency Care</td>
<td>31%</td>
</tr>
<tr>
<td>Topic</td>
<td>%</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Leadership Skills</td>
<td>27%</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>25%</td>
</tr>
<tr>
<td>Women's Health</td>
<td>25%</td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>21%</td>
</tr>
<tr>
<td>Documentation</td>
<td>19%</td>
</tr>
<tr>
<td>Alternative Therapies</td>
<td>17%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>17%</td>
</tr>
<tr>
<td>12 Lead ECG Interpretation</td>
<td>15%</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>15%</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>13%</td>
</tr>
<tr>
<td>Occupational/Environmental Health</td>
<td>10%</td>
</tr>
<tr>
<td>Computer Literacy</td>
<td>8%</td>
</tr>
<tr>
<td>Ethics in Nursing</td>
<td>8%</td>
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<tr>
<td>Geriatric Nursing</td>
<td>8%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>8%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>8%</td>
</tr>
<tr>
<td>Neonatal Nursing</td>
<td>8%</td>
</tr>
<tr>
<td>Oncology</td>
<td>8%</td>
</tr>
<tr>
<td>Physical Assessment</td>
<td>8%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>8%</td>
</tr>
<tr>
<td>Home Health</td>
<td>6%</td>
</tr>
<tr>
<td>Legal Aspects of Nursing</td>
<td>6%</td>
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<tr>
<td>Time Management</td>
<td>6%</td>
</tr>
<tr>
<td>Critical Care Nursing</td>
<td>4%</td>
</tr>
<tr>
<td>Delegation of Care</td>
<td>4%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>4%</td>
</tr>
<tr>
<td>Forensic Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Operating Room/Recovery Room</td>
<td>2%</td>
</tr>
<tr>
<td>Rehabilitation Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Terrorism: Impact on Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
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</tr>
<tr>
<td>Legal Nurse Consulting</td>
<td>0%</td>
</tr>
<tr>
<td>MODS, Shock</td>
<td>0%</td>
</tr>
</tbody>
</table>

Other responses:
- ATLS
- Breastfeeding (2)
- Clinical ethics
- Clinical supervision
- Cross cultural
- Dental materials (2)
Dental techniques, procedures
Diabetes self-management support
Diabetic management
Dialysis
Domestic violence
Effective therapies
Electronic health record
Endodontics
Ethics in psychology
Fall prevention
General family practice topics
Geriatrics
Healing touch
Human resource, effective management
Indian health
Infectious diseases
Integrated care
Misc psychotherapy
Nail and skin care
Nutrition topics
Oncology
Other topics
Pediatrics (2)
Pharmacology (2)
Pharmacy issues (2)
Primary care
Psychiatric medications
Radiology
Sexual assault
Substance abuse
Supplements
Surgery
Trauma therapy
Wilderness medicine

What are your focus areas for the coming year?

Respondents were encouraged to choose all the answers that applied, so answers do not total to 100%. Among facility directors, documentation and leadership skills remained a frequent selection. Many of the topics for facility directors were focused on non-health care managerial topics. Among workers, the responses were more focused on patient care issues, but three administrative topics (leadership skills, documentation, and time management) were still in the top ten topics. Respondents were asked about their preferred method of delivery for training that addresses the
focus areas. Over half (56%) of facility directors selected in-site in person trainings; significantly fewer respondents (11% and 10% respectively) selected in-state conferences and out-of-state conferences. A handful of facility directors selected other methods of training. Worker responses were distributed across various training methods.

