



EURACT-MCFD International Workshop on Lifelong Learning in Family Practice

jointly organised by the
Malta College of Family Doctors
and the
European Academy of Teachers in General Practice
Qawra, Malta, 10th May 2008

Important original documents:
MAKE YOUR PERSONAL LEARNING PLAN!
Jan Heyrman (Belgium), Mladenka Vrcic-Keglevic (Croatia), Paula Vainiomäki (Finland)
and members of the EURACT CME–CPD Committee in 2004-2008
<http://www.euract.org/pdf/Final%20CPD%20manual.pdf>

EURCAT-EQuiP document
<http://www.euract.org/page03d.html>

Programme

EURACT-MCFD International Workshop on Lifelong Learning in Family Practice - Saturday 10th May 2008

10.30 - 11.00: Registration & Coffee

Session 1

11.00 – 11.05: Welcome – Dr Mario Grixti, MCFD President

11.05 – 11.15: Introduction to EURACT – Dr Egle Zebiene, EURACT President

11.15 – 11.30: Introduction to Lifelong Learning in Family Practice - Dr Paula Vainiomäki and Prof. Mladenka Vrcić-Keglević

11.30 – 12.30: Identifying Learning Needs (small-group work)

12.30 – 14.00: Lunch Break

Session 2

14.00 – 15.30:

Plenary and discussion; results of the group work

How to use peer review in identifying learning needs - Dr Paula Vainiomäki and Prof. Mladenka Vrcić-Keglević

Peer review simulation (small-group work)

15.30 – 16.00: Coffee break

Session 3

16.00 – 17.00:

How to draw up a personal learning plan (plenary) - Dr Paula Vainiomäki and Prof. Mladenka Vrcić-Keglević

Drawing up my Personal Learning Plan (small-group work)

17.00 – 17.30: Closing plenary session

Details of EURACT Speakers & Group-work Facilitators

Dr Egle Zebiene MD PhD - President of EURACT; Lecturer at the Centre for General Practice, University of Vilnius, Lithuania.

Dr Paula Vainiomäki MD PhD – Chairman, CPD Committee; EURACT; Clinical Teacher in Family Medicine, University of Turku, Finland.

Prof. Mladenka Vrcić-Keglević MD PhD – Head, Department of Family Medicine, University of Zagreb School of Public Health “A. Stampar”, Croatia.

Group facilitators: **EURACT CME-CPD committee members**

In this workshop we will - through a simulated rehearsal -

- 1) Assess our own work with three **instruments for structured analysis of one's own work**. Different instruments and procedures have been developed to help us discover our real needs. In this workshop we will focus on three of them only. Plenty of other tools are available as well. One single method is not enough to assess our work, and many methods should be used. In this workshop, depending on time constraints, participants may be able to rehearse one or more instruments: consultation diary, position mapping, significant event analysis. Experiences will be shared in the small groups and during plenary presentations.
- 2) Present our own learning needs and objectives to be considered and commented by a peer in order to help us to adjust our own learning needs and objectives according to others (our "blind spots" as well as the needs and objectives of patients, partners and society).
- 3) Make our own personal structured development plan.
- 4) Become aware that in real life we have to follow up our learning plan, record results and the performance outcome.

At the end of the day we should be able to reflect -

- 1) Are these kinds of methods relevant for us?
- 2) Are there differences between countries?
- 3) Is it possible to develop a functioning structure for our continuing professional development?

Part 1.
METHODS FOR SELF-ASSESSMENT

1. A PUN & DEN / PAM

PUN = Patient unmet needs
DEN = Doctors educational needs
PAM = Patients' actual met needs

1. The group will be divided into pairs
2. Each pair has to go through the list of ten consecutive consultations described roughly in the PUN & DEN Diary shown below. (In real life you will have collected this data yourself and you would remember more details of the conditions).
3. Instruments to be used
 - a. Use the instrument 'PUN&DEN Diary' with your partner
 - b. Fill in our readymade scheme of 10 consecutive consultations
 - c. Use PAM to reflect on needs that you have met with your patients

PUN: which Patient Unmet Needs have you identified? Make your notes specific.

