Attitude of Chest Physicians Working in Provinces Toward Continuous Medical Education

Taşrada Görev Yapan Göğüs Hastalıkları Uzmanlarının Sürekli Tıp Eğitimi İle İlgili Tutumları

Uzmanlarının Sürekli Tıp Eğitimi İle İlgili Tutumları / Attitude of Chest Physicians Toward Continuous Medical Education

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Özet

Amaç: Ömür boyu mezuniyet sonrası eğitimi de içeren sürekli tıp eğitimi (STE) çok önemlidir ve bu konuda tüm dünyada bir çok çalışma yapılmıştır. Türkiye'de ilk STE çalıştayı 1991 yılında Türk Tabipler Birliği tarafından yapılmıştır. 1994 yılında STE kredilendirme kurulu oluşturulmuştur. Çalışmamızda Türkiye'deki göğüs hastalıkları uzmanlarının STE ile ilgili yaklaşımlarını ve durumlarını belirlemeyi amaçladık. Gereç ve Yöntem: Kesitsel tipteki bu anket çalışma Türkiye'deki devlet ve göğüs hastalıkları hastanelerinde çalışan göğüs hastalıkları uzmanlarında uygulanmıştır. 36 ilde eğitim hastanelerinde çalışmayan 130 göğüs hastalıkları uzmanları çalışmaya çağrıldı. Bulgular: Cevap oranı 54.6%. Katılımcıların 28.2%'si düzenli olarak mezuniyet sonrası eğitim aktivitelerine katılmışlardır. Uzmanlıkları ile ilgili yayın ve web sayfasını düzenli olarak takip edenlerin oranı sırası ile 58.8% ve 63.5% idi. Katılımcıların58.8%'i kendilerini mesleklerinde gerilemiş hissettiklerini, 72.9%'u mesleksel açıdan gelişmek için eğitim araştırma hastanelerine rotasyona gidebileceklerini belirtmişlerdir. Tartışma: Ülkemizde STE kavramının henüz tam olarak olgunlaşmamış olması sağlık hizmetlerindeki kaliteyi, dolaylı olarak da doktorların özgüvenini tehdit etmektedir. Yapılanların yanında yapılması gerekenler de mevcuttur.

Anahtar Kelimeler

Eğitim; Tıp; Sürekli

Abstract

Aim: Continuing medical education (CME) including the life long post-graduate training considered very important and serious work done in this direction worldwide. In Turkey, CME workshop was done by the Turkish Medical Association in 1991 firstly and CME credit board has been created in 1994. We aimed to determine approachments and status of the pulmonologists on CME, in Turkey. Material and Method: The cross-sectional, questionnaire-based study was carried out among pulmonologists working in state or chest disease hospitals in Turkey. 130 pulmonologists in 36 provinces those did not work in training hospitals invited to participate to study. Results: Response rate was 54.6%. 28.2% of the participants had been participating to post-graduate education activities regularly. The participants that follow-up a publication and a web site about their specialty on a regular basis were 58.8% and 63.5%; respectively. 58.8% of the physicians sometimes feel themselves regressed in their profession and 72.9% of them request for rotation to training and research hospitals to develop themselves in professional respect. Discussion: In conclusion, not yet fully evolved concept of CME in our country threatens the quality of healthcare, and indirectly, safety of the physician. There are needs to be done as well as those made of.

Keywords

Education; Medical; Continuing

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Introduction

Continuing medical education (CME) including the life long post-graduate training considered very important and serious work done in this direction worldwide, especially in European and North American countries.

In 1948 worth health organization (WHO) created first international CME organization. After that, all nations started to establish their structure, in accordance with international organizations [1].

According to the Basel Declaration (2001), European Union of Medical Specialists (EUMS), describes the CME / CPD as a means of educational requirement to develop and rise the information, attitudes and practices required in doctors working lives. General opinion of the leading institutions like Accreditation Council for Continuing Medical Education (ACCME), The European Accreditation Council for Continuing Medical Education (EACCME), World Federation for Medical Education (WFME) about CME / CPD programs is that it is an ethical obligation for physicians. In Turkey, continuing medical education workshop was done by the Turkish Medical Association in January 1991 firstly and CME credit board has been created in 1994. The concept of Continuing Professional Development (CPD) was put in instructions in 2006 [2].

