#3KK01 (3045)

Identifying the gaps in research skills

Perihan Torun, Bezmialem Vakif University, Istanbul, Turkey
Busra Demir, Bezmialem Vakif University, Istanbul, Turkey
Hakan Atasoy, Bezmialem Vakif University, Istanbul, Turkey
Ayse Nur Balci Yapalak, Bezmialem Vakif University, Istanbul, Turkey
Ceyda Acar, Bezmialem Vakif University, Istanbul, Turkey

Background: Bezmialem Vakif University promotes research through funding, rewards and regulations, and aims to remove any barriers to publishing high quality medical research. Lack of time is identified as the most important impediment, especially for clinical staff, and may be accompanied by the lack of skills to conduct robust research.

Summary of Work: All scientific papers published in 2014 by the Medical School academicians were reviewed using a set of criteria developed by the researchers. A range of epidemiological study designs, data collection methods and statistical tests -including advanced or complex designs, were expected to be represented in the sample.

Summary of Results: The number of eligible publications were 288, of which 51 were case series or reports, and a further 37 reported results from in-vitro studies. Studies which provide high grade evidence, such as RCTs were uncommon. Data from records were used in 56 studies although use of a questionnaire was rare.

Discussion: Measuring research productivity at institutional and individual levels may be helpful but does not describe underlying issues. Although bibliometric measures, such as journal impact factor and h-index, are employed frequently, they are mainly based on the published paper as the final product and does not focus on the research itself.

Conclusion: Although further comparative and in-depth studies would be needed for confirmation, focusing on research design could be the first step in assessing skills gap in medical institutions.

Take-home Message: Research methodologies employed - or not employed- at an academic institution may indicate gaps in research skills among the academicians.

#3KK02 (1808)

“What do you want to tell us?” An analysis of participant Continuing Medication Education (CME) evaluations

David Hak, AO North America, Paola, PA, USA
AO North America Education Advisory Board

Background: CME evaluation is typically performed to assess whether intended educational goals were met, to assess participant’s knowledge and satisfaction, and to identify recommendations for course improvements. The purpose of this study was to critically examine the nature of participant responses to a post-course evaluation of a specific CME course format.

Summary of Work: We invited 708 individuals that participated in one of 6 identically formatted CME events to complete a post-event survey. The survey included 21 questions, 11 had binary or multiple-choice responses, while the remainder were open ended questions permitting narrative responses.

Summary of Results: 305 participants completed the survey (43.4 % response rate). Participants consistently provided more narrative comments for what they liked/ found beneficial, compared to what they would change / improve (975 vs. 671 comments). 49.3 % of narrative comments regarding recommended changes were either program praise or some variation of “nothing”.

Discussion: While participants frequently provided narrative comments to questions (providing comments to 47.5 % - 97.5 % of individual questions), the usefulness of their narrative responses were limited in identifying specific areas for future changes or improvements. Other methods (i.e. focus groups) may be more useful to identify these recommendations.

Conclusion: Obtaining solid recommendations for CME course improvement is challenging using written participant surveys. Most comments regarding recommended changes are positive. Participants often recommend divergent changes (i.e. some people want longer lectures while others want shorter lectures).

Take-home Message: Narrative responses to CME post-course surveys are more commonly positive than negative. It may be difficult to identify specific areas for future course changes or improvements based on narrative comments alone, as they are rarely uniform or specific in their recommendations.
#3KK03 (1613)
Delivering the curriculum in evidence-based non-drug therapy: introducing HANDI and reviewing the performance of this innovation

Paul Glassiou, Bond University, Gold Coast, Australia
Jan Radford, University of Tasmania, Launceston, Australia
Dan Ewald, University of Sydney, Sydney, Australia

Background: The Royal Australian College of General Practitioner’s HANDI (HAndbook of Non-Drug Interventions) is a project designed to make evidence-based, non-drug interventions easier to find and use for primary care-based clinicians and consumers. HANDI delivers this aspect of the health-care curriculum is an accessible and up-to-date manner. HANDI is internationally relevant.

