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Effectiveness of CME in enhancing interprofessional learning (IPL)

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Introduction

CME refers to a specific form of continuing education that helps those in the medical field maintain competence and learn about new and developing areas of their field. Singapore Medical Council requires doctors to attend such educational activities which will serve to maintain, develop or increase their knowledge, skills and professional performance.

IPL refers to occasions when two or more professionals learn with, from and about each other to improve collaboration and the quality of care (Center for the Advancement of IP Education, CAIPL, 1997). IPL is supported globally, with World Health Organization (WHO) exhorting the development of collaborative practice to deliver the highest quality of care. This will demand educational and learning approaches which enhance the development of working together with a common purpose, commitment and mutual respect.

As clinician lead for training in the Department of Psychological Medicine, one of my responsibilities is to ensure adequate ongoing professional development amongst staff to affirm good clinical practice and better patient health outcomes. The main CME activities were the Grand Ward Round and Journal Club readings on two days of the week, each of an hour duration. The challenge was to have effective educational activities which cater to differing learning needs within tight working schedules of different professional group of learners viz doctors, nurses and allied health. It was agreed that there was a need to review the effectiveness of our Department's CME and explore areas of improvement to facilitate IPL.

Method

A IPL workgroup to enhance the educational quality of our CME was formed, comprising representatives from the various professional groups in the department. The first focus group was conducted where participants shared about their perceptions and effectiveness of our current CME. A survey on satisfaction of CME was designed and conducted using the survey monkey for all departmental staff. Questions were asked with regards to staff's perception of the relevance and appropriateness of our CME activities. A second focus group followed to review the survey results with suggestions for improvement in the CME planning and IPL.

Results

The first focus group described CME to be a list of educational activities circulated to the department by the secretary and was designed mainly for doctors. IPL was not an explicit outcome from attending CME activities. Allied health and nursing highlighted that they have their own continual educational activities and found it hard pressed to contribute to the department's CME. However, group members agreed that good patient outcome was the common learning objective in attending CME.

50 of the 65 regular CME attendees responded to the survey monkey (response rate of 76.9%). 60% were doctors, 28% were allied health and 10% were nurses. 78% of staff only attended CME organized by the department. A majority of the respondents agree or strongly agree that the CME activities were helpful with their clinical practice (68% and 57% respectively) (Figure 1 & 2). Nearly half of the respondents (45%) felt that the CME activities were too focused on doctors' learning needs although about 78% agree that the CME helped with IPL (Figure 3). Respondents also highlighted that there should be more contribution from nurses and allied health in the CME (Figure 3).

For the second focus group meeting, members showed better understanding of IPL being more than just a multidisciplinary discussion, but with emphasis on a deliberate attempt at facilitating learning amongst the various professional groups. Suggestions were made by the focus group members to improve the educational quality of the Department's CME in terms of promoting IPL.

Figure 1 I find the Tues CME (Grand Ward Round)...

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Timing is appropriate	8.33% 3	72.22% 26	13.89% 5	5.56% 2	0.00% 0	36	2.17
Duration is adequate	5.56% 2	83.33% 30	8.33% 3	2.78% 1	0.00% 0	36	2.08
Physical environment is conducive for learning	5.56% 2	69.44% 25	22.22% 8	2.78% 1	0.00% 0	36	2.22
Helps with my clinical practice	5.56% 2	63.89% 23	30.56% 11	0.00% 0	0.00% 0	36	2.25

Figure 2 I find the Fri CME (Journal Club)...

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
Timing is appropriate	2.78% 1	61.11% 22	25.00% 9	11.11% 4	0.00% 0	36	2.44
Duration is adequate	2.78% 1	88.89% 32	8.33% 3	0.00% 0	0.00% 0	36	2.06
Physical environment is conducive for learning	2.78% 1	66.67% 24	22.22% 8	5.56% 2	2.78% 1	36	2.39
Helps with my clinical practice	2.78% 1	55.56% 20	36.11% 13	5.56% 2	0.00% 0	36	2.44

Discussion

One of the main findings of the survey was the perception that the CME activities were too focused on the doctors' learning needs. Qualitative comments from the survey indicated that there may be an unintentional emphasis on using CME activities to prepare residents for their residency training examinations. This was particularly the case for the Journal Club readings, when articles were selected for journal critique and addressed methodological flaws and statistical approaches without adequate discussions on clinical implications on patient care, usually because of the pressure for time.

Although allied health and nursing colleagues organized their own continual professional learning activities, 78% of the respondents only attended the department's CME for their professional development. Non-doctor healthcare professionals can be encouraged to contribute more actively by presenting cases and journal readings in the department's CME. This would maximize the potential for IPL and encourage collaborative practice and better patient care.

Performance improvement CME encompasses efforts to bring quality improvement (QI) in healthcare into continual professional educational initiatives. The IPL workgroup had suggested leveraging on one of our department's QI initiatives (Improving documentation of side-effects of psychotropic medications) and to organize related QI training as part of the CME. Interprofessional participation amongst QI personnel, nurses, pharmacists and doctors in understanding the QI process and how performance gaps could be closed served to better effect change and QI in clinical practice. Side-effect documentation improved significantly in a subsequent audit. The integration of QI initiatives into our CME with opportunities for interprofessional interaction and reflection and agreement on outcomes considered important by all stakeholders resulted in a concerted effort to bring about greater improvement in performance.

With the move towards competency-based continual professional development, it was highlighted that engagement in assessment activities will promote change. We were accustomed to evaluating CME outcomes only using attendance records and participation satisfaction. The IPL workgroup recommended that there is a need to review our CME outcomes with regards to practice pattern assessment using chart audits (measuring performance) and patient survey or quality assurance data (measuring health outcome).

Conclusions

Previous studies on effectiveness of CME activities had shown that although there was a positive impact on the healthcare professional's performance, the evidence on patient health outcomes was not reliably demonstrated. This educational quality improvement initiative on our CME activities suggested that there was a need to promote IPL with more deliberate attempt to encourage contribution from our nursing colleagues and allied health colleagues. The use of appropriate assessment strategies of evaluating CME outcomes would further facilitate collaborative practice and better patient care.

References

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Figure 3 Our Department's CME activities...

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	TOTAL
Are too many	0.00% 0	24.32% 9	37.84% 14	32.43% 12	5.41% 2	37
Help with interprofessional learning	10.81% 4	67.57% 25	16.22% 6	5.41% 2	0.00% 0	37
Are too focused on doctor's learning needs	2.70% 1	43.24% 16	35.14% 13	16.22% 6	2.70% 1	37
Should have more contributions from allied health professionals	16.22% 6	62.16% 23	18.92% 7	2.70% 1	0.00% 0	37
Should have more contributions from nursing professionals	18.92% 7	43.24% 16	35.14% 13	2.70% 1	0.00% 0	37

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