What role should HIMAA take in the continuing professional development (CPD) of health information managers?

Joy Smith

Introduction

The following article represents my own views on the matter of continuing professional development (CPD) and my professional association.

During my career as a Health Information Manager (HIM), I have been employed for a time as an educator and as a developer/manager of training programs. I have also been a member of the HIMAA Board of Directors and its counterpart at State Branch level. No doubt this experience has coloured my views, but, having also been a part of this profession and a member of HIMAA for the best part of thirty years, I have also spent a lot of time on the other side of the fence, as a professional who seeks to stay up-to-date in an ever-changing environment.

These views are not held out to have more credence than those of any of my colleagues. I do, however, believe that this is an area to which we, as individual professionals and as an organised group, must give more focus and I hope this will contribute to the deliberations.

What is CPD?

One useful definition of CPD is: ‘the systematic maintenance, improvement and broadening of knowledge, understanding and skill, and the development of personal qualities necessary for the execution of professional and technical duties throughout the individual’s working life’ (Engineering Council UK, 2004).

My assumption here is that, as members of HIMAA, we take a positive approach to our careers and generally agree that CPD is a good thing. But before we go headlong into developing a program or strategy to actualise it, let’s be clear about why it’s a ‘good thing’.

Why ‘do’ CPD?

To me, the objectives of CPD, as adapted from Lake-shore School Division No. 23 (1998), include:

• maintaining or increasing my level of technical and professional competence;
• extending my range of professional skills;
• developing new areas of expertise;
• promoting confidence and pride in my work;
• establishing links with fellow professionals;
• increasing my career options.

These may also be described as increasing my effectiveness, shaping my practice and increasing my income-earning capacity.

Aside from these personal benefits, there may also be other positive outcomes, for example:

• so that my employers, staff, peers, clients and the public can rely on my knowledge, skill and professional service
• so that I can make a contribution to the advancement of my profession and the health industry, by adding to the body of knowledge and expertise, helping to raise professional standards, and helping to keep my profession dynamic
• so that my profession’s public image is enhanced. Therefore, by my undertaking of CPD, benefits may be enjoyed not only by me as an individual, but also the organisations for whom I work, the staff who may depend on my leadership, my colleagues with whom I confer, my profession generally, and ultimately the public who accesses health services.

That sounds like a pretty ‘good thing’ to me!

Why not do CPD?

Just as we know that many health information managers avail themselves of opportunities that arise or devise plans to manage their own careers, there are also others who do not seem to become involved beyond achievement of their primary educational qualifications. Reasons for this non-engagement may include:

• a lack of professional identity or a lack of pride in the profession itself;
• lack of opportunities, perhaps related to residential location or absence of employer support;
• ignorance of available opportunities, which may translate as waiting to be served or to be told what to do;
• lack of incentives or the inability to relate ‘what’s in it for me?’;
• resistance to change, a common human foible;
• the inability to see the wood for the trees — becoming so caught up in operational responsibilities and the ever-growing responsibilities of our jobs that see us focused on achieving today’s tasks (or, if you are like me, perhaps clambering to catch up with yesterday’s!) instead of the future.

It may also be that some people believe that a three- or four- year investment in achieving their qualifications as a professional Health Information Manager is sufficient to arm them for the duration of their careers. Mark Twain supposedly once said ‘I have never let my schooling interfere with my education’ (Schmidt n.d.) meaning, I think, that he considered experience to be the key to his success in life rather than formal education.

So what is the value of the HIM undergraduate qualification?

I see graduation with a Bachelor’s degree in HIM as a launching pad rather than as a destination.

In all professions there is an acknowledged gap between theory and application and various strategies may be employed to bridge that gap. It is generally accepted, I believe, that the well-rounded professional has built on academic qualifications with field experi-
enence, continuing education (formal and/or informal) and an attitude that this is an ongoing venture.

**Whose responsibility is CPD?**

It is clearly in the interests of those who benefit from or depend on the skills of the professional to support or facilitate the honing of those skills. As mentioned above, this includes employers, staff, peers, colleagues, the public, and the profession as a whole, as represented by, in our case, the HIMAA. However, the old ‘you can lead a horse to water, but you can’t make him drink’ analogy applies here.

