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Mandatory Continuing Professional Education:
A Critical Review of the Literature

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Abstract

There have been many articles written on continuing education and whether or not it should be mandatory or voluntary. The world is a changing place and the need for mandatory continuing professional education (MCPE) is critical for all professions in order to keep up with technological advancements and new skills. The purpose of this review is to demonstrate: the need for MCPE, the PROS and the CONS. Of the 16 professions which have mandated continuing education in 50 states, I have selected the fields of education, health, law, accounting, engineering, social work, nursing and funeral directing to expose their continuing education programs and the effects of the same on their members. A concluding section summarizes research findings which confirms that there is an increase in professions adopting MCPE, as well as it being effective, and accepted by professionals.

Mandatory Continuing Professional Education: A Critical Review of the Literature

The world today is a very transitional place with every day full of new technological developments, advancements in research or uncovered evidence that refutes formerly accepted wisdom. It is very difficult for any industry to keep up, and adult education is no exception. Continuing education should be mandatory as it provides industry with the tools to stay current. The world is a changing place: the workplace changes, consumer needs change and as adult educators we should do the best we can at our jobs. To become experts in the field, the only way to accomplish this is through mandatory continuing education. Continuing education helps professionals fill the knowledge gap by informing them about changing legislation and technology and in keeping up with new developments.

The “value” of continuing education is something which all professions with mandatory continuing education requirements agree with the need for reinforcing the “basics” of what professionals do on a daily basis. We need to know how to relate the value of what we do to the public and should also appreciate the value of continuing education and in learning how to improve on what we already know.

There have been many articles written on continuing education and whether or not it should be mandatory or voluntary. Despite the studies and research, there continues to be many theories on the subject from both opponents and proponents of continuing education. As a proponent of mandatory professional continuing education, my purpose of this paper is to demonstrate the significance of mandatory continuing education in all professions; especially in the areas of education, health, accounting, engineering, law, social work, nursing and funeral service.

In preparation for this review, the following data bases were utilized: LIAS, ERIC ABI/INFORM (education), ERIC Wizard, ERIC Digests, VEL (Virtual Electronic Library) and Encyclopedia of Education. This computer search for data literally provided thousands of articles on the subject of continuing education and several hundred articles on the topics of mandatory and continuing education in the professions. Consideration was given in utilizing the most recent published articles from 1990 to present.

In his book "Continuing Learning in the Professions" (1980) Cyril Houle, one of the most renowned writers in the field of continuing education states that "...it has become increasingly evident that continuing education is essential-not just to improve but also to maintain the professions." The fact that many professions have adopted continuing education, whether mandatory or voluntary, is evident of their commitment to themselves and to society. The literature selected for this review provides research information from those professions which 1) have adopted mandatory continuing education, 2) have not adopted mandatory continuing education and 3) those professions which have adopted voluntary continuing education.

Who determines mandatory continuing education

Although mandatory continuing education does not have widespread support across professions, voluntary continuing education is recognized as a potentially useful tool in competency maintenance (Queeney, Smutz & Shuman, 1990). Actually it is the responsibility of professionals to ultimately develop their own educational plans. The mandatory continuing education (MCE) movement arose out of the perception that professionals need to be committed to lifelong learning in order to retain and improve their

competence (Little, 1993). Little states that the driving force for MCE comes from three major sources:

- (1) federal and state governments, especially state licensing bodies;
- (2) professional associations, especially state societies and national specialty groups; and
- (3) consumer groups.

It was the federal government who set the stage for MCE which proposed that professional associations and governmental regulatory agencies should take steps to assist practitioners in maintaining competence, and the state governmental involvement in MCE came about partly through the stimulus of the malpractice crisis. Actually, professional associations have been at the forefront of encouraging MCE due to the consumer demands for greater protection (Little, 1993).

In a statement from the President of the American Society of Agricultural Engineers, George Kriz addresses continuing education as a perpetual keystone initiative and challenged his members to play a role in continuing education (Zimmerman, 1996). Likewise, the National Association of Social Workers (NASW) who's continuing education was mandated by Senate Bill 26 in 1995, makes clear to its members the advantages of MCE and provides requirements and monitoring of its MCE program. The NASW's commitment to continuing education is grounded in their Code of Ethics: "The social worker should strive to become and remain proficient in professional practice and the performance of professional functions" (NASW, World Wide Web).

Who requires mandatory continuing education

All states have an MCE Licensure requirement for one or more professions and variations in those requirements exist from profession to profession (LeGrand, 1992).

Almost 20 years have passed since the first continuing professional education was mandated as a licensing requirement; it was for New Mexico physicians (Queeney et al, 1990). Since that time, professional associations, educators and the public have debated the merits of MCE without reaching consensus.

In the differences of the extent of state regulation of 16 professions studied, Optometrists lead the way with MCE in 45 states, nursing home administrators have requirements in 42 states, followed by certified public accountants in 28 states (Rockhill, 1983). Mandatory continuing education for the 16 professions studied has increased from 31 percent in 1979 to almost 57 percent in 1991 (Levy, 1992). Most recently, the American Institute of Certified Public Accountants (AICPA) had called for required continuing education by their President Marvin L. Stone. Many states responded with programs of voluntary compliance that recommended levels of continuing education and as a result of this, AICPA has adopted MCPE in all 50 states (Coffee, 1994).