Summary of Work: HANDI aims to develop a minimum of 15 entries per year. HANDI committee members review RCT-standard research, and present this for peer review to other committee members. Interventions are also reviewed for ease of deliver in primary care. Once accepted an entry is developed for the HANDI website.

Summary of Results: The number of HANDI web-based entries, and stats per entry of web-page views, over time will be presented. Several HANDI entries developed in the last year will be presented to illustrate the type of entry HANDI produces and illustrate its relevance to delivering clinical curriculum, especially in primary care.

Discussion: The rise in webpage-views of HANDI is encouraging such as those describing mandibular splints for obstructive sleep apnoea; citrate salts for prevention of recurrence of kidney stones; mobile phones apps for smoking cession; or cognitive behaviour therapy for panic disorder.

Conclusion: HANDI’s findings are likely to be relevant to all clinicians and the people they care for, especially those based in primary care. HANDI is a great educational resource for defining and delivering the clinical curriculum in evidence-based, non-drug therapy.

Take-home Message: HANDI is a great way to enhance a clinical educator’s delivery of the curriculum of evidence-based non-drug treatments. We commend HANDI to both clinicians and consumers as a site that distills best practice in non-drug care. Check out HANDI at http://www.racgp.org.au/your-practice/guidelines/handi/

#3KK04 (1579)
Developing Interprofessional Continuing Education and Professional Development Programs (CEPD) in Radiation Medicine – challenges and opportunities

Ewa Szumacher, Department of Radiation Medicine
University of Toronto, Toronto, Canada
Rebecca Wong

Background: The safe and effective delivery of modern radiotherapy demands close and seamless collaboration among radiation oncologist, therapist and physicist. A robust CEPD program, responsive to the rapidly changing knowledge and skills in our field, rooted in interprofessional and competency based educational principles is expected to have the greatest impact.

Summary of Work: The UTDRO CEPD portfolio employs multiple formats including annual conferences (RTi3, Target Insight), small group courses on specialized topics (e.g. radiobiology, novel techniques and clinical developments), on site, online and asynchronous offerings. Successful offerings uniformly target unique ahead of the curve content and employs that interprofessional and interactive strategies.

Summary of Results: Designing a robust CEPD program that is responsive to both individual as well as interprofessional learning needs for a technology, technique based discipline has unique challenges. Lessons learned are expected to have implications for similar learning communities, including those with different technological infrastructure and practice cultures.

Discussion: The unique features of contemporary CPD must be recognized in designing and implementing effective education, training, and assessment models in CPD that will result in positive impact on practices of interdisciplinary faculty within our department. The CEPD IPE committee need to place greater emphasis on ongoing formative assessment and regular feedback.

Conclusion: We have developed a CEPD program that is rooted in inter-professional and competency based education principles for a technique and technology based discipline. Future directions will concentrate on self-assessment, motivation to learn and further engagement of inter-professional staff as well as patients and families.

Take-home Message: Radiation Medicine CEPD programs provide opportunities for IP collaboration professional development trough distance learning, increasing outreach of CE offerings. High quality content attractive to various groups of participants, decreasing attendance and lack of administrative support are challenges that our CEPD committee needs to address in near future.
RCPG Forums: 10 Minute Clinical Scenarios

Chantal Simon, Royal College of General Practitioners, London, UK

Background: There are many areas of medical education that do not fit neatly into textbooks. Traditionally GPs have learned to manage these situations from senior colleagues. With senior clinicians becoming increasingly busy in primary care, this is happening less and less. How can we teach GPs these areas of medicine?

Summary of Work: The Forums: 10 minutes scenarios use ‘tricky scenarios’ simultaneously published on a Doctors.net.uk forum and InnovAiT, the RCGP’s journal for GPs in training. Scenarios can be discussed on the Forum by all those with log-ins to either the RCGP or Doctors.net.uk. Discussion summaries are published monthly on the RCGP website.

Summary of Results: The Forums have proved to be a valuable educational resource. In the first 6 months, usage has steadily increased, from 11 unique users in May to 428 unique visitors in November 2016. Discussion summaries form a valuable repository of tips for GPs to manage difficult situations in their practices.