The primary responsibility for my own capabilities resides with me as an individual professional. I am the one who knows what I need to succeed in my current position, where the gaps in my armour are, where my interests lie, what aspirations I have for the future.

**Me**

I need to examine the following; not just once, but periodically:

- What exactly is my current role? Has it evolved or changed?
- Am I still competent to handle it?
- If not, what am I going to do about that?
- Is this still where I want/need to be?
- If not, where else do I want to be (next, and further down the track)?
- Am I competent for that?
- If not, what am I going to do about that?
- What do I need to do?
- Where can I get support and assistance?

If my response to these questions indicates that I am not thriving where I am and/or I’m not ready for the next step, then I owe it to myself and to the others around me to do something about it. Alternatively, if my response is that I am OK where I am and have no interest in going anywhere else, then perhaps no further action is needed for now (although I think that even on a treadmill, if you don’t keep moving you will slip backwards).

If I am a member of HIMAA, then I must also take into account the fact that I have agreed to abide by the Association’s code of ethics which includes:

- undertaking my professional duties in an efficient, proper and responsible manner
- not assuming the right to make determinations in professional areas outside the scope of my knowledge
- stating truthfully and accurately my professional credentials, education and experience
- seeking to maintain and improve professional knowledge and competence by undertaking appropriate study and participating in continuing education activities (HIMAA 1992).

**HIMAA**

According to HIMAA’s current mission statement (HIMAA n.d.), it strives 'for the highest quality management of health information services, which we believe make a valuable contribution to the effectiveness of health care delivery in Australia'; and further, ‘we acknowledge that the quality of health information management depends on our members having high levels of knowledge, skills and commitment’.

The HIMAA’s mission statement and the associated objectives are very clear in giving a high priority to the advancement of its members. In fact, it pretty much boils down to being the reason the organisation exists at all.

**What does HIMAA do for me now?**

HIMAA has a long record of service to this profession. Among the list of services it currently provides are:

- publication of the HIM Journal containing high quality, peer-reviewed articles, reports, views and reviews
- offering of national conferences as well as high quality programs, providing ample opportunities for networking and social activities among attendees and putting a national face on the organisation
- offering web-based resources and electronic dissemination of information, latest information about the health industry and the profession, opportunities to participate in research and committee work, access to resources, employment opportunities and more, delivered regularly to members’ desktops or available on the HIMAA website
- construction of the framework on which communities can be built within the organisation through on-line, interactive forums for the exchange of ideas and communication between colleagues
- development of HIM competencies; in 2001, a set of HIM Competency Standards was produced by HIMAA’s Education Committee and includes standards applicable to HIM professionals of entry-level, intermediate and advanced standing; the Committee stated in its report that ‘whilst these competencies would still provide a guide for employers, the Committee’s primary intention for this component of the framework was to identify professional continuing education needs . . . In an ideal world, these intermediate and advanced competencies provide the framework for the development of post-graduate programs and HIMAA continuing education initiatives’ (HIMAA 2001).
- establishment of education services; while this may have initially been focused on support of health information management (eg. via clinical coding courses) rather than at members’ own CPD, even then it was successful as a financial support for the organisation in providing other services and in increasing the profile of HIMAA through its State Branches, offering a wide variety of regular CPD events which are targeted at national and local issues and forums for discussion of issues, more networking and social opportunities at reasonable cost.

**What should HIMAA be doing for its members?**

In my opinion, HIMAA is to be congratulated on what it is able to achieve with limited resources and a relatively small membership base. Just to have sustained
the national conferences and journals for decade after decade is no mean feat. Indeed, all of the services noted above are valuable and should be continued, although perhaps there is a need to approach them in a more strategic way; to maximise efficiency and effectiveness by ensuring that identified priority needs are targeted and that all initiatives are sufficiently resourced.

For example, geographical distance is often an obstacle to members’ access to CPD and other services. As indicated, there have been great strides made by HIMAA in the application of electronic communications; but could the technology be of even greater benefit, for example in the provision of educational programs? What better value would we all get if the reach of State Branch CPD events could be widened, intra- and inter- state? Full advantage could be taken of great presentations and activities which currently have a limited audience, or need to be replicated in other Branches. I think the State Branch activities fulfil a valuable separate role to the national conferences so I would see progress in this area neither as an alternative to the annual national event nor as a way of ‘nationalising’ all events.

