

A Study of Clinicians and Continuing —Medical Education Programs

Na Wang

Department of Anesthesiology
The First Hospital of Jilin University
Changchun, China
wangna080613@163.com

Jinguo Wang* (corresponding author)

Department of Urology
The First Hospital of Jilin University
Changchun, China
wangjinguolily@163.com

Abstract—The aim of this study is to investigate the doctors' enthusiasm and attitude to continuing education, and the effect of continuing education on doctors' clinical skills. The current status of the continuing education including courses carried out, teaching objectives, teaching contents, teaching methods and the specific content and methods of the teaching effect evaluation system. The continuing education courses improve the doctors' clinical skills have achieved significant effects, but the combination of teaching content and professional characteristics needs to be further improved. Reasonable design of courses is very necessary for implementation of continuing education training. Diverse teaching methods and flexible forms of assessment can effectively improve the doctors' interest in learning. Collect feedback advice and suggestions will be beneficial to further improve continuing education.

Keywords—Continuing medical programs, education, doctor

I. INTRODUCTION

Continuing medical education originated in the United States in the 1950 s. Due to the diversity of the medical education system, the connotation of the continuing medical education in different countries have different. In the United States, continuing medical education is to have completed formal training, and is engaged in the practical work of doctors, dentists, nurses, health management and health of the various types of health professionals to provide relevant, aimed at to learn new knowledge, new theory, new technology and new method for the target, continuous life of in-service education.

II. CONTINUING MEDICAL EDUCATION AND CLINICIANS

As for physicians, dentists, health physician, all carried out after complete normalization education after graduation, so it is also called the third phase of medical education [1]. Continuing medical education in France usually refers to complete the medical colleges of formal education, national diploma or specialized medical diploma, is currently engaged in medical work of general practitioners and specialists, to update the knowledge, improve the level of diagnosis and treatment, take the initiative to accept new medical knowledge, the cultivation of the medical technology, training and self-study, is the extension and development of higher medical education, is a doctor often in the life experience of continuous education III. In our country, continuing medical education is defined as the

basic education in medical colleges and universities and medical education after graduation, to learn the new theory, new knowledge, new technology and new method as the main content of a lifetime of sexual medicine education system.

A. What is continuing medical education?

Purpose is to make the intermediate and intermediate above professional title of health technicians throughout his career, always keep the noble medical ethics, constantly improve the level of business and professional work ability, and keep up with the development of medical science [2]. Continuing medical education of the object is to complete medical education training after graduation or have intermediate or above) professional title personnel engaged in the work of health technology. Generalized of continuing medical education refers to all staff involved in the actual work of vocational education. Continuing medical education is embodied in the medical education, life-long education thought is the stage of higher education in medical education system, for the update, continuing medical education is one of the traditional schools to lifelong education development of a new type of education system, has been paid attention to by the countries all over the world heart Yin. Modern medical science and the new theory, new knowledge, new technology and new method constantly emerging, the updating cycle of knowledge shortened. Only through continuing medical education, to make the health technical personnel timely understand and grasp the latest medical theory and technology, improve their ability and quality, better service for clinical work [3].

With the development of modern medical theory and technology, how to for continuing education of in-service staff is an urgent need to solve the problem. In this regard, the developed countries have ahead, and accumulated many successful experiences. Continuing medical education system in the developed countries there are mainly two types: one kind is mandatory for continuing medical education system, this kind of continuing medical education system, mainly through legislation and system to enforce, such countries mainly in France and the United States; another kind is mandatory for continuing medical education system, in this kind of continuing medical education system, country, although there is a system and plan, but mainly rely on medical personnel to learn actively, the lack of hard and fast rules for continuing medical education, this kind of state is the main representative of the British and

Japanese called 193. Across the developed world continuing medical education to carry out the situation, although the practice has a bigger difference, but there are common: first, know the necessity of medical continuing medical education. Second, most of them are set up to guide the specialized agencies of continuing medical education and third, there are continuing medical education of the specific arrangements and guidance documents [4].

