Does participation in CME SLG (Small Group Learning) influence medical practice? The experience of General Practitioners attending CME SLG after the Introduction of the Medical Practitioners Act

Abstract:
- S Dowling, H Finnegan, C Collins
- Western House, Western Road, Clonmel, Co Tipperary
- CHM, Marina Point, Ballinasloe, Co Galway
- ICPG, 4-5 Lincoln Place, Dublin 2

Introduction
Continuing Medical Education (CME) has been described as any and all ways by which doctors learn following formal completion of their training. Increasing attention is being paid to CME as a mechanism for improving physician and patient care outcomes. According to Fox and Bennett, the systematic attempt to facilitate change in physicians practice. The Irish Medical Practitioners Act of 2007 places a statutory obligation on all Medical Practitioners registered in Ireland to maintain their professional competence by participating in a recognized Professional Competence Scheme (PCS).

Methods
This study consisted of a self-administered questionnaire to be completed by all doctors attending CME-SGL. The first page of the questionnaire gathered demographic data, while the second page asked about the reasons doctors attend CME meetings. The third page asked doctors to give specific examples of how CME-SGL had influenced their own medical practice. Following ethical approval from the ICPG (June 2012), piloting and a discussion regarding implementation with all tutors occurred in September 2012. Subsequently, 35 tutors administered the questionnaires to all attendees at their next scheduled CME meetings (November/December 2012). Each tutor was asked to provide a list of the topics covered in CME-SGL during the past 12 months, and participants were asked to provide their answers based on this list. Doctors were asked to give specific examples of how CME had changed their practice in six domains including knowledge and skills, prescribing, attitudes, audit, investigations and use of guidelines in practice.

Results
Questionnaires were completed by 1366 GPs, a response rate of 96% of those attending CME meetings in November and December 2012. The study was based in Ireland. Groups usually meet in the evenings after work for approximately two hours. There are commonly between 7 and 8 meetings per year. Nationally, between 1100 and 1700 doctors attend each month. The tutor network is funded by the Health Service Executive (HSE), the national health authority. The Irish College of General Practitioners (ICPG) has a governance role, and administers the PCS for GPs. Teaching methods used in the delivery of CME-SGL include case discussion, use of video, problem based analysis, practice visits, discussion of clinical experiences, practical demonstrations, case review, practice management meetings and discussion of errors made in practice. The tutors who facilitate these meetings attend three tutor workshops annually. These workshops include discussion of the curriculum for CME-SGL, clinical updates and formative feedback for tutors on their leadership skills. The CME-SGL model of learning was started in 1983 by Dr Michael Boland and over the past 30 years the national network of tutors has grown to include approximately 60 tutors, including 35 tutors who coordinate small group learning (SGL) sessions for between two and five groups of physicians. Small groups of clinicians (usually between 8 and 12 members) meet to discuss cases, reflect on evidence presented in the meeting and consider what changes they will make to their own practice. Group leaders (who are themselves members of the small groups) help to facilitate these meetings. A review of the evidence to date suggests the group size most likely to improve outcomes is 6-8. The finding that small group size also improves outcomes is thought to be linked to the opportunity to actively participate and to obtain information directly linked to practice concerns.

Overall 97% of respondents said that they attend CME-SGL because of a desire to improve their clinical practice. A third of the respondents (30%) working in single-handed practice (Table 2). Almost 60% of those surveyed had been in practice for 15 years or more.

Does participation in CME SLG (Small Group Learning) influence medical practice? The experience of General Practitioners attended CME SLG after the introduction of the Medical Practitioners Act
Discussion