Discussion: Fitting ongoing professional development into busy working days is difficult for clinicians. eLearning is one solution but lacks social interaction. Educational forums are a new alternative that allow clinicians, in any spare 10 minutes, to think about a problem, reflect, and discuss it with others in a safe environment.

Conclusion: Forums have proved an effective educational tool. They are popular with users and can be accessed anywhere at any time. They are a particularly good way to explore difficult scenarios that do not are not covered by traditional methods of medical education. Past discussion summaries form an additional reference resource.

Take-home Message: 10 minutes scenarios are designed to enable GPs to discuss difficult situations they may not have encountered before in a safe environment with other doctors (all disciplines). This is a new and exciting way to learn. Summaries of discussions provide GPs with a useful reference if they encounter similar situations.

The Dorset Locum Hub - supporting GP recruitment and retention in Dorset

Aurelia Butcher, Dorset GP Centre & Primary Care Workforce Centre, Bournemouth, UK

Steve Aylwin, Primary Care Workforce Centre, Bournemouth, UK

Clare Wedderburn, Dorset GP Centre & Primary Care Workforce Centre, Bournemouth, UK

Background: Recruitment and retention of GPs in the UK is becoming a major problem in some parts. The GP Forward View published by the RCGP highlighted the problem we will face in the future and suggested we must address this to try and “turn the tide”, while supporting GP locum educational development.

Summary of Work: Many newly qualified GPs choose to work as locums, causing a non-stable, unreliable or non-supported workforce. The Dorset Locum Hub brings locums and Practices together, supporting locums by linking work opportunities & providing resources (Invoice templates, clinical courses, etc) and ensuring Practices are able to recruit the locum doctors they need.

Summary of Results: The Dorset Locum Hub took the form of a website with administrative and senior GP educator support. The website comprises four sections: 1) Interactive calendar of work available at different Practices. 2) Information and facilitation for mandatory training courses. 3) Resources for locums like invoice templates. 4) Education opportunities & events.

Discussion: Practices have a resource for advertising their available work and a dedicated team to assist the administrative burden of arranging document transfer, invoices, etc. Locums have a central location to search for work, find resources, information, invoice templates, details of clinical courses, education opportunities, etc. and have administrative support.

Conclusion: This Hub has facilitated collaborative working between GP Practices and locum GPs to enhance recruitment of GPs into vacant placements and support locum GPs’ particular needs (training courses, education opportunities, specific documents relevant to locums such as invoicing and pension documents).

Take-home Message: The Dorset Locum Hub has been developed as a free tool for Practices and Locum GPs to facilitate them working together, to promote recruitment and to enhance retention of the local GP workforce while supporting their ongoing education and professional development.
#3KK07 (1639)
Implementing and evaluating a new global educational course on facial trauma for surgeons

Iain McVicar, Maxillofacial Unit, Queen’s Medical Centre, Nottingham, UK
Marcelo Figari, Hospital Italiano de Buenos Aires, Argentina
Damir Matic, University of Western Ontario, London Ontario, Canada
Thiam Chye Lim, National University Hospital, Singapore
Diana Greiner, AOOF, Davos, Switzerland
Mike Cunningham, AO Foundation - AO Education Institute, Duebendorf, Switzerland

Background: AOOF has been conducting successful educational courses for many years and aims to improve these offerings to meet the needs of participants. An international planning committee defined a new curriculum using backward planning with focus on patient problems and surgeon competencies and performance gaps.

Summary of Work: The committee redesigned and renamed the course on facial trauma to provide the fundamental knowledge and principles for the treatment of craniofacial fractures and complications. The course has 6 standard learning objectives to be achieved worldwide, and uses multiple educational methods: lectures (30%), small group discussions (40%), practicals (30%).

Summary of Results: 800 participants on 33 courses will complete 6 precourse self-assessment profiling with 12 multiple choice clinical questions and 7 postcourse evaluation questions in 2017. Data and content and faculty are gathered in a Management Information System (via SurveyMonkey) to generate reports. Results from the first 13 courses are presented.

Discussion: Pre and post course information is important for planning and evaluating each course, since the new program is used in different countries, languages, and settings. Data are reviewed during the year to identify what is going well and what to improve (eg, necessary changes to content, delivery methods).