The controversy about MCPE is also a concern in other countries such as Australia where it has been rare to find either the professional bodies or their members addressing the educational questions inherent in this concept. According to Nelson (1988), Australian's have responded to an emerging consumerism by turning to MCPE as a means of ensuring that their members maintain a minimum level of competence. Mandatory CPE has been introduced largely because of the failure of voluntary CPE to attract sufficient support from

members of the profession, despite a climate in which pressure from both government and public scrutiny has been increasing (Hager & Gonczi, 1991). In Auckland, New Zealand, the pace of change is such that people working in all levels of industry, commerce and public service would need refresher courses, retraining and “upskilling” at regular intervals. Morrison (1990) states that there is little argument that lawyers, plumbers, doctors, teachers, typists, etc. need to keep up to date with new technologies, methods, regulations and skills necessary in a rapidly changing world.

Lifelong learning initiatives are so important to the European Dimension that they have designated particular years as the “year of” some special focus. For example, 1993 was designated the “European year of older people and solidarity between generations.” The focus of 1993 came about due to the aging European population becoming a problem and to examine the practice in terms of the provision made for older adults living in the different member states (Peck, 1996). In 1996, the EU year of lifelong learning was to promote “personal development” of individuals and their integration into working life and society.

Who does not require mandatory continuing education

It has been estimated that more than 90% of all scientific knowledge has been generated during the past 30 years and that the American workplace is being transformed by two major trends: proliferation of corporations and rapid expansion of technology and knowledge (Cervero & Azzaretto, 1990). Although the number of professions not requiring MCPE outnumbers those who do, our new economy demands a higher premium placed on education and training and continuous learning is a hallmark of jobs in the new

economy (Jones, 1996). According to Jones, Americans increasingly realize they not only need more education, they need it in a more continual fashion.

The very words “continuing education” sends shivers down the spines of many professionals, most interpreting it as going back to college. Although the American Society of Agricultural Engineers (ASAE) does not require mandatory continuing education, their voluntary programs have been quite successful (Zimmerman, 1996). For example, the Florida Engineering Society (FES) addressed the issue of MCPE and decided that the best way to address continuing education was through a volunteer basis and it developed a continued professional development program in 1976.

Health care providers, particularly nurses and physicians have been examining the issues of MCPE for many years and have generated a host of studies. Mandatory CPE requirements in physical therapy have been relatively slow in developing: as of 1992, of the 53 state licensing agencies for the practice of physical therapy in the United States, less than one-third have MCPE requirements (Little, 1993). Adapted from Louis Phillips’ “Mandatory Continuing Education for Selected Professions over a Decade” (1981-1992), the number of states requiring mandatory continuing education for relicensure are:

<u>Professions</u>	<u>1981</u>	<u>1991</u>	<u>1992</u>
Architects	1	1	1
CPA’s	38	49	50
Dentists	11	25	28
Engineers	1	1	2
Lawyers	9	35	37
Nurses	10	17	23
Nursing Home Adm.	44	45	45
Optometrists	46	48	49
Psychologists	12	25	27

Pharmacists	22	45	46
Physical Therapists	3	11	17
Real estate Agents	17	41	42
Social Workers	11	28	31
Veterinarians	23	34	35

The National Funeral Directors Association (NFDA) feels it important that their established and aspiring members alike appreciate the value of continuing education and know how to relate the value of what they do in the community (NFDA, World Wide Web). According to the Conference of Funeral Service Examining Boards of the U.S. Inc.; there are 23 states mandating continuing education requirements to maintain Licensure as a funeral director.

Requiring continuing education for registered nurse relicensure began in the 1970s and has remained a controversial issue over the past 25 years. Hewlett and Eichelberger (1996) support the continuation of a voluntary CE system with the primary reason being that there is no data available supporting the fact that mandatory CE better protects the public. Having held the assumption that continuing education is valuable and associated with competence practice, 18 states were prompted to mandate continuing education as a condition for relicensure.

A case scenario against MCPE

The state of Mississippi does not require continuing education for relicensure of registered nurses but is surrounded by states that do. The Pew Health Professions Commission in 1995 had determined that CE requirements did not guarantee continuing competence, therefore escalating the debate over the value of mandatory CE. In 1993 the Mississippi legislators brought the issue of MCPE to the Mississippi Nurses Association as

a result of their concern for with whether MCPE for registered nurses should be undertaken. As a result, a task force was established to develop a plan for implementation of MCPE for nurses in Mississippi. The task force representatives were selected from all sixteen major nursing organizations and agencies in the state. The two major issues addressed were:

1. Establishing a link between increased nursing competency and continuing education attendance and;
2. Identification problems, cost, and other factors involved in the implementation of Mandatory Continuing Professional Education.

The impact of CE on patient care outcome was also a major consideration for the task force. One of the themes consistently identified by Thurston (1992) was that Boards of Nursing must assure the public that registered nurse Licensure guaranteed minimal competency to practice.

The Florida Board of Nursing believed that positive patient outcome was related to increased CE attendance. However, virtually no data were provided by the Florida Board to support that mandated CE actually resulted in positive patient care outcomes (Hewlett & Eichelberger, 1996).

