



Needs Assessment of the Residents at a University Hospital Regarding Continuing Professional Development

Doaa Elkherbetawy¹, Wagdy Talaat², Mohamed H. Kamal³, Nahla Hassan^{1*}

¹ Medical Education Department, Faculty of Medicine, Suez Canal University

² Pathology Department, Faculty of Medicine, Suez Canal University

³ Family Medicine Department, Faculty of Medicine, Suez Canal University

* nahlah_med@yahoo.com

Abstract: Continuing Professional Development (CPD) is a continuing learning process that complements formal undergraduate and postgraduate education and training. This study aimed at assessing the needs of the residents working at the Suez Canal University Hospital regarding Continuing Professional Development in order to develop the residents' competences. The study was a descriptive, cross-sectional study. The target population included the resident doctors working at Suez Canal University Hospital. The sample size was 113 resident doctors (all the resident doctors at the time of the study were included in the study sample). The instrument used in this study was a self administered anonymous questionnaire. The 38 items of the questionnaire encompasses five categories: the importance of CPD after graduation, the already used and available tools of CPD, the best and most useful tools of CPD, the frequency of being engaged in such methods, the need of CPD in some suggested areas not directly related to the residents' specialty and the challenges and barriers facing the residents' regarding CPD. For the majority of the resident doctors, there is an importance of CPD after graduation as they were not satisfied with the currently used methods of CPD. Among the suggested methods of CPD; clinical training, educational courses and workshops were ranked by the residents as highly useful while portfolio and electronic learning were rated as relatively the least useful methods also most of the resident doctors were in favor of the need for CPD in some areas not directly related to their specialty such as language, administrative skills and leadership skills. The study concluded that there is a real need to introduce a well-designed system of CPD for the resident physicians working at Suez Canal University Hospital taking in consideration the proper selection of the methods as well as the fields of training.

[Doaa Elkherbetawy, Wagdy Talaat, Mohamed H. Kamal, Nahla Hassan. **Needs Assessment of the Residents at a University Hospital Regarding Continuing Professional Development.** *Life Sci J* 2022;19(5):28-34]. ISSN 1097-8135 (print); ISSN 2372-613X (online). <http://www.lifesciencesite.com>. 5. doi:[10.7537/marslsj190522.05](https://doi.org/10.7537/marslsj190522.05).

Keywords: Continuing Professional Development, resident doctors, needs assessment, methods and tools.

Introduction

Continuing Professional Development (CPD) is a continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of their practice which include professional roles that doctors currently perform and those that they plan to perform also CPD should encourage and support specific changes in practice and career development. It has a role to play in helping doctors to keep up to date when they are not practicing (General Medical Council, 2004).

CPD, stands as a professional imperative of every doctor, and at the same time is also a prerequisite for enhancing the quality of health care. CPD differs in principle from the preceding two formal phases of medical education: basic medical

education and systematic postgraduate medical training. Whereas the latter two are conducted according to specified rules and regulations, CPD mainly implies self-directed and practice-based learning activities rather than supervised training. As well as promoting personal professional development, CPD aims to maintain and develop competencies (knowledge, skills and attitudes) of the individual doctor, essential for meeting the changing needs of patients and the health care delivery system, responding to the new challenges from the scientific development in medicine, and meeting the evolving requirements of licensing bodies and society (World Federation for Medical Education, 2003).

The former term Continuing Medical Education (CME) has been replaced by Continuing Professional Development (CPD). The new term reflects both the wider context in which this phase of

medical education takes place, and signifies that the responsibility to conduct CPD rests with the profession and the individual doctor. Law and jurisdiction rarely regulate CPD. Where regulations do exist, these are flexible, even in countries demanding re-licensure or re-registration of doctors in practice (Accreditation Council for Continuing Medical Education, 2002).

In order to practice appropriately throughout their professional life, doctors must remain up-to-date, which entails engaging in some form of continuing education. To deliver the highest quality of patient care, the content of CPD must be directed towards enhancing roles and competencies (both clinical skills and theoretical knowledge), and organization of work (team building and leadership), communication, medical ethics, teaching, research and administration (European Union of Medical Specialists, 1994 & Grant et al., 1999).

