

Continuing Medical Education Program

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Introduction

When we look at the growth and development of the Medical Science, human mind cannot but wonder at the enormity of its accomplishments. The things which seems routine today would have taxed the imagination of even the most futuristic person just a few years ago. With scientific achievement human structure and function has reached a level of comprehension which was unknown. Furthermore it has revolutionized our concepts and today not only we are talking in terms of medicine at molecular level but gene therapy. The sea of change in the concept and knowledge of medicine has come about due to major advances in diagnostic and therapeutic modalities.

Medical education

The medical man enters the profession with a vast store of knowledge about various diseases and their manifestations, diagnosis, management and prevention. In this era to keep abreast and updated in knowledge, they must not be satisfied with their current level of proficiency and must take earnest attempts to enhance and expand their competence. It is done by improving the knowledge and by keeping abreast with the latest developments in the field. This, in essence, is a continuing medical education (CME) throughout one's career.

'Medical education' according to William Welsh, a well-known US bacteriologist, 'is not completed at the medical school. It is only begun. Hence it is not only the quantity of knowledge which the student takes with him from schools which will help him in his future works; it is also the quality of mind, the disciplined habit of correct reasoning, the methods of work, the way of looking at medical-problems, and the estimate of the value of evidence'. Education moves us from darkness to light.

During the medical course we try to learn too much and the teacher also tries to teach too much. This will

not have the desired response. Education being a lifelong learning process, the knowledge and experience we gain after graduation forms the most important part of education. Sir William Osler, the renowned physician of the twentieth century, in his '*Aequanimitas*' has stated that, 'the system under which we work asks too much of the student in a limited time. To cover the vast field of medicine in three years is an impossible task. We can only instill the principles, put the student in the right path, give him methods, teach him how to study and early to discern between essentials and non-essentials'.

Keeping pace with development

When we have taken up the profession we have to keep abreast of the developments and advances in the diagnosis and management of a variety of disorders. We have to keep an open mind to recognize changes in the natural history of a disease and try to know more about it. It is possible to gain the knowledge from the books. Thomas Carlyle has said, 'the greatest University of all is a collection of books'. We have to kindle the curiosity and try to enrich the knowledge which we have gained already. Albert Einstein, has told, 'it is a miracle that curiosity survives formal education'. After our formal education in the Medical College, our mind is mature and it seeks to follow through the things.

Major advances in diagnosis and therapeutic modalities have brought a sea of changes in the concept and knowledge of Medicine. This has necessitated the medical men to enhance and to expand their professional competence to find a solution to real-time situations. Skills are attained over a period of time by following examples, and by experience gained by trial and error. There is need for life-long learning and involvement in a periodic self assessment.

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Competence

Competence is a professional habit and it is an interaction of the task and clinical abilities. It involves a judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community. The competence develops on the scientific knowledge and basic clinical skills attained. The teaching also includes the conversations that take place in the ward rounds, and in the passageway and narration of interesting cases, stories and anecdotes and experiences.

Medical Professionalism

The Medical Professionalism project jointly sponsored by the American Board of Internal Medicine (ABIM) Foundation, American College of Physicians (ACP) and European Federation of Internal Medicine began in November 1999 as a collaborative effort designed to raise the concept of professionalism within the consciousness of Internal Medicine both in US and Europe. It brought out a charter in 2002, on medical professionalism detailing the fundamental principles and professional responsibilities to both patients and society to be followed by the physicians. Among 10 Professional responsibilities, the commitment to professional competence and commitment to scientific knowledge have found the prime place¹.

The Charter of 21st century highlights the ideals enunciated by *Charaka* long ago. The physician who is the chief in the medical practice must be knowledgeable and resourceful, honest and pure in his purpose and conduct, and competent. It will go a long way in improving the quality of care provided to the patients. He must uphold scientific standards and promote research which is of benefit to the patients. Patients equate 'goodness' with up to date medical knowledge and clinical skill, strong ethical standards and a bedside manner that is empathetic, courteous and kind. These qualities form the fundamental attributes of doctor's professionalism.