*Patient asked a question about drug abuse and I did not give any answer.
I had to give an intra-articular injection, and I gave medication instead.*

DEN: try to define as specifically as possible the learning needs related to PUN, in terms of knowledge, attitude and skills. How did it come about that these questions were not answered? Write down your thoughts on this as honestly as possible. It is helpful to be clear about gaps in knowledge, attitudes and skills. Add other influencing factors (that cannot be changed by 'learning').

*I don't have enough information on drug abuse, and I don't know exactly the local support organizations.
I don't have skills for intra-articular injections in the shoulder.*

Please note: This is not yet the time to draw up a learning plan

4. Products: Completed PUN/DEN/PAM instrument.

Remember, in this workshop we have limited time. Do not worry if you cannot go through all items in the diary. At the end of this part, choose one person to present his/her final learning needs in the larger group. Save some minutes to perform this discussion.

Instrument 1a: The PUN&DEN DIARY

Fill in the table with your partner as if you had collected this set of consultations yourselves.

Details of consultation	PUN	DEN	Action
Example: <i>Parents of 15y old son consulted with fears about uncontrollable behaviour of their son</i>	<i>They asked how to find out about drug abuse</i>	<i>I need to know more on specific symptoms on drug abuse. I need to know more on local support facilities so that I can refer more appropriately</i>	<i>Consult the local organizations guide, and contact appropriate organizations, or look for good literature</i>
1. Telephone mother: possible addresses for ADHD treatment for her son 12yr.			
2. Woman 20yr, persistent headache, undefined			
3. Telephone woman 54yr, mammography: suspicious result			
4. Man 63yr, first visit after hospital discharge for resection of colon.			
5. Man 44yr, vague urinary problem, inflamed scrotum			
6. Woman 82yr, Atrial Fibrillation, asks about lowering medication			
7. Woman 76yr, anticoagulant therapy difficult to control			
8. Woman 49yr, history of colon carcinoma, persistent pain in left iliac fossa			
9. Woman 52yr, decubitus ulcer			
10. Boy 4yr, cryptorchidism, nurse questions			

Consultation details	PAM : Patient Actually Met needs
<p>Student, 19yr epicondylitis lateralis</p> <p>Tel. woman 54yr, telephone on mammography with suspicious result</p> <p>Man 63yr, visit after hemicolectomy</p> <p>Woman 69yr, tendinitis</p> <p>Woman 40yr, questions about ADHD</p>	This area is intentionally left blank for student input

Select from this exercise 3 learning needs and transform them to learning objectives

1.
-
2.
-
3.
-

PART 1B. METHODS FOR SELF-ASSESSMENT

1 B. Good Clinical Practice options: the POSITION MAP

1. The group will be divided into pairs
2. Each pair has to go through the position map (in real life you are able to select your list according to the rules and conditions in your own work). Filling in the position map is a stepwise procedure.
3. First give a mark to which degree you think you have progressed in knowledge, skill and attitude and in the implementation in your daily routines and procedures. Circle the corresponding mark
6 = very skilled (knowledge and skills are integrated in daily practice behaviour)
1 = not very skilled
4. Then again go through the list, and score your willingness to work on any item now and learn more. Score N= no, or Y=yes. A lot of Y marks do not mean that you have to do everything you scored.
5. Look at the whole list, and mark 3 to 6 items as your priority to work on in the near future (score from 1 to 6 in the last column)
6. Finally, based on the position map, fill in your Personal Reflection Form. Describe where you are fine, and where your gaps are.

Instruments to be used:

Position Map and strength/weakness analysis

Personal Reflection Form on Position Map (PF-PM).

