#10L (18)
Situation analysis of continuing professional development practices and capacity in Ethiopia: a national cross-sectional study

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Background: Recognizing that continuing professional development (CPD) is key to improve performance of healthcare providers and quality of healthcare, the Government of Ethiopia is in the process of establishing a mandatory CPD system. This study aimed to assess experiences of health professionals and country readiness to establish a sustainable CPD system.

Summary of work: A national cross-sectional study was conducted in March 2015. Structured interviews were conducted with a nationally representative sample of health professionals to determine their CPD practice and views. Professionals associations (PAs), in-service training (IST) centers, and regulators were also interviewed to assess their institutional capacity to provide and manage CPD.

Summary of results: 59.2% of the 554 health professionals reported CPD participation in the past year largely with support from international NGOs. 93% of the 58 PAs and IST centers reported conducting CPD; however, less than half did needs assessment, post-training follow-up and evaluation. Majority of regulators did not have a CPD unit.

Discussion: Our findings suggest a substantial proportion of health professionals are not keeping up-to-date revealing gaps in access to CPD. Local capacity to provide, evaluate, finance, and enforce CPD was also found wanting. These gaps warrant raising awareness of professionals and employers and building the capacity of CPD providers and regulators.

Conclusion: We conclude that the level of CPD participation among health professionals in Ethiopia is modest and institutional capacity of key local actors for effective provision and accreditation of CPD is underdeveloped. Finding feasible and sustainable financing mechanisms for CPD programs is also a necessity to ensure universal access to CPD.

Take-home message: While it is good that the Ministry of Health of Ethiopia is establishing a mandatory CPD system, investment is needed to increase health workers' access to CPD and build capacity of local CPD providers and regulators. Consensus regarding feasible and sustainable financing for CPD is also critical.
Innovative, multifaceted CPD intervention driven by healthcare providers’ unperceived needs in Myeloproliferative Neoplasms (MPN) and Myelodysplastic Syndromes (MDS): an exploratory case-study

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Background: Chronic myeloproliferative neoplasms (MPN) and myelodysplastic syndromes (MDS) are probably unknown by many healthcare providers. We developed a multifaceted continuing professional development (CPD) intervention on MPN/MDS (MPN-MDS-CPDI) to address this unperceived need. The study’s purpose is to develop and implement a theory-driven intervention and determine its impact on practice.


Summary of results: Outcome-based preliminary findings:
- Participation: 124 registrants (60% family physicians).
- Satisfaction (evaluation form respondents): MPN-MDS-CPDI met expectations (94%).
- Knowledge (pre-posttests): significant difference (t(38) = 5.134, p <0.001).
- Reported impact on practice: knowledge acquisition (86%), application (81%) confirmation (75%) of practice.
- Reported patient outcomes: IAM results will be triangulated with the MMMP.

Discussion: Preliminary results indicate that the MPN-MDS-CPDI fills a gap by providing an innovative format to deliver an educational intervention driven by healthcare professionals’ unperceived needs. Limitations of the study include the use of self-reported measures, research design (one-time intervention without control group) and relatively low rate of evaluation measures completion.

Conclusion: Keeping abreast of the latest research developments is crucial for health professionals. Multifaceted CPD is an effective KT strategy to keep up-to-date. This study demonstrates the feasibility of implementing the CPD “push” model combined with online follow up. It contributes to the literature on the effectiveness of theory-driven, spaced CPD.

Take-home message: • Theoretical frameworks are valuable in designing and implementing effective CPD educational interventions. • The CPD “push” model combined with online follow up is an effective Knowledge Translation (K-T) strategy.

The challenge of combining learning for educators and participants in a pediatric continuing professional development (CPD) program

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Background: In a new CPD program in general paediatrics we decided to pilot the idea of combining learning for educators and participants by introducing a method for interactive case discussions in a learning module focusing on health investigations motivated by the large influx of refugee children in Sweden in 2015.

Summary of work: Educator’s main teaching experience consisted of formal lectures. Learning objectives, reading assignments and cases were developed in close collaboration between educators and course leaders. Educator’s intended change in teaching and participant’s satisfaction and intended change in clinical practice were evaluated by means of questionnaires.

Summary of results: The participants in the CPD program returned high scores on satisfaction (5.8 on a 6-graded scale) and high frequency of intended change in clinical practice (15/20). At the same time the educators participating in the educational training module indicated high frequency of intended change in teaching (7/10).

Discussion: We have experienced that CPD programs with interactive case discussions as the learning strategy create a strong learning environment, in which the participants can take the role of formal educators. In a next step we will incorporate an educational training module for the participants, creating a faculty within the program.

Conclusion: The results in the present pilot study indicate that it is feasible to combine learning for educators and participants in a CPD program. It also suggests that educators are prepared to re-evaluate their lecture-based approach when introduced to methods for interactive case discussions.