In a study of registered nurses relating to the availability and access of CE (Thurston, 1992), it was determined that an abundance of CE programs was available to them and it was found that mandatory CE was a powerful motivator for registered nurses to attend CE. Hewlett and Eichelberger (1996) discovered unpublished and published research on CE for registered nurses which found that CE had a positive effect on nursing practice and that registered nurses believed that MCPE had a positive effect on nursing

practice and positive patient care outcomes. Opponents will argue that MCPE violates adult learning principles and punishes those who participate voluntarily. It was found that actual changes in patient care delivery were found to be dependent on multiple factors, one of which was CE. However, researchers found no substantial data to support the stance that MCE for registered nurses changed practice behaviors toward more positive patient care outcomes.

The Pew Health Professions Commissions concluded that a lack of funding and no established link between CE and patient care outcomes did not warrant mandatory CE. They also determined that the presence of many issues related to MCE for nurses' needed further study and that the current cost constrained environment would be better served to invest their time and resources in assessment of continued competency.

The question of competency-based standards to MCE

Competence includes such aptitudes as interpersonal skills, motivation and professional judgment and involves values, beliefs and attitudes. Although continuing education (mandatory or not) may be a factor in improving competence, it is difficult to separate the effects of participation from those of other influences on practice (Kerka, 1994). Although competency-based certification and Licensure are also a growing part of MCE, educational providers, legislators and professional associations disagree about what competence means and what is the nature of expertise. Hager & Goncz (1991) write that competency-based standards for professional are nearly as controversial as MCE and that resulting standards would enable professionals to assess their own levels of competence and choose CE accordingly.

Brockett (1992) argues against MCPE and calls for mandating performance, not attendance. His theory is that MCPE does not guarantee professional competence because the overall impact of CE cannot be proven conclusively and suggests that a professional's performance should be checked periodically in the presence of a fully credentialed colleague. Tucker (1984) argues that CPE has proven to be an acceptable control mechanism to assure professional competence and reiterates that the CE movement is still gaining attention in the United States with 16 professions in the 50 states requiring CE as proof of professional competency. Competency (Hager & Gonczi, 1991) is a combination of attributes underlying some aspect of successful professional performance, and competency is focused on a performance. Since the performance of a role and its associated tasks can be judged competent or incompetent, competence requires that the performance be an appropriate standard.

Competency-based standards offer many challenges and opportunities for professions. Hager and Gonczi point out that their uses include the maintenance of professional standards and increasing labor market efficiency and equity. Competency-based standards can enhance career progression by providing a valid basis for promotion and also offers a powerful basis for improving the courses that prepare people for entry to the profession. Possible advantages of competency-based standards to CPE include:

- Enable the setting for CPE programs of clear objectives that meet the real needs of the profession (as against the current tendency for CPE to be provider-driven);
- Provide a means of assessing effectiveness of CPE courses based on achievement and performance levels attained rather than on inputs such as number of enrolments, etc;

- Provide a way of accrediting genuine self-initiated learning that is relevant to the profession;
- Enable delineation of a career path from novice through to expert, with the role of CPE vis-a-vis initial courses being clarified;
- Provide a basis for national planning of CPE (e.g., funding, etc.);
- Provide a clear-cut evidence of the contribution of CPE to maintaining professional standards; and
- Enable CPE programs to be adapted quickly to meet changing labor markets.

Competency-based “Law”

Professional education in law schools has failed to develop in practitioners the competencies required for the practice of law (Hager & Gonczi, 1991). As a result some legal educators have proposed a “lawyering skills” approach to ensuring adequate professional competence is developed. The Antioch School of Law has developed a model of six general competencies of legal practice:

- Oral competency - proper and effective use of language, skills of listening;
- Written competency;
- Legal analysis competency - analyzing facts, law and legal theory;
- Problem solving competency - problem diagnosis, implementation of strategy;
- Professional responsibility competency - identification of conflict with professional norms and values, and
- Practice management competency. Proper use of time, working with others.

The problem of CE in Law is not solved by the acquisition of competence in some abstract sense, divorced from the context of practice (Nelson, 1988). After all, the lawyer controls application of his client’s problem and continuing legal education has no immediate impact on the lawyer’s work.

Competency-based “Pharmacy”

The pharmacy profession has made significant use of the approach of conceptualizing competence in terms of roles, tasks and sub-tasks. Competency-based programs were gradually adopted in order to ensure that the pre-registration year focused systematically on the things that a competent professional pharmacist needs to be able to do.

A major expectation as well as a responsibility of professionals is that they continually improve their competencies and performance within their respective practice areas through CE and learning (Schenman, 1993).

Certification

While it is not typically included in discussions of mandated continuing education, it is important not to ignore the growing number of occupational specialties which require education as a basis for certification (Rockhill, 1988). Adult education is a good example of a field that is becoming increasingly credentialized. In California, certain teachers of adults are required to take a series of courses in order to qualify for a teaching credential, whereas formerly, anyone could teach in adult programs, in order to teach in California public schools or community colleges one must now obtain a teaching credential. Professional groups use education as the primary basis for defining membership and lobby to have practice limited to those meeting their criteria through Licensure or credentialization.

The Great Divide - Pros and Cons of MCPE

The PROS of MCPE

Although some studies have found negative attitudes among those required to participate, Queeney, et al (1990) suggest that MCPE participants may judge their participation more thoughtfully and critically because it is required; they expect high quality and applicability and become more astute consumers of learning. Despite the facts that there are those who feel that the mandatory debate is a dead issue, mandatory continuing education is a natural extension of the preprofessional preparation process (LeGrand, 1992).

