

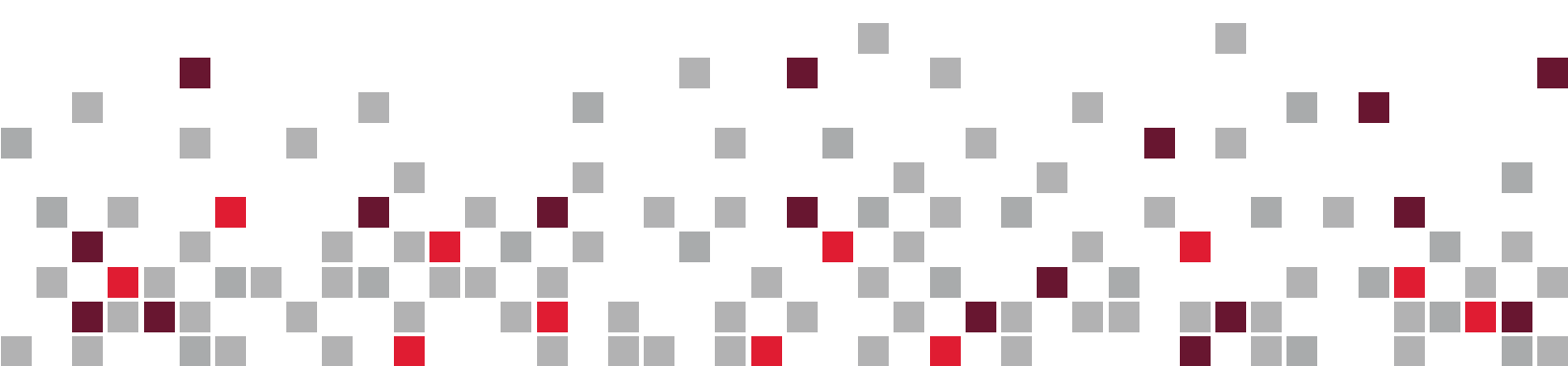
Removing Barriers:

PROFESSIONAL DEVELOPMENT FOR ASHRM MEMBERS



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BACKGROUND

In 1985, the American Society for Health Care Risk Management (ASHRM) established recognition programs for the Fellow of the American Society for Health Care Risk Management (FASHRM) and the Distinguished Fellow of the American Society for Health Care Risk Management (DFASHRM) designations. In 2000, ASHRM established the first Certified Professional in Health Care Risk Management (CPHRM) examination, thus creating the foundational credential for the health care risk professional. Through the last two decades, ASHRM has sponsored innumerable educational offerings and products to assist members in obtaining the CPHRM credential. There has been a less organized and focused effort directed at guiding members along a professional development path to qualify and apply for FASHRM and DFASHRM recognition. The COVID-19 pandemic created significant challenges in the delivery of continuing education, but organizations such as ASHRM adapted quickly. Though barriers — real and perceived — to these designations exist, risk professionals should consider them conquerable challenges, especially given the wealth of opportunities available to members. This white paper explains the value of the CPHRM credential, explores the history of the FASHRM and DFASHRM designations, salutes the individuals who have attained them, presents the applicable requirements, and offers suggestions that will help ASHRM members set goals, eliminate barriers, and position themselves to apply successfully for FASHRM or DFASHRM recognition.

INTRODUCTION

In 1980, a group of hospital risk professionals established what is now known as the American Society for Health Care Risk Management. Over the last four decades, ASHRM has shown not only a propensity for growth but also adaptability. During this period, ASHRM — through its members, board members, and ASHRM staff — has focused on what is best for health care while supporting the professional growth of ASHRM members. See Figure 1.


Risk professionals in general, and specifically ASHRM members, have a natural bent toward self-improvement. It is easy to see why ASHRM has invested significant financial and human resources to develop robust educational programs, books, and professional growth credentials.

