



LEARNING PREFERENCES; TEACHING MEDICAL FACULTY

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Article received on:

28/02/2015

Accepted for publication:

10/09/2015

Received after proof reading:

12/10/2015

INTRODUCTION

Continuing medical education (CME) refers to a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas of their field. These activities may take place as live events, written publications, online programs, audio, video, or other electronic media.

CME is the single most important factor, which is helping physicians update their knowledge.¹ It has been proved by several studies that CME has a positive impact on the patient outcomes.² Over the time, awareness of CME and evidence based medicine has increased among the practicing physicians.³

Our study is focused on the awareness and perception of CME among the doctors of Lahore. The data was collected from 96 practicing doctors of government and private hospitals in Lahore by using a self-administered questionnaire consisting of 21 closed ended questions.

PROBLEM STATEMENT

A higher level of new knowledge among physicians

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ABSTRACT: **Introduction:** This study has focused to know the learning preferences among faculty considering different methodologies and considering about CME to improve healthcare. **Objectives:** To identify the gaps in knowledge regarding CME in medical faculty of Lahore and to see the awareness of the CME among them. **Study Design:** This is a cross-sectional study of medical faculty in Lahore. **Settings:** Three hospitals in Lahore are included from both private/public sectors. **Period:** It was conducted over a period of 2 months from JULY, 2014 to August, 2014 **Methods:** A questionnaire comprising of 21 questions was distributed at random for data collection among doctors having done post graduation. **Results:** Most of the faculty members who attended CME found it as useful tool for improving the knowledge and techniques for better patient care. **Conclusions:** Majority teachers are not interested in CME and do not participate and ask for some incentives.

Key words: CME: Continuing medical education

Article Citation: Ch. AR, Sandhu IN, Ali MA Sandhu AA. Learning preferences; teaching medical faculty. Professional Med J 2015;22(10):1351-1355. DOI: 10.17957/TPMJ/15.2834

is important in order to achieve efficient benefits for patients, relevance and up-to-datedness. Scientific evidence / corresponding to the general state of the science and applicability of the knowledge acquired in professional practice.

RATIONALE

- No such research has been conducted in Lahore, a city that harbors a large number of people.
- The aim of our study is to see the awareness of the CME among the medical faculty in Lahore.

OBJECTIVES

- To identify the gap in knowledge regarding CME in medical faculty of Lahore, Pakistan.
- To see the extent of knowledge medical faculty exhibit related to CME trends.

OPERATIONAL DEFINITIONS

Dependent variables

CME trends: The way medical faculty uses CME in their practical life and what options they opt.

Independent variables

Awareness: know-how of the disease.

Medical faculty: PG doctors who teach medical students.

MATERIALS/ METHODS

Study Design

This was a cross-sectional study of medical faculty in Lahore, Punjab, Pakistan.

Study Setting

Lahore the capital city of the province Punjab, Pakistan and the second large metropolitan city in the country. It ranks among 42 largest cities harboring about 9,600,000 people. Three hospitals in Lahore were included including both private/public sector. This city was selected purposefully because of the large and diverse target population, immense number of doctors practicing their medicine.

Study Duration

This study was conducted over a period of 2 months from July 2014 to August 2014.

Study Population

The study population included doctors from different densely populated hospitals of Lahore. All doctors irrespective of their association with government or private institutes were included in the study.

Study Tool

A self formulated questionnaire comprising of 21 close-ended questions.

SAMPLE SELECTION

Inclusion criteria

Physicians teaching both undergraduate and post-graduate medical students, Medical teachers from both basic and clinical sciences.

Exclusion criteria

House officers, Doctors without Post Graduate training

Sample size and sampling

The sample was selected using stratified random allocation and 96 different medical faculties from 3 of the most popular hospitals of Lahore were given the questionnaire. Prior notice was not given to the doctors and they were tested on the spot for their knowledge regarding CME.