Both instruments together are the basis for a reflective discussion with your colleagues or peer groups

Products:

Completed Position Map

Minimum 3 learning needs, noted on a Personal Reflection Form

Remember, in this workshop we have limited time. Do not worry if you cannot go through all items in the position map. At the end of this part, choose one person, to discuss his/her final learning needs in a peer group. Save some minutes for this discussion.

POSITION MAPPING

Instrument 1B: POSITION MAP & STRENGTH/WEAKNESS ANALYSIS

Professional Task and Performance definition	Not known ----- very skilled						To work on it now?		Priority
<u>Evolutions in family medicine</u>									
-follow evolutions in family medicine	1	2	3	4	5	6	N	Y	
-take care for implementation in practice	1	2	3	4	5	6	N	Y	
<u>Family Practice skills</u>									
-master family practice skills, conform rules	1	2	3	4	5	6	N	Y	
-use most of the normal procedures in practice	1	2	3	4	5	6	N	Y	
<u>Consultation skills</u>									
-know the consultation & communication model concepts	1	2	3	4	5	6	N	Y	
-implement them in daily practice consultations	1	2	3	4	5	6	N	Y	
<u>Medical Record Keeping</u>									
-use of electronic medical record in patient contact	1	2	3	4	5	6	N	Y	
-use EMR on practice population level to organize prevention, audit, scientific evaluations	1	2	3	4	5	6	N	Y	
<u>Using Medical Literature</u>									
-can judge the scientific basis of an article, a review and a guideline	1	2	3	4	5	6	N	Y	
-master modern search strategies to find appropriate literature sources	1	2	3	4	5	6	N	Y	
-can translate practice problems in researchable questions	1	2	3	4	5	6	N	Y	
<u>Evidence Based Medicine</u>									
-know the basics of EBM	1	2	3	4	5	6	N	Y	
-critically reflect on daily practice experience	1	2	3	4	5	6	N	Y	
<u>Protocols and guidelines</u>									
-know GP/FM protocols and guidelines	1	2	3	4	5	6	N	Y	
-implement guidelines in daily practice	1	2	3	4	5	6	N	Y	
<u>Medical decision making</u>									
-can analyze patient cases in diagnostic elements --- and therapeutic decision making elements	1	2	3	4	5	6	N	Y	
	1	2	3	4	5	6	N	Y	
<u>Therapeutic Formulary</u>									
-use a defined therapeutic formulary	1	2	3	4	5	6	N	Y	
-base pharmacotherapy on EBM-information	1	2	3	4	5	6	N	Y	
<u>Multidisciplinary patient approach</u>									
-active in multidisciplinary collaboration	1	2	3	4	5	6	N	Y	
-use of local social organizations map	1	2	3	4	5	6	N	Y	
-use of administrative procedure and legislation	1	2	3	4	5	6	N	Y	
<u>Prevention</u>									
-systematic organization of prevention programs in practice	1	2	3	4	5	6	N	Y	
-appropriate knowledge on epidemiology, public health, cost/efficiency	1	2	3	4	5	6	N	Y	
-appropriate skills on communication to patients	1	2	3	4	5	6	N	Y	
-appropriate health promotion materials	1	2	3	4	5	6	N	Y	
-preventive attitude in dealing with patients	1	2	3	4	5	6	N	Y	
<u>Professional Development</u>									
-active organization of personal learning and development	1	2	3	4	5	6	N	Y	
-active collaboration in practice group and peer group discussions	1	2	3	4	5	6	N	Y	
<u>Ethical and Social functioning</u>									
-use ethical and social reflections in dealing with patient problems	1	2	3	4	5	6	N	Y	
-use health economical principles	1	2	3	4	5	6	N	Y	
-skills in communication on ethical aspects	1	2	3	4	5	6	N	Y	

POSITION MAPPING

<u>Scientific Research</u>										
-take part in external scientific projects	1	2	3	4	5	6	N	Y		
-organises/take part in practice projects	1	2	3	4	5	6	N	Y		
<u>Practice organization</u>										
-organization of appropriate appointment systems	1	2	3	4	5	6	N	Y		
-involvement in practice organization	1	2	3	4	5	6	N	Y		
-involvement in teamwork	1	2	3	4	5	6	N	Y		

Personal Reflection Document after the Position Map.

