



9-1-1980

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### Recommended Citation

Hickey, Tom (1980) "Non-traditional programs: An academic perspective," *Educational Considerations*: Vol. 8: No. 1. <https://doi.org/10.4148/0146-9282.1834>

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**Good programming requires  
a firm conceptual  
and evaluative framework.**

# Non-traditional programs: An academic perspective

By Tom Hickey

Continuing education and short-term training programs have typically been viewed as "different" from traditional university instruction. This view continues, despite an emerging trend towards education throughout the life span. The priorities of faculty members, and the related academic reward structures, remain with the more traditional research and resident instruction roles. At the same time, however, those involved in developing and delivering continuing education programs can be expected to forge ahead—with or without their academic counterparts. Evidence of the failure of each side to attempt an integration of the two educational modes is found both in the lack of sound theoretical and methodological bases underlying much of the literature on adult and continuing education programs, and in the dearth of research information about adults as learners, especially when compared with what is known about the learning processes of children.

Fall, 1980

This paper is based on the premise that, although continuing education and short-term training programs have assumed a major role in higher education, their future success is highly dependent upon increased integration of various educational modes into the overall mission of colleges and universities. This is likely to come about as these so-called **non-traditional educational** formats acquire more of a conceptual base than has been evident in the past; and as the projected decreases in enrollments and research dollars for the 1980s become a reality, traditional academic faculty members are forced to extend their teaching efforts and investigative expertise away from the traditional college student and beyond the laboratory.

The issues discussed in this paper reflect experiences gained in the formation and development of a university's continuing education program for gerontology in the 1970s. This program emphasized the creation of an educational model built on the existing strengths of a university—keeping in mind both the goals of the non-traditional, community-based student, and the research and teaching interests of participating faculty. The issues presented here show clearly that it is a difficult—although not impossible—task to integrate the two.

Coming from an academically-based perspective, we felt, from the very outset of our program, that continuing education and short-term training—when provided solely as a service—run counter to the knowledge-building role of a university. At a point in time when universities are pressed to get multiple uses from the same dollars, the integration of basic functions and programs is vital to the universities' future. Therefore, **instruction** via a continuing education mode simply cannot afford to provide only a service. It must also generate and disseminate new knowledge—be it about program development, evaluation of service effectiveness, or knowledge about how certain types of individuals learn specific kinds of things. At a minimum, such non-traditional education programs need to serve as an important function for resident students—typically, as either a laboratory for studying and comparing adult learning techniques, or as a contact-point for learning professional behaviors related to future career objectives. The **evaluation** of continuing education programs must also provide more than a service. Evaluation is a legitimate research and education mission for faculty and students, and a necessity for measuring a university's effectiveness in the real world. Moreover, its legitimacy is heightened by the apparent lack of existing precedents for continuing education evaluation technology and the increasing need for quantification and accountability.

With the preceding thoughts as guidelines, program development commenced by defining the target populations and the education programs they needed, theoretical frameworks both for the programs and for the learning process, and a methodology for program assessment.

## Education for Gerontology Services

The education program was defined as short-term training for the providers of health care and social services to older adults (see Hickey, 1974; 1975). Although it is outside the scope of this paper to describe in detail the rationale for selecting this particular target population, let me indicate briefly our practical reasons for doing so. In the early 1970s, significant needs existed in the local

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aging network for gerontology personnel at the practitioner level—that is, individuals working in the human services field with competencies based on educational backgrounds ranging from high school graduate to masters degree. The lower end of this range included aides and other service workers who would provide direct care and service to the elderly—experience showing that such individuals, due to frequency of contact, have the greatest impact (positive or negative) on the client population. The end of this range included, for the most part, human services professionals, who having made career shifts (e.g., the social worker moving from a county's adoption service to its program for the elderly) had an urgent need for retraining in order to work specifically with older people. Thus, our program focused on the development of both continuing education courses and short-term training experiences for the target population.

