

Attitudinal Issues in Physician Professional Development

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Objectives

To assess educational needs of physicians, both perceived and unperceived

To assess how educational needs impact clinical practice and professional development

To determine learning technologies, educational formats, and tools that are most conducive to learning

To determine how current trends in healthcare impact application of new learning

To assess gaps in learning/knowledge translation and information management

Solo versus Group practices Rural versus Urban practices

To assess gaps in available tools and systems in clinical practice

Key findings

Educational needs identified in the following categories:

1. Practice: Office management and technology
 - ▲ (e.g. Internet)
2. Practice: Communication knowledge and skills
3. Clinical: Aging population issues (e.g. chronic healthcare)
4. Personal: Personal growth, attitudes, knowledge of themselves
5. Clinical: Poly-pharmacy
6. Practice: Psycho-social issues in clinical practice
7. Practice: Managing patient flow
8. Clinical: Prevention, particularly nutrition

Methodology

Multiple Analyses and Perspectives

- ◆ Categorizing, axial, and multidisciplinary coding
- ◆ Gap analysis
- ◆ Frequencies, rankings, and means
- ◆ Medical, educational, and psychological

Multiple Data Collection

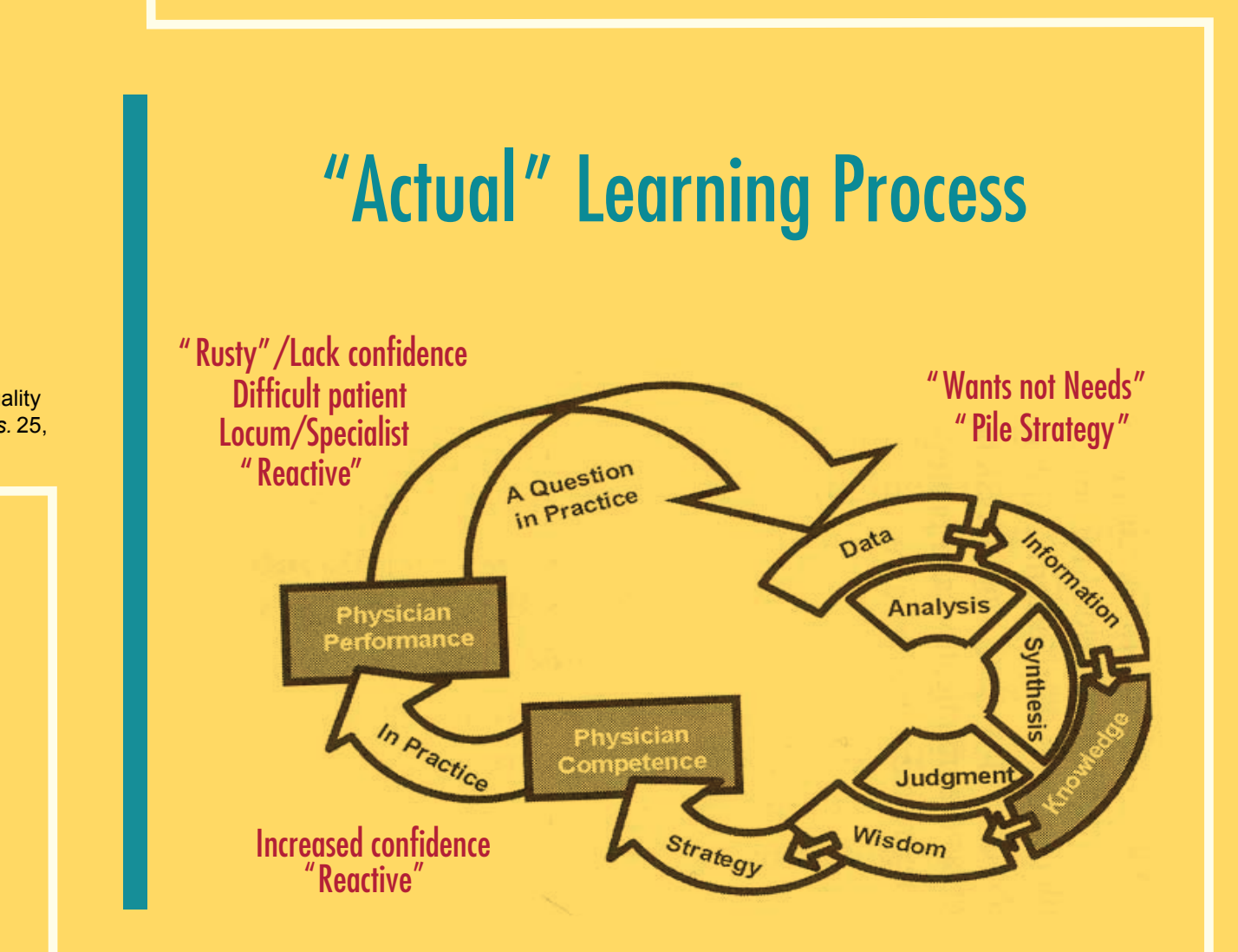
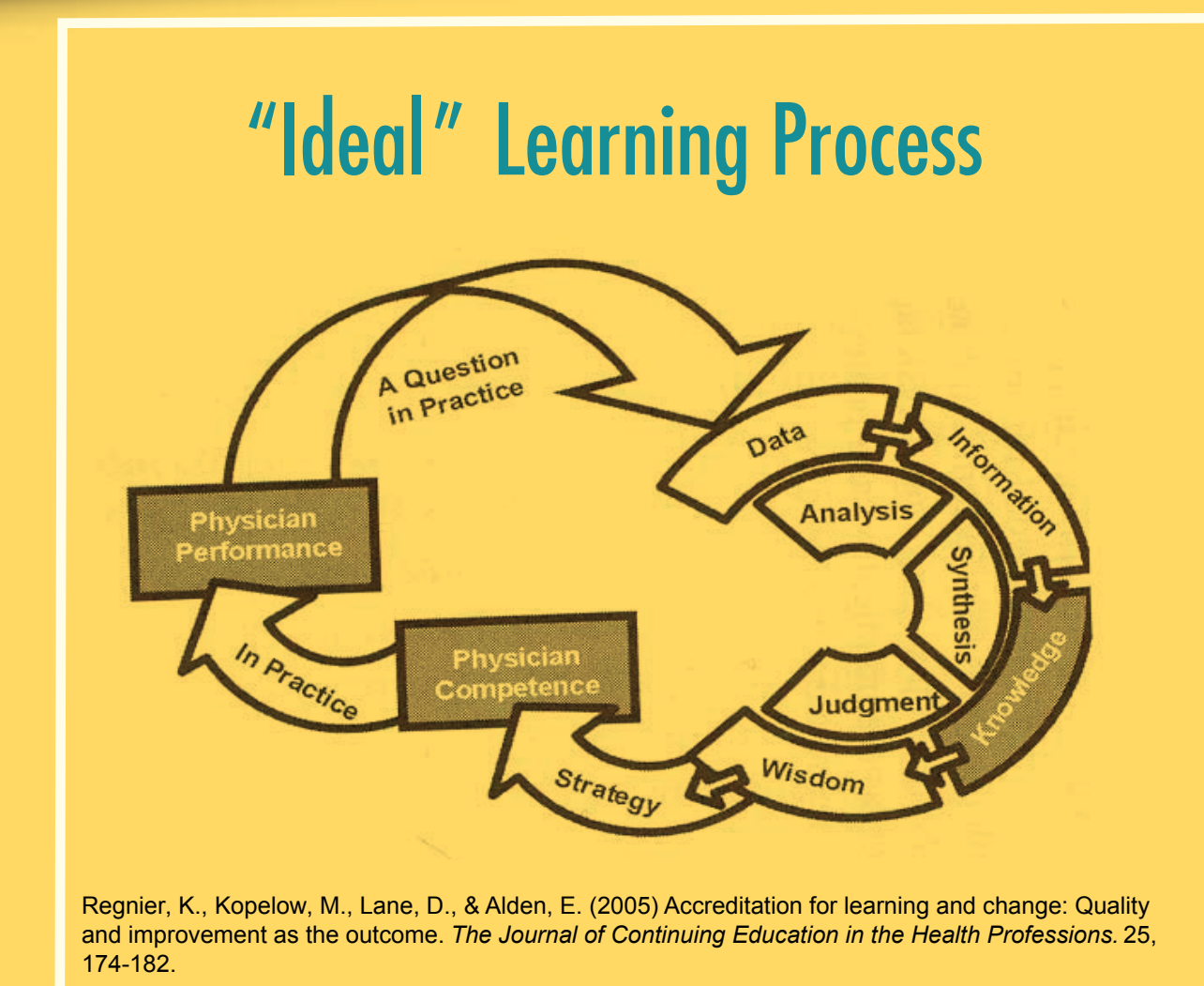
- ◆ Multiple methods
- ◆ 8 focus groups held in 5 regions using qualitative and quantitative data collection methods