Professional man

The qualities of a professional man, in the words of Thomas Russell, Executive Director of American College of Surgeons, are multi-dimensional. They consist of competency and dedication to improve the skills, becoming a roll-model for future generations of medical men and placement of welfare of the patients above everything else. The ultimate aim of the physician is patient care and to that end all their efforts

must be directed².

Today, the medical profession is confronted by an explosion of technology, changing market forces, problems in health care delivery, bioterrorism and globalization. It has resulted in increasing difficulty to meet the responsibilities to patients and society. In these circumstances reaffirming the fundamental and universal principles and values of medical professionalism, which remains ideal to be pursued by all physicians become all the more important.

Epstein and Hundert have defined professional competence as 'the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served'³.

Professional competence

Physician has to maintain his professional competence by updating his knowledge of medicine. The technological advances have given the facilities to do his best which was not possible earlier. He must be committed to lifelong learning. This he acquires by studying the books, reading the journal and attending the continuing medical education programs, and discussing with the experts. This will update his knowledge and enable him to be in the forefront of the profession. His mature mind will follow through. We have to maintain a sense of curiosity to learn, which Smiley Blanton has considered 'nature's original school of education'.

A competent physician results from good training and/or from keeping abreast with the current developments in the medical field. The task force appointed by the assembly of the American Board of Medical Specialties (ABMS) has identified the following six primary components as a measure of general competence: 1) adequate medical knowledge, 2) competent patient care, 3) a life-long commitment to evidence-based and practice-based learning, 4) interpersonal communication skills, 5) professionalism, and 6) system-based practice⁴. There is no examination after a person has graduated. There is no system of recertification in our country. Though the physicians are encouraged to attend the continuing medical education programmes held periodically throughout the country to update their knowledge, there is no yardstick to assess their knowledge. There is no procedure of self-assessment.

The ABMS assembly later adapted the following 4 basic components as an evidence of assessment of

continuing competence. They are; 1) continuous high professional standing, 2) continuous commitment to life-long learning and involvement in a periodic self-assessment process, 3) cognitive evidence, and 4) evaluation of performance in practice. There is no agency or mechanism in our country that can conduct an examination to assess cognitive knowledge of the physician during life time after obtaining the degree and licence to practice. It is a welcome thing that there is a greater awareness in the recent years about the process of life-long learning by attending the continuing medical education programmes relevant to their specialties.

As Oliver Wendell Holmes has said, 'it is the province of knowledge to speak and it is the privilege of wisdom to listen'. In this background, Medical man often finds the subject taught during his or her training either obsolete or altered with the availability of newer evidence on different disorders. As there is no formal course of study after emerging from the medical institution, the physician has to maintain his or her professional competence. Maintenance of professional competence is an exercise of lifelong learning as it forms an essential requirement for evidence-based medical practice⁵. There are various methods to update their knowledge that include reading books and journals, surfing internet, attending the continuing medical education programs and attending the hands-on-workshop. They will update their skill and provide new knowledge.

CME Programs

The physicians attend the CME programs to update their knowledge, and for many such programs remain the main source. The organizers of the CME programs have to plan to provide appropriate curriculum so as to make it an effective and beneficial endeavour. The planning involves a process of the assessment of the needs of physicians and the training program must include such topics so as to improve their competence. Any physician who plans to attend a CME program must assess his learning needs and decide about the

topics for the learning⁶. This will then make it learner-centric. The persons participating in the program are already experienced and would be interested in trying to find solutions to the problems encountered in their practice. There is greater flexibility in designing the curriculum. Thus the learning becomes problem-centred rather than subject-centred. The latter is a teacher-centred learning process with a rigidly designed curriculum. These two learning experiences have been referred by Knowles as andragogy and pedagogy respectively⁷. Active participation of the learner and discussion they hold with the faculty plays a leading role in retaining the information taught. They will get information on the newer diagnostic methods, and therapeutic modalities, on new techniques and equipments, and recent advances in the knowledge of the subject and the program will enable to learn new skills.

Accreditation Council for Continuing Medical Education (ACCME) in USA has stated that CME should provide physicians with learning activities that update their existing skills and lead to continuous professional development⁸.

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