The program substance or content was determined in two ways. First of all, the gerontological literature and research findings were reviewed for valid and important topics which were also relevant to gerontological practice. A large sampling of gerontological researchers and service providers were then asked to rate these topics according to importance and training need. The results of this survey led to the establishment of program development priorities which included the following: basic information about aging; environmental and related treatment issues in working with institutionalized elderly; understanding and dealing with sensory impairment problems; communication skills; autonomy for the older person and development of self-maintenance skills; management of grief and understanding role loss; and such specific issues as advocacy, consumerism, pre-retirement planning, and outreach program development.<sup>1</sup>

Training programs and short courses pertaining to these areas were developed cooperatively, at the university and in a service agency context, where they were tested and refined. This joint effort allowed for the development of programs generic in nature—such as the functional roles of nurse supervisors, aides, and volunteers in building self-maintenance skills—with application to a specific agency or service context. For example, functional staff roles in a state hospital will differ significantly from those in a home health agency in a rural community.

Where possible, most training took place in the setting where service providers were interacting with older clients. The choice of this work setting was based on a view of the continuing education process as involving the interaction of an individual with his/her changing environment through the medium of some sort of content or experience. By contrast, it did not represent an individual, in quasi-isolation, absorbing or assimilating a catalog of new facts. The provider of service interacts with the client population, with fellow providers, and with the context in which service is delivered.

To provide a conceptual basis from which to operationalize this interaction of content and context, the traditional definition of learning—as a form of behavioral change—was made more specific. We defined the learning process, delivered through the mechanism of continuing education, as a modification through experience of various work-related behaviors in a social context. Evaluation then became a systematic process of determining the value, effectiveness, and adequacy of the training experience according to specific contextual

criteria and objectives. Thus, the training experience implied:

- 1) A specific content, applied or demonstrated in the context or site where the training occurred;
- 2) The interaction of the trainees as a team, functioning together in the provision of a set of specific services.

The evaluation of this type of training involved the assessment of both content and social and work interactions in terms of service effectiveness criteria. This resulted in a reasonable determination of the degree of congruence between the collective performance of staff and the overall objectives of the services. This is in contrast to the more typical short-term programs, where perhaps one or two key individuals from several different service contexts travel to a campus setting to be trained. Since the evaluation of such programs necessarily lacks applicability to the participants' work settings, little is learned beyond how well the participants "liked" the program and the instructor.

### Theoretical Basis for the Programs and the Learning Process

The starting point for program development rested on a value judgment about the client population of older Americans requiring health care and/or social services—i.e., that individuals (of all ages) have a basic civil right to maximum self-determination of life style. In a society that values autonomy, independence, and responsible adult behavior, those individuals requiring compensatory care or supportive services due to illness, disability, aging, or socio-economic dependency, should receive these in a way which least compromises their personal choice and autonomy.

Consequently, the fundamental principle underlying the development of all training materials was to maximize the vestiges of independence and self-determination of the clients served. In **environmental therapy** training, for example, the conceptual strategy was to develop a more precise understanding of the concepts and dynamics required to operationalize the assumption of patient independence, so that it becomes a measurable objective.

Beyond this initial strategy, the empirical validity and reliability of the fundamental concepts in each program were carefully examined by various gerontological researchers.

The next step in the development of a theoretical framework was to review different theories of learning for their applicability to the short-term educational process. Two traditional approaches often found in the literature on learning revolve around organismic theories and cognitive theories.

1) An **organismic** theory views learning as a process by which a particular stimulus elicits a predictable response. For educators, this is operationalized by encouraging the development of desired stimulus-response bonds. Questions of motivation, learning environment, and life experience—this latter an important variable with adults—are considered much less important.

2) The **cognitive** theorist focuses more on the organism. The learner takes an active role in organizing the stimuli in a meaningful way—rather than being passively exposed to it; the process by which material is learned and mastered is less observable and important than its meaning to the learner.



Although many programs have built upon these two general approaches, neither seemed satisfactory as an underlying framework for continuing education. The implications of **interactionist**, or field theories, seemed more useful, however. In contrast to the organism-centered theories, learning is viewed by interactionists as a very active process. Consequently, motivation is seen as an important variable, determining the number and kind of situations encountered, and one's perception of them. The organism-centered proponents dismiss internal motivation as relatively insignificant, acknowledging only the importance of the motivation of others who might control cues and reinforcements. And the sole determinant of learning for behaviorists and cognitivists is an end-result or product. The key to learning for field theorists, however, is the process of exposure to a new situation and the reworking of one's perceptions until ambiguities are eliminated.