Conclusion: Using online evaluation and assessment for all 33 events in the first year of implementation worldwide ensures thorough evaluation of the new course in all regions. Online administration is an effective, feasible method of gathering information.

Take-home Message: Implementation of a standard set of pre and post event questions and MCQs based on specific event objectives provides valuable data to prepare each individual event and to monitor and continually improve the course content by identifying trends and needs at global, regional, and national levels.

#3KK08 (2694)
What is the evidence for assuring the continuing fitness to practise of Health and Care Professions Council registrants, based on its Continuing Professional Development (CPD) and audit system?

Jan Illing, Newcastle University, Newcastle upon Tyne, UK
Charlotte Rothwell, Newcastle University, Newcastle upon Tyne, UK
Paul Crampton, Monash University, Melbourne, Australia
Dominic Trepel, University of the West Indies, Barbados
Paul Tiffin, York University, York, UK

Background: The HCPC uses self-assessment to assess the continuing fitness to practise of its registrants. The Department of Health commissioned research to answer the question "What is the evidence for assuring the continuing fitness to practise of HCPC registrants, based on its Continuing Professional Development and audit system?"

Summary of Work: The study involved five work streams: literature review, interviews with stakeholders, online survey of registrants; linkage of fitness to practise data with CPD data; and a cost benefit analysis.

This presentation will focus mainly on the interviews. Data was analysed using a framework approach using the five HCPC CPD Standards.

Summary of Results: Forty-four interviews were conducted with stakeholders. Findings supported CPD Standards 1 to 4. Standard 5, focused on the audit of CPD and raised most concerns. These were related to anxiety about audit, awareness about a good CPD profile, potential to fabricate CPD and lack of external validation.

Discussion: The HCPC system of continuing fitness to practise is based on self-assessment (CPD and audit system together with the self-declaration assessment form). Stakeholders believed the system helped to drive up standards. Limitations with this system for continuing fitness to practice were concerned with the validity of self-assessment evidence.

Conclusion: The HCPC system is operating in parallel with the employer appraisal system and we would suggest that these two systems are joined up, without repetition, but feed into each other thus ensuring real practice is part of assuring fitness to practice.

Take-home Message: We recommended the HCPC review the continuing fitness to practise system with regard to joining up the HCPC system with existing parallel systems of staff appraisal. This would ensure congruency and increase the robustness of a system
Factors Explaining General Practitioners' Intention to Use Electronic Continuing Medical Education

Zahra Dehghani, Medical Education Research Center, Isfahan University of Medical Sciences, Isfahan, Iran
Taheheh Changis, Medical Education Research Center, Isfahan University of Medical Sciences, Isfahan, Iran
Arash Hadadgar, Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden
Nahidossadat Mirshahzadeh, Continuing Medical Education office, Isfahan University of Medical Sciences, Isfahan, Iran
Nabil Zary, Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden
Italo Masiello, Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden

Background: Using e-Learning for continuing medical education (eCME) can provide an appropriate and scalable way of developments in knowledge and skills of general practitioners (GPs). Understanding the factors related to eCME users intention might help to develop a more efficient and cost effective program.

Summary of Work: Based on theory of planned behavior, we developed and administered a questionnaire to GPs in CME seminars in 2014 (Isfahan, Iran). Three domains of GPs' intention to use eCME (attitudes, perceived behavioral control, subjective norms) were measured. Linear and logistic regression was used to identify the predictors of intention and behavior.

Summary of Results: Using hierarchical multiple regression, intention's predictive factors included perceived behavioral control (0.62) and attitude (0.29), other factors were not significant. To find the predictors for an actual eCME user, the logistic regression was used. The beta value for each factor was: attitude (1.94), subjective norms (0.57), and seminar credits (0.98), other factors were not significant.

Discussion: GPs with high score in perceived behavioral control and a positive attitude toward e-learning had a higher intention to adopt it. In contrast, subjective norms (eg, social pressures to use eCME) were not a predictor. The main predictor for being an actual user were Attitude and Perceived behavioral control.