Proponents support MCPE for the following reasons (Queeney et al, 1990):

- Expecting voluntary participation is unrealistic. Those who need it most may be least likely to participate;
- There is some evidence that well-designed programs can influence effective practice;
- MCE can provide equal access to a range of opportunities;
- Mandates are necessary to protect the public from incompetent or out-of-date practitioners;
- Although imperfect, it is better than such alternatives as examinations or practice review;
- By choosing a profession, professionals submit to its norms. A license to practice implies consent to be governed by the rules of the profession.

Efforts to measure the impact of MCE over the years have met with difficulties as it is likely that members of a target profession can be divided into two cohorts (Little, 1993): (1) the “innovators,” “pacesetters,” and “middle majority”; and (2) the “laggards” who on their own tend not to devote many hours to continuing education. Clearly, MCE requirements are directed at the latter group. One argument frequently advanced for MCPE is that, while it is far from perfect, it is the best device available in the circumstances

and is certainly better than nothing (Nelson, 1988). Regulatory boards of most professions typically select mandatory CE over reexamination when charged with asserting continued competence in licensed professionals (Levy, 1992). The problems with reexamination are that they are exhausting and fraught with anxiety, especially for those who have been out of school for many years. The costs to firms for processing, writing, promoting, administering and scoring reexamination would impossibly burden most boards.

More important, there is no real assurance of competent performance, whereas if a person failed the exam, this does not mean the individual cannot perform his/her job competently.

The results of a survey by the American Institute of Certified Public Accountants revealed that CPAs overwhelmingly support the concept of MCPE and feel that it enhances the image of the profession (Coffee, 1996). As well, the majority of the respondents indicated that MCPE has provided benefits in the form of greater professional learning and a higher quality of professional work. The positive attitude toward MCPE may be directly related to other positive benefits of continuing education (LeGrand, 1992). Professionals attending formal programs gain positive feedback about their practices, which creates a system of affirmation and validation. In addition, increased interaction with colleagues can have a positive impact on professionalism and commitment. Evidence is abundant that the continuing education enterprise in various professions responded to the passage of MCPE requirements by increasing the number and variety of programs available to those seeking credit (Little, 1993).

A direct study of the impact of MCPE in a recent survey of the Florida Nurses Association in Jacksonville, Florida, Little (1993), reports that 92 percent of surveyed

nurses reported they were helped to apply newly acquired knowledge to practice.

The CONS of MCPE

Mere participation in educational activities to pick up credits does not necessarily result in improved knowledge, skills or attitudes (Morrison, 1992). Even where education is mandatory, what is learned is actually selected by adult learners and mandatory CE alone cannot cause learning to occur. Voluntarism as a fundamental principle and defining characteristic of adult education is challenged by the recent surge and acceptance of mandated adult learning for professionals and other workers (Rockhill, 1983).

Arguments of those opposed to MCPE (Queeney et al, 1990):

- It violates adult learning principles, such as voluntary participation, the informal nature of adult education, and adult self-direction. It promotes uniformity by disregarding the individual learning needs and styles.
- By definition, professionals are supposed to be autonomous, self-imaged, and responsible for mastery of knowledge; MCPE is punitive to those who participate voluntarily.
- Evidence that it results in improved practice is lacking. All that is mandated is attendance, which will not necessarily change attitudes, motivation, determination to practice responsibly, or ability to learn.
- Programs are not consistently and uniformly available. Many lack quality and relevance to practitioner needs. MCE may encourage providers to focus on profit.
- Requiring participation may hinder learning by reducing motivation and individual responsibility.
- Professionals should be accountable for effective performance, not participation.

Opposition to mandatory continuing education has been based on the assertion that continuing education is no guarantee of competence (Hewlett & Eichelberger, 1996). A Director of the American Institute of Certified Public Accountants was quoted as saying "...I know there are a number of practitioners who will not get CPE unless required.

However, it appears that requiring attendance does not mean they learn..." (Coffee, 1994).

In a study to assess the direct effect of the application of MCE legislation, physicians in Illinois reported that implementation of MCE had "no effect" on the care of their patients, and no scientific evidence was found to endorse the relationship between MCE participation and improved patient care (Little, 1993).

A most important factor in overcoming objections to mandated education is consideration of the professional as an adult learner. Although in some professions MCE has become the norm, its mandatory nature should not be the focus (Kerka, 1994). Opposition to mandatory education is often taken to mean that one is opposed to learning. Hence, tacit compulsion is reinforced by the popularity of adult education and the view that it is a moral good (Rockhill, 1983).

Brockett (1992) sees compulsory adult education as a repulsive idea; forcing individuals to further their education--undisguised in the case of mandatory continuing professional education, somewhat concealed in promotion considerations which require advanced degrees or certification--is antiethical to the ideals which the early American adult education movement cherished. According to Little (1993), possible explanations for the apparent lack of interest in MCE for physical therapists are:

- Physical therapists are continuing to maintain high professional standards and to participate in CE activities without the pressure of MCE;
- Physical therapists are looking for a better method, one different from MCE, for determining and influencing the competence of therapists;
- The American Physical Therapy Association does not see fit to encourage the state licensing boards to consider MCE requirements for relicensure.

Morrison (1992) argues against MCPE on two grounds; first, from the definition of what a profession and a professional person is and, secondly, the characteristics of the adult learner. "Making any education compulsory, especially in order to become relicensed, is incongruent with the nature of both a professional and an adult." Nelson (1988) criticizes existing MCPE programs in that:

- They are unfocused, individual needs or interests are not identified
- They tend to mislead the public by deluding people into believing that every practitioner is up-to-date and competent in his or her area of practice
- They fail to evaluate change in professional performance resulting from participation (they do not include tests for effectiveness)
- They impose uniformity as to learning styles and fail to recognize that there are alternative roads to professional competence
- The quality of the programs offered is often reduced because of the massive increase in the demand for courses which flows from MCPE
- The content is often irrelevant to the practices of the intended learners.