**Facility Directors**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other, please specify</td>
<td>61%</td>
</tr>
<tr>
<td>Documentation</td>
<td>31%</td>
</tr>
<tr>
<td>Leadership Skills</td>
<td>26%</td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>21%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>19%</td>
</tr>
<tr>
<td>Time Management</td>
<td>18%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>13%</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>11%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>10%</td>
</tr>
<tr>
<td>Delegation of Care</td>
<td>10%</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>10%</td>
</tr>
<tr>
<td>Ethics in Nursing</td>
<td>10%</td>
</tr>
<tr>
<td>Legal Aspects of Nursing</td>
<td>10%</td>
</tr>
<tr>
<td>Computer Literacy</td>
<td>8%</td>
</tr>
<tr>
<td>12 Lead ECG Interpretation</td>
<td>6%</td>
</tr>
<tr>
<td>Alternative Therapies</td>
<td>6%</td>
</tr>
<tr>
<td>Critical Care Nursing</td>
<td>6%</td>
</tr>
<tr>
<td>Geriatric Nursing</td>
<td>6%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>6%</td>
</tr>
<tr>
<td>Oncology</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Assessment</td>
<td>6%</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>5%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>5%</td>
</tr>
<tr>
<td>Home Health</td>
<td>3%</td>
</tr>
<tr>
<td>Neonatal Nursing</td>
<td>3%</td>
</tr>
<tr>
<td>Occupational/Environmental Health</td>
<td>3%</td>
</tr>
<tr>
<td>Operating Room/Recovery Room</td>
<td>3%</td>
</tr>
<tr>
<td>Terrorism: Impact on Nursing</td>
<td>3%</td>
</tr>
<tr>
<td>Women's Health</td>
<td>3%</td>
</tr>
<tr>
<td>Forensic Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>MODS, Shock</td>
<td>2%</td>
</tr>
<tr>
<td>Postpartum</td>
<td>2%</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Legal Nurse Consulting</td>
<td>0%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>0%</td>
</tr>
</tbody>
</table>
Rehabilitation Nursing 0%

Other responses:
- Tobacco cessation counseling
- Change management
- Same as above
- Public health
- Resources for birth to 3 with special needs
- Mds 3.0 and caa, careplans
- Various grand round CMEs
- Emergent testing modalities, new instrumentation, new technology, evolving tests, newer techniques, others...
- Pediatric endocrine and rehab
- Patient centered medical home certification
- Centering pregnancy
- PI/QA
- Diabetes, chronic disease management
- Pediatric care, OB
- Fraud, audit and compliance
- Adverse childhood experiences and impact on health
- Labor and delivery and mother baby care
- Trauma; disaster management; trauma registry software
- Grant management (2)
- Laboratory testing and equipment
- Don't know (3)
- Laboratory medicine topics
- HR and the law
- Patient safety/ quality initiatives
- Behavioral health (4)
- Will be moving to new facility in 2012; training will focus on new facility and equipment use
- Evidence-based practices
- Nursing specialties
- Pals
- HR/supervisor training, communication/hand-offs among nurses
- Periatrics

Workers

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other, please specify</td>
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</tr>
<tr>
<td>Emergency Care</td>
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</tr>
<tr>
<td>Pain Management</td>
<td>29%</td>
</tr>
<tr>
<td>Alternative Therapies</td>
<td>25%</td>
</tr>
<tr>
<td>Leadership Skills</td>
<td>24%</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Psychiatric Disorders</td>
<td>24%</td>
</tr>
<tr>
<td>Patient Care Management</td>
<td>20%</td>
</tr>
<tr>
<td>Physical Assessment</td>
<td>18%</td>
</tr>
<tr>
<td>Documentation</td>
<td>16%</td>
</tr>
<tr>
<td>Women's Health</td>
<td>16%</td>
</tr>
<tr>
<td>Time Management</td>
<td>14%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>12%</td>
</tr>
<tr>
<td>Occupational/Environmental Health</td>
<td>12%</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>10%</td>
</tr>
<tr>
<td>ECG Interpretation</td>
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<tr>
<td>Postpartum</td>
<td>8%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>6%</td>
</tr>
<tr>
<td>Critical Care Nursing</td>
<td>4%</td>
</tr>
<tr>
<td>Delegation of Care</td>
<td>4%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>4%</td>
</tr>
<tr>
<td>Neonatal Nursing</td>
<td>4%</td>
</tr>
<tr>
<td>Legal Aspects of Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Terrorism: Impact on Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Forensic Nursing</td>
<td>0%</td>
</tr>
<tr>
<td>Legal Nurse Consulting</td>
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<tr>
<td>Operating Room/Recovery Room</td>
<td>0%</td>
</tr>
<tr>
<td>Rehabilitation Nursing</td>
<td>0%</td>
</tr>
</tbody>
</table>

Other responses:
- All around clinical update
- Clinical supervision, program development
- Diabetes educator updates
- Dialysis
- Environmental toxins
- Family medicine
- Family practice/rural health
- Infectious disease
• Need to re-certify so most will be on licensure based material
• Nutrition topics
• Obstetrics
• Patient education, breastfeeding
• Pharmacology
• Pharmacy, medication safety
• Psychiatric medications & management
• Psychology
• PT for medically complicated patients
• Radiology
• Returning to school for MSN ANP
• Substance abuse, clinical issues
• Ultrasonography in primary care
• Wilderness medicine

Has your employer developed any training packages internally that address your focus areas?

