



Reforming continuous professional development for GPs

Niels Kristian Kjaer¹⁾ and Roar Maagaard²⁾

¹⁾ Research Unit of General Practice, Institute of Public Health, University of Southern Denmark

²⁾ Post-graduate Medical Education, Aarhus University



AARHUS
UNIVERSITET

CENTER FOR SUNDHEDSVIDENSKABELIGE UDDANNELSER

Outline of this presentation

The aim

Questions we asked ourselves

The enquiry

The findings

A discussion with you

Our aim

To create a sustainable CPD programme for GPs,
which generates better patient care

The questions, we asked ourselves

Is there a difference in what GPs wish and what they need?

How should GPs' needs for CPD be identified and addressed?

How to ensure impact on clinical performance?

Background

Danish GPs follow voluntary individually planned CPD activities

The CPD programme is based on a broad number of approved and well funded CPD activities

Sponsor free zone (in approved CPD activities)

Danish GPs are participating in a broad range of CPD activities.

Background

The GPs and Danske Regioner (the Public Health Contractors) have agreed to reform the CPD programme.

The voluntary and individual planned CPD is to be supplemented with a systematic centrally planned programme.

Background

In this window of opportunity we set out to address our questions;

by reading the literature,

by an inspirational visit to Cambridge,

by an exploration of GPs' views and preferences,

by identifying prioritised learning needs,

by designing a new CPD programme,

by rigorously trying to evaluate the impact of this new programme.

Background

In this window of opportunity we set out to address our questions;

by reading the literature,

by an inspirational visit to Cambridge,

by an exploration of GPs' views and preferences,

by identifying prioritised learning needs,

by designing a new CPD programme,

by rigorously trying to evaluate the impact of this new programme.

Summary of our earlier results

Qualitative data

CPD activities, not based on a personally recognised learning need, will have little or no impact on professional development.

Online update of knowledge within the consultation room is of significant importance for professional development.

Summary of our earlier results

Qualitative data

CPD activities should be more than just a knowledge update. They should also stimulate motivation and prevent professional fatigue in order to maintain high quality in patient care.

Kjaer NK, Steenstrup A, Bjørnskov L, Halling A GPs' view on continuous Professional development Postgrad Med J. 2014 Jul;90(1065):383-7

Summary of our earlier results

Quantitative data from a Discrete Choice Study

GPs had following preferences for a future CPD programme:

- 1) Option to exchange experience with colleagues.
- 2) Focus on implementation of new knowledge into practice.
- 3) Ensure 10 days of CPD activities per year.
- 4) CPD programmes where 50% are planned by a central organisation and 50% are planned by the individual GP.
- 5) Teachers with a profound insight and knowledge about general practice.

Methods

A multidimensional learning needs analysis was performed by:

20 practice-based small learning groups and
A group appointed by the Public Health Care Contractors

The groups were asked to identify and prioritise GPs' learning needs.

The new Danish GP Curriculum was used as reference in all the analysis.

The data sets were merged to detect agreement

Methods

Followed by a triangulation process performed with GP researchers from our universities/hospital specialists and a special appointed GP group, which focused on narrative person centred medicine.

(in order to apply both at quantitative and qualitative perspective to the competencies of family medicine)

The process and findings were also discussed with staff and doctors from the healthcare contractors.

The challenges of general practice of today

How to find or identify the few seriously ill patients among the many worried but less sick people who attend general practice – without introducing unnecessary concern and anxiety - nor an overuse of healthcare services.

The challenges of general practice of today

A growing number of patients with more than one disease.

A growing number elderly patients with legitimate health care requests.

Care for dying patients when hospitals are merged to form larger and more specialized units.

The challenges of general practice of today

Patients with psychological symptoms – such as:

Patients attending GPs due to grief, existential problems, stress, anxiety, minor depression – and patients with personality disorders, severe depression and even psychoses.

The challenges of general practice of today

A number of symptoms such as dizziness, tiredness,
neurological symptoms, symptoms from joint and
muscles.....

..... (to be continued...)

Results

Out of this process came 11 prioritised educational themes

Results

1. The diagnostic challenge

Early detection for serious diseases such as cancer in relation to unspecific symptoms commonly presented to the GP such as tiredness or dizziness, without introducing unnecessary anxiety or over-diagnosing and with-out excessive use of referrals.

Proper and rational use of x-rays, scans, lab tests and IT.

Results

1. The diagnostic challenge

Problems related to over- or under-diagnosing.

Care for patients with multiple symptoms but without available diagnosis (bodily distress syndrome as an example).

How to use communication and especially active listening as a tool to qualify the diagnostic process.

Results

2. Patients with multi-morbidity

Proficient care for patients with multi-morbidity including how to maintain a person centered perspective and how to handle multiple guidelines with contradictive recommendations.

Results

3. Problems related to the elderly patient

Somatic problems and symptoms, problems as they are presented to the GP including problems related to multi-morbidity, polypharmacia and side effects.

Psychological and cognitive problems, as they are presented to the GP, such as sorrows, confusion, depression, dementia and medical abuse.

Results

4. Problems related to children and teenagers

The sick child in general practice.

The child with pain complaints.

Problems related to behaviour disorders, teenage depressions and self inflicted harm.

The child at risk, including the child in the “sick family”.

Results

5. Psychological and psychiatry problems as they are presented to the GP.

How to handle and differentiate between, stress, grief, existential problems, abuse and depression. How to handle psychiatric disorders as they are presented to the GP.

Results

6. Care for dying patients.

7. Patients with symptoms from joints, muscles and tendons

8. Neurological symptoms as they are presented to the GP

9. Skin symptoms as they are presented to the GP

10. Proper and rational use of antibiotics

11. Identification of severe eye diseases

NEXT STEP

Before we start to arrange CPD activities in these 11 topics, we need a discussion with folks just like you!

Please share your thoughts and reflections with the audience – and us.

The discussion

Fell free to ask any question, about the process

Do a multidimensional need analysis approach and the results make any sense for you?

How can we maintain and stimulate professional commitment and the joy of working if we have to make part of the CPD programme mandatory?

How can we ensure CPD activities will have an impact on the clinical performance afterwards?