Nelson's main point of argument is that the professional one should be "professional" and self-directed enough to undertake further training and education from an autonomous rather than compulsory position.

A study by the Pennsylvania State University (underwritten by the American Institute of Architects) concluded that the problem with continuing education was that there were substantial differences between what architects really needed to know and what they thought they did (Levy, 1992). If architects are forced to take continuing education courses, how will they know which to take? How will the public know architects have learned anything that will improve their performance? How can anyone know that an individual's inadequate performance does not come from causes other than education? Who will police the process, keep records, accredit courses, and insure that the learner has

met objectives? In short, how will we know that MCE means competent performance?

Adult Education and Continuing Education

Within the past thirty years, there has been an increased emphasis and investment in continuing professional education, particularly in formal education programs, on the part of various institutional providers such as employing organizations, professional associations and colleges/universities (Schenman, 1993). The issue of mandatory continuing education for professionals is controversial because at its heart are questions about the nature of professions and of adult education (Kerka, 1994).

A major expectation as well as a responsibility of professionals is that they continually improve their competencies and performance within their area of practice. The American Association for Adult and Continuing Education (AAACE) envisioned to provide continuing professional education for its members and has taken a leading role in providing publications for its members; its two periodicals, *Adult Learning* and *Adult Education Quarterly* (Ratcliff, 1992).

Professionals' attitudes toward formal education activities, self-directed learning, and continuing education in general will be negative (LeGrand, 1992). However, because professionals are not ordinary adult learners, this argument is flawed. AAACE has contributed to the field of adult and continuing education in the areas of governance, legislation, and continuing professional education (Shelton, 1992). Unlike most national professional adult education organizations that serve a unified membership, AAACE's constituency is the entire adult education field (Keeton, 1992).

The voluntary characteristic in adult education has long been acclaimed to be its greatest asset; the commonly shared mythology has been that participants are there because they want to be, thereby overcoming the disadvantages of youth education (Rockhill, 1983). Voluntarism, historically a fundamental principle and characteristic of adult education, is at risk with the development of mandated continuing professional education. Another principle that risks violation through MCPE according to Brockett (1992), is the informal nature of adult education. While some MCE requirements allow and even encourage a degree of informal learning activity, the potential harm of MCE comes in the form of creating increasingly more formal programs while, in order to increase enrollments, encouraging learners to question the value of what they learn informally in self-directed or small group settings.

For those persons who have professionally trained and/or teach in graduate programs of adult and continuing education, the natural progression of logic is that for those adult learners who are professionals, mandatory continuing education is inherently unfair, ineffectual, and may even be detrimental to the professionals' desire to learn (LeGrand, 1992). Very few professional associations would recognize that the MCPE debate involves questions about how professionals, as adults, learn. Nelson (1988) suggests that programs should be tailored to the following characteristics of adult learners:

- Adults are self-directed and need to see themselves as being responsible for their own learning.
- Each adult possesses a different set of learning needs, whereas MCPE promotes uniformity.
- Individual adults have different learning styles, which result in their learning in diverse ways.

- Adults need feedback on their learning to assist them to assess what they have learnt and to reinforce learning.
- Adults learn most effectively in problem-solving situations, where they can relate the new learning to prior knowledge and experience.
- Adults need to be able to perceive the relevance of the educational activity to their own needs.

Nearly all professionals embrace the concept of continuing professional development and engage in a wide variety of learning experiences throughout their careers (Scheneman, 1993).

Concluding Summary

The great divide on the PROS and CONS of mandatory continuing professional education is an issue which will be studied and researched well into the next millennium. Over the past thirty years emphasis in continuing education has increased with 50 states mandating continuing education in 16 professions. Although most professions have a voluntary continuing education program, a study by the Florida Nurses Association (Little, 1993), showed that 92% of those registered nurses surveyed felt that mandatory continuing education helped them to acquire new knowledge and skills.

The impacts of MCPE on professional learners is still not clear, however, MCPE clearly increases knowledge of participants and has been proven to assure professional competence as evident by the study of physical therapists (Little, 1993). Granted that continuing education is concerned with "public outcry and concern," I feel that if professionals maintained their own updating of skills and knowledge, the public pressure would not exist. The impetus for MCPE came from three sources; federal and state governments, professional associations and consumer groups. It appears that if

professionals cannot maintain their own educational requirements, then someone else will mandate it for them. This is why I strongly support mandatory continuing education within the professions.

The overall weakness in the literature review rests with insufficient research on the effects of MCPE in professions. This being the case, professions and professionals need to emphasize the importance of uniformity within their professions and either produce results which are reflective of their need for, or need not for, MCPE. It would appear more unprofessional to the public in knowing that in a certain profession, some states require MCPE and others do not, therefore, I would suggest that since the professions cannot come up with their own decisions, that states mandate education. There are those (Brockett, 1992) who feel that "forced participation" in continuing education is seldom justifiable. Since Brockett cannot, and does not prove otherwise, then the debate continues.

