Kaizen

Formal or informal education (Armstrong & Weidner, 2011) and continuing education (CE) are fundamental to every trade, career, or profession--from stay-at-home-parents, cosmetology, plumbing, law enforcement, farming, arts, and beyond. Continuous learning and self-improvement are necessary to all in order to keep up with new developments, competition, and to avoid "obsolescence" (Landers, McWhorter, Krum, & Glovinsky, 2005). Fitness and health professionals are not among any elite group facing special challenges. The "challenges" are just perhaps different.

Armstrong and Weidner's (2011) study found that athletic trainers (AT) and other clinically-oriented professions (nurses, physical therapists, doctors, veterinarians, etc.) generally preferred formal over informal education, favoring interactive ("hands-on") workshops/seminars or online education. Other means of education are also valid but not always documented in counting towards CE requirements mandated by a state or licensure organization (Landers et al., 2005). While clinically-oriented professionals generally recognized and were intrinsically motivated to pursue lifelong education, juggling time between education, work, and personal/family life was a major barrier (Armstrong & Weidner, 2011).

Vargas-Tonsing (2007) noted that while trained youth sports (YS) coaches retain almost 95% of their participants as compared to 73% by untrained YS coaches, many of the coaches involved in YS are volunteers without formal coaching training or specific fitness education. There is a need for coaching education, but often the training content being offered by organizations is skewed towards performance enhancement or skill outcomes rather than the process of coaching and the development of the athlete (Vargas-Tonsing, 2007). The Vargas-Tonsing (2007) study found that coaches expressed a keen interest in learning better communication (with athletes, parents, and other coaches) and teaching skills as well as performance skills.

No matter the trade, career, or profession time management between work, personal life, recreation, and learning will always be a challenge and a necessary skill to develop. Financial concerns and budgets will also always be a factor to overcome. Passive learning is better than no learning. Active learning modalities (e.g. experiential, "hands-on") reinforce the crux of the content by creating engagement with the individual and other learners. Active learning promotes other competencies such as teamwork skills (communication, cooperation, coordination), applied/adapted knowledge, and other social psychology skills involving team inputs/outputs and processes (Weaver, Rosen, Salas, Baum, & King, 2010).

Individuals do not operate inside a vacuum. Interprofessional education (IPE) and work-based learning (WBL) acknowledge that beyond learning content, the learning process and social learning skills are equally if not more important. One definition of IPE is "when two or more professions learn with, from, and about each other to improve collaboration and the quality of care" (Cameron, Rutherfod, & Mountain, 2012, p. 212). Menard and Varpio (2014) describe five IPE models and their highlights.

Barr's IPE model targets the academic/educational environment. Having an IPE culture of learning, students and instructors would be encouraged to pursue studies outside their own core studies (cross-disciplinary studies) to broaden their perspective and appreciation for other professions, and learn how to collaborate with other professionals towards a common goal (Menard & Varpio, 2014).

D'Amour and Oandasan's two-system IPE model focuses on collaborative patient-centered practice (Menard & Varpio, 2014). The education system includes the learner; the professional system includes the patient (Menard & Varpio, 2014). The principles of this model are to develop competencies in safe patient care, to improve teaching/coaching abilities through this process, and to empower patients by teaching them basic self-care)Menard & Varpio, 2014). This model suits the educational environment as well as the workforce environment.

The W(e) Learn Framework model is an online IPE model that blends IPE and eLearning principles. Four important components of the W(e) framework are structure (e.g. content, assessment, facilitation strategies, interactivity), content (evidence-based), media (e.g. methods of deliver, user/interface design, technology enhanced), and service (e.g. technical support, responsiveness, accessibility) (Menard & Varpio, 2014).

At the core of Dalhousie University's Seamless Care IPE model is experiential learning which focuses on the successful transition of students from school to work (or clinical practice as in healthcare). This model emphasizes a partnership between the student (competent in safe patient care), the instructor (or represenative from academia acting as a transitional coordinator and mentor), and the professional mentor from the workplace/clinical practice (Menard & Varpio, 2014)--literally bridging the gap from academia to practice.

The last IPE model presented in Menard and Varpio's (2014) review is the University of British Columbia model which emphasizes learning progression and overlap through three stages: exposure (students learn in parallel with other professions), immersion (students learn collaboratively with other professions via activities and teamwork), and mastery (students learn and teach collaboratively).

Headrick and Khaleel list three factors critical to health and wellness professionals: "integrate theory and practice, assess learning and create interprofessional experiences" (as cited in Cameron et al., 2012, p. 2013). Work-based learning is one learning model encompassing these three factors. WBL is not equivalent to on-the-job-training task mastery. At the center of WBL is the concept of "adult learning" which recognizes that "the process of critically reflecting on and evaluating experiences is needed at an individual level through critical discourse and supportive relationships with fellow practitioners to support learning and development" (Cameron et al., 2012, p. 213). WBL embraces change and adaptation to circumstances, situations, and people. WBL practices have been described by Cameron et al. (2012) as "addressing the needs of practitioners in matching the requirements of a rapidly changing health service and developing practice by promoting learning that is practice driven" (p. 213). WBL is process-focused as opposed to learning-outcomes focused; encourages learners to take ownership for learning/teaching; fosters authentic learning as WBL is based on day-to-day [work/clinical] practices; encourages critical thinking, problem solving, and crisis management; and develops

inquiry skills, networking, and relationship building (Cameron et al., 2012). An open "culture" of learning spirit is needed to support WBL and collaborative models of learning.

In many fields, there is no governance dictating mandatory hours for self-improvement and learning. Continuing education is a lifelong experience for anybody in any profession or walk of life. The concept of " obsolescence" by Landers et al. (2005) serves as motivation to make daily continuous improvements, kaizen. Individuals who do not embrace the philosophy of kaizen will eventually fall behind or fail regardless if there are managing bodies to dictate what and how much a "professional" is supposed to learn. The common health and fitness field attitude towards continuing education as "notches in the belt" and certificates to be had is unimpressive. It is nothing special. All professions must pursue continuing education to "stay in the game."

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