**“The life so short,
the craft so long to learn.”**

—Hippocrates¹

■ **Figure 1. A Brief Historical Timeline**^{2,3,4,5,6}

Year	Event
1980	<ul style="list-style-type: none"> ■ The American Society of Hospital Risk Managers held its first governing board meeting and the first seminar. ■ The American Society of Hospital Risk Managers was established as a personal membership group of the American Hospital Association.
1985	<ul style="list-style-type: none"> ■ ASHRM established recognition programs for fellows (FASHRM) and distinguished fellows (DFASHRM).
1986	<ul style="list-style-type: none"> ■ The American Society of Hospital Risk Managers became the American Society for Health Care Risk Management.
1987	<ul style="list-style-type: none"> ■ ASHRM launched its first teleconference and regular use of emails.
1991	<ul style="list-style-type: none"> ■ ASHRM announced the first Distinguished Service Award recipient.
2000	<ul style="list-style-type: none"> ■ The American Hospital Association administered the first Certified Professional in Health Care Risk Management (CPHRM) exam. ■ ASHRM published the first edition of the CPHRM Study Guide.
2009	<ul style="list-style-type: none"> ■ ASHRM introduced the ASHRM Exchange to provide members with 24/7 access to resources.
2011	<ul style="list-style-type: none"> ■ ASHRM announced the first Presidential Citation recipients.
2013	<ul style="list-style-type: none"> ■ ASHRM held the first annual ASHRM Academy.
2015	<ul style="list-style-type: none"> ■ ASHRM introduced the Enterprise Risk Management Playbook.
2016	<ul style="list-style-type: none"> ■ ASHRM announced the first Patient Safety Award recipient.
2018	<ul style="list-style-type: none"> ■ ASHRM announced the first Health Care Risk Management Professional of the Year Award recipient.
2019	<ul style="list-style-type: none"> ■ ASHRM published the seventh edition of the CPHRM Study Guide.
2022	<ul style="list-style-type: none"> ■ ASHRM established its strategic plan for 2022-2024.



MANAGING A DYNAMIC ENVIRONMENT

The COVID-19 pandemic greatly impacted the United States beginning in March 2020, affecting essentially every aspect of health care, including place of service (acute care, long-term care, ambulatory care), mode of delivery (in person versus virtual in many forms), supply chain issues (e.g., lack of ventilators and personal protective equipment), and personnel shortages due to erratic patient volume, staffing practice changes, and eventually staff fatigue. As an organization, ASHRM had to decide how to best serve its members, while members were trying to decide how to best serve their organizations and, where applicable, every imaginable type of patient.

During the pandemic's first year, the prevalence of anxiety and depression in the global population increased 25%.^{7,8} The pandemic's effect on the health care workforce is undeniable. The pandemic exacerbated numerous underlying issues affecting the health care workforce, many of which have a behavioral health component. Most health care workers have reported stress, anxiety, frustration, and burnout, as well as many comorbid conditions like insomnia, headaches, gastrointestinal symptoms, and substance abuse.⁹

In 2020, organizations canceled many educational conferences, though some conferences were available virtually. In 2021 and 2022, hybrid formats consisting of in-person and virtual options were common. The need for continuing education and professional development opportunities never went away. Providers and learners were forced to adapt to the ever-changing environment, navigating barriers along the way.

ASHRM'S STRATEGIC PLAN

In April 2022, as the pandemic restrictions were fading, ASHRM released its updated strategic plan for 2022-2024.¹⁰ ASHRM's 2022-2024 strategic plan consists of three pillars: advance risk professionals, elevate the profession, and establish authority in the field. See Figure 2.

■ **Figure 2. ASHRM Strategic Plan for 2022-2024¹¹**

<p>ADVANCE RISK PROFESSIONALS</p> <p>Advance risk professionals by providing clearly defined learning pathways and valuable resources to position them to advance within their organizations.</p>	<p>Objectives:</p> <ol style="list-style-type: none">1. Create a career-building education program that is valuable to members, especially next-generation professionals and those new to the field.2. Create a self-assessment related to CPHRM to help members determine where their strengths and weakness are in relation to CPHRM domains.3. Identify resources to help members strengthen their knowledge in each domain of the CPHRM exam.4. Create a career path infographic to help members explore risk management career options and identify next steps they can take to help them advance along the career path they choose.5. Identify and respond to member needs for career advancement — including the needs of young professionals, those new to the field, and those from historically underrepresented groups.6. Create chapter-based mentorship resources that resonate with diverse audiences and next-generation professionals.
<p>ELEVATE THE PROFESSION</p> <p>Elevate the risk management profession by leveraging AHA connections to reinforce the value of having a leadership-level risk professional as a trusted advisor.</p>	<p>Objectives:</p> <ol style="list-style-type: none">1. Expand ASHRM health care risk education into new audiences, including but not limited to those from underrepresented backgrounds, young professionals, and those new to the field.2. Develop a recognition communications plan to highlight member accomplishments.3. Survey risk professionals to gather data about current ways risk management functions are structured within health care organizations, to help ASHRM assess whether we need to create more guidance on how organizations structure risk functions.4. Develop knowledge exchange with emerging health care companies — such as tech companies, non-hospital-based companies, or others in evolving risk areas — to promote diversity of thought, innovation, and collaboration.
<p>ESTABLISH AUTHORITY IN THE FIELD</p> <p>Establish authority in the field and drive innovation and change in the evolving health care environment by encouraging collaboration for diversity of thought.</p>	<p>Objectives:</p> <ol style="list-style-type: none">1. Leverage ASHRM’s relationship with AHA leadership to promote the value of risk professionals to AHA members.2. Elevate ASHRM’s profile by speaking about ASHRM and the importance of enterprise risk management at events attended by the health care C-suite and by creating articles or professional publications for C-suite audiences.3. Demonstrate the difference between health care organizations with or without a risk professional in the C-suite to highlight the value of the risk professional as a trusted partner.