Strengths in the literature reveal that several professions have adopted MCPE and show that it has been effective. For example, the American Institute of Certified Public Accountants responded to a survey that MCPE is a good concept and should be continued, and registered nurses found continuing education valuable which prompted 18 states to mandate CE as a condition for relicensure. It is my decision that the PROS of MCPE clearly outweigh the CONS and depending on whom one talks to, they may feel quite differently; and certainly have the right to do so. However, since no one has developed detailed results of any research, professions should mandate their continuing education so as to maintain the privilege of the title *profession*.

As professionals are divided into two groups of learners, “Innovators” and “Laggards,” it is the latter group which MCPE is directed. Surely, just as a horse can be led to water, so too must professionals be led to education, otherwise they will have no incentive or initiative to pursue it on their own. Likewise, the horse cannot be forced to drink the water just as the professional is not being forced to learn, but wants to be there for the thirst of knowledge and skills.

One aspect which has been saturated in the review of literature was the issue of Adult Education. Opponents of MCPE used the argument that adults are special self-directed learners and should not be subjected to a childish method of *forced* education. If adults are indeed self-directed learners, mature and responsible, then they can appreciate the value of mandating continuing education in their specialized field. As an adult learner and educator I welcome MCPE as it assures me that my profession will continue to be a profession, and that I as a professional will be respected by all people for all time.

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An Integrative Approach to Whole Grief Education

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Introduction.

Instructors of grief education would do well to discover or develop classroom activities which engage students as a whole person. This approach challenges the instructor to focus on holistic learning strategies aimed at strengthening critical thinking, social awareness, and emotional intelligence. Carefully planned classroom exercises that tap into students' intellectual, intra- personal, interpersonal, and social knowledge and skill can optimize learning opportunities. In addition, such exercises can bring a level of professional reality to the classroom.

One teaching/learning strategy that has been applied to the holistic philosophy relies on *integrative learning*. The goal of integrative learning, as defined by Haworth and Conrad (1996), is to combine “two or more parts to form a whole, such as theory with practice, self with subject, or learning with living.”

With this vision of grief education in mind, the author offers the following class assignment as a highly effective means of facilitating integrative learning in grief education.

The Assignment.

The proposed assignment is based on an adaptation of James B. Gould's article, “A Picture Is Worth A Thousand Words” (1994). The author recommends that the assignment be utilized at the midpoint of the grief education curriculum where it provides a bridge between didactic lectures and efforts to build counseling skills. The full completion of the seven steps of the exercise will take between 2 and 3 hours of class time and will require the following materials:

2-3 pages of blank lined paper per student

Poster board or flip chart paper

Writing materials/including markers,
colored pencils, crayons, pencils, etc.

Box of tissue (optional)
Blank unlined paper

The reader will find examples of interpersonal communications/grief support skills underlined throughout the text as a means of highlighting integrative learning methods. This information will be utilized at the end of the class when the teacher reviews examples of the grief counseling skills utilized by the students throughout the exercise.

Step One - Self-Reflection.

Pass out 2-3 pieces of blank lined paper to each student. Begin by having students think about the kinds of losses they have experienced in their lives. It is best if they can focus primarily on losses by death. If they lack such an experience, however, they may focus on another significant loss, such as a divorce, break-up, move, etc. As this task is personal, affective, and descriptive, it is best to encourage students to focus on an experience that they will be willing to share in a small group of 2-4 classmates. It's also beneficial to let them know that their stories will not be collected as part of the assignment. Next, instruct them to spend the next 15-20 minutes in self-reflection about their personal loss. Instruct them to write in detail about the circumstances of their loss, the physical reactions they experienced, as well as the many thoughts, feelings and behaviors they encountered. If class time is limited, this first step can be given as homework to be completed the night before class. As a note of consideration, it is not uncommon for students to express their grief by crying. Encourage students to accept this as a common part of grief reflection and point out that tissue is available.

Step Two - Small Group Sharing.

Next, students form groups of 2-4 for the dual purpose of discussing their losses and compiling a record of their experiences. Pass out sheets of blank unlined paper and instruct each

group to select a recorder - a person who will write down the themes of each person's loss. They will also need a back-up recorder to fill in when it is the recorders turn to share. The recorder will keep a list of the circumstances, physical reactions, thoughts, feelings, and behaviors of all group members as each one spends about five minutes telling their story. As each person shares their story, the recorder writes down themes relative to each of the categories. After each person concludes the sharing of their story, the recorder uses reflective listening to summarize what has been disclosed. The remaining group members are instructed to simply listen without interruptions.

Step Three - Group Discussion.

After the data of their experiences has been gathered and recorded into a general list, each group collaborates to reflect upon and discuss general conclusions about their grief. Instruct participants to begin by comparing and contrasting the various experiences, physical reactions, thoughts, feelings, and behaviors they have recorded. Next, instruct groups to prioritize symptoms according to their commonness, intensity, duration, and changes over time. This step generally lasts about 15 minutes.

Step Four - Choosing a Metaphor for Grief.

Introduce this next part by explaining that, as human beings, we often think in word-pictures. Furthermore, it is not uncommon for grieving people to describe their experiences using metaphors and analogies, such as, broken hearted, seasons of change, visited by the grim reaper, etc. Instruct the groups to explore metaphors and analogies that describe the essence of their findings. Encourage them to select a metaphor that can be transferred into a picture or diagram that depicts what they learned about grief. They can be prompted to begin this step by saying, "Grief is like _____." If they struggle with this, give them examples

such as, *grief is like a roller coaster ride whereby the emotions are the curves and drops. The griever desperately wants to get off the ride, but cannot. Some points on the ride are calm, smooth, and predictable while other points are disorienting and intense. In grief some days are easy and others are hard to endure.* This step usually takes about 10 minutes to complete.

