



The Challenges of Learning in Practice

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Keeping up-to-date is one of the biggest challenges for busy clinicians. How we do this can depend on many factors, including choosing the learning formats we most enjoy, making time for professional development, the availability of just-in-time credible information to answer clinical questions, access to conferences and courses, practicing with colleagues and other health professionals who support us and, increasingly, competence with using information technology.

organized by a variety of accredited and unaccredited providers. Provincial regulatory colleges are increasingly requiring that physicians document their CME activities in order to maintain a license to practice and similar requirements by the RCPSC and the CCFP are required in order to maintain the FRCPC and CCFP designations.

Are you ready, willing and able to plan and implement your CME activities? During medical school or residency, how much time did you spend discussing the learning options of the Maintenance of Certification (MOC) or Mainpro, or how you intended to keep up-to-date once you started your practice? How many of you now have developed a personal learning plan to keep up-to-date? Have you ever sat down with a colleague to talk about how you manage your learning in practice? Would you know how to begin to do this? Here is a three step plan to start thinking about this.

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What helps many of us keep up-to-date is that most of us are motivated to do so and that we take pride in providing the best care for our patients. We are also assisted by the structured learning programs designed by the Royal College of Physicians and Surgeons of Canada (RCPSC), the Canadian College of Family Physicians (CCFP) and the conferences and courses offered both live and online,

1. Establish your learning needs

We all need to think about what our current learning needs are. This can be apparent from the kind of clinical cases that come through our door and the realization that we are not

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up-to-date. Since most of us are not very good at self assessment in domains we are not competent in, we can validate our practice behaviours through talking with colleagues, reading, or doing a practice audit and comparing our decision making to best practice guidelines. Increasingly, provincial Ministries of Health are providing physicians, especially in primary care, with practice data that provides feedback on aspects of their performance compared to other physicians. Self-assessment knowledge tests and using both high and low fidelity simulations can also provide feedback on identifying gaps in your knowledge and skills.

2. Choose an educational method

Choosing the appropriate education method can be influenced by a number of factors (*i.e.*, available time, access, convenience, credibility of the teacher, bias of the content, relevance and cost). A useful way to think about this is that certain education activities predispose you to make changes in your practice (lectures, rounds, conferences and reading), some activities enable you to make changes (flow charts, algorithms, available opinion leaders to speak to) and some education activities reinforce the changes you want

to make in your practice (*i.e.*, reminders and practice audit with feedback). We also know that with formal CME activities like conferences and courses, interactivity between the teacher and participants and between participants themselves is crucial for effective learning. Opportunities to learn in small groups longitudinally over months or years typically produces more change in practice behaviour and is more likely to improve patient care than a one day conference or course. People learn in different ways and prefer different learning methods. Take the time to be clear on the methods from which you learn best.

3. Evaluate the outcome

Increasingly, both the MOC and MainPro programs are requiring participants to document the outcomes of their learning. This can include describing what you have changed in your practice or the impact that your studying has had on your patient care. Doing this with a learning partner, your clinical team or your practice group can enrich this process. Objective data, such as your prescribing rates or laboratory utilization, can give you feedback on the impact of new learning on your practice. Standardized

self-assessment tests that are now widely available in many specialties can also provide useful feedback on your clinical knowledge.

Currently, I do not think we are properly preparing our residents to deal with the realities of learning in a busy practice environment. We expect practitioners to learn how to do this by trial and error. The RCPSC and the CCFP do a great job at providing templates for lifelong learning and some personal support to do this, but I feel that there needs to be much more attention paid to supporting and enabling individual physicians to create and maintain their learning plans. I would like to see physician (health professional) learning centers established that are linked and supported by multiple partners, including the RCPSC, the CCFP, along with medical associations and universities. Knowledge management and lifelong learning skills should not be taken for granted and we need new, innovative approaches to do this together as a profession.

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