This question was asked only of facility directors. Just under half of respondents (49%) reported that their employer had not developed any training packages. Just under one-third (32%) had developed training packages. Under one-fifth (19%) didn't know.
Would you be willing to share these with other facilities?
This question was only asked of facility directors. Under two-thirds (65%) of respondents were not sure if their employer would share the developed trainings.

Resources for CE/CMEs: Funds, Staff, Equipment, Release Time

How do you or your staff pay for CE/CME required for re-licensure?
Respondents were encouraged to choose all answers that applied, so answers do not total 100%. CE/CME required for re-licensure is paid for in a variety of ways. Forty-eight percent of facility director respondents reported their employer pays (for the workers’ relicensure or for their own) followed closely by 45% of those reporting that
personal funds pay for training. Among workers, 65% reported that they pay, followed by 53% who reported their employer pays.

### Facility Directors

- **Employer pays as part of compensation package**: 48%
- **Personal funds**: 45%
- **Employer pool of training funds**: 39%
- **Facility sponsored training**: 31%
- **Other, please specify**: 16%

Other responses:
- State funded
- $1000 a year amount for travel- but that usually only covers airfare
- Grant funds (2)
- State grant
- Facility provides tuition subsidies; dept. training funds
- Providence policy
- Tuition reimbursement program; loan forgiveness for hard-to-fill positions
- Policy is that nursing staff will be provided with the required 18 hours of training for licensure
- Departmental training funds have not been available or have been very tight for the past several years
Other responses:
- Sponsored by IHS

**How do you or your staff pay for training beyond that needed to maintain a license?**

Respondents were encouraged to choose all answers that applied, so answers do not total 100%. Training beyond that needed to remain licensed is overwhelmingly paid for by personal funds by both groups, 76% of facility directors and 79% of workers reported such.
Other responses:

- We partner with local service providers (the City, the school, the women’s shelter, one of the air ambulance services) - they bring in trainers
- Depending on need of population or service delivery requirement
- Grants
- State grant
- Tuition reimbursement $1,500 - $2,500 per year
- Employer, if is required for job
- No official funding, but nurses can request additional training and if possible it is provided
- Funds available upon request but no specific pool of funds

What financial resources are available at your facility to support training?

There was little difference between the two groups. More than half of all respondents reported a departmental training fund. Right around 50% of respondents also reported a facility training fund of some kind. Ten percent of facility directors and six percent of workers reported no training funds at their facility.
Other responses:
- Grant funding from pharma
- All staff is expected to apply for available scholarships if they want to attend a training
- Unknown (2)
- Facility has tuition reimbursement policy
- HR has a training fund
- Commitment to provide CME requirements for nurses through on-site trainings
- Very limited departmental funds
Other responses:
- Normal operating system
- Not sure (2)
- Part of a grant
- Occasional grant funding but otherwise none
- I'm a contractor, so I'm responsible for my own CE/training
- 24 hour educational leave per employee
- Not sure. I get $1300 CME funds

If training funds are available, how much is budgeted for the current fiscal year?
Perhaps put in a range of dollars per site.

This question was only asked of facility directors.