Despite these workshops, we thought there is a lack of motivation in terms of post-graduate education especially in pulmonologists those work in provinces state hospitals. We aimed to determine approachments and status of the pulmonologists on CME/CPD, In Turkey.

Material and Method

This is a cross-sectional, questionnaire-based study carried out in spring 2009 among pulmonologists working in state hospitals or chest disease hospitals in Turkey. There are 81 provinces in our country. Following approval of the Turkish Ministry of Health self-administered anonymous questionnaires with a cover letter providing details about the study was forwarded to the 130 pulmonologists in 36 provinces who did not work in education and training hospitals. To ensure the participants' anonymity, returned questionnaires were identified only by a code, and participants sent their responses by postal. The questionnaire included 2 parts and was composed of 18 questions. Part 1 addressed sociodemographic data like age, professional status, hospital type (chest disease hospital or state hospital) and years of work as a pulmonologist.

In part 2, the respondents were asked about the participance to congress or post-graduate courses as a trainee or trainer, regular following of periodical publications and web sites about their specialty, feeling of professional adequacy and request to go to rotation to training and research hospitals.

Statistical analysis

Continuous data were expressed as mean ± SD, and dichotomous data were expressed as frequencies and percentages. Dichotomous and categorical outcomes were analyzed using Chi-square test. Collected data were analyzed by using SPSS version 16.0 (SPSS, Inc., Chicago, USA). All statistical tests were two-sided with a significance level of 0.05.

Results

Response rate of our study was 54.6% (n: 82). The participants' mean year of work as a pulmonologist was 15.00 ± 8.92. 54.9% (n: 45) of them were working in chest disease hospitals and 42.7% (n: 35) were in state hospitals.

Some of the questions asked to participants were given in Table-1. There was no statistically significant difference between answers of chest disease and state hospital workers.

Table 1. Questions asked to participants and percentage of the "Yes" answers

Question	Answer "Yes" (%)			P value*
	CDH	SH	All	
Do you have any problem with your administrations in participating congress and/or training activities?	2.1	5.3	3.5	0.447
Are education activities done in your hospital?	67.4	65.8	66.7	0.877
Do you participate the education activities as a trainer?	47.8	40.5	44.6	0.507
Do you participate to post-graduate education activities regularly?	28.3	28.9	28.6	0.293
Do you follow-up a publication about your specialty on a regular basis?	54.1	65.3	58.8	0.286
Do you follow-up a web site about your speciality on a regular basis?	67,4	58,2	63.5	0.369
Are you sometimes feel yourself regressed in your profession?	66.8	48.9	58.8	0.142
Do you think that congress are useful?	97.8	97.4	97.6	0.904
Do you want to work in a training and research hospital by rotation to develop yourself in professional respect?	77.4	68.1	72.9	0.336

CDH: Chest disease hospital; SH: State hospital
*p value: The results of comparison of chest disease hospital and state hospital workers

The participants had been participating to post-graduate education activities regularly, sometimes and none were 28.6%, 69.0%, and 2.4%, respectively. Only 2.4% of them denoted that congress is not useful.

31.8% of them were following one, and 20% of them were following two publications regularly. Thorax (the journal of Turkish Thoracic Society (TTS)), was in the first place with 47.1%. Chest, Tuberculosis and Thorax, and Respiration (the journal of Turkish Respiratory Society (TRS)) followed it with percentages of 17.7%; 7.1%; and 5.9%; respectively.

Most popular website followed-up by participants was the TTS's website with 60.1%, TRS' s website followed it with 16.5%.

67.1% of the participants expressed that training activities were made in their institutions and 44.7% of them expressed that they had participated these activities as a trainer.

Discussion

The health system is changing every day and meets with new concepts.But even many centuries passes, the two elements that will not change at all will be patient and the doctor. The public interest in health-related issues is too much and widespread use of internet technology and media access to information become relatively easy. Now, patients are more knowledgeable about health-related issues and want to make sure that doctors can remain "up-to-date" [3]. Therefore, the concepts of continuing medical education (CME) and a more extended form continuing professional development have emerged.

