



CME: Alive and Well at Western

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Continuing medical education (CME) forms a vital link between medical education, medical practice, and maintenance of medical competence. These educational activities have a place in the routine schedule of most hospitals, physicians, and staff. Events are usually held at regular intervals, and much effort and preparation is put into their design, organization, implementation, and evaluation. Although a lot needs to be learned about CME outcomes, it is well-known that physician learning is a distinct phenomenon with high inclination towards autonomy and self-directed learning.¹ This suggests that CME programs will more likely be effective if they are based on certain principles of learner-identified needs (*i.e.*, principles that focus on the content, and process of the educational component).²

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The main purpose of educational events is to offer continuous learning, where clinical and basic science components are neatly intertwined. Additional benefits of educational events may include: enhanced clinical reason skills, improved patient contact, and increased connections among different disciplines in the community and hospital-based systems. Moreover, educational events are known to create a professional social network with colleagues. This may in fact lead to lesser isolation and a secondary benefit of physician wellness, which may be an unrecognized, hidden change during CME that remains nebulous. Nonetheless, the overall purpose of CME is to inform participants of current medical issues, or updates to issues, in the literature related to clinical practice.

Recognizing the importance of providing a continuum in education (from medical school to life after medical school), the University of Western Ontario (UWO) launched a central CME office in 2003. Our geographical area provides CME benefits to over 3,000 physicians across southwestern Ontario, including the counties of Elgin, Essex, Kent, Lambton, London-Middlesex, Oxford, Brant,

Waterloo, Wellington, Haldimand, Norfolk, Huron, Perth, Bruce, and Grey (Figure 1).³ Coverage represents approximately 10% of the total physician population in Ontario. This market of physicians is projected to expand in the future. All UWO-accredited CME programs will now be vetted through this newly developed central CME office. Although this office is currently in its early stages of development, we hope to expand our services to include research collaboration with other parties, and the development of a database. Our future plans include the development of high-quality programming for both specialists and family physicians.

At Western, we recognize that the presence of CME is indispensable for the dissemination of knowledge and the sharing of information within the medical profession. We hope the articles published in this journal will give you a glimpse of the high-quality programming already in place.

The most unassuming definition of CME is best expressed by the pioneer in education, Dr. Dave Davis, who said, "CME is any and all ways which doctors learn after formal completion of their training." CME

References

1. Dolcourt JL: Commitment to change: A strategy for promoting educational effectiveness. *J Contin Educ Health Prof* 2000; 20(3):156-63.
2. Amin Z: Theory and practice in continuing medical education. *Ann Acad Med Singapore* 2000; 29(4):498-502.
3. Merriman, BD: *Genealogy in Ontario: Searching the records*, Third Edition. Toronto, Ontario Genealogical Society (OGS), 1996.



Figure 1. Map of southwestern Ontario (adapted from map drawn by William Fraser).