- Over $100,000
- $65,000 for 520 employees
- $33,000 in the general fund; provider CME is negotiated individually - currently averages $4000/provider + 9 days (9 providers)
- $25,000
- >$20K
- $20,000
- Department $9700
- $4,000 per provider, and $1,000 for staff
- Contractual; $3,000 per nurse annually
- $2,000 per provider
- Each nurse $1,000 for out of state costs for training
- $1,000/nurse per year which usually doesn't even cover travel to and from the conference. Most conferences that are offered are never in the state of Alaska, so most of us need to travel outside to get CME in the area we desire.
- Approx $1,500 for nursing
- $600 per physician who teaches in ATLS; $1000 per ATLS course directors; $1000 per TNCC course directors; $600 per 2 nurses in trauma department
- $500 per nurse; $3,000 per provider
- $400
- None budgeted at this time (2)
- Depends on division
- Varies based on dept or unit (2)
- Employee benefit varies
- My department had funding cut for this year. There really isn't a budget left for training. If any training occurs, it must be through help from others.
- Depends on overall budget; in recent years, not much has been available
- It is difficult to tease out this information - We have an education Department with several separate budgets
- I don't know. I do not monitor budgets
- Unknown, I am not allowed any
If funding is available, how is it distributed?

There was no agreement in the answers between facility directors and workers, causing concern that one group may not be correct. The most common comment by workers was that they did not know how the funds were distributed.

Other responses:
- Based on job title
- Healthstream is available to all employees equally; departments negotiate and arrange for trainings that usually cross departmental lines; providers sometimes donate CME $$ from their contracts for departmental or clinic-wide trainings. Also case-by-case, depending on needs of clinic or unit.
- Whoever shows the greatest need or benefit to the lab
- By profession
- Per an employee’s training plan that is developed each year during employee evaluations.
- Don’t know (3)
- Mandatory annual training is budgeted, other by dept.
- ATLS instructors & course directors; Trauma dept nurses
- ???
- As required by their positions.
- Supervisors decide what training is needed/when
- All eligible employees may apply for tuition reimbursement
• Up to $2,500 per employee ($4,500 for managers); $600 can be used for travel to in-state conference

Workers

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To all employees in a unit equally</td>
<td>44%</td>
</tr>
<tr>
<td>On a case-by-case basis, depending on the needs of the unit</td>
<td>33%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>22%</td>
</tr>
<tr>
<td>On a first-come, first served basis</td>
<td>0%</td>
</tr>
<tr>
<td>By seniority</td>
<td>0%</td>
</tr>
</tbody>
</table>

Other responses:
• By position
• Predetermined by HR.
• Contract negotiated
• Unknown (5)
• Equally for pharmacists
• Providers receive CEU money

What technology do you have at your facility that can be used to deliver training?
There was good agreement between the two respondent groups—the top four technologies were speaker phone, classroom, two-way video, and high speed Internet or broadband.
Other responses:

- Our “high speed/broad bandwidth Internet access” is largely theoretical. We borrow simulation devices from UPD. Healthstream can be accessed from home. We use a projector attached to a computer to project webinars on the wall of the conference room for training. Web-based courses can be accessed by all computers on-site.
- HealthStream
- Local college campus
- Laptop
- Sometimes there may be a computer available with slow internet access
- Professional library through UAA Consortium Lib.
- SimMan is available in community at tech center
- New facility will have classrooms, more computers, two-way video in each division
- Can use computers at duty station (4)
- Can access SERHC simulation lab
Continuing Education Needs Assessment | September 2011

Workers

- Teleconference (speaker) phone: 88%
- Classroom for face-to-face: 75%
- High speed/broad bandwidth: 69%
- Two-way video: 47%
- Professional library, including video: 43%
- Subscription to online learning: 39%
- Dedicated computer(s) for web: 25%
- One-way video/ two way audio: 18%
- Course development/ management: 14%
- Simulation devices (e.g. SimMan): 12%
- Other, please specify: 4%
- Computer check out for home access: 0%

Other responses:
- Webinar available but have not used
- Professional home study courses - on-line

What CE/CME staff do you have at your facility?

This question was only asked of facility directors. Respondents were encouraged to choose all answers that applied, so answers do not total 100%.

Facility Directors

- Education director / coordinator: 49%
- Other, please specify: 45%
- In-house trainers: 36%

Other responses:
- State trainers
- Unknown (2)
- Department Directors
- None (4)
- Getting accreditation is a painful and tedious task
- CHAP Director (trains our CHA’s)
- Surgeon instructors for ATLS; Nurse instructors for TNCC
- We train each other
- This facility is a village clinic and must do trainings at main facility
- Professional associations
- HR, Area Office
- Both Ed director and nurse educator
- Ed director position currently vacant (2)
- Clinical resource nurses provide some nurse ed functions
- Ed coordinator is part time
- ACLS in-house instructor
- CE provider certified through Montana State

If you or your staff receive release time for any of the following, please indicate how much.