These pillars build upon the principles that have long guided ASHRM and its members. Each of ASHRM’s strategic pillars has a component that is at least tangentially related to professional development. For example:

Advance Risk Professionals — Create a career path infographic to help members explore risk management career options and identify next steps they can take to help them advance along the career path they choose.

Elevate the Profession — Develop a recognition communications plan to highlight member accomplishments.

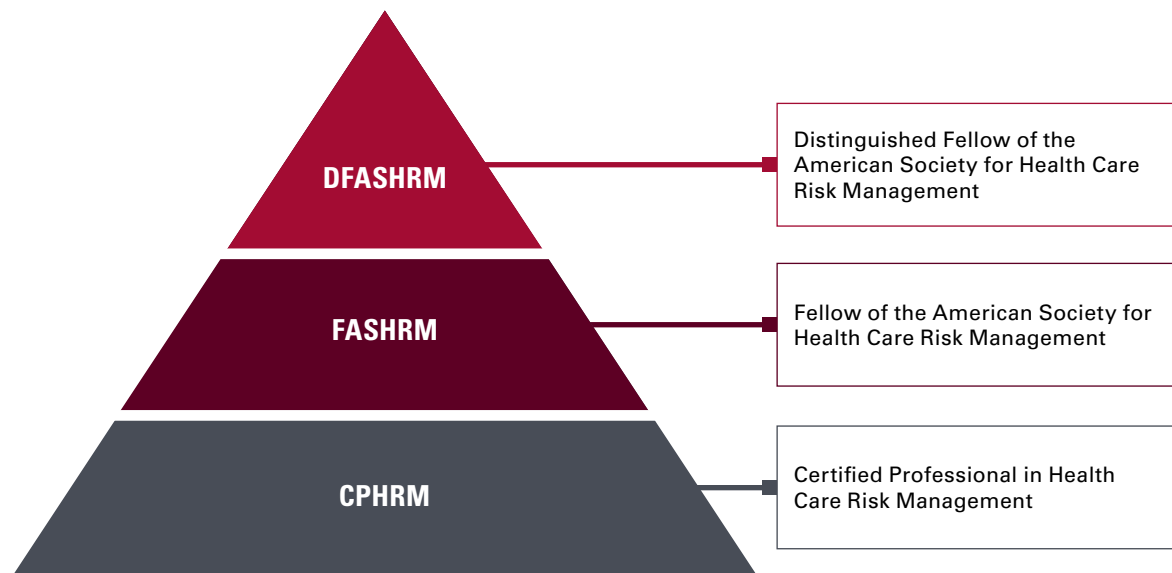
Establish Authority in the Field — Elevate ASHRM’s profile by speaking about ASHRM and the importance of enterprise risk management at events attended by the health care C-suite and by creating articles or professional publications for C-suite audiences.

UNDERSTANDING RISK MANAGEMENT PROFESSIONAL DEVELOPMENT

Most risk professionals have had professional development throughout their careers. They usually come to the risk profession with some type of structured foundational professional training, such as clinical/medical, legal, or insurance. Once individuals become more established in their careers, subsequent professional development becomes less frequent and more challenging due to a number of barriers.

To guide members, ASHRM has three well-established programs that can serve to drive professional growth. See Figure 3.