Conclusion: Perceived behavioral control and attitude were the main predictors of the intention to use eCME. Establishing discussion forums and strengthening organizational support for eCME through an increased awareness among clinical superiors and CME managers would be expected to increase GPs' intention to use eCME.

Take-home Message: The TPB can be used as a framework for understanding physicians' intention to use eCME. Perceived behavioral control and attitude were the main predictors of intention to use eCME. By understanding important motives and barriers for using eCME, CME managers can develop strategies to improve practitioners' intention to use eCME.


#3KK11 (1794)
National CPD Framework for State of Qatar Health System: One year journey of implementation

Ayesha Siddiqa Hussain, Accreditation Department, Qatar Council for Healthcare Practitioners, Qatar, Ministry of Public Health, Doha-Qatar
Samar Aboulosoud, A/CEO, Qatar Council for Healthcare Practitioners, Ministry of Public Health, Doha-Qatar
Essam Elsayed Abdelrafaa, Qatar Council for Healthcare Practitioners, Ministry of Public Health, Doha-Qatar

Background: To regulate the practice of Healthcare Practitioners (HCPs) and ensure best quality patient care in Qatar, the CPD was linked to the renewal of licensure. The system had to be outstanding, innovative and an intervention for quality-improvement process in healthcare promoting interprofessional education drawing recognition internationally.

Summary of Work: With creativity in the footing, the CME/CPD framework was implemented on March 7, 2016. Continuous and holistic engagement with HCPs via multiple modes of communication like the print, electronic, and social media, regular orientation programs, open days, etc., were key to successful implementation of the framework that was well received.

Summary of Results: Single CME/CPD framework for HCPs promotes interprofessional education. 27,468 recorded 333,755 CPD activities on their e-portfolio. Percentage compliance of HCPs to QCHP credit requirements averaged 86.3%. 44% of CPD activities are interprofessional. Supporting hybrid accreditation system was recognized by AMA, ACCME, AAFP and RCPSC provides opportunities for diverse CPD activities.

Discussion: The framework has resulted in better understanding of the values, principles and benefits of interprofessional CPD activities that is core of the shared vision. A robust hybrid accreditation system pillars the broadening perspectives of global standards and strong stakeholder engagements that guarantee the sustainability of the system.

Conclusion: Qatar Council for Healthcare Practitioners has implemented a “single framework for all” successfully engaging the HCPs in life-long learning via an appropriate communication plan. Framework supported by a hybrid CPD accreditation system provides opportunities to HCPs with quality CPD activities that are realistic and achievable. Better governance with increased decentralization.

Take-home Message: Engaging healthcare practitioners in implementation of the system is the key factor in innovation governance for better patient outcomes.

#3KK12 (557)
The benefits of flipped learning on periodically continuing professional education

Ying-Tzu Lai, Tungs’ Taichung Metroharbor Hospital, Taichung, Taiwan
Ching-Hui Hsu, Tungs’ Taichung Metroharbor Hospital, Taichung, Taiwan
Ya-Hui Chen, Tungs’ Taichung Metroharbor Hospital, Taichung, Taiwan
Yachung Jeng, Tungs’ Taichung Metroharbor Hospital, Taichung, Taiwan
Ching-Shiang Chi, Tungs’ Taichung Metroharbor Hospital, Taichung, Taiwan

Background: Nurses’ understanding and proficiency at correct injection administration via Port-a-Cath is important in maintaining and prolonging the device function and catheter patency. Therefore, periodically re-education and skill auditing is necessary. This study aimed to explore flipped learning intervention benefits on periodically continuing professional education (CPE), compared to conventional e-learning.

Summary of Work: A quasi-experimental design was adopted. The flipped group (n=26) underwent pretest, at-home e-lecture, posttest, in-class workshop, and final-test. The controls (n=30) underwent pretest, in-class e-lecture (video and handouts), and final-test (including posttest). The e-lecture and workshop intervention effect and the final evaluation on skill proficiency and training satisfaction were analyzed.

Summary of Results: The demographics and pretest scores (range: 0-100) had non-significant between-group difference. The score increment after e-lecture intervention was significant (p<0.0001), especially for young age (p=0.0093), while no between-group difference manifested (p=0.2371). After the workshop, scores increased 3.85 (p=0.068) and 10.65 (p=0.0006) points in whole flipped group and in college-graduate nurses.