In an interactionist, or experiential approach, there are at least four dominant forces in learning: the world or context in which concepts are applied; one's own behavior; one's internal cognitive and emotional structure; and self-awareness, or a sense of what one is "doing" with what is known and experienced. It is consistent with this approach to suggest that experiential learning will take place only to the extent that an individual maintains contact with all four levels, and can experience more than one level at a time. In developing the **basic aging and grief management** programs, for example, we found it essential to deal simultaneously with the learners' personal sense of aging and feelings toward death, and with the meaning of these concepts in the work context.

The interaction framework adopted here also encompassed the critical environmental experiences affecting individual responses. This approach provided a theoretical basis for learning to take place (and to be measured) through the interaction of content, individual learners, and work context.

### Evaluating the Program

The above theoretical framework led to specific concerns about program evaluation. The conspicuous absence of good evaluative data on adult instructional programs was a concern from the outset: it seems to be one of those things that everyone talks about, but no one really does. We began by looking for a relationship between learning theory and basic evaluation models. Two general approaches to evaluation were found. Product, or summative evaluation, deals with program effects which have been operationally defined, and implies a rather rigorous scientific approach. Process, or formative evaluation, on the other hand, is more qualitative and descriptive, as it refers to the interaction of subject with content and context. We needed to employ both, yet found them treated independently in the literature.

The analogy between organism-centered learning theories and product evaluation should be apparent. Theories of learning which focus on the individual alone place great importance on observable behavior and on the measurable products of learning, ignoring the role of the individual's interaction with the environment. Product evaluators are frequently disdainful of attempts to measure the "process" of learning, choosing a safer path of ignoring concepts not easily operationalized. As a result, few efforts are made to measure interactional or process phenomena.

A parallel analogy exists between field theorists and process evaluators. Just as the interaction of the learner and the environment constitutes the central element of learning for these theorists, so are process evaluators concerned with the dynamics of the learning situation itself, rather than with information handling and content mastery on the part of the learner.

The inadequacies found in applying behavioral and cognitive theories to adult education have additional ramifications in the area of evaluation. If such theoretical approaches fail to look at the learning adult from a developmental and contextual view, then similar failures will occur with the evaluative measures, which will also ignore those developmental components of prime importance to the adult learner. The fact that such concepts are difficult to quantify would preclude their assessment by the product evaluator and behaviorist alike. However, when such concepts are central to the phenomenon being measured, such difficulties must then be confronted directly, rather than ignored in the research design.

Since evaluating non-traditional education programs is unquestionably complex, the inclination to deal only with readily operationalized concepts is understandable. However, even given a set of measurable concepts, the evaluative process is further complicated by a number of characteristics intrinsic to adult education programs. For example, most programs are both informal and of short duration, making assessment of change more difficult. Also, the goals of a given program are usually multi-dimensional and tend to vary among the students, whose goals in turn may be different from those of the teacher. Moreover, these goals will often change over time, and in some cases will be relatively unspecified, thus complicating the decision of when and how often to attempt to identify them.

The easiest recommendation here, in terms of evaluative methods, is to take the best of both worlds. Quasi-experimental designs which account for process and interaction effects must be selected over other, more rigorous alternatives. However, process evaluation **per se** is an incomplete alternative to the classical experimental paradigm—especially when the former yields only subjective or descriptive data. Thus, until our empirical understanding of adult learners becomes more sophisticated, a certain amount of internal validity, which would come from subjective data, must be sacrificed. Similarly, decisions regarding the marketability of results must be related to confidence limits, rather than to levels of significance/non-significance.

In evaluating our **environmental therapy** program, for example, a logical step would have been to compare program effectiveness (according to a number of criteria) at each of three state hospitals. Common sense, however, urged that the three contexts be rated according to different criteria, and that the interaction of trainee-by-content be carefully measured. Despite the state certification and civil service ratings which suggested that these three sites were almost interchangeable in terms of personnel, client population, and type of service delivered, our ratings indicated wide diversity among the three environments, resulting in no real basis for between-group comparisons.