■ **Figure 3.** ASHRM’s Professional Development Pyramid



Certified Professional in Health Care Risk Management

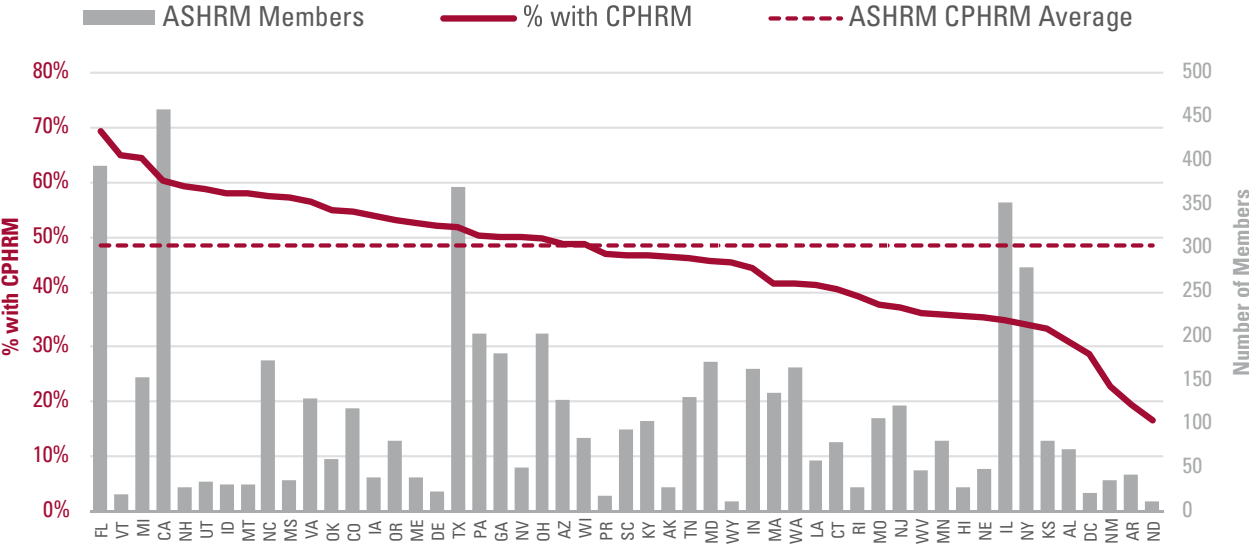
Since its inception in 2000, the CPHRM credential has become the foundational component for a successful career in health care risk management.¹² A select task force of risk professionals created the first CPHRM exam, which is administered by the American Hospital Association’s Certification Center (AHA-CC).¹³ Every few years, the AHA-CC works with a team of volunteer ASHRM members to refresh the content so it accurately reflects a risk professional’s job duties and requisite areas of expertise. The AHA-CC allocates the questions according to the current job scope of duties expressed by the risk professionals surveyed.

The CPHRM exam consists of 110 multiple-choice questions, but only 100 of the questions are part of the candidate’s score as 10 questions are tested for use on future exams. The exam focuses on five risk management knowledge areas (the number of questions might change to reflect the current job scope of duties based on the survey of risk professionals):¹⁴

- **Claims and Litigation:** approximately 20 questions
- **Clinical/Patient Safety:** approximately 25 questions
- **Health Care Operations:** approximately 20 questions
- **Legal and Regulatory:** approximately 20 questions
- **Risk Financing:** approximately 15 questions

As of May 2022, approximately 50% of ASHRM members had their CPHRM credential. The percentage of members with the CPHRM credential varies widely by state, from 69% to 17%. There is no correlation between the size of a state’s membership and the percentage of members who have the CPHRM credential. See Figure 4.

Figure 4. ASHRM Membership and CPHRM Certificants



Source: ASHRM membership data.

Fellow and Distinguished Fellow of the American Society for Health Care Risk Management

Attaining the CPHRM credential signifies individual professional growth, but it does not require any type of formal contribution to the risk management profession, at either the national or state levels. FASHRM and DFASHRM are societal designations that require outstanding achievements and contributions to the health care risk management profession. The designations remain in effect for the life of the member with no continuing education requirement.

Though about half of ASHRM members have the CPHRM credential, a much smaller percentage of ASHRM members have attained FASHRM or DFASHRM designation. Having the CPHRM credential is a requirement for the FASHRM and DFASHRM designations, along with many years of work experience, ASHRM membership, and other requirements. See Figure 5.

■ **Figure 5. FASHRM and DFASHRM Eligibility Requirements¹⁵**

	FASHRM	DFASHRM
Requirements		
Certified Professional in Health Care Risk Management (CPHRM) certification	Yes	Yes
Minimum years of ASHRM membership	5 in the past 7 years	10 in the past 12 years
Minimum years of employment experience with primary job responsibility for activities related to risk management	5 in the past 5 years	10 in the past 10 years
Academic Degrees/Professional Designations		
Minimum number of required degrees or designations (see list on next page)	1	2
Continuing Education		
To be accepted as qualifying continuing education credit, continuing professional education must relate to the content categories identified below: <ul style="list-style-type: none"> ■ Claims and Litigation ■ Clinical/Patient Safety ■ Health Care Operations (Enterprise Risk Management is included as part of this domain) ■ Legal and Regulatory ■ Risk Financing 	Applicants must provide evidence of at least 75 contact hours of risk management (or related) continuing education credit earned within 5 years prior to the date of application.	Applicants must provide evidence of at least 150 contact hours of risk management (or related) continuing education credit earned within 10 years prior to the date of application.
Contributions to the Field of Risk Management		
Number of contribution categories required (see list on next page)	2 categories	3 categories

continued »

Note: Current as of September 19, 2022. For the most complete and current information, visit ASHRM's website.

