

THE MEDICAL DOCTOR AS A LEARNER

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Medical facilities and equipment are continuously advancing and becoming more sophisticated in a variety of fields including laboratory, radiological, bedside, operating rooms and others. This major progress is an attempt of improving the diagnosis of diseases and discovering or studying new opportunities to refine the management of medical conditions and thus improving patients' outcomes. In order to achieve these goals several important factors and issues are involved. Among the most important of these are: the presence of a good health centre equipped with good facilities, run by motivated staff (medical, nursing, paramedical, and ancillary) supported by non-clinical departments like medical records and Information Technology (IT), and all are practicing within a frame of respectable relationship. There should be a clear, well-designed working' system, an intention for teaching at different levels, and preparation for conducting research. In order to continue enjoying the same good standard of such atmosphere it is essential to continue maintaining these strategies.

Similarly medical teaching had undergone significant changes, and medical research both clinical and laboratory is generally well-funded. These fields are intended to improve the standard of the graduate and postgraduate students, and the quality of

the health service. Likewise in order to maintain that good standard the teaching staff must be experienced and teaching within a flexible, easily modified curriculum. The students must be motivated and willing to learn. The presence of a well-designed clinical and laboratory research is essential, and there should be an understandable atmosphere and cooperative approach between the authority that provides the health care and the authority who provides the teaching if there is duplication.

Medical doctors are under continuous pressure from patients, health-care providers and other authorities to show that they are updated in their theoretical knowledge and practical experience. Licensing authorities demand that the licensed medical doctor is competent before renewal of the license.

It is therefore getting very clear that we must be involved in Continuous Medical Education (CME) and Continuous Professional Development (CPD) and show that we are giving them a priority. These are intended to 1; change the medical doctor behaviour and 2; improve patient's outcomes; two essential pillars in any successful medical career.

Traditional CME is a time-based system of credits awarded for attending different scientific activities, which essentially

involve: audit and feedback (mortality and morbidity meetings, peer review and quality assurance), chart-based reminders, clinical practice guidelines, computer-aided instructions on patient-related problems, reading materials and visits to centres, which provide recognized activities or programs for CME or an opportunity to learn from a well-trained colleague in these centres to improve own performance. Peer review is becoming the landmark for any successful credentialing.

It has been found that didactic lectures do not play a significant role in immediately affecting the medical doctor performance or improving patient health care. Instead interactive workshops that involves case discussion and hand-on practice sessions is recommended.

Around the world there are several available CME programs accredited by several authorizing bodies, one such authority in the USA is "The Accreditation Council for Graduate Medical Education (ACGME)". This Council lists self-assessment tools for use by practicing doctors as they contemplate a;ethics, b; professionalism, and c;practice-base learning and improvement. Basically any Faculty, College or Society which intend to provide any recognized scientific activity in USA must be accredited by the ACGME and assign a maximum credits to be earned from the hours attended by the medical doctor during that specific conference, program, workshop, seminar, postgraduate course or other well specified activity.

Some medical doctors might think that their involvement in such CPD activities is an additional task to their already very busy schedules. They might believe that they are already doing a satisfactory reading and perhaps attending conferences or other meetings, which is keeping them updated. Unfortunately this is no more

considered to be acceptable because there are no more places for isolation and all of us must work in teams. We need to prove that we are real colleagues by showing support to each other, provide advice and help when needed, and admit mistakes and immediately try to rectify them. We need to keep our knowledge and practice under continuous development and share it with other colleagues. We must be honest with our patients during all stages of their management. By adopting such strategies and trying to achieve this goal we certainly aiming at minimizing liabilities. It is very unfortunate to find ourselves in such undesired situations that we must expose those irresponsible colleagues who directly or indirectly affecting our profession because they are not only resisting any progress but continue to commit medical errors. It is unfortunately these irresponsible actions are the ones, which affect our medical honesty when faced with other parties.

Other medical doctors might think that conducting regular audits including the mortality and morbidity meetings is putting them under scrutiny to check their performance and breaching their pride by providing an opportunity for opponents to put their competence under doubt. This is again not valid because no matter we think that we are knowledgeable and experienced we continue to have some deficiencies in several aspects, and as any human-beings we will continue to do mistakes, which we need to study them, and learn from them. It might be true that mortality and morbidity meetings might be an opportunity for some medical professionals to create some degree of friction with other colleagues, especially when surgical cases are discussed. However, in the presence of good documentation, sincere and good efforts to provide the best service to the patient, the

presence of team-work and leadership, sincerity of presenting all facts including admitting medical errors, and well-organized, well-chaired meetings should make these types of meetings both enjoyable and educational. Besides, in many studies it has been found that many of the medical errors are due to a failed or improperly implemented system and not necessarily directly related to the efficiency or the performance of the medical professional.

In order to progress with any CME activity there should be 1; an assessment of learning needs 2; a necessary pre-cursor to effective CME and 3; an interaction among doctors-learners with opportunities to practice the skills learned. These factors are essential for any successful CME program to prevent an over promotion of a possible impractical program as it was discovered by some centres. On the other hand the medical doctor-learner's progress will depend on 1; the motivation of the medical professional 2; their knowledge of a problem and 3; the gap between current knowledge and skills and those that are desired.

There are certainly an additional benefits and / or utilization to the health institution information where the medical professionals are working in. These includes: 1; hospital admission rates, 2; mortality and morbidity rates, and 3; medical errors rates. From these data a comparative conclusions to the progress of the service in the same institution might be shown, and further studies might be drawn and presented when compared to similar studies from other health institutions.

In conclusion: 1; medical doctors should accept responsibility for their own continuous learning, 2; medical doctors should participate in educational activities that offer personal involvement in thinking about professional practice and in

identifying learning needs, 3; medical doctors should generate important questions, interpret new knowledge and judge how to apply that knowledge in clinical settings, and 4; Continuous Medical Education (CME) must be truly continuing, not casual, sporadic or opportunistic in order to be recognized as a competent medical doctor. It should describe learning events, enabling doctors to assess ongoing basis to maintain competence.

Suggested Further Reading

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