Continuing Medical Education—A Must

Dr. P. C. Bhatla*

What is Continuing Education ?

An academic and educational activity primarily designed to make a qualified doctor engage himself in keeping abreast of advances particularly in the field of his interest and practice, is termed as Continuing Education. Such an education starts immediately after graduation and is intended both, to keep his basic knowledge refreshed as well as, to keep him informed of latest developments, changing theories, and application of knowledge in specific areas. The attainment of this knowledge can be formal or informal, full time or part time, in the teaching institutions or in community situations; of short durations or extended to weeks and months, given by teachers and other knowledgeable persons or self-acquired. Continuing Education may be imparted by using many methods and techniques as suit those who teach and those who learn.

Aim of Continuing Education

The ultimate aim is to equip the doctor to improve his quality of patient care and management by using in his practice the modern medical knowledge that is continuously available and can be acquired by him. There is adequate professional growth in the quality and in the self-confidence and continuous reading and following scientific literature, adds to his experience. In fact, Continuing Education aims at augmenting and modifying initial

* B. Sc., M. B., B. S., F. C. G. P. (India), F. R. C. G. P. (Australia), F. A. M. S.

Past President, Indian Medical Association. Dean, IMA College Of General Practitioners (Residential Address; D-1017, New Friends Colony, New Delhi-110014).

education through acquiring new skills and techniques, thereby enabling the doctor to maintain competence and standards in treatment.

In short, Continuing Education aims at-

- a) strengthening the habit of critical enquiry and balanced judgement through programmed self-assessment;
- b) enabling the doctors to correct their outdated knowledge;
- c) helping the doctors to application of new knowledge in specific areas;
- d) helping the doctors to get acquainted with newer-techniques of diagnosis and treatment;
- e) making the doctors carry out changes in the attitudes to the solution of medical problems; and
- f) providing the doctors opportunity to a systematised and planned methodology of self-education.

Administration

The programme of Continuing Education has to be administered by responsible person / persons who could maintain a continuity, establish closest liaison with teaching colleges and hospitals and plan out academic activity in the highest interest of the medical profession, laying stress on-

- a) the specific needs, requirements and desires of the doctors in the area about the content of the courses, etc.
- b) enthusing the teaching faculties to prepare well in advance, the core content of Refresher Courses etc. keeping the main objectives in view and ensuring the facilities so planned to be ready and available during the courses.
- c) adequate funding is provided to meet expenses on the educational programme undertaken and to its continuing improvement for future. Tution Fee or Registration Fee will not meet the entire expenses and expenses on preparation of educational material, honoraria, printing and stationery and other administrative expenses, audiovisual, tapes, etc etc will have to be taken care of.

Curriculum:

Curriculum should lay stress on planned rotation of courses with a view to discussing all subjects in detail at regular intervals of two to three or even four years so that attendance could begin with any course. This advance planning should include selection of general subjects, specific objective of the course, the detailed discussion schedule of various topics, selection of appropriate method of teaching. There should be an in-built mechanism for evaluating the entire programme related to the specific objective sought. The means of ascertaining the needs and wishes of the learner physicians will vary but are essential and recourse to methods such as questionnaires, pre-course tests, post-course tests and self-assessment tests must be made.

Attention in each course should be drawn to newer knowledge of the basic mechanism of disease and of treatment along with the relevant applicable information.

Stress should be laid on encouraging participation techniques of education where the learners also get involved both in listening to lectures and in giving their own experiences in the field, giving their own case records etc., if brought with them. This could be achieved through panel discussions, bed side clinics, seminars, open question periods, study of patients under supervision or group discussions, etc or review of published papers or findings or case histories of patients seen by the learners in their own practices.

The courses laid are such as encompass the core content of general practice and job description of the general practitioner.

The courses shall help demonstration of a knowledge of the diagnosis, management and prevention of (otherwise avoidable) diseases of importance in general practice, including knowledge of human development in the diagnosis and management of patients in general practice and an understanding of human behaviour particularly, as it affects the presentation and management of disease.

The courses shall co-ordinate the prevalence of disease with familiarity of common sociological and epidemiological concepts and their relevance to medical care including the demonstration of knowledge of the organisation of health care delivery system and related services in the country, both in urban and rural areas.

The courses shall also deal with the bearing, the disease has on the individual, his family and the community and how the socio-economic and other pressures influence disease and how the community needs the promotive, preventive and rehabilitative aspects of medicine practised through appropriate health teams through demonstration of doctor's attitude to his patients, his colleagues, to the institutions and inter-relationship of community medical and health service facilities with the organisation of his practice, through appropriate team work, delegation of duties to other members of the team and proper communication to all including the patient and his family.

The courses shall deal with individual disciplines or with inter-related disciplines or will be problem-oriented specially designed programmes that draw multi-disciplinary talent to problem-solving techniques and methods.

Differential diagnosis of symptoms-complexes or of disease-complexes shall draw out an overall review of all the disciplines with stress on co-ordination of the knowledge to review the management.

Some of the courses may attempt to sponsor and/or review the multi-choice objective type of assessment techniques aimed at review and discussion of the reasons for the answers selected as appropriate. These courses shall help the ability to measure the clinical factual recall as well as develop sharp reasoning and sorting out or co-ordinating the data to appropriate solution.

The courses shall be so organised that they are planned to cover the entire field in 2-3 years or so—a plan of a continuing nature affording facilities for continuing involvement and/or starting by a fresh participant at any stage of the year for a complete round of the curricular contents.

The Courses shall ordinarily be not offered free of cost and an administrative charge shall be levied to meet administrative commitments and to prepare literature, documents, charts / graphs, etc. etc. to authenticate the contents of the course for serious participation.

The Courses shall draw talent locally and wherever possible could utilize the services of colleagues who visit and / or who are specially invited. An inter-relationship with local colleges / institutions shall be ideal, to lay out well designed programmes and services of

teachers, research scholars and post-graduate students, and senior General Practitioners shall be requisitioned to provide leadership in academic pursuits and to demonstrate co-ordination and comprehensive in approach.

Evaluation:

Method of evaluation of the effectiveness of the Continuing Education programmes should be developed and it shall have relation with the aims and objectives defined in the beginning, for each specific course and for the programme as a whole which in turn will relate to the health care needs of the community and determination of educational needs of the physicians.

Evaluation can be helped by formal tests taken unanimously of the learner physicians and by medical audit at the teaching hospital where such courses are held.

It is the intellectual advancement and competence and skill appreciation that itself is a stimulus for the learner physicians to plan their entire career's Continuing Education schedule, utilizing every available opportunity to their advantage so that he ensures himself of improved and continuously improving ability to care for his patients. On the part of the administration and / or the teaching hospital where such organised continuing programmes are arranged, an issue of a certificate of attendance helping the learner physician to collect CREDIT if he plans to sit for higher examinations like Fellowship of IMA College of General Practitioners or Membership Examination of the National Board of Examination or M. D. (General Practice) of a University and so on.

Incentives and Recognition

INCENTIVES will have to be provided to encourage the practitioners to go in for self-study throughout their career. Those in service could get encouragement through recognition in the shape of advance increments etc. while those in private practice shall themselves be rewarded through comparatively better management of their patients. Some of them could be selected as preceptors / teachers to guide their colleagues and / or get honorarium for specialised teaching / training assignments. The Government should own the responsibility of establishing and recognising a well planned strategy of maintaining continuing education programmes to involve all practitioners by rotation. While degrees / diplomas have their value, specialised experience, merit and skill must also deserves due recognition.

It shall be a co-ordinated effort to make continuing education a must if any country wishes its health services maintain a fairly high standard of medicare.