B. The current status of continuing medical education in China.

Our country as a developing country to participate in continuing education in the world, held in Mexico City in 1979 sent representatives to attend the first world conference on continuing engineering education. In the early 1980 s, continuing medical education concept is introduced in China began in the health technical personnel to carry out the exploration of continuing medical education. In 1988 the ministry of health in other provinces (municipalities) to develop continuing education pilot work, and organized by the first continuing medical education in our country legal documents the interim regulations on continuing education (try out) ". After that, the pilot work is further extended to other provinces, municipalities and autonomous regions. Before the 1990 s, continuing medical education in our country has just begun mainly composed of record of formal schooling education. At that time, our country has not yet promulgated the national unified system of continuing medical education laws and regulations and the relevant country has yet to establish a consummate the organization to be responsible for the organization of continuing medical education and continuing medical education is in a state of disorder, independent health technical personnel training and continue to improve, due to differences in hospitals, health technicians, lack of equal opportunities to on-the-job continuing education, affected the physician knowledge updating and skills improvement [5]. The health ministry's continuing medical education commission was established in 1996, the ministry of health, formally state shall practice a system of continuing medical education for health and technical personnel, issued a series of provisions on the continuing medical education, marked the continuing medical education in our country work in full swing. The promulgation and implementation of these documents for our continuing medical education development and scientific management has played a positive role in promoting. After 10 years of exploration, continuing medical education work is developing rapidly, and more and more get the attention of the leaders at all levels and the vast majority of health technical personnel recognition. At present, the system of continuing medical education has more perfect, continuing medical education system with Chinese characteristics is the basic to establish what 2 issue.

Continuing medical education has become the medical and health units to enhance the core competitiveness and health technical personnel important way and means of improving the quality of ability, in the health played an important role in the construction of talent team [6].

Research has highlighted the many factors influencing the CME activities, mainly has enough time, such as higher cost,

traffic inconvenience, information block. Which are accounted for nearly 60% of time that clinicians job is busy, often feel there is not enough time to participate in the CME study, need to correctly deal with the conflict of engineering, place the unit we need to solve the clinician learning time, transportation, and the problem of cost to make the clinician actively involved in CME activity.

Due to social benefits and economic benefits of continuing medical education to a great extent, is indirect and long-term, are easy to be neglected, especially when its and immediate interests conflict, always put the continuing medical education work as soft tasks can push, push, can put is put, and in the environment of market economy people pay attention to, the pursuit of economic benefits and ignore the management of continuing medical education and research. Thus relax for professionals and management personnel training, guidance, make the system construction is in a longer lag state [7].

C. Analysis of problems and solutions.

Meet the needs of clinicians to CME is the important condition to the healthy development of the CME. Most clinicians on CME activities to give attention to the content for the CME activity survey, clinical doctors choose survey in hope to participate in the new development of the latest achievements in this major (76.5%). Hope to engage in this professional necessary knowledge and skills (60.8%). Hope to attend relevant courses accounted for 24.3%. This is consistent with the purpose to carry out CME. Most clinicians are hoping to attend on the latest progress in the latest achievements in this professional and engaged in the professional necessary knowledge and skills of study, and for related training course learning interest is not big, the prompt arrange CME activities to consider these factors, improve clinical physicians learning the enthusiasm. In view of the CME activity content, according to the degree of clinicians, professional title and age factors such as comprehensive arrangement, in order to achieve good education effect. Clinicians answer willing to participate in the CME project approach to learning, hope for full-time accounted for 18.6%; Hope bases of learning (29.5%); Hope to account for 51.9% of spare time to study. Shows that most for CME study of physician, work pressure, don't want to influence by full-time to CME study work, willing to work to learn. In CME activities in the form of survey, choose the most activity form for face-to-face, accounted for 75.4%. The second is the remote education, accounting for 64.3%. Self-study and correspondence are respectively, 54.8% and 49.0%.

Survey also found that different titles and different age how clinicians want to CME activities is also different, but the results show that the traditional face-to-face is still the clinician's most recognized and accepted form, it related to its direct and simple knowledge; remote medical education economy is convenient, rich in content, is developing rapidly in recent years, more and more get the favor of CME activity form and more than half of the clinicians choose self-study, this form can avoid the high cost and schedule for contradiction. The basic requirement of CME is given priority to with amateur, self-study consistent, also consistent with the survey, most physicians choose amateur study way. But different titles, different age of clinic physicians want to participate in the

CME activities differently, the relevant departments when arranging the CME project learning should make full use of modern means of science and technology, take many forms, such as remote education, electronic magazines, online library, can also be through television, radio, audio and video data, and communication methods to promote in-depth development of CME activities, to meet the learning needs of different levels physicians [8].