### Educational Implications

Our programs used a new approach to continuing education, and initial testing indicated successful results.



This raised serious questions regarding the value of a typical continuing education approach, where the training of a small number of select service providers (usually administrators with minimal client contact) is conducted at a campus or otherwise neutral site. This type of training, although providing new content and information, does not include one of the central variables in the learning process, that of the service or job context itself. It is in this context that the content learned moves from the realm of the abstract to being directly applicable to important other people—i.e., clients and fellow workers. Successful continuing education, as defined here, requires an influencing and interacting environment, rather than either a controlled laboratory or a neutral instructional site.

An example of this was seen in the **sensory impairment** training program where the success of simulated empathy exercises hinged largely on the degree of social and working familiarity among the trainees. A more complex illustration of this emerged from the **environmental therapy** training program, which was conducted for all staff members in the geriatric units of three hospitals—a predominantly custodial environment. Although the attitudinal data—including longitudinal measurements—apparently yielded no significant results, some interesting things did occur in one of the three hospitals several months after the training program was conducted. Rates of staff turnover declined sharply—especially at the non-professional levels; the number of patients returned to the community increased significantly; and, perhaps of greatest importance, the hospital environment itself was subtly modified to reflect program goals and objectives (Hickey, 1974).

Although the direct relationship between these results and the training program is difficult to assess, much weight must be assigned to two things: the interaction process (content-by-people-by-context) generated by training an entire staff over a short period of time in principles highly relevant to their work roles and environment; and involvement of the lowest staff level personnel in all phases of the training. Measurements of effectiveness of content showed that this latter group—i.e., the ones with greatest patient contact—benefited most from the program. Thus, the contextual training technique as a continuing education methodology seems a valid one to be recommended.

Our experiences in developing and conducting programs pointed to the necessity for inter-relating academic research and resident instruction with the continuing education process. No amount of personal interaction or contextual support will salvage a program that is irrelevant to the goals and functions of the trainees and their work setting. Admittedly, the priorities of the service provider will not always parallel those of the traditional researcher. However, the needs of the practitioner can help to formulate research questions; and the research findings can provide answers for existing service problems. Thus, there is an important knowledge linking process that serves to

integrate traditional and non-traditional education into a college or university's central mission of knowledge building.

As examples, the **sensory impairment** and **environmental therapy** curricula represented a translation of numerous relevant research results. In journal state, however, these findings lacked the necessary modifications and adaptations to practice settings. Similarly, development of the curriculum that focused on **basic issues in aging** involved some rethinking of similar resident instruction courses, and the degree of relevance of various subject topics to the service delivery system. As a result of this project, the perspective of the campus-based courses seemed to shift from reflecting solely the academician's view of what constitutes basic knowledge in this field, to including knowledge and competencies required of our young resident students for their future professional roles.

### Conclusion

An important first step in the process of integrating non-traditional educational programs and formats into the mainstream of higher education is an attitudinal one. Such programs must be viewed as central to the educational mission of the institution, rather than merely as a service, or a "second" level of instruction. To accomplish this, the substantive focus of short-term training and continuing education should be determined by the strengths and resources of participating academic departments. The generation of new knowledge should be seen as an important goal of such programs, as they provide laboratories for refining what we know about the adult learning process. At the same time, it is important to realize that this approach can have important cost-benefits in the deployment of academic resources.

Finally, it should be said that these issues do not begin to comprise either a complete definition of continuing education, or a technology of instruction. However, at a time when institutions of higher education need to consider both new educational formats and the expanded use of existing expertise, initial efforts at model-building seem to be in order. Hopefully, the reflections contained in this paper will continue that direction by emphasizing the integration of new programs into the traditional goal structure of higher education.

### REFERENCES

- Hickey, T. In-service training in gerontology: Towards the design of an effective educational process. *Gerontologist*, 1974, 14(1), 37-64.
- Hickey, T. Continuing education in gerontology for allied health. *Journal of Allied Health*, 1975, 4(3), 5-12.

### FOOTNOTES

1. Training manuals and materials in several of these areas have been developed and published; additional information can be obtained by writing to the author.