Discussion: In addition to the pre/post-test assessment, final evaluation on skill proficiency and overall satisfaction manifested non-significant between-group difference, while the flipped group, could repeatedly browse and discuss on the learning materials, manifested better satisfaction on materials (p=0.0261). This implicated the likelihood that more recognition on the re-education content was excited.

Conclusion: Given the same materials, both the in-class and at-home e-lecture intervention effects on knowledge improvement were equivalent and age-associated. In the flipped learning, workshop intervention effect was education-associated and learners had more satisfaction and maybe were more recognition on the re-education content.

Take-home Message: Due to the heaviness of clinical affairs, many nurses get impatient on periodically CPE and neglect its importance. The interactive learning in flipped classroom provide nurses chances to communicate opinions and experiences and hence could excite their recognition to periodically CPE, especially for may nurses who have better appraisal competence.
#3KK13 (764)
Enhancing Training in Urgent Care for Health Attendants and Patient Service Associates in Local Primary Care Clinics

Kailin Teh, National Healthcare Group Polyclinics, Singapore

Background: Health Attendants (HA) and Patient Service Associates (PSA) are the first point of contact for patients at reception in local primary care clinics. They play an integral role in identifying ill patients who require triage. Yet, most are not confident of carrying out this task, which may threaten patient safety.

Summary of Work: Pilot training was conducted by 6 Family Physicians at Ang Mo Kio Polyclinic from September to December 2016, on 6 common symptoms identified through a training needs analysis. Learners were asked to rate their level of confidence in managing patients on a 5-point Likert scale before and after training.

Summary of Results: The results showed an improvement in the level of confidence in managing all 6 symptoms among the learners after the training. The percentage of learners who indicated ratings of “confident” and “very confident” rose from the range of 9.5% to 71.4% pre-training, to the range of 64.3% to 97.5% post-training.

Discussion: Feedback from the learners revealed that their level of confidence in managing patients with the symptoms and identifying ill patients for triage increased after the training. In addition, it was consistently observed that a higher amount of interaction using case-based teaching during the sessions was more effective to promote learning.

Conclusion: Structured training is useful in increasing the confidence of HAs and PSAs to identify patients for triage. It is important to select trainers who can perform case-based teaching effectively. Focus groups with triage nurses can be used to assess the success of the training and possible implementation at other clinics.

Take-home Message: Continuing education for healthcare workers is vital for sharing knowledge, maintaining clinical competency, and enhancing patient care. Structured staff training programs with organisational support will help to complement on-the-job training, and support healthcare workers in carrying out their job roles more confidently, in turn ensuring effective utilisation of healthcare resources.

#3KK14 (240)
Development, implementation, and evaluation of an evidence based medicine course for community pharmacy preceptors

Bridget Javed, Qatar University, Doha, Qatar
Sara Shabana, Qatar University, Doha, Qatar
Daniel Rainkie, Qatar University, Doha, Qatar
Kyle Wilby, Qatar University, Doha, Qatar

Background: Journal clubs are incorporated into the pharmacy student’s experiential experience to assess competencies of literature evaluation and application for practice. Community pharmacy preceptors in Qatar have limited knowledge related to critically evaluating literature and therefore require training to improve appraisal skills and the preceptor’s ability to provide student feedback.

Summary of Work: An evidence based medicine course was designed for community pharmacy preceptors based on results of an educational assessment. The course was delivered over 5 sessions and included both didactic and active learning strategies. Course impact on preceptorship skills was measured during student practice experiences using a journal club assessment context.

Summary of Results: Ten completed the course with 50% and 70% passing the drug information and critical appraisal assessments, respectively. During the impact phase, 33% performed at a proficient level while 67% needed further development in providing student feedback. Preceptors’ confidence improved across pre-course, post-course, and follow up intervals ($\chi^2 = 6.091, p=0.048$).

Discussion: A course-based approach to increase preceptors’ knowledge of critical appraisal and drug information skills was effective. Majority of preceptors gained critical appraisal knowledge, but lacked skills in providing constructive feedback to students. Suggested course refinements included the addition of practice sessions in providing journal club feedback to students.