**CE/CME for re-licensure (Facility Directors)** Again, perhaps this should be a range by profession

- 12 days CME for midlevels
- 80 hours per year
- 10 days (2)
- 5 days per year total (3)
- 5 days to include travel
- Up to 5 working days
- 4.5 days
- 2 CE days for fulltime pro-rated for part-time
- 12 hours per year
- 1 day
- Depending on the training 2 hours to a full day
- 45 minutes per month
- None (3)
- Negotiated by full-time providers as part of contract; not available for non-contracted staff without negotiation/intercession by department director
- Depends on training
- As needed (2)
- For each mandatory training
- Time needed to complete 12 credit hours/year
- As necessary and approved
- Do on job (2)
- Leave bank (in addition to paid time off)
• Case by case (5)
• Provide required CME for nurses on site.
• Case by case; will give release time if person pays own expenses

**CE/CME for re-licensure (Workers)** similar comment here as the previous one.
• 1-3 mos
• 12 days
• 10 days (3)
• 60 hours
• 5 days (11)
• Up to 5 days, with travel
• 45 hours every two years
• Several days (6?)
• Between 36 and 48 hours
• 24 hours
• 20 hours approx
• 8 hours
• 2 hours
• None
• On own time, unless it’s a conference
• Recertification of CHA/P and EMS
• As needed and as schedule allows
• Not specified; as I request
• Unsure
• RN/ANP Every even year and every 7 years for CNM
• Hour for hour
Mandatory training (Facility Directors)

- Included in above
- If training is mandatory, then we provide staff members time to do it, and pay them for their time.
- As required (2)
- As needed (3)
- As directed
- 40 hrs per year
- 1 week
- 2 days
- 2 hours per month
- None
- Depends on training
- Online twice a year
- Time
- All mandatory training is paid for
- Yearly
- Same as above
- Don't know
- As much as is required for completion
- I go at work
- As necessary and approved
- Case by case basis (3)
- Leave bank
- Do on job (6)

Mandatory training (Workers)

- 24 hours
- 2 days
- 1 day
- 75 CEU per 5 years
- 2 hours quarterly
- 6-10 hours
- 1 hr each per ACLS, PALS, CPR
- Varies
- None (2)
- This is OJT, not release
- Quarterly
- As required (2)
- As needed (5)
- As long as the training takes
- As long as needed
- Same
- In house on our time
• Hour for hour

Agency directed professional development (Facility Directors)
• 40 hrs per year (2)
• 2 days
• None (3)
• If we require/direct a staff member to take a particular class or course, we pay for their time to do so.
• As available
• As needed (3)
• Depends on training
• My own time
• Whatever time is needed
• Same as above
• As approved
• Case by case basis (5)
• As required
• May get release time if pay for own expenses

Agency directed professional development (Workers)
• 80 hours per semester for graduate courses
• Weekly 1 hour
• Up to 5 days, with travel
• 40 hours (as above)
• 1 week
• None
• Same as above (2)
• As offered
• As needed (2)
• As long as training takes
• As directed by medical director/administrator
• ADA
• Fit into work time
• Provided by agency
• Part of CE days
• Hour for hour

Professional development selected by you (Facility Directors)
• Negotiated by full-time providers as part of contract; not available for non-contracted staff without negotiation/intercession by department director
• As needed (2)
• Depends on training
• None
- Whatever time is needed
- Flex time
- If I use my PTO and find coverage for my shift
- Upon request often granted

**Professional development selected by you (Workers)**
- As part of 5 days
- 75 hours in 5 years
- Same days (6?)
- None (2)
- Included in CE/CME (2)
- Part of my one week CEU time
- On approval
- Same
- On case-by-case as requested, and depending on other job commitments
- Hour for hour

**If you currently use outside resources (such as Providence Hospital, ANTHC video series, Virginia Mason Grand Rounds, CE Direct, etc.) to access / provide training at your facility or on your own please list those used.** Need to find a way to collapse these