Take-home message: Educators are prepared to re-evaluate their lecture-based approach when introduced to methods for interactive case discussions. It is feasible to combine learning for educators and participants in a CPD module.
#10L5 (1071)
Do continuing professional development events capture the practice based questions asked by primary care providers through eConsultation?

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**Background:** The purpose of this study is to assess whether local annual refresher session offerings for primary care providers (PCPs) match their needs by coding and comparing session syllabi to clinical questions collected electronically through the Champlain BASE (Building Access to Specialists through eConsultation) eConsult service.

**Summary of work:** Syllabi from 521 refresher continuing professional development (CPD) sessions offered to PCPs in the eastern region of Ontario, Canada over a three year period (2012-2014) were analyzed. Percent differences between CPD content, expressed in minutes, and eConsult clinical question content, expressed in eConsult cases, were reported.

**Summary of results:** Of the 22,670 total CPD minutes 12,215 corresponded to the content offered through 12 eConsult specialty services. Syllabi content were compared to 3,283 previously categorized clinical questions asked by PCPs through the Champlain BASE eConsult service over the same time period.

**Discussion:** Differences between questions asked by PCPs through eConsults and the content of contemporaneous CPD refresher courses can be analyzed to identify gaps in CPD offerings. In the future we hope to incorporate these classification schemes into the eConsult workflow so these data can be captured real time.

**Conclusion:** Congruence and dissonance between CPD content and clinical questions posed through eConsult varied across the 12 specialty services. This knowledge if shared with CPD program offices and providers could be used to develop CPD curricula and highlight areas of need for inclusion in primary care update activities. 

**Take-home message:** eConsults have educational value; in particular their ability to enrich practice based learning and inform CPD activities.

#10L6 (3292)
Improving chronic kidney disease management and detection in primary care

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**Background:** At an estimated prevalence of 10-16% of the adult population, chronic kidney disease (CKD) is common. CKD confers similar risk for cardiovascular events as diabetes yet receives far less attention in terms of quality improvement. Family physician detection and management of CKD has been shown to be lacking.

**Summary of work:** We performed a pragmatic cluster randomized trial of family physicians in the Electronic Medical Record Administrative data Linked Database (EMRALD) in Ontario, Canada. 194 physicians in 34 clinics were randomized to receive point of care tools and audit and feedback on CKD quality indicators.

**Summary of results:** Uptake of tools was negligible. Physicians were performing blood pressure measures, and ordering eGFRs in their CKD patients. They were not documenting CKD in problem lists or performing screening tests in high risk patients. Qualitative study analysis found that family physicians do not identify CKD to be a priority condition.

**Discussion:** This was a failed attempt to educate and incite change in family physicians with respect to the optimal detection and management of CKD. Overcoming family physician perception of the importance of CKD should be a priority for organizations looking to improve the management and detection of CKD in primary care.

**Conclusion:** CKD is not a priority condition for family physicians. Using electronic medical records to perform continuing medical education also has several barriers. Requiring physicians additional time to receive feedback or use a tool will likely result in lack of use of developed tools.

**Take-home message:** Electronic medical record tools should come from a reliable resource, be imbedded in electronic medical records and not require much effort for physicians to use. Future continuing medical education studies should learn from the barriers we’ve identified in our study should they want to be successful in inciting change.
The effect of a post-graduate training activity on burnout

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Background: Available data in the USA indicate that burnout is at crisis levels among practitioners. Burnout has been identified as a potential threat to patient safety. Numerous methods of addressing burnout have been reported. This report summarized the effect of a small group educational activity targeting interpersonal and communication skills.

Summary of work: Participants were involved in one of two educational formats: six-day live activity delivered over six-months, or an online activity delivered over 12 months. The activity included didactic materials, group discussion, practice and feedback. Pretest and post-test data on burnout were collected. Results on these items were analyzed across activity sessions.

Summary of results: The data set includes 82 surveys (60 in live activity, 22 Web-based). Participants rated burnout immediately and historically, that were combined into two indicators. The indicator of immediate burnout demonstrated improvement across the period of the activity ($F = 8.32, 1/73 \text{ df}, p < 0.0051, R^2 = 0.10$).

Discussion: These data indicate a CPD activity targeting interpersonal and communication skills can be efficacious in reducing burnout. The results are consistent with previous findings suggesting the efficacy of interventions that foster discussion and interaction. This can facilitate an increased sense of social support and cohesion.

Conclusion: CPD activities can prove efficacious in reducing burnout among practicing physicians. Whether this occurs as a general effect of interactions and perceived support among activity participants, or was a function of the content being taught (interpersonal and communication skills) remains to be determined.

Take-home message: CPD whether delivered live or via the internet can play a role in reducing burnout among practicing physicians. Educational providers in delivery settings such as hospitals and clinics might serve as a resource for organizations seeking to stem what has become an epidemic of burnout among the physician cadre.