DATA VARIABLES

Data collected included the general information about the medical faculty, his or her working years in the field, information related to CME, primary choices for CME, duration since attending CME, CME role in practice.

DATA COLLECTION

A self formulated questionnaire comprising of 21 close-ended questions and was distributed amongst the study participants. Groups of the surveyors were made which were then appointed different hospitals for completing the survey and collecting results under supervision

DATA QUALITY ASSURANCE

In order to maintain accuracy of results, the questionnaires were solved under supervision of the surveyor and checked thoroughly before collection. The questionnaire was explained in detail before handling.

DATA ANALYSIS

Data was analyzed through the SPSS V.17.0 software.

RESULT

Data for study was collected from 96 participants with mean age of 45 years. 78% of the total study population was male and 22% was female. All of them were either postgraduate trainees or practicing physicians. 87% acquired their postgraduate training from Pakistan while 13% received their postgraduate training from a foreign institution.

All of the participants were familiar with CME. 60% were actively enrolled in a CME program while 40% were not enrolled in any CME program. 26% responded that they attend a CME activity

less than 3 times a year, 47% attend more than 3 times per year while 25% attend a CME activity occasionally. 72% relied on seminars, 10% on webinars, 16% on Medical journals and 15% on hands on trainings for their education. 98% agree that CME has been helpful and 2% find it not helpful in their professional development. 94% participated in CME activities to improve their skills and knowledge, 3% for fame and 3% to add a degree to their title. 58% find international conferences beneficial, 38% rely on national conferences. 80% agree that post-graduation is sufficient for their profession while 20% disagree to this. 70% go abroad to learn new techniques while 30% never went abroad for this purpose. 96% use the techniques learned by CME programs while 4% never used the new techniques learned. 90% suggested that CME activities should be made compulsory for every doctor, 6% disagree to it and 4% had no opinion in this regard. 65% have helped in arranging CME activities. 96% believe that a break in attending a CME activity can lag a doctor while 4% disagree to it. 95% have motivated others to attend CME activities. 95% feel that the knowledge acquired in a CME activity should be evaluated. 21% feel that lack of opportunities, 40% feel that hectic routines, 13% feel that financial constrains lead to hindrance in attending a CME activity.

DISCUSSION

With each passing day we observe exponential increase in the scientific medical knowledge and improvement in management of disease and surgical techniques. It is only through CME that physicians and surgeons can seize onto this knowledge and provide better services to the patients. CME is not limited only to the Doctors on the clinical faculty; rather CME has a broader spectrum and also inoculates those on the basic medical science faculty as well. It is through the CME that Doctors involved in basic medical sciences can grasp onto the advancements in medical knowledge and impart that knowledge at both Undergraduate and Postgraduate levels.

A total of 96 Doctors, selected at random, were given a self-formulated questionnaire;

75 of who were Males and 21 of them were females. 83 of the Doctors had done their Post graduation from Pakistan while 13 of them had done their Post Graduation abroad. The subject population had a combination of those from Clinical and Basic Science faculty. 79 of the subjects belonged to the clinical faculty while 17 of them belonged to the basic science faculty.

Three Teaching Hospital affiliated with Public and Private sector Medical College's were targeted; Lahore General Hospital, Lahore (affiliated with Ameerud din Medical College), Nawaz Sharif Social Security Hospital, Lahore (affiliated with University College of Medicine and Dentistry) and Services Hospital, Lahore (affiliated with Services Institute of Medical Sciences).

In the study it was seen that all the doctors had the knowledge of CME and were aware of CME programs being organized in different parts of the country. 60.4% of the Doctors claimed to be enrolled in one of the many CME programs being held in Lahore.

46.9% of the Doctors claimed that they attended CME program at least 3 times a year while 25-26% claimed that they attended CME programs less than 3 times a year or occasionally.