■ **Figure 5** *continued*

Accepted Academic Degrees:

PhD, MD, JD, DNP, MBA, MPA, MPH, MHA, MS/MA, MHSA, EdM, MN, MJ, RN, BA, BS

Accepted Professional Designations:

- | | | |
|---|---|---|
| ■ American Board of Health Care Risk Management (ABHRM) | ■ Certified Professional in Healthcare Quality (CPHQ) | ■ Registered Professional Liability Underwriter (RPLU) |
| ■ Associate in Claims (AIC) | ■ Certified Safety Professional (CSP) | ■ RIMS Certified Risk Management Professional (CRMP) |
| ■ Associate in Loss Control Management (ALCM) | ■ Chartered Property Casualty Underwriter (CPCU) | ■ Risk Management for Health Care Organizations (RMHC 351) course, Insurance Institute of America |
| ■ Associate in Risk Management (ARM) | ■ Florida Risk Management Institute, Inc. course | ■ TEACH program (The Virginia Insurance Reciprocal) |
| ■ Associate in Underwriting (AU) | ■ Health care technicians/technologists (certified, licensed or registered) | ■ The Health Care Risk Management Certificate Program (The New England Healthcare Assembly) |
| ■ Barton Certificate Program in Health Care Risk Management | ■ Healthcare Risk Management Certificate Program, MMI Companies, Inc. (HRM) | |
| ■ Certified Health Care Environmental Manager (CHEM) | ■ Healthcare Risk Management Modules | |
| ■ Certified Health Care Protection Administrator (CHPA) | ■ Licensed Practical Nurse (LPN) | |
| ■ Certified Health Care Safety Professional (CHSP) | | |

Contribution Categories:

Leadership

2 examples totaling at least 4 years

- ASHRM board member
- ASHRM President
- ASHRM committee chair
- ASHRM faculty lead
- Chapter officer
- Chapter board member
- Chapter committee chair
- Other approved roles

Publishing

Must be scholarly writing

- Author or co-author of a book chapter
- or
- Author of at least two original articles published in journals or periodicals with documented circulation exceeding 1,000 readers; must be the primary author of at least one of the articles
- Certain ASHRM publications might qualify

Lecturing

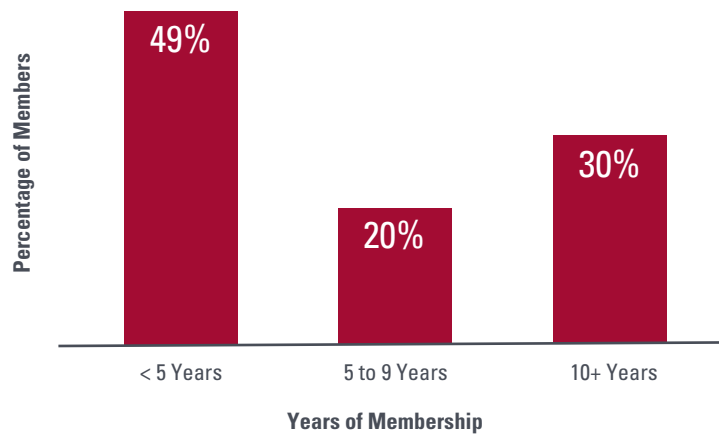
2 examples within the last 5 years

- ASHRM Annual Conference
- ASHRM webinar
- ASHRM faculty
- ASHRM online education (ASHRM will determine if online education submissions qualify)
- Chapter annual conferences or other education
- University education
- Presentations at hospitals or other health care societies

Note: Current as of September 19, 2022. For the most complete and current information, visit ASHRM's website.

Most members who are interested in attaining FASHRM or DFASHRM status probably have the CPHRM credential, academic credentials, the requisite years of ASHRM membership, and the requisite years of work experience. See Figure 6.

■ **Figure 6. ASHRM Membership Longevity**



Source: ASHRM membership data.

With some effort, ASHRM members who have the CPHRM credential could meet the continuing education requirement. The most common barriers to achieving the FASHRM and DFASHRM designations are the requirements for contributions to the risk management profession: leadership, publishing, and lecturing. ASHRM members should have a comprehensive understanding of each category's requirements and barriers as well as of professional development in general.

LEADERSHIP, PUBLISHING, AND SPEAKING: CONQUERABLE CHALLENGES

At first glance, the requirements for each of the three categories may seem intimidating, yet they are achievable. A good way to accomplish these tasks is to analyze them individually and carefully to identify the best possible route to success.

A FASHRM applicant must meet the requirements in two of the categories, while a DFASHRM applicant must meet the requirements in all three categories. For FASHRM applicants, the first step is to identify which two of the three categories they can accomplish most readily.

Leadership

A FASHRM or DFASHRM applicant can meet the leadership requirement by having experience as a board member, president, committee chair, or faculty lead. Members can attain experience through ASHRM or a state chapter. Time restrictions apply, the service cannot be work-related, and the member must complete the term.