Try to define – based on the information from the Position Map – your strong points and your problem areas that could lead to your learning needs. Be as specific as possible about your learning needs and what they exactly mean to you.

MY STRONG POINTS
MY PROBLEM AREAS
<p>Based on the Position Map in relation to the Function List of GP/FP, I note my personal learning objectives as follows:</p> <ol style="list-style-type: none"> 1. 2. 3.

1C METHODS FOR SELF-ASSESSMENT

1.C SIGNIFICANT EVENT ANALYSIS

Personal Analysis of the Significant Event

1. The small group will work together, not in pairs
2. We have described a situation for you: time and date, event, circumstances, involved persons. In fact there are two alternative examples, take only one. Do not use much time for choosing. You have to put yourselves in the situation described and take the role of the doctor. One person has to work as a secretary of the group. (In real life all the involved will be within the discussion, but this time we will concentrate on the role of the doctor)
3. What went well in the situation?
4. Make a fishbone diagram: this is to help find the causes and related consequences and to write them down in a consecutive and related order. It is a form of relational diagram, where all causal elements are listed on the sides of a consecutive pathway that has lead to the present significant event. We have made this partly ready for this workshop.
5. What did not go well? Analyze shortcomings, mistakes and misjudgements, eventually with their reasons, if you can.
6. Reflect on alternatives: how could it have been done differently?
7. Identify your personal learning needs: how can I change my shortcomings?

At the end of the session, and especially in real life, it is important to note clearly the crucial points of the discussion in the part “important issues formed in the discussion”, and to write down concrete action points. Also suggestions and recommendations can be noted.

Instruments to be used:

Significant Event Analysis and Reflection

Products:

Completed instrument 1C by the main person concerned

Completed form by the other person, acting as secretary from the discussion round

Remember, in this workshop we have limited time. Do not worry if you cannot go through all items in the list. At the end of this part, choose one person, to discuss his/her final learning needs in a peer group. Save some minutes for this discussion.

INSTRUMENT 1 C, option A: SIGNIFICANT EVENT ANALYSIS & REFLECTION

Fill in all the empty spaces together.

<p>Description of the event</p> <p>A 42-year old woman has often visited our practice. Many of our doctors have treated this patient, including myself quite often. She had more than ten years' history of left-sided ear pain (otalgia) with unclear symptoms. Most of us felt she was a troublesome patient as nothing seemed to be wrong, but she always came back with the same symptoms. She had been examined precisely every time, with records being taken on every visit. Last week a new young doctor stated she had referred the patient to an otologist, and the patient had been diagnosed with cholesteatoma. The patient came to meet me today. I discussed the matter with the patient, and she said she will not make an official complaint. Shame on us who should be more competent!</p>	<p>date/time May 2008, 16.00</p>																		
<p>What went well?</p> <p>1.</p> <p>2.</p> <p>3.</p>																			
<p>Fishbone diagram (fill in)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><i>Patient</i></td> <td style="width: 33%; padding: 5px;"><i>Clinical Situation</i></td> <td style="width: 33%; padding: 5px;"><i>Doctor</i></td> </tr> <tr> <td style="padding: 5px;">long delay in diagnosis</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> </table> <div style="text-align: center; margin: 20px 0;"> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;"><i>Use of patient records</i></td> <td style="width: 33%; padding: 5px;"><i>Continuity of care</i></td> <td style="width: 33%; padding: 5px;"><i>Other issues</i></td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> </table>		<i>Patient</i>	<i>Clinical Situation</i>	<i>Doctor</i>	long delay in diagnosis	<i>Use of patient records</i>	<i>Continuity of care</i>	<i>Other issues</i>
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<p>What did not go well?</p> <p>1.</p> <p>2.</p> <p>3.</p>																			
<p>How could I have done it differently?</p> <p>1.</p> <p>2.</p> <p>3.</p>																			
<p>Identification of learning needs</p> <p>1.</p> <p>2.</p> <p>3.</p>																			

INSTRUMENT 1 C, option B: SIGNIFICANT EVENT ANALYSIS & REFLECTION

Fill in all the empty spaces together.