**Facility Directors**
- Fairbanks Memorial Hospital Grand Rounds
- PAMC ANTHC
- Occasionally use Virginia Mason Grand Rounds; Health Stream; APCA's webinars; NextGen's Learning Library; Guardian Flight (ACLS training)
- ANTHC video teleconferences, ACPA Webinars
- Alaska Public Health Training Network State of AK Public Health Nursing iLinc Northwest Public Health training institute
- ANTHC Monthly Laboratory QA Meetings
- Swank - online CE
- MedScape NCME IHI
- Alaska Regional Hospital courses; Digital Innovations Collector user conference; TQIP annual training; ACS online CE
- ASCP Tech Samples
- AFCHAN Web based training
- MediaLab - University of Washington MC Strategies
- Media Lab Inc
- AHA (American Heart Association)
- Providence, AK Regional, AFD, UAA, SREMSC, online training courses, all self pay
- Institute for Health Improvement (IHI), PALI
- Peace Health, Guardian (for BLS, ACLS, PALS)
- IHS Improving Patient Care program; IHI; ANTHC, ANMC
• ANTHC  
• PALI  
• Idaho State Rural Nursing Residency; AORN peri-operative course; Mayo Clinic Hazmat course  
• Local fire department  
• GCI MD Connect programs such as a pain management video program  
• Mountain Pacific QIO, Airlift NW, visiting specialty doctors, SEREMS, UAS  
• ANMC, ANTHC, PALI

Workers
• UOSF  
• ANTHC (2)  
• ANTHC video series - excellent resource!!  
• RN.com  
• Strong PeriFax  
• Essential Learning Link (2)  
• Providence Hospital (4)  
• Lifemed instructors  
• MyCME.com  
• Medical Letter AAFP audio  
• ANMC  
• American College of Nurse-Midwives/Certified Midwives.  
• Swank  
• Swank health online CME AKSRT meetings  
• None  
• Don’t know  
• Haven’t used them yet

Mandatory Training

Are you or your staff required to participate in mandatory trainings such as sexual harassment, CPR, or Joint Commission-identified topics?

Among facility directors, 92% of respondents said they do have to participate in such trainings. Three percent said they don’t have to and five percent were unsure. Among workers, 94% of respondents said they have to participate in such trainings. Four percent said they don’t have to and two percent were unsure.

How do you currently get such trainings?

Among facility directors, two-thirds of these types of trainings are delivered either on-site in person or through an online subscription service. Both groups of respondents indicated only a small portion of this type of training is received at conferences. The top two methods of training are the same for the two groups.
Other responses:
- In- and out-of-state
- Some on-site in person trainings, others through web-based course (self-study modules)
- However I can

Other responses:
- Facility sponsored
Which delivery method is preferred by you or your staff?

This is an unusual case when the most common delivery method for the training matches the preferred delivery method for both respondent groups with similar percentages makes that choice. There was only one ‘other’ response from a facility director. The respondent said their preferred method was the ‘most economical one.’

![Bar chart for Facility Directors]

- On-site in person trainings: 55%
- On-line CE/CME subscription service: 17%
- In-state conferences: 14%
- Out-of-state conferences: 7%
- Other, please specify: 2%
- In-state courses: 2%
- By distance on own time: 2%
- By distance in real time (synchronous): 2%
- Podcasts/webinars: 0%
- Video-conferences: 0%

![Bar chart for Workers]

- On-site in person trainings: 58%
- In-state conferences: 12%
- Out-of-state conferences: 10%
- In-state courses: 10%
- Podcasts/webinars: 4%
- On-line CE/CME subscription service: 4%
- By distance on own time: 2%
- By distance in real time (synchronous): 2%
- Other, please specify: 0%
- Video-conferences: 0%

Which delivery method is most effective?

Currently on-site in person training is thought to be most effective by nearly half of facility directors and more than half of workers. Several facility directors are considering going to online or subscription service for training. One-fifth of facility directors believe this is the
most effective method of training for these topics, while only 6% of workers do. As with re-licensure and professionally development training topics, workers rated any in-person training method more effective than any online training method.