71.9% of the Doctors claimed that they preferred Seminars/Conferences as the best medium for learning new medical techniques and advancements in medical knowledge similar results were observed in a literature review saying that interactive CME sessions that enhance participant activity and provide the opportunity to practice skills can effect change in professional practice and, on occasion, health care outcomes.⁴ It was observed that Hands on training workshops was second most popular medium claimed by the Doctors and totaled to 15.6%. Internet still remains quite unpopular among Doctors as a medium for CME and only 10.4% of the Doctors opted this as a media. Medical Journals ranked lowest and only a mere 2.1% of the subject population claimed that they opted it as a media for CME.

Comparing to the Western studies, it is seen that Webinar/Internet is quite a popular media for CME though no difference is observed in the standard of knowledge of those opting the conventional methods (Seminars, Conferences and Journals) and those opting modern techniques (Webinars).

All the Doctors agreed that CME played a crucial role in their professional development and in their attitude towards patient care.

The single most important motivating factor that encouraged 93.8% of the Doctors to CME was; Improving medical skills and knowledge. This clearly depicts the importance of CME as a source for development and improvement of skills and knowledge and a corner stone in improved patient care.

Whereas when inquired that which CME programs did they prefer; 58.3% claimed that they preferred International CME programs. The studies however showed that only 21.7% of the doctors frequently went abroad for CME. This data supports the fact the foreign CME programs are still not very popular among the Doctor Community and financial constraints play an important role in hindrance of foreign CME programs.

When the Doctors were inquired that do they feel post graduation alone is sufficient for surviving this competitive environment? Only 19.8% of the Doctors disagreed with the statement and felt that Post graduation alone is not sufficient to compete in this competitive environment and the process of learning and education should be continued.

40.6% of the Doctors claimed that they were applying the newly learned techniques regularly in clinical settings and this is a sufficient percentage to justify the benefits availed from CME and the fact that the patients were being examined and treated according to new techniques similar to those used worldwide.⁵

91.7% of the Doctors accepted that CME had contributed to their professional growth and excellence in their respective fields and following

this 90.6% of the Doctors agreed that CME should be made obligatory for all healthcare professionals; Physicians, Surgeons, Dental Surgeons and Professionals of Allied health sciences.⁶

The studies showed that 66.7% of the Doctors had been part of conferences as members of the organizing team or had been the lead for organizing the CME related conference. The percentage justified the enthusiasm among Medical professionals in the activities relating to CME. The studies also confirmed that 74% of the Doctors actively participated in conferences when there was an epidemic outbreak. This justifies that conferences serve as an excellent medium for sharing knowledge and in epidemic outbreaks can serve as a platform for updating healthcare providers with facts about the disease and best possible management.⁷

The studies revealed that 53.1% of the Medical professionals enthusiastically took part in CME related activities right after their Post Graduation.

About 50% of the Doctors agreed that CME activities should be properly evaluated with examinations quizzes and projects, so that it could be concluded that how beneficial the CME activities proved to be.⁸

The studies demonstrated that hectic routine of the Doctors was the most important impeding factor in CME.⁹ About 39.6% of the Doctors agreed that their hectic life style was the most significant factor in the CME.¹⁰ Lack of opportunities proved to be the second strongest hindrance in the CME as 20.8 % of the subjects agreed upon it. Financial constraints came third on the list with a consensus of 12.5% of the subjects.

Limitations of the study

In this study random physicians from different hospitals were included and were allowed to solve the questionnaire. They may not represent the presenting population. Also, the sample size was small compared to the number of doctors doing CME in Lahore.

CONCLUSION

The present study concluded that majority teachers are not interested in CME and not participate actively in CME. This is due to lack of any incentive, lack of regulatory force and not considered necessary for promotion or professional development;

Quality assurance and quality improvements efforts, constant continuing education follows a cycle:



- Recognition of the need for continuing education.
- Definition of the learning target
- Selection of the continuing education content
- Review of the teaching efforts
- Checking of learning success
- Application of new knowledge in daily work
- Continuous review of knowledge

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AUTHORSHIP AND CONTRIBUTION DECLARATION

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