International Workshop on Lifelong Learning in Family Practice

Make your own learning plan

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Content of the session

- 25 min. Introduction to CPD concepts and methods to be used
- 60 min Small groups
  - assessment of GPs’ work with three methods
- 20 min Plenary: Reflections
- 90 min Lunch 13.00-14.30
- 20 min Plenary: Peer review, How to make a concrete learning plan
- 40 min Small groups
  - Peer review, Starting to make a learning plan
- 30 min Coffee break
- 20 min Small groups: Finalising the learning plan
- 40 min Plenary
  - Presentation of learning plans
  - Summing up general reflections and evaluation
Traditional Continuing Medical Education

- Focus on « teaching » and « knowledge absorption »
- Credits in controllable environment
- Problem: it does not change practice performance!

Adult as learners

- need to know why we should learn
- learners have a great volume and quality of experience
- need to be self-directing
- readiness to learn is related to tasks
- problem- and practicecentred
- immediacy of application

- Effective learning: constructive, cumulative, self-regulated, goal-oriented, situated, collaborative, feedback-searching
From CME to Continuous Professional Development

- Start from practice and focus on change in practice
- Multifaceted interventions are needed
- Proof of process: educational portfolio
- Problem: requires a new set of instruments

Continuous Professional Development

- Standards of good professional behaviour
- GCP Profess.St Society Identify Learning Needs
- Making Learning Agenda with Peer
- Drawing Learning Plan with Peer
- Personal Development Plan
- Educational Portfolio
- Selfanalysis instruments
- Priority Lists
- Timebased written plan
- Learning Log
Consultation diary: PUN/DEN/PAM

- Patient unmet needs (PUN)
- Doctors educational needs (DEN)
- Patients actually met needs (PAM)

- originates from real practice
- has to be done in a systematic way
- not all PUNs lead to DENs
- there are also other DENs

Consult the local organizations guide, and contact appropriate organizations, or look for good literature

Parents of 15y old son consulted with fear around uncontrollable behaviour of their son

They asked how to find out eventual drug abuse

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 adequately

Consult the local organizations guide, and contact appropriate organizations, or look for good literature

PAM = Patient actually met needs

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Position mapping
Strength/Weakness

- lies mostly on official documents or job descriptions
- should be done regularly to show your development
- can be used alone, but your peer can help you remarkably
- sometimes is connected with wages and, may be felt harmful

Position mapping

<table>
<thead>
<tr>
<th>Professional Task and Performance Definition</th>
<th>Not known ----- very skilled</th>
<th>To work on it now?</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation skills</td>
<td>1 2 3 4 5 6</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>know the consultation &amp; communication model concepts</td>
<td></td>
<td></td>
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</tbody>
</table>

Consultation skills
- implement them in daily practice consultations

<table>
<thead>
<tr>
<th>-implement them in daily practice consultations</th>
<th>1 2 3 4 5 6</th>
<th>Y N</th>
</tr>
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SIGNIFICANT EVENT ANALYSIS

- Something happened......
- ->....and then something went wrong or almost wrong or very well
- can be done alone, but will be more fruitful in groups with all the concerned
- a trustful atmosphere is needed
- sometimes sensitive

Example: Significant event analysis

A 42-year old woman has often visited our practice. Our doctors have treated her, including myself.

She has more than ten years’ history of left-sided ear pain (otalgia) with unclear 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.
Fish bone diagram as a help

<table>
<thead>
<tr>
<th>Patient</th>
<th>Clinical Situation</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>long delay in diagnosis</td>
<td>.........................</td>
<td>.........................</td>
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</table>

<table>
<thead>
<tr>
<th>Use of patient records</th>
<th>Continuity of care</th>
<th>Other issues</th>
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<tr>
<td>........................</td>
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<td>...............</td>
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Part 2. DISCUSSION WITH PEER

- is very useful, but is not often done
- can make your own needs more clarified, when others assess them
- adds more aspects to the learning needs you have discovered yourself
- takes better into account the needs and objectives of the whole practice
- there are learning needs for you from the community, society, patients etc.
Part 3: Elements of a concrete « learning plan »

WHAT: concrete learning aims (in do terms)?
○ HOW: methods, sources?
○ TOWARDS WHICH TIME: timeschedule, target time?
○ WHERE and BY WHOM: tasks and responsibilities?
   Need of peer? Need of support (team, management, practice)?
○ PRODUCT: how to show aims are met? (portfolio)

Specific,
Measurable,
Achievable
Relevant,
Timebound

BE SMART