The personal professional development plan is a written document that a certified planner creates and saves for his or her personal reference. It is a tool that the planner can use to focus, evaluate and prioritize professional development activities (Union of Medical Specialists, 2002). Elements of personal professional development plan may include description or listing of professional aspirations and goals, description or listing of professional interests and activities, history of previously completed professional development activities in order to keep information all in one place a timeline for several years' worth of future activities or interests, brochures, e-mails, or web links of specific potential professional development activities that may fit the interests and goals of the plan. Including enough materials may expand the plan into a folder or portfolio type of product (William et al., 2005).

Effective CPD must be seen as a process rather than an educational event; it can take any form ranging from the traditional and formal to the highly innovative and informal. In CPD teaching and learning method is not the most important variable more emphasis should be given to the nature and management of the CPD process, summarized as a process of planning, doing and reviewing effect. Planning and performing CPD should be seen as relevant to the needs and interests of the individual, the service, the clinical team and the institution, be it Hospital, University or Provincial Authority, needs assessment is therefore, in most cases, an integral component of successful CPD (Batmangelich & Adamowski, 2004).

Many hospitals and academic organizations offer "rounds", where learners are invited to hear about a given topic in their area of interest. While these are also usually lecture based, there is generally

opportunity for the learner to discuss cases or management among colleagues. Learners may also choose to learn through reading journals. The journals may be those to which they subscribe and are specialty-specific, alternatively, many journals are distributed free of charge to physicians who find themselves on a mailing list of some sort. These journals are generally not peer-reviewed and are of general interest, rather than specialty specific (College of Physicians and Surgeons of Ontario, 2004).

Whether the need identified is specific or general, the learning activities must be planned to be appropriate, and there must be a balance between general and specific CPD. The method of learning is less important than its relevance to the need, and could vary in different circumstances from reading, attending a lecture or a course, a peer-group meeting or a visit to an institution (Schostaka et al., 2010).

Challenges that may face CPD in residents may include that the strategic healthcare workforce education and planning is not related to service needs also there is not too much known of the effectiveness of appraisal for identifying training needs, and how well these are subsequently addressed. Limited coordination among different healthcare education providers and stakeholders can also be of the challenges that may face CPD. Other challenges include: lack of proper standards for CPD/CME to assure quality of education and courses offered, the accreditation of CPD/CME courses (e.g. conferences, short courses) is not yet established, lack of career advancement and CPD opportunities and commissioning CPD opportunities following appraisal are subject to resource constraints (Davis et al., 2008).

So this study was designed with the aim of assessing the needs of the residents working at the Suez Canal University Hospital regarding Continuing Professional Development in order to develop the residents' competences

Methods

A cross-sectional, descriptive study was conducted to assess the needs of the resident doctors working at Suez Canal University Hospital regarding Continuing Professional Development. The Study population included all the resident doctors working at Suez Canal University Hospital during the time of the study which was 113 resident doctors. The study population was selected by comprehensive sampling.

The data collection was performed using a self-administered anonymous questionnaire was designed to assess the needs of the residents regarding CPD.

The questionnaire included different headlines such as: The importance of CPD after graduation, the already used and available tools of CPD, the best and most useful tools of CPD, the frequency of being engaged in such methods, the need of CPD in some suggested areas not directly related to the residents' specialty and the challenges and barriers facing the residents' regarding CPD.

Content validity of the questionnaire was assessed through the subject area experts' review. Also, the questionnaire was tested for reliability.

The research protocol was approved by the Research and Ethics Committee at FOMSCU.

Data was presented in the form of mean, percentage and standard deviation. Tables and graphs were used when appropriate. Data analysis was performed with, using the Statistical Package for the social sciences (SPSS version 16). T- Test was used for comparing means between different specialties and year of residency. Chi square will be used to test difference of categorical data. P-values less than 0.05 were considered significant.

Results

The distribution of the resident doctors according to the year of residency was as follows: 34.50% of them were in their first year of residency, another 34.50% were in their second year and 31% were in their third year of residency and according to their specialty: all clinical departments were represented in the study population, with the largest number (13 residents: 11.5%) from the anesthesia department the smallest number (2 residents: 1.80%) were from the urosurgery department.

According to the residents doctors' point of view the majority of the studied residents (70 residents: 61.9%) currently use all the mentioned tools in the study questionnaire (reading, lectures, scientific conferences, internet, theses, and patient contact) for CPD. Only few (2 residents: 1.8%) of them stated that they use the scientific theses as one of the tools.

Table 1 shows that the majority of the resident doctors were not satisfied with the currently used tools of CPD (52.2%) while 42.5% of them were satisfied to some extent and only 5.3% were completely satisfied with the currently used tools.