Some applicants may be more comfortable getting their initial experience with their state chapter, which might offer a more intimate and familiar atmosphere. Considering that each state chapter has a board of 6 to 10 members and multiple committees, finding an opportunity at the state level should not be difficult.

ASHRM offers several national-level committees that serve as professional development opportunities:¹⁶

■ Annual Conference Committee

Committee members select the program content for the Annual Conference.

Time frame/commitment: Conference committee membership is a three-year commitment with mandatory face-to-face planning meetings once a year beginning in February; additional work to be done by conference call and email, including follow-up with speakers; and on-site responsibilities for the Annual Conference.

■ Chapter Leadership Task Force

Task force members develop and implement plans to create a mutually beneficial and supportive relationship between ASHRM and its affiliated chapters. Tasks include developing and delivering the chapter leader workshop at the Annual Conference, hosting chapter leader webinars, and possibly developing other chapter resources and communications.

Time frame/commitment: Members are required to be currently serving on an ASHRM chapter board or have served on a chapter board within the past two years.

■ Education Development Task Force

Task force members lead the development, implementation, and evaluation of ASHRM's virtual educational programs designed to meet member needs, in alignment with ASHRM's educational strategy and curriculum map.

Time frame/commitment: Work begins in January by conference call/email. Task force members will have additional work outside of the monthly conference calls.

■ Educational Scholarship Task Force

Members review ASHRM scholarships and advise the ASHRM board on the selection of candidates to be awarded a scholarship to ASHRM's live educational events.

Time frame/commitment: Evaluate applicants and select recipients for ASHRM's live events. All duties will be completed in the first quarter of the year.

■ Journal Editorial Review Board

The *Journal of Healthcare Risk Management* publishes research and analysis that drives improvement in both the literature and practice of health care risk management. Review board members advance the field of health care risk management by soliciting, peer-reviewing, and editing articles for the quarterly journal. This role requires expertise in one or more of the following areas: evidence-based health care risk management, enterprise risk management, clinical risk management, patient safety, quality improvement, risk financing, claims and litigation, disaster preparedness, risk management tools and techniques, the health care risk management workforce, and other timely risk management issues.

Time frame/commitment: Review board members must be willing to solicit, write, and review articles; serve as a liaison with authors; follow established timelines; and meet deadlines.

■ **New Member Task Force**

Task force members agree to contact approximately 10 new members per month to welcome them to ASHRM and answer questions about ASHRM membership. Contact is typically made via phone, using email as a backup.

Time frame/commitment: Task force members are expected to check in monthly with new members and participate in monthly conference calls.

■ **Patient Safety Task Force**

This task force develops and implements strategies and tactics to enhance ASHRM's relevance in the patient safety arena to achieve the goals outlined in ASHRM's strategic plan.

Time frame/commitment: Work will be conducted by conference call on a projected monthly basis but might vary in frequency based on deliverables/program needs.

Keep in mind that it is critical to serve on a committee before becoming a committee chair. Though there might be exceptions at the state level, the ASHRM membership is so broad and experienced that a volunteer must plan accordingly if the member wants to become an ASHRM committee chair within a certain time frame.

Publishing

During the pandemic, the number of submissions to some journals increased dramatically, and risk professionals should be motivated to add their experiences and expertise to the literature.¹⁷ The *Journal of Healthcare Risk Management* published several COVID-related articles.^{18,19,20}

Though ASHRM presidents²¹ have encouraged members to pursue the FASHRM and DFASHRM designations and authors have provided suggestions on how members could collaborate to achieve FASHRM and DFASHRM recognition,²² much hesitation still exists.

Many members probably find that the publishing requirement is the most daunting. An applicant must author or co-author a book chapter or be the author of at least two articles (and be the primary author of at least one article) published in journals or periodicals with documented circulation exceeding 1,000 readers. Meeting this requirement often requires years of planning and a sufficient scholarly network because many authors prefer to co-author with another member, at least for the first article.

Most people do not write for pleasure, and that is certainly true for academic articles. One limitation might be the belief that the member does not have anything to say. Another limitation is the fear of imperfection. Each member should realize that nothing is perfect and not allow imperfection to impede producing important work.²³ The quest for perfection should not impede a member's desire to publish as a means of attaining the FASHRM or DFASHRM designation.

Lecturing

The opportunities for meeting this requirement are extensive. Speaking at an ASHRM or state chapter annual conference, educational program, or webinar would suffice, as would teaching a university course or giving certain presentations in other settings. Finding or creating the opportunities is not difficult. Education committees — at the national and state levels — are consistently seeking volunteers, ideas, and presenters. The challenge lies in overcoming the fear of public speaking.