**Facility Directors**

- On-site in person trainings: 47%
- On-line CE/CME subscription service: 19%
- In-state conferences: 14%
- Other, please specify: 9%
- In-state courses: 3%
- By distance on own time: 3%
- Out-of-state conferences: 2%
- Podcasts/webinars: 2%
- By distance in real time (synchronous): 2%
- Video-conferences: 0%

Other responses:
- Hands on training is most effective and allows for team building as a bonus, however the best training is the kind that people access and use to enrich their standard of nursing/care practice
- Facility is looking into an on-line subscription service
- Some consideration of moving to more online in new facility
- Are looking into a subscription service
- Considering moving to on-line system

**Workers**

- On-site in person trainings: 54%
- In-state conferences: 13%
- In-state courses: 10%
- Out-of-state conferences: 8%
- On-line CE/CME subscription service: 6%
- Podcasts/webinars: 4%
- By distance on own time: 4%
- Other, please specify: 2%
- Video-conferences: 0%
- By distance in real time (synchronous): 0%
Other responses:
- Multi day topic focused training

**Approximately how many mandatory trainings are required each year?**

Just over half of facility directors and just under half of workers reported between three and five such trainings each year. A higher percentage of workers reported having 1-2 trainings and more than 10 trainings. Only four percent of facility directors reported having more than ten of these types of trainings per year, while twice as many workers (8%) reported having more than 10 such trainings.
About how long does the average mandatory training session last?

Facility directors reported over two-thirds of mandatory trainings last a half day or less. One-third are one hour and just over one-third are a half day or less. Among workers 82% noted mandatory trainings are a half day or less, with most more than one hour.

Who pays for mandatory training?

For facility directors, 97% of mandatory training is funded by the facility. These numbers are very similar to workers who reported 96% of mandatory training is funded by the facility.
What mandatory training topics are required most frequently?

Among facility directors, the most frequently mentioned topics in order were HIPAA, Safety, Ethics, and CPR. For workers, the most frequently mentioned topics were CPR, HIPAA, BLS, and ACLS.

Facility Directors
- ACLS (4)
- Annual: fire, safety, etc.
- Back safety
- Basic required
- BBP (2)
- BCLS
- Blood borne pathogens (2)
- BLS (5)
- Breastfeeding
- CARE
- Child abuse
- Chronic disease
- Civil rights
- Compliance (2)
- Computer confidentiality topics
- Confined Space
- CPR (9)
- Cultural awareness
- Customer relations/service (2)
- Diversity
- Documentation
- Domestic violence
- EHR
- Elder neglect
- Emergency preparedness
- Emergency responder
- Emergency response plan
- Employee handbook
- Ethics (11)
- Fetal heart monitoring ongoing education in the specialty
- Fire Drills
- Hazard communication
- Haz-mat (2)
- HIPPA (19)
- Infant and toddler nutrition
- Infection control (3)
- Infectious diseases
• Legal issues
• Management
• Managing work load
• Mandatory reporting
• MTB
• NRP (2)
• OSHA (2)
• Pain management
• PALS (5)
• Patient safety
• PEARS
• Privacy (3)
• Radiation Protection
• Regulatory or performance based
• Risk management
• Safety (17)
• Safety and workplace ethics such as harassment, etc
• Security
• Sexual harassment (3)
• Stable, employee required
• STI investigations
• TB
• Team building
• TNCC
• We use CHA’s so they all attend the CHAP Forum to obtain their CME’s each year.
  
  Our providers tend to go out of state to the National PA conference and other national level conferences, the ability to travel and learn in an environment where they are surrounded by colleagues is important not only for their professional networking but for morale.

Workers
• ACLS (7)
• ACLS/ PALS
• ATLS (2)
• Behavioral health
• BERT
• Blood borne pathogens (2)
• Blood transfusions
• BLS (7)
• Chemotherapy/biotherapy provider
• Clinical Competencies
• Compliance issues (3)
• Corporate compliance
• CPI (2)
• CPR (16)
• Customer care in psychology
• Disaster preparedness
• Diversity
• Drugs and the Workplace
• EMS
• Emtala
• Environment of Care
• Ethics (4)
• Fire prevention and response
• First aid
• Fraud, waste and abuse, etc.
• HIPAA (11)
• HIV training
• Infection control (2)
• JACHO (2)
• Just started here. not sure, likely SCF classes
• Leadership development (LDI)
• Life support courses
• Managers training
• MANT
• Medicaid and accreditation issues
• NEO
• NRP
• Nursing skills fair
• OSHA (3)
• Pain management/ review
• PALS (4)
• Pathogens
• Patient safety (2)
• Privacy
• Radiology
• Restraints
• Safety (3)
• Safety and security
• Safety fair
• Sexual harassment (5)
• Supervisory issues (2)
• Various topics (2)
• Workplace ethics
• Workplace safety
Has your facility developed any training packages internally to address these topics? This and the next question have already been spoken to earlier in the report

This question was only asked of facility directors. Sixty-percent of respondents reported that their facility had developed training packages to address these topics.
Would you be willing to share these trainings with other facilities?