Table (1): Frequency distribution of study population according to satisfaction with the currently used CPD tools (n=113)

Satisfied with available CPD tools	N	Percent
<i>Yes</i>	6	5.3%
<i>To some extent</i>	48	42.5%
<i>No</i>	59	52.2%
Total	113	100%

There were no statistically significant relations between the resident doctors' satisfaction with the available and already used CPD tools and their specialty as well as the year of residency ($p = 0.76$)

The clinical training was chosen as the 1st tool in ranking of the mentioned tools for the CPD from the studied resident doctors' point of view (24.8%), while portfolio was relatively the last one in the ranking as 44.2% of the resident doctors selected it as being the least beneficial tool.

Regarding the frequency of being engaged in CPD tools, 68.1% of the resident doctors preferred participating in monthly workshops, 51.3% of them preferred participating monthly in conferences, 62.8% of them preferred to participate monthly in courses and 54.9% of them preferred to participate in clinical training activities. 63.7% of the residents

preferred the weekly participation in small group discussions, 44.2% of them also preferred participating weekly in audits and 37.2% of them preferred to use e-learning on weekly basis. The daily use of portfolio and the daily reading were preferred by the residents (43.4%, and 61.1% respectively).

The majority of the studied resident doctors were in favor of the need for CPD in language, leadership skills administrative skills, communication skills, presentation skills, infection control, especially research methodology (73.5).

Regarding the challenges facing the resident doctors regarding CPD, the majority of the resident doctors (43.40%) stated that lack of support and guidance from their supervisors, lack of appropriate tools, lack of awareness about CPD importance, absence of motivation all are obstacles facing them

with high percentage of them chose lack of time as a major obstacle (41.60%).

Discussion

Continuing professional development (CPD) stands as a professional imperative of every doctor and at the same time is also a prerequisite for enhancing the quality of health care (General Medical Council, 2004).

In order to keep the doctors pace with changing information and the increased demand from the public for accountability and quality service delivery there is a need for well planned CPD activities that contribute to further improving standards and meet the identified learning needs. Doctors cannot do this alone, so that whole system and culture needs to be developed at both regional and national levels to manage the process (Accreditation Council for Continuing Medical Education, 2002).

The primary steps for introducing and applying a CPD system in an organization include assessing and analyzing the needs for CPD and also increasing the awareness about it. As the residents at the Suez Canal University Hospital were not included in a CPD system, this descriptive study was conducted to be a first step in increasing their awareness about CPD, recognizing their needs for CPD and also in recognizing the challenges that may be facing them during their professional development.

The overall responses of the residents were in favor of the importance of CPD after graduation. This finding agreed with Siddiqui (2004) study in which needs assessment of about 500 physicians in Pakistan was performed and it showed that the majority of those doctors agreed that CPD was important.

In the current study, readings, lectures, scientific conferences, internet, theses, and dealing with the patients were identified by the residents in varying percentages as the currently used tools of CPD. This finding is also congruent with Schostak's (2010) study of the effectiveness of CPD in which he emphasized that reading journals and conference attendance were the most common CPD activities undertaken by his study population. A study held by Waters (2007) showed similar results, it assessed how UK GP trainers developed themselves as teachers; the data were collected through a questionnaire and revealed that there is high percentage of the study population used reading as one of the tools of CPD. The CPD activity that was used by the smallest number of studied population in the current study was the research theses (1.8%) and this finding goes with the findings in the study of

Siddiqui (2004) who emphasized that CPD activities that were undertaken by the smallest number of doctors in his study were writing and research. The low percentage of the residents using research and scientific theses as a tool of CPD in our study may be due to the lack of the resources available to the residents to successfully perform valuable research: the decreased number of residents who chose the research theses as one of the CPD tools may be due to the lack of motive as the majority of the residents do not choose their topic of interest for the research thesis, and another element might be the lack of time available to them to complete and perform their research. The results of our study are also inconsistent with the results of the WHO-Egyptian Medical Syndicate Project of Establishing a National CPD Strategy for Health Professionals in Egypt which emphasized that the majority of the medical practitioners participated in that project were involved in clinical training programs and workshops as part of their CPD (Syndicate Project, 2010). This inconsistency may be attributed to the decreased availability of such activities for the residents in our study.

The majority of the residents were not satisfied with the currently used tools of CPD (52.2%), and this may be due to the limited number and choices in addition to the lack of a structured CPD program.