Multiple Sources

- ◆ Literature review
- ◆ CFPC/CMA Members
- ◆ Expert input

Impact of educational needs

1. Challenge to keep abreast:
 - ▲ Currency and rapidity of knowledge
 - ▲ Currency of competence and skills
2. Impact upon morale ("overwhelmed")
 - ▲ Difficulty with application and translation of new knowledge, science, technology, guidelines into actual day-to-day practice and patient care
3. Currently available professional development is "costly":
 - ▲ Time away from practice plus travel (especially rural physicians)
 - ▲ Staff coverage
 - ▲ Reduced patient access & patient reaction to their absence
 - ▲ Reduced family time (especially female physicians)
 - ▲ Cost ("double indemnity")
4. Lack of needs-based, individualized resources and CME programs, and tools or supports
 - ▲ ("one size fits all")



Technology (e-learning, PDAs, computer access, EMR) is a mixed-blessing

- ▲ Physicians appreciate access to information (e.g. drug interaction information, access alternative medicine, updated clinical data)
- ▲ They resent and fear, however, a loss of the "art of medicine" and the humanistic element to working with people (especially in rural areas)

Preferred formats for learning

- ▲ Colleague-to-colleague, sharing of best practices sessions
 - ▲ Hands-on/interactive sessions
 - ▲ Case-based discussion workshops
- ▲ Lectures with specialists or key opinion leaders

Gaps in CME system

1. Loss of practice time and billings "double indemnity"
2. Program cost
3. Lack of relevance to physicians' practices
4. Loss of work- family life balance esp. for female, and rural physicians
5. Lack of motivation
6. Lack of system (e.g. organizational) support

Variables of Professional Development

- | | | |
|--------------------|---|--------------------------|
| A. Standardization | ↔ | Individualization |
| B. Autonomy | ↔ | Accountability |
| C. Oversight | ↔ | Self-regulation |
| D. Separate | ↔ | Integrated into Practice |
| E. Science | ↔ | Humanism |

Summary

The processes that physicians utilize to assess their learning needs, to identify and pursue educational interventions, and to evaluate the effectiveness of the educational activity they undertake, are subject to multiple variables that influence their motivation and willingness to pursue education.