Continuing medical education for higher problem is prominent, on-the-job medical education funds is a responsibility system of our country at present. It is in accordance with the relevant regulations, the continuing medical education funds by the state, units and individuals, such as multi-channel solution, continuing medical education funds according to certain proportion from the unit of business income. But in fact many units are short of the government's extraction ratio, poor economic benefit even of basic-level hospitals don't have to continue education funds. The restriction of the economic conditions, the clinician CME activities is badly affected. So make sure the CME smoothly, we must establish and improve the continuing medical education funds, establish funds use and evaluation mechanism, ensure the CME. Health departments at all levels and various medical and health unit cost sharing mechanism should be established and through various channels to solve the problem of the funds to the CME. The medical and health institutions should earnestly implement relevant policies, the CME is a important way and means of enhances the core competitive capacity of the unit, the CME work included in the unit budget, special fund is special, to ensure the healthy development of CME work [9]. As be responsible for the management of CME in school of continuing education, should make full use of university teaching, scientific research, medical treatment, talents, information, and the advantage of experiment, etc., on campus, an assistant professor and residency in ideological and moral quality, basic theory, basic knowledge and basic skills to focus on the standardization of the training.

Continuing medical education credit system is management operation personnel. Pay attention to the national and provincial continuing medical education base construction. Continuing medical education works to achieve institutionalization and standardization management, modernization of means, established a relatively perfect system of continuing medical education. To hold national and provincial continue education program for emphasis, geared to

the needs of social forms, multi-channel to carry out continuing medical education work.

III. CONCLUSION

Clinicians on CME activity recognition are higher, most think it necessary to carry out CME activities, CME activity participation is higher. The purpose of the study is mainly to improve their professional level and helpful to work. Different levels of clinicians demand for CME activity content is different. Face-to-face and remote education is still the current selection more CME activity form, but the CME can be diversified. Clinicians hope activity way is given priority to with amateur, different levels of clinical doctors hope to participate in the activities of CME in different ways. Most clinicians about the quality of the CME activity evaluation is higher, the CME activity basic requirements. Different levels of clinicians by CME study mostly can achieve open mentality, development thinking, improve their professional theoretical level, improve the level of clinical diagnosis and treatment, improve the level of practice, etc.

REFERENCES

- [1] Kitamura K, Nagai R. Continuing medical education. Continuing medical education: its status in Japan. *Nippon Naika Gakkai Zasshi*, 2007, 10; 96(12): 2744-2750.
- [2] Reeves S. An overview of continuing interprofessional education. *J Contin Educ Health Prof*, 2009, 29(3): 142-146.
- [3] Garattini L, Gritti S, De Compadi P, et al. Continuing Medical Education in six European countries: a comparative analysis. *Health Policy*, 2010, 94(3): 246-254.
- [4] Wood J. Continuing education in general practice in the UK: a review. *Fam Pract*, 1988, 5(1): 62-67.
- [5] Starke I. Global challenges in continuing medical education and continuing professional development in the United Kingdom. *J Contin Educ Health Prof*, 2008, 28 Suppl 1: S29-30.
- [6] Tagawa M. Physician self-directed learning and education. *Kaohsiung J Med Sci*, 2008, 24(7): 380-385.
- [7] Page GG, Bates J, Dyer SM, et al. Physician-assessment and physician-enhancement programs in Canada. *CMAJ*, 1995, 15; 153 (12). 1723-1728.
- [8] Gaga M, Severin Stevenson R. Continuing medical education across Europe: the role of EBAP and the ERS in facing the challenges of life—long learning. *Eur Respir J*, 010, 35(4): 721-722.
- [9] Peisah C, Adler RG, Williams BW. Australian pathways and solutions for dealing with older impaired doctors: a prevention model. *Intem Med J*, 2007, 37(12): 826-831.