Step Five - Drawing a Model of Grief.

Pass out the poster paper and drawing materials. Instruct each group to conclude the small group portion of this exercise by drawing a visual picture, diagram, or chart based upon the metaphor or analogy they agreed upon to depict their collective conclusions about grief. Have them draw it onto the large poster board as a model that will represent the various experiences, feelings, and behaviors they discussed . Encourage them to be as creative and collaborative as possible. This step generally takes 20-30 minutes to complete.

Step Six - Large Group Sharing.

Have the class reassemble for this next step. Each group is asked to discuss their insights about grief while sharing their pictures with others in the class. They can do this as a group or by selecting a spokesperson. Questions and comments are entertained and if necessary facilitated by the instructor. After each group presents, display the models side by side for the entire group to see. This step takes approximately 3-5 minutes per group and will vary depending upon class size.

Step Seven - Integrating Knowledge through Reflection and Summarization.

The instructor concludes the class by facilitating reflection and class discussion on the similarities and differences between models. Integrative learning during this step is best facilitated in the following three ways. First, encourage students to develop their intellectual knowledge by identifying William Worden's four tasks of grieving (1982) as depicted within the

different models. Second, illuminate the role of personal awareness as a teaching experience. And lastly, facilitate behavioral competency by highlighting the grief support/interpersonal communication skills demonstrated by each of the seven steps (many of which have been underlined throughout this article). Conclude with some words about the role of personal awareness, self-care, grief support, and group process in terms of their contribution to the effective grieving of losses. Let students know that they have experienced the therapeutic benefit of what is meant by the saying, “a part of us heals every time we tell our story.” Offer additional support if necessary.

In an attempt to demonstrate students’ perspectives on this exercise, written examples submitted by two mortuary science students from the *Class of '97* have been included.

Example # 1 - The Tree.

We begin by admiring a beautiful tree that is full of leaves. This is similar to a person who leads a healthy normal life. Everything is going well and orderly. Soon tragedy and death strike like a storm. The same way the leaves fall from the tree, we “fall apart” or “lose it.” Once the leaves are gone, the tree is left alone. The brisk cold dries the branches as they crack and fall apart. This symbolizes death. Our feelings of numbness, loneliness, and pain begin. If we look closely at the tree, we notice a small green leaf that symbolizes hope and acceptance. The fallen leaves fertilize the ground with help from the rain that allows growth. We grieve with tears because of our suffering from the loss. The small leaf resurrects the tree and it soon blossoms into a healthy tree with even more leaves than before. The tree is colorful with flowers that symbolizes growth and knowledge gained from our tragedy. Surely, if there are more leaves, the branches will be stronger, just as we were stronger. Also, the tree benefits us because it provides shelter and shade. We can climb and be lifted up and we can eat fruit that provides nourishment. We are like that tree. We shelter those who suffer a loss because we understand their pain. If someone is down we can lift them up. Our kind words and helping hand is nourishment that is fruitful.

Example #2 - The Vines of Life.

The vines of life are such that every person is a vine. They start out below the ground and grow and spread upwards. The roots of the vine represent the family. They provide the foundation that stabilizes the vine and allows it to grow. The roots keep the vine anchored throughout the life span of the vine. The dirt in which the vine grows represents the strength and nourishment

that the family provides that allows the vine to survive. Once the vine breaks above the security of the earth below it, it begins to grow in many different directions. It weaves and turns its path, always feeling and growing, and is always anchored safely in the ground. The vine will branch out and encounter other vines. If it is so fortunate to touch one of these other vines, a relationship blossoms, and the vine, at that juncture of growth is enhanced and changed. This is representative of our own lives and the people that we meet, and the people who influence us. When one of these vines dies, its bloom fades forever, and all that is left is a memory of how beautiful the bloom was. The vine withers a bit and carries the scars of those magnificent blooms, now gone. If one of the roots of the vine dies, the entire length of the vine is changed. The way it searches for enrichment is hesitant and weary. Its anchor is weakened, and the vine is more susceptible to the harsh winds of life. The other roots must work to keep the vine surviving, but they too have been hurt by the loss of the root. This is representative of what happens if a family member dies. The person, and the entire family, are changed. The whole family history is forever marred by the tragedy. We are all connected, and we all touch each others lives.

Conclusion.

As illustrated by each these examples, this exercise effectively utilizes the full benefit of holistic learning by using strategies that encourage students to connect what they are learning to their own experience (Love and Goodsell Love, 1995). The benefit of using such a strategy for grief education is evidenced by the depth of personal insight reflected by these students, as well as the appreciation they demonstrate for the many types of on-the-job competencies demanded of funeral service professionals. In essence, they are emerging into unique kinds of funeral service professionals who are able to effectively integrate the totality of their knowledge.

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Effective Teaching Behaviors in Funeral Service Education

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Effective Teaching Behaviors in Funeral Service Education

by Dr. William R. Carter

In almost all writing concerning the question of teacher effectiveness or that which constitutes good teaching, there is a statement to the effect that there exists no single definition of teacher effectiveness. Lunenburg and Orstein (1996) state that thousands of studies have been conducted to help identify the behaviors of good, effective teachers, and poor, ineffective teachers. According to the works of Oser, Dick, and Patry (1992) successful teachers are both effective and responsible. They want both teaching success and a respectful way to interact; in other words, good learning and human satisfaction.