The cost of these programs are a part of medical expenses and can not be requested from physicians, recertification can not be mandatory, the doctors those not participate to CME programs should not loose their status as a doctor or specialist [4].

Under the coordination of TMA, and especially in medical specialty training workshops the issue was taken up gradually and steps have been taken. In workshops the statements below

highlighted:

1-Doctors have done a public service and they are responsible to show the competencies clearly in front of the society. So that physicians' should be able to demonstrate their continuous improvements about clinical knowledge and skills, in their colleagues and in the level of national criteria.

2-Congress, courses, symposiums, training modules, web-casting, mobile applications and self-assessment modules can be used in CME credits

3-Institution visits are important in accreditation

4- CPD involves CME, and it is a broader concept than CME. CME defines medical practice related continuous education in the field of knowledge and skills. It is highlighted that CPD targets to develop the knowledge and skills, not only in medical fields but also in professional and academic fields (medical, administrative, social and personal issues) [5].

The Turkish Chest Diseases Qualifying Board was established in 2001 and ranked chest diseases specialists to acquire the habit and motivation of lifelong learning among their purposes [6]. In a questionnaire study responsed by 69 of 83 speciality societies those are members of TMA-speciality societies coordination board revealed that only 14.5% of them have a written CME policy [7].

To fulfill the functions by Speciality societies in our country the standard of qualified CME activities should be defined, these activities should be developed and encouraged, a written policy of the CME should be established. The CME programs of Turkish Thoracic Society; that is a leading association on CME/CPD; on the last 5 years was presented as a model at XII. Congress of Medical Speciality Training [8].

The response rate that remained around 55% in this study shows us that there is a group among colleagues who do not have sufficient sensitivity about CME/CPD. If we assume that the ones who do not sensitive to CME/CPD did not respond, probably the results would be more negative.

Based on our data 96.5% of the participants do not experience any problem with the hospital administration in terms of participation to training activities. Participitation to education and training activities do not affect annual leave times and go through the records as educational leave, and also do not affect payments has been committed by Turkish Health Ministry [9]. Furthermore, associations of pulmonologists in Turkey organize general and regional conventions, winter schools and education activities on a regular basis. Despite the above-mentioned facilities regular participation rate of the physicians were 28.2%. What can be the reason, financial problems, decline in the level of motivation over time, see himself/ herself adequate in terms of specialized training or all of the three? Participation to training activities, except scholarships funded by associations, generally sponsored by drug companies. Importance of CME can be understood when the necessity of maintenance and update of current medical information is thought. How can it be ethical for a physician to get financial support from a drug company for many times?

58.8% of the physicians sometimes feel themselves regressed in their profession and 72.9% of them request for rotation to training and research hospitals to develop themselves in professional respect. These results suggest that in fact most of the physicians; at least most of the respondents; aware of importance of the education.

Another option in training is written documents (periodicals, guidelines, etc.) prepared by the associations of chest diseases and can be accessed by anyone, whether a member or not, via web sites. It also does not need financial strength. However, 41.2% percent of the participants expressed that he/she did not follow a publication, and 36.5% do not visit chest disease related web sites on a regular basis. At least in this regard, the problem is not due to economic reasons.

Limitation of the study is the low response rates. As returned questionnaires were identified only by a code and there was not any question asked about personal information; non-responders could not be established and invited to response again.

In conclusion, not yet fully evolved concept of CME/CPD in our country threatens the quality of health, safety of the patient, and indirectly, safety of the physician. There are needs to be done as well as those made of. Under the name of emergency action plan:

1- Accreditation of the institutions that are authorized to provide education.

2- Organization of CME/CPD programs that can offer alternatives for the physicians without putting them on the spot and organization of these programs between secondary and tertiary institutions.

3-To provide regular participation in congress, courses and seminars

4- The CME/CPD programs have to finance by an organization which is not under the influence of drug companies.

5-Development of methods to test the adequacy of physicians

6-CPD report cards that can be evaluated and checked can be developed

Declaration of interest statement: None of the authors have conflict of interest

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