In the current study there was no statistically significant relation between the residents' satisfaction with the currently used CPD tools and their specialty and year of residency; this could be due to the lack of a structured CPD program for the residents at the site of the study and also might be due to the fact that the work load does not show marked difference among the years of residency.

The current study revealed that 24.8% of the residents preferred clinical training as the best tool of CPD and also 14.2% of them preferred courses as one of the CPD tools. This was consistent with Van den Berg L & De Villiers (2003) who stated in his assessment study of the preferences of general practitioners of the CPD activities that most of his study population selected journals, courses and lectures as the most favored methods of CPD and also with Lee et al. (2003) who declared in their study of the radiographers' perceptions that most of his study population stated that training programs and workshops are highly beneficial to their personal and professional development. The current study also revealed that a relatively high percentage of the study residents (14.2%) selected workshops as beneficial tool of CPD and this finding is consistent with Waters (2007) who declared that high percentage of his study population were in favor of using

workshops as a tool of CPD. In contrast to Van den Berg L & De Villiers (2003) study; portfolio was relatively the least favored tool of CPD by the residents in the current study while in his study the least favored tool was reading, this could be explained by the cultural differences and the decreased awareness of the residents at the SCUH about the portfolio and its importance as a tool of CPD as well as the differences in learning style between the two study population. Another activity of CPD with relatively least preference by the residents in our study was the e-learning and this result is matching with that of the WHO-Egyptian Medical Syndicate Project (2010) in which the participated medical practitioners preferred all face to face CPD activities rather than distance learning activities. The decreased preference of e-learning as one of CPD activities found in our study showed no consistency with the finding of Schostak (2010) who emphasized that on-line learning was highly preferred by his study population and this inconsistency could be attributed to the limited time available to our study population and also may be due to relatively deficient computer and internet using skills of them.

The current study revealed that the majority of the residents agreed that there are some areas not directly related to their specialty in which they need CPD such as research methodology, communication skills and the leadership skills; this finding was inconsistent with Brigley's et al. (2006) study of Wales (UK) hospital doctors' views of their CPD and its relationship to learning in the organization which stated that the majority of his studied population in his survey displayed a preference for traditional approaches to CPD. They chose areas of CPD that they felt had practical relevance: updating of clinical knowledge and procedures and, to a lesser extent, topics such as time management, communication skills and IT; he stated also that doctors in his study continue to assume that CPD is simply a matter of updating clinical knowledge and skills and that this can be relied on to produce changes in clinical practice. The inconsistency between our study and Brigley's et al. (2006) may be attributed to the innovative approaches used in undergraduate education at the faculty of medicine, Suez Canal University such as problem solving approach which increases and develops the medical students' competences and encourages self and continuing learning.

The majority of the studied residents in our study defined a number obstacles that may prevent them from being engaged in the CPD activities including lack of support and guidance through the CPD process, lack of appropriate tools, shortage of

time, lack of proper understanding about the importance of CPD and also the absence of motivation regarding CPD, these findings were congruent with those of the WHO-Egyptian Medical Syndicate Project (2010) in which lack of sufficient political support from the relevant authorities for attending and participating in CPD activities as well as the absence of controlling laws and regulating bylaws of the already available CPD tools and activities were considered the major challenges facing most of the medical practitioners participated in that project. Lack of time was a common barrier to CPD experienced by the participants in the study of Lee et al. (2003) followed by lack of access to CPD activities, lack of funding and lack of support and commitments from the department and these findings are also consistent with our results. The challenges and barriers defined by our studied population were also in congruence with those of the majority of the physiotherapists working as lone practitioners in amputee rehabilitation in United Kingdom (UK) representing the studied sample of Cole's et al. (2008) study which include inadequate access to opportunities and to specialist staff, lack of direct observation of the practice, lack of formal recognition of the necessity for CPD at an organizational level and lack of time for CPD. Another study showed consistency with our study regarding the challenges and barriers of CPD is Lloyd-Williams et al. (2006) study of CPD in palliative medicine; one of the main difficulties identified within this study was insufficient time and clinical cover, and excess clinical pressure or work load. The findings in the current study are consistent with Butterworth et al. (2010) who declared that the majority of the doctors working in rural Nepal experienced barriers to undertaking CPD such as the lack of actual CPD resources, lack of time and the need for someone to co-ordinate a CPD program.