This question was only asked of facility directors. The majority of respondents did not know if their facility would be willing to share the training materials.

Barriers, Ways UAA AHEC Can Help

What is the biggest barrier you or your staff face in obtaining CE/CME?

Both groups reported that funding including travel expenses as the greatest barriers to obtaining training. Just under one-fifth of facility directors also mentioned release time. Workers frequently mentioned the difficulty of getting someone to cover, or having adequate staff to allow them to be gone.
Other responses:
- All the items above
- Resources to cover staff being gone
- Follow thru on commitment to attend
- Cost of most programs
- This staff is able to obtain CE/CMEs
- Getting trainers to Nome

![Bar graph showing various factors affecting CE/CME programs]

Other responses:
- Release time only in winter hours, summer too busy
- Time
- No other staff to cover
- Other job duties, employer supports CME
- Not sufficient staffing to take time off
- Making it work with my schedule

What types of assistance/services could AHEC provide to improve CE/CME programs at your facility?
- Video conferencing statewide for live pharmacy CE
- Travelling trainers for a variety of topics that can be booked several months in advance would be great. Advocacy for better bandwidth would also be helpful (fiber, not satellite)
- Effective VTC’s would be most cost effective
- Identify and communicate availability of different opportunities delivered through all modalities; taking time to find relevant courses is not a great use of staff time
- Coordination and scheduling availability
- I’m not sure of everything you offer at this time
• Travel support, bring trainers to Barrow
• A simple system to acquire CME credentialing for classes
• We need assistance in acquiring licensure. If we were licensed in Alaska, the administration would be more attuned to supporting our needs for continuing education
• Flexible times, relief staff, weekend and weekday options
• Video conferences provided at different times. Along with archive access
• Webinars
• Publish a monthly calendar? 3 monthly in advance?
• Funding
• Online courses are useful and increase availability to staff
• Scholarship programs; webex trainings; more in-state conferences so that the expense of flying out of state is minimized
• Invite experts in the field to come to Anchorage and have in-city offerings on topics that general nurses need
• Notification of recommended courses, cost sharing amongst institutions (based on size), setting up of online library of recorded sessions
• State wide coordination so eliminate conflicting trainings or duplication
• Funding, time off the floor
• Bring more CE/CME to Alaska
• Unknown
• No education coordinator on-site means it is up to department heads or individuals to find trainings and set up training events. Devote most of our resources to mandatory trainings. Helpful to have information on training that is available. Manager and leadership training needed
• Provide information on distance delivered trainings and sponsor on-site trainings that come to our facility

Other comments on training (Facility Directors)
• Webinars, home study CEs, distance learning
• It would be nice to have a centralized site to get all the CMEs for- which needs a good paperwork and detail chancing person to coordinate and keep all the paperwork straight
• A week of training In Anchorage
• Highly educated staff is a preventative to litigation and poor outcomes. Continuing Education for staff should be fully funded if we expect experienced staff

Other comments on training (Workers)
• A instate group to offer required CE courses via webinar
• Interactive training with follow up is better for knowledge retention, such as CPR courses
• None
• Night courses would be nice
• In reference to #35—as a supervisor I am also lacking knowledge about training opportunities for my staff. But then if I know about them but have no funding to either send people or use for registration or to pay release time then we are back at the beginning
• The facility offers midlevel providers less money for CME then M.D. or D.O. However, lodging, food, and travel expenses in general are the same regardless of what level provider you are and the money offered should be equal across the board. Yes registration is normally $20-$50 dollars less but in the long run what they give us is NOT nearly enough to cover the entire trip.
• Provide technical assistance to discipline specific organizations to provide distance delivery CEU