ROLE OF CONTINUING MEDICAL EDUCATION AMONG GENERAL PHYSICIANS

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ABSTRACT:
Continuing medical education (CME) refers to a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas of their field. This cross-sectional study was conducted among general physician working in peripheries. These doctors have not done any postgraduation, neither attended any refresher training from last ten years. A two hours training about different general diseases was conducted by a medical specialist. After the training, general physicians were served with a predefined questionnaire about effective of this training and whether they wish to continue these kinds of activities. Out of 24, eighteen responded that this training was beneficial and that this kind of training should be continued on regular basis either monthly or bi-monthly. Six doctors found the lecture boring and not interactive. They responded that, if lectures are made interactive and interesting these kinds of activities might be beneficial.

KEYWORDS: CONTINUING MEDICAL EDUCATION (CME), GENERAL PHYSICIANS
INTRODUCTION:
Continuing Medical Education (CME) consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. In general use, CME refers to educational events that have been approved for CME credits. CME credits are important to physicians because some states require a specified number of credits annually to maintain medical licenses, and because most hospitals require a specified number of credits for their physicians to remain credentialed to see patients.

Continuing medical education (CME) refers to a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas of their field. These activities may take place as live events, written publications, online programs, audio, video, or other electronic media. Content for these programs is developed, reviewed, and delivered by faculty who are experts in their individual clinical areas. Similar to the process used in academic journals, any potentially conflicting financial relationships for faculty members must be both disclosed and resolved in a meaningful way. However, critics complain that drug and device manufacturers often use their financial sponsorship towards marketing their own products.

Increasing attention is being paid to continuing medical education (CME) as a mechanism to improve physician and patient outcomes, with CME being described as “any and all the ways by which doctors learn after formal completion of their training.” CME is the systematic attempt to facilitate change in physicians’ practices. In most developed countries, mandatory requirements for participation in
CME started in the 1970s in the belief that if physicians were up-to-date, they could change and improve their practice, resulting in better physician performance and ultimately better patient care. On average, health professionals spend between 1 and 3 weeks per year at educational meetings (1-3).

The objective of this study was to understand the role of continuing medical education among general physicians working in peripheries.

**Material of Methods:**
This cross-sectional study was conducted among general physician working in peripheries. These doctors have not done any postgraduation, neither attended any refresher training from last ten years. A two hours training about different general diseases was conducted by a medical specialist. After the training, general physicians were served with a predefined questionnaire about effective of this training and whether they wish to continue these kinds of activities. All the data was entered and analyzed in SPSS Ver. 18. The quantitative variables i.e. age and practical experience were presented as mean and standard deviation. The qualitative variables i.e. gender, and effectiveness of this education were presented as frequency and percentages.

**RESULTS:**
A total of 34 general physicians participated in this activity Out of these 34, three physicians left the lecture. So, the attendance was 91.17%. The mean age of the physicians was 45.56±5.67 years. There was 25 males and 6 females who attended the training completely. All the physicians were served with the predefined proforma and out of 31, twenty-four returned the proforma after completion. The response rate was 77.42%. Out of 24, eighteen responded that this training was beneficial and that this kind of training should be continued on regular basis either monthly or bi-monthly. Six doctors found the
lecture boring and not interactive. They responded that, if lectures are made interactive and interesting these kinds of activities might be beneficial.

**DISCUSSION:**

According to a study by Cervero et al., five of the systematic reviews addressed the question of the impact of CME, in general, on performance and patient health outcomes. A systematic review was completed by the Agency for Health Research and Quality that used 136 individual articles and 9 systematic reviews published from 1981 to 2006 to determine the effectiveness of continuing medical education. The report used a broad definition of CME that included delivery formats as diverse as lectures, problem-based learning, and point of care learning. The overall conclusion is that CME appears to be effective at the acquisition and retention of knowledge, attitudes, skills, behaviors and clinical outcomes. CME interventions are likely to have a small to moderate effect on physician knowledge, physician performance, and patient outcomes. Judicious use of moderator variables in course planning can improve the effect size of the CME intervention. The use of active and interactive teaching methods versus passive methods, education for a single group versus multiple groups, smaller versus larger groups, longer versus shorter sessions, and increasing the number of sessions all increase the effect size (4-6).

**REFERENCES:**


