



E000175

RESOURCE FOR DEVELOPMENT OF
CONTINUING EDUCATION PROGRAMS*

Alexander M. Schmidt, M.D.
Chief, Continuing Education and
Training Branch
Division of Regional Medical Programs
Health Services and Mental Health
Administration

*Presented at the Conference of
Coordinators of Regional Medical Programs
September 30 - October 1, 1968
Marriott Twin Bridges Motel
Arlington, Virginia

This copy reproduced from original manuscript for immediate distribution
to Conference participants. Final copy of all papers will be published
and made available as soon as possible.

Since the inception of Regional Medical Programs, statements delineating our goals and the role to be played in meeting these goals by continuing medical education have been refined and clarified. Perhaps the clearest statement of the ultimate purpose of continuing medical education was made at our National Conference this past January: "The principle objective of continuing medical education is to provide for constant improvement in medical care. The problems of medical care and medical education are inseparable, and continuing medical education offers the greatest potential for the rapid and widespread solution of problems and deficiencies in health care."

This potential has been recognized by most regional medical programs, if I judge correctly our conversations and the content of grant requests. Nearly one-half the projects funded have been educational activities. If one includes patient care demonstrations as educational in nature (which I certainly would), then three-fourths of the projects and of the dollars granted are dedicated to education.

These figures document what we have suspected; that in fact as in theory, continuing medical education is a principle means of achieving our program goals.

But to accomplish all that we must, we should aim for the involvement of a major portion of the total health resources of the nation. This means involvement with almost 100 medical schools and their affiliated teaching hospitals, a sizeable portion of the total of 7,000 hospitals, some 288,000 physicians active in practice, 600,000 nurses and large numbers of other health personnel.

Dr. Olson has already spoken of involvement and commitment in his remarks earlier today. The importance of this process of involvement and commitment was emphasized in our report to the President and Congress, in the revised Guidelines recently issued, and especially in recent hearings before Congress held in connection with the extension of our legislation. But this process is a difficult one, and has obviously troubled a great many of us seeking ways of gaining the involvement and commitment to Regional Medical Programs of the significant portion of the nation's total health resources.

I think there is now evidence to suggest that the majority of health professionals now want to be -- and feel they must be -- involved in continuing professional education. Yet, it is clear that the more traditional forms of continuing medical education have not been successful in reaching many more than 10% of practicing physicians, and have had questionable beneficial effect on that small number. One still hears from all sides that physicians have no time to leave their practice, that their needs to learn are not being met, and that they simply are bored by the courses they have attended.

The challenge is obvious: each region must develop an educational program that will meet the learning goals of its many professionals, and that will secure widespread involvement in and commitment to the program.

Some regions are now accepting this challenge. We have been excited by the imaginative approaches being taken by some of our programs and by a few other groups in the country. In studying these, we have tried to identify characteristics of continuing education programs which will not only meet educational needs, but also insure widespread and enthusiastic involvement in our programs. I believe that I can identify four characteristics by which continuing medical education programs can be judged. While these characteristics sound disarmingly simple, they are worthy of our best thought and effort.

First and perhaps most important, the educational program must be based in and integrated with the practice of the professional. Ideally, the educational program should take place where a physician, for example, has most of his problems -- usually his community hospital. His education should not be continuing, but continuous ---- daily ---- an integrated part of the process of seeing patients, gathering and evaluating data, and making decisions. His educational needs must automatically be met by the educational program in such a way that he will perceive the time spent as an integral part of his professional life, and he won't have to "leave his practice." The mechanism for such an educational program is suggested by the second desirable characteristic: the educational need

of the practitioner must be met. The problem of identifying the deficiencies in knowledge and skills and the undesirable attitudes that we all have can be solved only by systematic study of these as they are reflected by our performance. What is needed is some method for looking at the end results of our efforts in practice. If a physician were to have some way of judging the outcome of his performance and were to see that in fact these were deficiencies, he could then ask himself what there is about his performance which yields less than the desired result. It seems that the only rational way to document scientifically and systematically our educational needs is to insure our first characteristic --- that of basing the educational system in the daily practice of medicine. Some of you are now finding new ways to use techniques similar to the utilization review, and finding that these data on how medicine is practiced make obvious what changes must take place to improve patient care.

This suggests the third characteristic: the content and procedures of the educational program must be determined by a systematic inquiry into the Practitioner's knowledge, skills, and attitudes. We need highly specific educational efforts directed toward resolution of an identified need. Evidence now supports the contentions that many physicians don't use knowledge they already have, and that their attitudes must be studied and then changed by appropriate educational experiences. It may well be that our concerns about motivation can be alleviated by such efforts.

Experience suggests that as we begin truly to meet individual needs, and demonstrate to that individual, by means of appropriate evaluation the resulting benefits, we can gain the enthusiastic acceptance, support and involvement of the medical profession in our program.

Such an educational schema could be a threat to our professionalism, if not our profession, which brings me to the last characteristic: the system should be professionally "owned and operated." The importance of this can be seen now in Oregon. What will make their experiment successful is that the members of the Oregon Medical Society themselves decided that all members must engage in continuing medical education. Physicians as members of a trusted profession must be dedicated to assessing the level of practice as a prerequisite to the design of an educational program. I believe that if the first three characteristics are to be present, the fourth must be. Only in a professionally controlled system of continuing medical education can we achieve the necessary others ---- basing the system in the profession, surveying performance in order to analyze need, and meeting this need by problem-oriented teaching programs occurring as part of a practitioner's everyday life.

Such programs are now being developed, and resources are available to assist in building others. Some of you are getting valuable assistance from centers of adult education or offices of research in medical education. The Division staff is eager to be of assistance whenever we can. We will be sending you pertinent information as it becomes available, such as the report of the AMA National Plan for Continuing Medical Education.

I hope that these characteristics might assist you in judging your educational program, its effectiveness, and its promise; and give some insight into how continuing medical education can be a principle means of involving professionals in our program.