



Continuous Professional Learning: The Future of CME

Chris de Gara, MB, MS (Lond), FRCS (Ed, Eng & C), FACS



The hardest conviction to get into the mind of a beginner is that education upon which he is engaged is not a college course, not a medical course, but a life course.

—Sir William Osler, circa 1900

For 15 years, the Division of Continuing Medical Education, within the Faculty of Medicine and Dentistry at the University of Alberta, has experienced unprecedented growth under the expert leadership of Dr. Paul Davis. As of December 1, 2005, the Division underwent a change in name and leadership. I am proud and excited to take on the challenges that this new role presents. Our Division is now called Continuous Professional Learning (CPL) to better reflect that our faculty includes medicine, dentistry and medical laboratory science and is dedicated to meeting the province of Alberta's need for highly educated allied healthcare professionals through collaborative partnerships in research and life-long learning.

With a staff of 17 and an annual budget of \$1.3 million, we provide educational experiences for close to 5,000 people each year: over 1,000 are rural and approximately 1,000 are allied health professionals. Our core business is to meet the Maincert requirements of the Royal College of Physicians and Surgeons of Canada and the Mainpro requirements of the

College of Family Physicians of Canada. Currently, we deliver 125 courses via:

- video conferencing,
- regional and evening programs and
- postgraduate courses.

So, what are the challenges facing a new associate dean and a newly named division? Obviously, we need to continue to provide relevant and useful core content, while recognizing the changing needs of the learner. Modern learning theories advocate *just-in-time* learning, *just-for-you*, *workplace* or *situated* learning and *ask the expert* for the best knowledge translation and management. But, even if these learning strategies were fully incorporated into CPL, ultimately what matters is that patient outcomes improve.

We intend to explore several CPL themes:

1. Mentorship

Rural Canada is facing a major healthcare crisis with few, if any, Canadian graduates willing to practice in rural and remote areas. At the University of Alberta in 2007/2008, a cadre of clinical medical students

Chris de Gara
MB, MS (Lond), FRCS (Ed,
Eng & C), FACS
Professor of Surgery
Associate Dean
Continuous Professional Learning

will be sent to rural settings to complete 36 weeks of third-year clerkships in these communities, with hopes that this will provide them with the appropriate training and education and increase the potential recruitment and retention in these rural communities.

In order to facilitate this process, a mentorship program between our faculty and the preceptors to whom the students have been assigned, will be established. It is hoped that the principles of *just-in-time* and *just-for-you* learning and *ask the expert* can be established by incorporating innovative teaching and mentoring opportunities (e.g., instant messaging for personal coaching and enhanced multimedia wireless technology to facilitate global communication). Additionally, this type of mentorship program will also serve the ongoing learning needs of the international medical graduate community being recruited to both urban and rural settings.

We intend to teach mentors the technological skills they will need to guide healthcare practitioners through novel and complex procedures from a distance, such as advanced minimal access surgery. Acquisition of such expertise needs to be taught in an ongoing fashion, with a close relationship between the expert mentor and the already established and in-place learner.

2. Simulators and simulation

Simulators and simulation are effective learning tools and team building endeavors. While simulators work in urgent and emergent situations (*i.e.*, trauma care, acute cardiac life support and intensive care unit settings), evidence for their effectiveness in the acquisition of procedure skills and the ability to translate these skills into, for example, an actual operation, are lacking if not completely absent. We are a long way from the standards used in aircraft simulation which the airline industry relies upon and the public expects. Within healthcare, the important lessons learned from the airline industry—in terms of safety, security and the operational aspects of these areas—should be embraced and promoted by the offices of continuing education and development.

3. E-learning and bioinformatics

The promise of computers attached to high-speed internet and endless information sources has failed to truly translate into improved patient health outcomes. These e-learning technologies, such as e-conferencing and Web-based learning modules, while effective for the undergraduate learner, may not appropriately address the needs of the continuing professional learner, whose time is limited and whose needs are much more specific and not exam driven. Physicians need clear and

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