While it is true that many of the important aspects of teaching will not lend themselves to a questionnaire study and a subsequent statistical analysis, a definition of effective teaching in a school of funeral service education can be made by analysis of specific practices used in effective teaching and those employed in ineffective teaching. Researchers assert that appropriate teaching behavior can be defined and learned by teachers; that effective teachers can be distinguished from ineffective teachers; and the magnitude of the effect of these differences on students can be determined.

This study was involved with the identification of the practices of teachers in schools of funeral service education through use of reports made by department chairs, instructors, and students. Department chairpersons and supervisors were asked to list behaviors which they feel make for effective teaching and those they feel make for ineffective teaching. The behaviors were

categorized into three lists; List One, enumerated practices suggested as contributing to effective teaching behavior; List Two, those practices suggested as contributing to ineffective teaching; and List Three, formulated as organizational practices.

Reports which contributed to either effective or ineffective teaching were collected from department chairs, then distributed to both students and instructors who teach science in schools of funeral service education to judge them according to relevance in teaching.

Results indicated a number of behavioral and organizational practices according to relevance for effective teaching; List One, and a number was classified according to relevance for ineffective teaching; List Two, and organizational procedures; List Three, considered both effective and ineffective expression in its choices. The three lists were distributed to be analyzed by both instructors and students in schools of funeral service education.

Reliability of the ratings was determined by the extent of agreement within the student group and the extend of agreement within the instructor group. This was accomplished by a determination of the mean rating for each practice by each group and the standard deviation of the rating for each item. Further use of these statistics can subsequently be utilized to find the mean of all the means of both group ratings which would indicate an agreement between the ratings within each group (instructors and students).

Validation and reliability of the ratings of this study was determined by the extent of agreement among judges within the student population and the extent of agreement among the

judges within the instructor group. This was accomplished by calculating the mean for each practice by each group and the standard deviation of the judges rating for each item.

Mean of the Mean and Standard Deviation of Ratings by Student Group and by Instructor Group on the Practices of Formulating List One, List Two, and List Three

List Number	Student Group		Instructor Group	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
List One	1.13	0.48	1.43	0.41
List Two	3.35	1.20	3.31	1.31
List Three	2.89	0.85	3.15	1.21

Examination of this table indicates that there is a close agreement between the student group's ratings and those of the instructor group on all three lists of practices. Determination of coefficients of correlation proves that this is indeed the case.

Correlations Between Ratings by Student Group with Ratings by Instructor Group on List One, List Two, and List Three

<u>List Number</u>	<u>Correlation</u>
List One	0.920
List Two	1.060
List Three	0.874

The above data shows statistically significant correlation between the variables. Also, these data seem to validate that students are able to make reliable ratings of the instructors.

Findings and conclusions of this study are outlined below:

When the practices making for effective teaching are arranged according to increased mean ratings, and a comparison made of those of the student group and those of the instructor group, two of the top twenty practices are found to be in common. They are: (1) the instructor listens patiently and sympathetically to questions, problems, and viewpoints, thus exhibiting a personal feeling for students, and (2) the instructor insists on courtesy from students.

Using the same procedures in comparison of those practices which contribute to ineffective teaching, of the top twelve behaviors both student and instructor held the following in common. The instructor: (1) makes disparaging remarks about the text or persons assisting him / her in the course, (2) skips over steps in developing theory, (3) demonstrates no interest in student problems and questions and does not confer with them personally; gives sarcastic answers and caustic responses to students thus discouraging questions, and (4) blames students (as a group) for poor work, never questioning his/ her own manner or techniques of presenting the material.

Organizational procedures considered most related to effective teaching by both groups were: The instructor (1) explains why a topic is important before developing it, (2) goes over test items with the class when papers are returned, (3) provides time for questions, discussions and student problems though it be after class or at another scheduled time, and (4) develops subject matter logically, thus giving well organized lectures (makes students feel that subject is based on logical development of facts).

The value of the practices derived for this research, in addition to being informative to instructors, lies in their use in the development and formulation of instruments to measure the effectiveness of instruction. The value of a list of practices of instructors in school of funeral service education as a guide for those just beginning the profession and those seasoned members of the profession should continue to be investigated.

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Letter to the Editor:

As the new century approaches, opportunities abound for the educational community in the area of mortuary science research. To better appreciate this scenario, one has only to inspect problems facing new generation of mortuary professionals, their future impact on society, and their preparedness to face these challenges. As an educator at a university based program, it is my hope that as we approach and make that transition into the new millennium that communication between nation and world wide programs increase enhancing both the didactic and research avenues available to our students. I propose that those of us who dedicate their efforts to the education of mortuary professionals form a research focused *mortuary science multi-institutional consortium* addressing broad based contemporary problems encountered in the practice of this profession. The establishment of a global *cyber-network* dedicated to our research efforts can include student oriented web based "Newsgroups" where students in our programs launch queries, generate questionnaires and exchange information. The consequential advantages to this effort include (1) greater research generated didactic impact, (2) greater intermural research activities linking more faculty and student efforts working at sites both regionally and globally, (3) greater collegiality among students and faculty working together creating greater visibility of principals and their institution, and (4) greater reliability in research data obtained. What do you think?

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