

Beyond the classroom, 'pro-active teaching methods — a must for today's CPD movement'

Farhan Vakani, Mughis Sheerani

Abstract

Non-traditional teaching approaches are not recent innovations in the field of continuing medical and professional development; however, there is a lack of employing such methods in our context. The reasons could include lack of awareness, recognition and overlapping and adoption of these approaches, peculiarly academic detailing, by the pharmaceuticals. Nevertheless these methods have proven to be useful in changing physicians' behaviour and attitudes towards patient care and health safety. Moreover, it guides, promotes and derives the self-directedness of the physicians to acquire current knowledge, skills and generic attributes that are required for lifelong learning.

Keywords: Teaching methods, Professional development.

Introduction

Continuing Professional Development (CPD) designates education and training period of the physicians which starts after they complete undergraduate health sciences education and postgraduate medical training, thereafter extending throughout each practicing physician's professional working life.¹ Continuing Medical Education (CME), a measure of CPD takes the ownership of updating health physician's knowledge, skills and attitudes to retirement that values, exemplifies, and assesses lifelong learning skills for better health outcomes.² Also, it emphasizes and reinforces interprofessional learning and team-based education and practice, a must for today's CPD movement. Regardless of the efforts for organizing CME and CPD activities on a huge scale, massive work needs to be done by the providers, health academic institutions, licensing authorities, accreditation bodies regarding the methods, formats and strategies of continuing education, interprofessional development, and preparing future practitioners for meaningful lifelong learning.

We support and promote to communicate a package for a continuum of health professional education that links and

.....
Department of Continuing Professional Education and Department of Post-graduate Medical Education, Aga Khan University, Karachi.

Correspondence: Farhan Vakani. Email: farhan.vakani@aku.edu

employs a variety of non-traditional teaching methods that are widely and effectively used in changing practice of working physicians. Definitely not to deny the importance of classroom teaching and learning that are widely being used to transfer and upgrade physician's knowledge, but has a very little impact on the health outcomes and change in health professionals' behaviours and competencies.

Academic Detailing

Academic Detailing (AD) is an approach that influences or changes a physician's or physicians' behaviour through presentation of evidence-based information on a specific topic in a face-to-face encounter.³ This method has been used frequently by pharmaceuticals to promote prescribing behaviour of the practicing physician. AD is an educational method whereby healthcare professionals like pharmacists, physicians or nurses, with specialized training in interactive learning techniques, visit physicians in their practice setting.

Despite a number of advantages of AD, a few that have been proven and could be consigned at service to change the physicians' behaviour include: holding face to face interviews in order to investigate the baseline knowledge and motivations of physicians for current prescribing patterns; focusing and directing programmes on specific categories and issues for working physicians; targeting high potential physicians and opinion leaders; eliciting clear educational and behavioural objectives; establishing AD credibility through a respected non-profit organizational identity; demonstrating both sides of the coin such as advantages and disadvantages of the intervention; stimulating active physician interactions; employing graphical educational handouts; and highlighting and reinforcing the crucial messages for better health care.⁴

Audit and Feedback

Audit and Feedback has currently gained acceptance and is now an important method in continuing education and professional development. Research has shown that physicians due to their limited time and ability are unable to accurately assess their learning needs. Moreover, it

reports a summary of healthcare performances over a period of time and suggestions for changing physician behaviour for better health outcomes. Consequently, this method will not only benefit the providers, but will also assist health care organisations in evaluating their facilities and help them taking decisions for effective services.⁵

Opinion Leaders

Opinion leaders may be an effective informal practitioner-initiated context for continuing medical education. In addition to evidence-based medicine, practicing physicians value "experience-based medicine" and the personal experience and reassurance that can only be provided by the opinion leaders. Some workers identified opinion leaders as those who are trustworthy of clinical knowledge, like to teach, and are with humanistic interpersonal skills. Ethical and social circles also demand the opinion leader to be well versed and must have the quality to deal and respect for others in communication.⁶

Patient Mediated Strategies

There is need of continuous support to employ this type of strategy to facilitate the doctor-patient relationship. This opportunity would follow the 'model of mutuality' to create a relationship that moves towards a more equal partnership and ownership in decision-making with greater emphasis on patient care and autonomy. These changes have occurred due to reasons that include a growth in the number of self-help groups, information technology and easy access of internet to clients and physicians that results in the transformation of the relationship.⁷

On-screen Point of Care Reminders

Gaps between recommended practice according to the guidelines and routine provision of care to patients are widely known. To reduce this gap between what is evidence-based and what is being delivered, several calls were made. On screen-computer reminders are usually accepted by the providers that give an opportunity to improve patient care by delivering decision support to

clinicians at the point of care. The computer usually pops up with the reminder messages about the evidence for the best dose and length of time the drug or investigation is to be prescribed.

Thus, this automatic mode has the potential to address multiple topics and is also an area of interest to the health care organizations for quality improvement efforts.⁸

Conclusively, a clear appreciation and recognition of beyond classroom continuing education teaching methods and resources comes through employing the above defined educational approaches that values, exemplifies and assesses lifelong learning of the physicians for today's CPD movement.

Acknowledgement

The authors would like to extend special thanks to Saira Bandiali for her support and efforts in literature search and review.

References

1. WFME. Continuing Professional Development of Medical Doctors. WFME Global standards for Quality Improvement. Copenhagen; 2003.
2. Vakani F, Jafri F, Rahman S, Jafri W. CME that impacts most physicians: a survey. *Asian Education and Development Studies* 2012; 1: 171-80.
3. Graham SD, Hartzema AG, Sketris IS, Winterstein AG. Effect of an academic detailing intervention on the utilization rate of cyclooxygenase-2 inhibitors in the elderly. *Ann Pharmacother* 2008; 42: 749-56.
4. Soumerai SB, Avorn J. Principles of educational outreach ('academic detailing') to improve clinical decision making. *JAMA* 1990; 263: 549-56.
5. Hysong SJ. Meta-analysis: audit and feedback features impact effectiveness on care quality. *Med Care* 2009; 47: 356-63.
6. Wadhwa A, Ford Jones EL, Lingard L. A qualitative study of interphysician telephone consultations: extending the opinion leader theory. *J Contin Educ Health Prof* 2005; 25: 98-104.
7. Stevenson FA. The strategies used by general practitioners when providing information about medicines. *Patient Educ Counseling* 2001; 43: 97-104.
8. Shojania KG, Jennings A, Mayhew A, Ramsay CR, Eccles MP, Grimshaw J. The effects of on-screen, point of care computer reminders on processes and outcomes of care. *Cochrane Database Syst Rev* 2009; CD001096.