In contrast to Waters' (2007) study which declared that the studied populations' beliefs regarding the importance and value of educational CPD is one of the important difficulties to CPD, only small number of our studied population selected lack of importance and significance of CPD as the one of the barriers to CPD. This inconsistency may be due to the need of the studied population in the former study for a more applied system of CPD to their clinical life and not only educational system which may be time consuming and representing an overload on them without paying attention to other areas in which the residents need more development.

Conclusion

The study concluded that it is important for the residents at the SCUH to acquire more knowledge about the CPD and its principles and that there is a need to develop a structured system of CPD to be applied and used by the residents. It showed that the residents themselves were interested in being involved in such a system.

The study strongly recommends disseminating the results to the relevant authorities utilizing them as basis for strategic planning of the CPD system.

Acknowledgements

The authors would like to thank the residents in Suez Canal University Hospital who participated in this research for their cooperation.

Correspondence Address**Dr. Nahla Hassan**

Medical Education Department
Suez Canal University
nahlah_med@yahoo.com
Fax: 002064- 3227426

References

- [1]. **Accreditation Council for Continuing Medical Education. Standards.** ACCME, USA, 2002.
- [2]. **Batmangelich S, Adamowski S.** Maintenance of Certification in the United States: A Progress Report. *J Cont Ed Health Prof* 2004; **24**:134-8.
- [3]. **Brigly, Stephen, Johnson, et al.** Hospital doctors' views of their CPD and its relationship to learning in the organization; *Med Teach* 2006;**28**(4):379-381.
- [4]. **Butterworth K, Zimmerma M, Hayes B.** Needs Assessment for Continuing Medical Education amongst doctors working in Rural Nepal; *South East Asian Journal of Med Educ* 2010;**4**(1):34-42.
- [5]. **Chostak J, Davis M, Hanson J, Schostak J.** Effectiveness of Continuing Professional Development' project: A summary of findings. *Med Teach* 2010;**32**:586-592.
- [6]. **Cole MJ, et al.** Challenges of CPD for physiotherapists working as lone practitioners in amputee rehabilitation; *Prosthetics and Orthotics International* September 2008;**32**(3):264-275.
- [7]. **College of Physicians and Surgeons of Ontario,** Personal Communication, 2004.
- [8]. **Davis A, Davis D, Bloch R.** Continuing medical education: AMEE Education Guide No 35. *Med Teach* 2008;**30**:652-666.
- [9]. **Egyptian Medical Syndicate.** Establishing a National CPD Strategy for Health Professionals in Egypt; A WHO-Egyptian Medical Syndicate Project (final report) 2010.
- [10]. **European Union of Medical Specialists.** Basal Declaration. UEMS Policy on Continuing Professional Development. UEMS, 2001.
- [11]. **European Union of Medical Specialists.** Charter on Continuing Medical Education in the European Union. UEMS, 1994.
- [12]. **General Medical Council.** Continuing Professional Development, GMC Publications, London, 2004.
- [13]. **Grant J, Chambers E, Jackson G.** The Good CPD Guide. Reed Healthcare Publishing, Sutton, 1999.
- [14]. **Lee S, Reed W, Poulos A.** Continuing Professional Development: the perceptions of Radiographers' in New South Wales, *The Radiographer* **57**, 33-39. [online] Retrieved October 20, 2011 from <http://www.minniscotts.com.au/radiographer/articles.php?articleid=608>.
- [15]. **Lloyd-Williams M, et al.** Continuing Professional Development (CPD) in palliative medicine: A survey; *Med Teach* 2006;**28**(2): 171-174.
- [16]. **Schostaka J, Davisb M, Hansonc J, Schostakd J, Browne T, Jenkinsh N,** The Effectiveness of Continuing Professional Development, Designs and Patents Act, 2010.
- [17]. **Siddiqui ZS, Secombe MJ, Peterson R.** Continuous professional development-development of a framework for medical doctors in Pakistan. *J Pak Med Assoc* 2003;**53**:290-293.
- [18]. **Van den Berg L, De Villiers MR.** CPD: the learning preferences of general practitioners. *SA Fam Pract* 2003;**45**(3):10-12.
- [19]. **Waters M, Wall D.** Educational CPD: how UK GP trainers develop themselves as teachers. *Med Teach* 2007;**29**:160-169.
- [20]. **William A, McCauley MD.** Continuing Professional Development in Emergency Medicine, *Israeli Journal of Emergency Medicine* 2005;**5**(2):6-12.

- [21]. **World Federation for Medical Education.**
Basic Medical Education Standards for
Quality Improvement. WFME office,
University of Copenhagen, Denmark 2003.

1/12/2022