Glossophobia, the fear of public speaking, is a well-known social anxiety disorder.²⁴ Public speaking anxiety (PSA) affects approximately 75% of the population,^{25,26} including risk professionals and professional performers of all types. Whether anxiety is caused by a genetic trait or situational factors is debatable, and both could contribute. Treatments to help address PSA include but are not limited to exposure therapy and virtual reality training.²⁷

Regardless, PSA does not improve with avoidance. Research has shown that fear does not affect performance.^{28,29} Exposure is one remedy, though even exposure does not completely remove the anxiety. The key is to develop self-efficacy³⁰ (self-confidence), which is admittedly challenging for many people.

One must take a structured approach to overcome the fear of public speaking. Recognize that perfection is not the goal; knowledge transfer is. Practice but do not memorize. Rehearse but expect distractions, even silence. Taking measured breaths helps, as does speaking slower than normal. One way to share the stress is to co-present with another member, preferably an experienced speaker. The team approach allows each member to rely on the other, while making each presenter better.

UNDERSTANDING PROFESSIONAL DEVELOPMENT

Although most risk professionals are well-versed in the concept of continuous education, they probably are much less familiar with the concept of continuing professional development (CPD). Because CPD is a relatively new term, it is much less understood. CPD engagement has five characteristics:³¹

1. Self-initiated.
2. Rewarded, either intrinsically or extrinsically.
3. Applied in practice.
4. Recorded, evaluated, and shared with others.
5. Continues beyond the initial learning activity.

These five characteristics match the professional development aspects of CPHRM, FASHRM, and DFASHRM. Earning the CPHRM credential requires the member to be self-initiated. There might be an award component, but it can vary from intrinsic to extrinsic. The FASHRM and DFASHRM requirements focus on what a member has done in practice, whether the member has shared with others (through leading, publishing, or lecturing), and the member's pursuit of lifelong learning.

Opportunities for professional development can originate from within an employee’s organization, be promoted by the organization, or be separate from the organization. Many organizations, as well as academic and professional institutions, have devoted significant resources to redefine professional development.³² See Figure 7.

■ **Figure 7.** The Changing Landscape of Professional Development³³

From	To
<ul style="list-style-type: none"> • Learning as an event • Technical skills first • Digital learning as a supplement • Technology to enable learning administration • Structured development 	<ul style="list-style-type: none"> • Learning in the flow of work • Capabilities first • Integrated digital, virtual, and in-person learning • Technology to enable learning in the flow of work • Self-directed and personalized development

In today’s challenging health care environment, CPD encompasses formal and informal delivery mechanisms (including e-learning and blended or hybrid models), but each type of learning comes with unspecified financial and human costs.^{34,35}

There is a direct correlation between personal growth and professional growth. The key is to plan well in advance using available tools and resources, especially those provided by ASHRM. See Figure 8.

■ **Figure 8.** Key Benefits of Continuing Professional Development³⁶

Personal Growth	Professional Growth
<ul style="list-style-type: none"> • Personality development • Interpersonal skills development • Technical skills development • Self-confidence improvement 	<ul style="list-style-type: none"> • Better career opportunities • Job security • Salary increases • Promotion opportunities

The evolution of ASHRM education since the days of communication via “blast faxes”³⁷ has been impressive. The variety of CPD opportunities provided by ASHRM include webinars, annual conferences, CPHRM prep courses, and numerous other programs.³⁸

ELIMINATING BARRIERS

Barriers to professional development are omnipresent. The key is to identify them and design a means to eliminate them. This often requires identifying motivating factors to overpower the barriers.

A meta-analysis of qualitative studies revealed motivating factors and barrier themes for staff to engage in part-time, accredited, CPD study. See Figure 9.

■ **Figure 9.** Motivators and Barriers to Professional Development³⁹

Motivating Factors	Barrier Themes
<ul style="list-style-type: none"> • Personal and professional drivers • Influence of workplace/management • Funding and availability 	<ul style="list-style-type: none"> • The demands of adjusting to the academic requirements • The experience of juggling competing demands of study, work, and family • The presence or absence of support for part-time study in the personal and professional arenas

Further exploration of barriers reveals themes that are common to risk professionals: perceived lack of relevance of content, time constraints, and reliance on “on-the-job” training. See Figure 10.

■ **Figure 10.** Key Barriers to and Facilitators of Behavior Change Associated with Self-Directed Learning⁴⁰

Domain	Barriers	Facilitators
Beliefs about consequences	<ul style="list-style-type: none"> • Perceived lack of relevance of content 	<ul style="list-style-type: none"> • Perceived relevance of content • Perceived impact of self-directed learning
Environmental context and resources	<ul style="list-style-type: none"> • Time constraints • Limited access to tools/programs 	<ul style="list-style-type: none"> • Convenient location/time for self-directed learning • Tools/resources provided
Social influences	<ul style="list-style-type: none"> • Reliance on an “on-the-job” learning culture 	<ul style="list-style-type: none"> • Teamwork, collaborative work, interactivity, and networking • Helpful facilitators, experts, and presenters • Managerial and peer enthusiasm/recommendation • Peer-to-peer training
Behavioral regulation	<ul style="list-style-type: none"> • Nature of feedback 	<ul style="list-style-type: none"> • Feedback that is accurate, clear, constructive, credible, and specific

An Evolving Landscape

Health care continues to evolve at a rapid pace. This was true before the COVID-19 pandemic started in March 2020, and it remains true in our current period. In the initial period of the pandemic, every aspect of health care needed to adapt quickly, more so than we have ever seen.

