



Reflections on CME: *The Vision of a Former Undergraduate Vice-Dean*

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Recently, I was asked to write an editorial on the development of continuing medical education (CME) at the Faculty of Medicine and Health Sciences of the University of Sherbrooke. A timely subject, as, in fact, our faculty is presently facing a peculiar situation. The Dean of the faculty asked me to replace the Head of the office of CME on an interim basis, starting in June 2005. I accepted the offer, thus succeeding Dr. Marianne Xhignesse, who relinquished her post to become chairholder of the *Fondation Lucie et André Chagnon*.

During her seven years as Director of CME, she implemented ethical, scientific and organizational rigour. She also established a determining influence at the Canadian level—an achievement highly acclaimed by the faculty.

At the same time, the faculty undertook the development of a business plan for the office of CME—a followup measure of the last audit. External consultants were called in. It was in this context that I undertook the task, coming back after three years of retirement.

That said, I will now share my reflections as the neophyte administrator of the office of CME and as a former Vice-Dean of Undergraduate Studies who

has always been concerned with medical education.

CME should start on day one in the Faculty of Medicine and, even then, requires having personal characteristics that precede admission to medical studies. In fact, if CME is to become a lifelong continuing professional development, having a lifelong learning attitude is a must. Such a disposition implies specific learning modalities, such as:

- self-motivation, rather than a reliance on external and imposed motivators;
- the capacity for personal reflection before, during and after professional action and
- the capacity to admit and discuss one's own difficulties.

In my opinion, these characteristics should be present prior to any admission to a medical school. Yet, they need to be consistently developed and implemented throughout a coherent undergraduate, graduate and continuing education program.

One of the challenges for the professional development of practising physicians is the identification of common goals shared between teachers and learners. This means that faculties will

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have to take social responsibility for the continued improvement of medical expertise, at least in their own area of influence and elsewhere, if possible.

Thus, the essence of successful continuing professional development consists of identifying goals and integrating these goals throughout the continuum of medical studies (*i.e.*, from undergraduate studies to postgraduate training), all the while maintaining focus on the individual as a professional who is selected on the basis of characteristics specific for a given future task (*i.e.*, medical expertise). This has to be achieved through educational activities with proven efficiency.

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How can these reflections translate into a self-managed continuing professional development program? Here are some ideas:

- Based on the already accepted health markers for specific diseases, how can physicians assess their own professional practice?
- How, in the computer age, can practitioners use this tool to improve the quality of their health-care services?
- For many widespread disorders (*e.g.*, diabetes, metabolic syndrome, high blood pressure, obesity, *etc.*), we already have identified markers that should constitute therapeutic goals. How can these goals be integrated into a self-evaluation of one's practice?
- How, in the context of our litigious era, can we encourage and convince practising

physicians to identify their own difficulties, share them with their peers and set learning goals?

- Moreover, how can we convince expert trainers to relinquish content control and assume an educational approach that is more concerned with the needs of learners?
- How can such a vision of continuing education as a self-managed professional development for practising physicians be reconciled with the concept of self-financing of CME offices? I am referring to the financing of professional development activities by our capitalist industries that mainly seek a return on their investments.
- How can we convince our governments to finance the education of practising physicians?

In my opinion, these educational visions, too often combined with corporate visions, constitute the most important challenge for institutions that offer self-managed, continuing professional development for practising physicians.

These were some reflections of a former Vice-Dean of Undergraduate Medical Education who finds himself thrown into an office that is very much a satellite outstation of the traditional activities of a medical school. Nevertheless, let us hope.

To those of you who may remember the time when medical graduate education was under the direction of hospitals rather than medical schools, just think of the results obtained after some thirty years of discussions, exchanges, consensus-making and restructurings. I hope that the same process will be put into place to ensure continuing professional development for all practising physicians, general practitioners and specialists alike.

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