



CME: Making the Commitment to Change

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CME/continuing professional development (CPD) is a big business in Canada and an important part of most physicians' practice. The "Annual Update" is a well-accepted part of professional life and is often a chance to get away for a few days, meet with colleagues and learn some new information. The real challenge, of course, is integrating new knowledge with current practice. Indeed, much of CME activity is validating that a physician's practice is up to date and relevant.

From the research literature on CME, we have learned that physicians in practice have real issues with respect to time and resources that limit their ability to both reflect on their current practice and to effect meaningful change. The clinical gap from research to its wide incorporation into clinical practice can be up to 15 years. A prime example of this reality is the now well-accepted practice of β -blocker use after a MI.

Again, from the research literature, we have learned that the "Annual Update" is usually a first step to practice change. A system of

reminders and educational follow-up will enhance the ability of physicians to effect practice change. New electronic record technologies may be an effective enabler in this regard.

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A simple "commitment to change" reminder is also an effective tool. Usually conducted three months after an educational program, a simple e-mail reminder about a practice change can bring about a minor change in practice. There is also evidence that although these changes are self-reported, actual change does occur.

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CME is also effective when it is based on need. All large CME updates are based on needs assessments, but they are done on a global basis and may not meet the needs of an individual physician. Currently, most physicians are not able to easily conduct a chart audit to learn what their learning needs are. Also, unperceived needs are only sporadically addressed, usually through complaints to the licensing body or hospital.

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With this research information in mind, how can the busy physician better utilize their reading of this month's journal, or their attendance at the "Annual Update?" I would suggest two specific strategies:

- Before the meeting, attempt to conduct your own needs assessment. Keep track of some clinical questions that have arisen in your practice over the last few months. Better still, ask your local hospital health records staff to develop a practice profile of the hospital or ED patients you have seen over the last few months (if your practice involves hospital or outpatient work). This

will better prepare you to select topics most relevant to your practice

- At the end of each presentation, take the time to write down one-to-two practice changes that you can commit to make over the next few months, then develop a system for an automatic reminder in three months.

You will be surprised at how effective these simple tools can be. Your university CME office can be very helpful to formalize this program for you. Also, remember that such an approach will allow you to apply for Mainpro-C credits or Royal College section 5 credits.

I hope that you enjoy these offerings from the Dalhousie CME programs and that they help you to effect practice change and to improve patient outcomes.

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