Before the pandemic, the focus was on providing continuing education at a somewhat leisurely but consistent pace. More recently, some health care professionals have experienced a switch from simply acquiring continuing education credits to a more focused approach designed to enhance CPD, which allows for a more structured approach to meet the changing needs.⁴¹

In one study, 47% of respondents were worried about COVID-19 impacting their career development.⁴² The COVID-19 pandemic had a significant impact on travel, specifically travel related to CPD. When national and international organizers canceled most in-person conferences in 2020 and 2021, organizers quickly learned to leverage online technology to provide CPD opportunities. The new approaches are likely to remain, at least in part, well after the pandemic abates.^{43,44,45}

One effect of the pandemic is that now, more than ever, it is important for individuals and organizations to establish a culture of continuous learning.⁴⁶ Previous risk management research demonstrated that eliminating barriers is dependent on organizational culture.⁴⁷

ASHRM's Culture and Resources

During the last 40 years, ASHRM has matured because its culture facilitates personal and professional development. ASHRM has a rich history of encouraging growth and has established numerous programs to guide members in their development. There is tremendous value to attending ASHRM's Annual Conference in person. ASHRM and state chapters offer many other in-person educational opportunities, as well as many online options. See Figure 11.

■ **Figure 11.** ASHRM Educational Opportunities⁴⁸

Educational Opportunity	Continuing Education Hours
ASHRM Annual Conference (in-person)	Up to 14
ASHRM Virtual Conference	Up to 14
CPHRM (Certified Professional in Healthcare Risk Management) Exam Prep Course	13–14.5
Enterprise Risk Management Certificate Program	13.0
Healthcare Risk Management Certificate Program	13.0
Patient Safety Certificate Program	18.0
Risk Financing Certificate Program	13.0
Webinars	Usually 1.0
Online learning library	1 to 12.25
Journal continuing education	1.0
State chapter conferences	Vary

Note: Hours are subject to change.

Other ASHRM Training Resources

ASHRM offers a countless number of ever-evolving guides that provide members with information on career advancement and professional development. See Figure 12.

■ **Figure 12.** Examples of ASHRM Training Resources^{49,50}

For New Risk Professionals	More Advanced Topics
<ul style="list-style-type: none">• CPHRM Exam Preparation Guide, 7th edition• Health Care Risk Management Fundamentals• Leading Health Care Risk Management	<ul style="list-style-type: none">• Failure Mode and Effects Analysis (FMEA) Playbook• Health Care Claims and Litigation Playbook• Health Care Enterprise Risk Management Playbook, 2nd edition• Health Care Risk Financing Playbook• Human Capital in Health Care Organizations Playbook• Legal and Regulatory Playbook for Health Care Risk Professionals• Obstetrical Risk Management Playbook• Patient Safety Risk Management Playbook• Physician Office Risk Management Playbook• Root Cause Analysis Playbook

ASHRM Scholarships

Each year, ASHRM offers scholarships that provide recipients with financial assistance for ASHRM educational events. The Fay Rozovsky Scholarship Program — named after a former ASHRM president who also received the Presidential Citation Award and Distinguished Service Award — provides funds for certain events through an online application portal.⁵¹ Though the educational events are subject to change, examples include:

- **ASHRM Academy**
- **ASHRM Express**
- **ASHRM Pre-Conference**
- **ASHRM Annual Conference**

CONCLUSION

When ASHRM launched the CPHRM exam in 2000, many members found the thought of sitting for such a comprehensive exam to be intimidating. During the last 20 years, members have become more comfortable with the exam for two reasons. First, ASHRM and state chapters offer an abundance of training materials in various formats. Second, ASHRM members have developed self-confidence. Each member who has already attained the CPHRM credential should leverage that self-confidence as they seek to overcome barriers — real or perceived — that have prevented them from striving to earn the FASHRM or DFASHRM designation. ASHRM members should plan well, network appropriately, challenge themselves to take on uncomfortable tasks, and then submit the FASHRM/DFASHRM recognition form. The form is available on ASHRM's website (<https://www.ashrm.org/sites/default/files/ashrm/FASHRM-DFASHRM-Application.pdf>).⁵⁷

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