Irish CME-SGL is the first in Europe to provide structured countrywide access to education for GPs on a monthly basis. The unique, local, small group setting emphasizes live peer-group interaction, including reflection on practice. Meetings have varied structure and content, and a variety of teaching methods are applied. Evidence indicates that face-to-face activities provide effective education, especially in the setting of multiple exposures, while the use of multi-media and multiple education techniques have been shown to improve outcomes in CME. Knowledge is a critical element of expertise, and is a good predictor of performance. In this study we asked doctors to provide specific examples of knowledge and skills learned at CME-SGL. Almost all GPs currently participating in the CME-SGL program who responded to the questionnaire (91.1%) were sure that CME-SGL had improved their clinical practice, and nearly 9 out of 10 (88.3%) agreed that CME had changed this. Of those, 91.1% gave specific examples of how CME-SGL has impacted on their knowledge, skills and attitudes, including their prescribing practice, use of investigations, application of guidelines and implementation of audits (Table 3). The Professional Competence Scheme (PCS) in Ireland includes a requirement for GPs to actively participate in one audit exercise annually; 70.6% reported that CME-SGL helped them to comply with the requirement. Several studies have attempted to better understand the characteristics of CME that are associated with improvement in the clinical performance of physicians. These show a close link between the intensity of teaching strategy and clinical performance; moreover CME which focuses on interaction and active participation (e.g. case discussions, role-play, hands-on practical sessions) is most likely to affect changes in the performance of participants. In contrast, evidence for the impact of formal lectures on performance is poor. Irish CME-SGL uses multiple teaching methods, and multiple exposures; thus, the positive findings in this Irish study are consistent with international studies. Most doctors who participated in this study reported they also attend CME-SGL for peer support from their colleagues. The importance of this should not be underestimated; Zaher et al found that sharing experiences with colleagues in CME helps doctors to reflect, as well as to acquire new knowledge and skills. Most of these Irish GPs (91.1%) reported that reflection on practice occurred at CME-SGL. Activities that help participants to reflect on current clinical practice, relate that practice to established guidelines, and recommend evidence-based strategies to overcome identified gaps have been shown to be very effective. To our knowledge this is the first study to report on CME-SGL in Ireland. The questionnaire was administered by all tutors in a consistent fashion countrywide; the high response rate (98%) indicates that most doctors who attended CME-SGL meetings in late 2012 participated. Demographic data of respondents (Table 2) is representative of Irish GPs nationally, and reflect the feminization of general practice, as well as the desire of older GPs to satisfy the requirements of the PCS and so stay on the Medical Register. It is acknowledged that the use of self-reports is a potential source of bias. Reporting was limited to the content of the previous years teaching, and did not include doctors who were unable to attend CME meetings through illness, sabbatical or other reasons. Furthermore, it is possible that some responses may have been influenced by other meetings that the doctor attended prior to the survey. The effects to which these factors may have influenced our results is unknown. As the structure of Irish CME-SGL consists of both a formal curriculum and informal learning opportunities, GPs may learn more from CME meetings than we were able to measure in this study. Moreover, our findings might have been different if GPs had been asked to complete the survey based on all the years they had been attending CME. The numbers attending CME-SGL have increased markedly since the Irish Medical Practitioners Act came into force in May 2009 (Table 1). The numbers attending in 2011 were double those of 2009 (Table 1). GPs report their attendance is influenced by the requirements of the PCS (Table 3); each meeting provides 2 internal and 2 external CME credits, accumulated locally. Enlarging group size may have a negative impact on the small group learning methods employed in CME, as the opportunity for interaction between participants and reflection on practice may be diminished. In order to maintain the current format, shown by this study to be effective, expansion of the number of the tutors in the network is necessary. In conclusion, this study has a positive impact on the clinical practice of GPs who attend, and supports the maintenance of CME-SGL in the current format. Future research is needed to assess the effectiveness of CME interventions on doctors actual performance, patient outcomes and population health.

Acknowledgements

All 35 CME tutors who carried out this study and who worked so hard to give us the response rate we obtained; C McNicholas, assistant National Director, for all her work and support; B Kelly for the administrative work on this research; and all the GPs who very kindly participated in this study.

References

4. Irish Medical Council; Professional Competence: Guidelines for Doctors. The Irish Medical Council April 2011; pages 1-48

Correspondence: S Dowling
Western House, Western Road, Clonmel, Co Tipperary
Email: dsstephanie.dowling@gmail.com

Does participation in CME SGL (Small Group Learning) influence medical practice? The experience of General Practitioners.
Does participation in CME SLG (Small Group Learning) influence medical practice? The experience of General Practitioners...