Description of the event	date/time May 2006, 11:00	
<p>Consultation (man, 63yr). He returns from hospital after partial resection for a colon tumour. I have not yet received correct medical information from surgeon, and hope the patient will have a letter. Patient has a discharge letter with some information on the operation and the postoperative phase. No anatomic pathology, no prognostic elements in it. "I hope they have been able to resect everything", the patient says, and I replied "I hope so too". I immediately felt it was wrong to say so. I saw fear in his eyes, but he did not say anything, and I felt too uneasy to reply myself. I organized his homecare in a practical way but could not come back to the discussion. I felt annoyed with it the whole day.</p>		
What went well?		
<p>1. I realized the anxiety of the patient at once, and decided immediately to deal with it.</p> <p>2.</p> <p>3.</p>		
Fishbone diagram (fill in)		
<i>Patient</i>	<i>Clinical Situation</i>	<i>Doctor</i>
Indirect communication style	Cancer insecurity	Insecurity with palliation
.....
.....
No electronic record at home		Slow information
.....	
.....	
<i>Practice Organizations</i>		<i>Medical Organization</i>
What did not go well		
<p>1. Correct and complete information availability before seeing a patient</p> <p>2.</p> <p>3.</p>		
How could I have done it differently		
<p>1. Discuss the insecurity in patient and discuss openly how to clarify it for the future</p> <p>2.</p> <p>3.</p>		
Identification of learning needs		
<p>1.</p> <p>2.</p> <p>3.</p>		

REFLECTION NOTES ON SIGNIFICANT EVENT ANALYSIS (secretary fills in)

Important issues from the discussion
Suggestions, recommendations and proposals
Action points (Who is doing what, in what timeframe, how to follow up?) Learning objectives 1. 2. 3.

PART 2. PEER REVIEW:

Now, you change roles to a peer group, where you discuss your colleague’s learning objectives. Some days have passed since you assessed your work. Choose one person to be the focus for peer group discussion. The person presents his/her learning objectives to the group (use learning objectives drawn from one method only), and then other members simulate a peer group and try to help the target person in developing the objectives. Save five minutes for this discussion.

An alternative: Some groups feel it easier to let the target person to present his/her real learning objectives on any topic instead of those picked up during the previous session.

Result of self-analysis procedures and peer group discussion. The chosen target person fills in the table according to the previous session and other members of the group form a peer group.

<p>FROM THE SELF-ANALYSIS, I SELECTED AS PRIORITY LEARNING OBJECTIVES</p> <p>1</p> <p>2.....</p> <p>3.....</p>
<p>THE PEER GROUP DISCUSSION HELPED ME IDENTIFY KEY ELEMENTS: (SHORT REPORT OF THE DISCUSSION)</p> <ul style="list-style-type: none">•••
<p>The three learning objectives I decided to work on <u>remain unchanged</u> (see above)</p> <p>The three learning objectives I decided to work on, after discussion with my peers, are restructured or <u>modified</u>.</p> <p>My final learning objectives</p> <p>1.....</p> <p>2.....</p> <p>3.....</p>

Part 3: DRAWING A LEARNING PLAN

Task: working in the same group of participants

Take one of the 3 chosen learning aim points, and develop a concrete learning plan for this topic (time schedule, where, when, supported by whom, how the results are measured, etc.).

Result: write the learning plan on the flip chart. Appoint one volunteer in your group to present the learning plan to the plenary group (max. 2 minutes)

INSTRUMENT 3: PERSONAL DEVELOPMENT PLAN

General learning aim and finalization time
Specific learning aims I want to achieve and interim time steps
Partial elements in my working plan
How to report on it in practice