Conclusion: The course was beneficial in providing the community preceptors with the knowledge to evaluate literature and conduct journal clubs. Majority of preceptors require further development in their ability to assess the student’s proficiency and provide feedback pertaining to evidence based medicine skills.

Take-home Message: Course development should be tailored to the needs of learners, and the impact should be measured to determine the success of the educational intervention.
Supporting Physician Practice Improvement through a Joint Performance Appraisal Process

Jose Francois, University of Manitoba, Winnipeg, Canada
Sheldon Permack, University of Manitoba, Winnipeg, Canada
Jeannette Edwards, Winnipeg Regional Health Authority, Winnipeg, Canada
Christian Becker, Winnipeg Regional Health Authority, Winnipeg, Canada
Rob Diakiw, University of Manitoba, Winnipeg, Canada

Background: There is increasing focus on ensuring physicians are able to demonstrate that they are sustaining and enhancing their competence throughout their careers. Every dimension of physicians’ practices should be assessed for their value and effectiveness, and be the focus for improvement.

Summary of Work: To reduce duplication and burden on physicians, the Winnipeg Regional Health Authority (WRHA) Primary Care Program and the U of M Department of Family Medicine have developed a joint process of appraisal for medical staff to support physicians in their personal and professional development.

Summary of Results: The process involves 3 key components: Reflection on Practice, Performance Conversation and a Personal Learning Plan. It also considers multiple dimensions of practice: Clinical, Administrative, and Teaching Learning & Scholarship.

Discussion: Recently the Federation of Medical Regulatory Authorities of Canada (FMRAC) adopted its Physician Practice Improvement framework. The intention is that PPI will cover every dimension of physicians’ practices – clinical, administrative, educational or research-oriented.

Conclusion: The Winnipeg Regional Health Authority (WRHA) Primary Care Program and the U of M Department of Family Medicine career development and performance feedback process supports physicians in attaining goals Physician Practice Improvement (PPI).

Take-home Message: Considering their common overlapping goals, health care institutions and faculties of medicine can effectively partner to support physician faculty in their personal and professional development.

Identifying Continuing Professional Development practice gaps of Primary Care Physicians in the State of Qatar: A perceived needs assessment

Laudy Mattar, Weill Cornell Medicine-Qatar, Qatar
Deema Al-Sheikly, Weill Cornell Medicine-Qatar, Qatar
Samar Aboulsoud, Qatar Council for Healthcare Practitioners, Qatar
Jennifer Gordon, Royal College of Physicians and Surgeons of Canada, Canada
Craig Campbell, Royal College of Physicians and Surgeons of Canada, Canada
Thurayya Arayssi, Weill Cornell Medicine-Qatar, Qatar

Background: Continuing Professional Development opportunities are paramount to build and maintain a knowledgeable healthcare workforce. With the recognition of Weill Cornell Medicine – Qatar as accredited providers and the launch of Qatar’s National CME/CPD program we identified a need to develop accredited opportunities for healthcare providers based on identified practice gaps.

Summary of Work: A needs assessment survey was developed and distributed to Primary Care Physicians in the State of Qatar to support the development of activities that meet the practitioners identified practice gaps in line with the latest evidence-based practice to improve their performance in practice and ultimately lead to better patient outcomes.

Summary of Results: The survey data included demographic data of the widely diverse practitioners in Qatar, their preferences in regards to activity delivery format, learning modality and their identified practice gaps. The analyzed data was used for the development of CPD activities that meet the needs of the primary care physicians.

Discussion: Development of CPD programs based on well conducted needs assessment are vital for changing practitioners’ behavior. It is important to take into consideration the cultural context of the practitioners and the different demographics of diseases. Therefore we cannot rely on implementing CPD activities based on needs identified in the West.

Conclusion: With the diverse backgrounds of the primary care physicians practicing in the State of Qatar combined with the different demographics of the diseases it is of utmost importance to develop CME/CPD activities based on identified practice gaps.

Take-home Message: It is critical to develop CPD activities based on well conduct needs assessment that are specific to the target audience and their locality.