Keeping one step ahead

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As a practicing emergency physician for 20 years, I have participated in and delivered many continuing medical education (CME) programs. Over the years, I have learned that interactive, case-based, small group sessions seem to be the best learning and teaching medium for me. I enjoy attending conferences, but often spend more time outside the lecture hall than in it!

In January 2003, I was given the privilege of assuming the role of the associate dean for CME at Dalhousie University. The learning curve was much steeper than I had envisioned, and my predecessor Jean Gray was correct when she said that it would take at least a year to understand the variety and scope of CME activities both locally and nationally.

As I began to review the substantial body of research with respect to CME (much of which has been produced in Canada), I began to understand the enormous challenge for CME planners and providers everywhere. How do we truly influence the behaviour of physicians in practice and ultimately improve health outcomes for patients?

How can CME be made more accessible?

The standard for clinical research, the randomized controlled trial, is very difficult to fund and implement in the complex educational setting of clinical practice. So often we develop, or revise, educational programs and run out of time, energy, or funding, when it comes to evaluating effectiveness or whether this improved patient outcomes.

Most physicians are well aware of the most recent scientific developments in their field of practice. Real issues arise in the availability of just-in-time information, drug interactions, appropriate prescribing information, patient communication and compliance, and long-term followup.

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Editorial

The effectiveness of many interventions designed to improve patient care require qualitative methods, such as data obtained from questionnaires, focus groups, and direct observation. These research methods are unfamiliar to most physicians and yet, will be vital in order to really understand the effectiveness of many of our CME programs.

I am happy to report that the academic CME community in Canada is very involved in developing a rigorous approach to measuring the effectiveness of CME programs and products. Here at Dalhousie we have a number of projects underway, including measuring the effectiveness of videoconferenced rounds, exploring the CME practices of excellent physicians, measuring the effectiveness of academic detailing on physician prescribing behaviour, and validating a physician performance tool for family physicians in Nova Scotia.

In the not-to-distant future, I can see a time when physicians will have detailed feedback from the patients to design and plan their individualized CME program based on their learning style. It is an exciting time to be involved in these research activities, which at the end of the day, we hope will improve patient health outcomes and contribute to excellence in medicine. CME