An example I would use of an area requiring a more strategic approach to gain success is the HIMAA e-Forums. These were set up in mid-2002, and there are over twenty of them currently in existence, with the potential for new ones to be added as members require. However, the great majority of them have not been tapped since 2002 and the number of postings to all of the sites is very small. So the water’s there, HIMAA has told its members about it so we horses have been led to it, but so far it would seem that very few have taken a drink from it!

There are also other things that HIMAA could possibly be doing to boost its support of CPD, such as:

- boosting/extending course accreditation
- fostering and supporting relevant research
- encouraging reciprocal peer coaching and mentoring, and/or
- introducing credentialling.

Perhaps the most reasonable strategy is to take a multi-faceted approach, providing, facilitating and promoting lots of options to serve a variety of needs. This is not to be confused with the ‘scatter gun’ approach; targeting a wide range of identified interests and needs is not the same as dissipating resources on low priority or ill-conceived options.

I would like to see the HIMAA promoting meaningful intellectual, social and emotional engagement with ideas and between health information managers so that members discover and develop their personal strengths and competencies, while at the same time building an understanding of their positional power as professionals in the broader health system.

How might HIMAA go about it?

Firstly, HIMAA should adopt or develop a model to which all its ‘accredited’ CPD initiatives should comply. For example, it should be a model that incorporates and promotes not just the transfer of new information and knowledge, but also the development of practical understanding through observation, reflection on current practice in light of the new knowledge, translation of knowledge into plans and actions for improved practice, and then continued refinement of practice through sharing of expertise and practical wisdom with others.

All CPD activities offered or promoted by HIMAA should have clear sets of objectives and also a means for evaluating outcomes and processes. They should, as far as possible, require active rather than passive participation.

HIMAA should avoid being too prescriptive about what its members should participate in; it should still be the individual’s responsibility to choose. Some may aspire to higher qualifications which will deepen their knowledge in certain areas while others may broaden their horizons through other perhaps less formal means. Both paths are equally commendable.

HIMAA should not try to provide for all members’ needs in-house as this would be impractical and far too expensive. There is scope, however, for HIMAA to keep a watching brief (as it currently does) on what activities and events are being offered by others in the industry or wider community. This might, however, be developed further to provide some sort of review or rating system which could help members decide whether particular events were considered worthy of their investment, the level of challenge to be expected and its relevance to particular HIM roles. And, if we were to go down the ‘credentialling’ path, they might also be assigned points as a currency against which a member’s CPD efforts could be valued. The corollary to that is the requirement of a certain level of investment in order to retain (full) membership.

Culture Change

These are all things that a professional association like HIMAA should consider if it is to take an effective role in assisting its members to grow professionally. However, possibly of greatest importance is the creation or fostering of an environment in which HIMs (members) will automatically recognise the need for continued effort to sustain their effectiveness. This requires creation of a mindset in members which promotes values and beliefs that, once deeply held, will translate from opinion into behaviour.

This cultural shift is not a ‘quick-fix’, and, much as there may be many others who share my view that it is needed, we cannot effect the change. In order for any transformation to become permanent, it must first be established and then driven from the top of the organisation.

Conclusion

I believe that if our profession is to remain vital and relevant, we should have an expectation of ongoing commitment from our colleagues (and ourselves) to continuing professional development.

So, I think the challenge is there for us all; for HIMAA to fully address its role in nurturing the ongoing development of members’ knowledge, understanding and skills, and for us members to reflect on our own practice and form a groundswell of support for HIMAA’s efforts.
References


Joy Smith BBusHlthAdmin
Senior Project Officer
Clinical Forms Management Project
Information Management Branch
Queensland Health
GPO Box 48, Brisbane Q 4001
Tel: 61 7 3405 5778
Email: Joy_Smith@health.qld.gov.au

This article is based on a presentation made by Joy Smith to the HIMAA National Continuing Professional Development Planning Event in Sydney, on 29 November 2002.