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Emergency Medicine Department Continuous Medical Education (CME) 6-step Transformation

Gurjeet Singh a/l Harvendhar Singh[1], Nur Hayat binti Khairul Shamsudin[1] , Kogilanivashini Sevarash[1], Syed Jamal Fikri bin syed yusoff fadzil [1]

Corresponding Author Email id: gurjeet.s@live.com

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ABSTRACT

Continuous medical education (CME) is an effort by a medical department to implement teachings of a particular specialty to improve the knowledge of the staffs within a department that will translate to better clinical practice. Traditional CME modules have always involved gathering of medical officers with a preset of topics that are rotate at a regular basis with or without supervision by a specialist sees many rooms for improvements. A more flexible CME module with emphasis placed on newer topics, without constant rotations, supervision from even before the beginning of the CME and inter departmental or hospital involvement can be fostered to ensure a continuous and longer lasting seasonal CME module. In this article we introduce a 6 step transformation that was done to improve the CME module.

INTRODUCTION

The Continuous Medical Education (CME) has been a standard way to deliver teachings and education within emergency departments across Malaysia and the world. A CME is an education or academic session focusing on medical conditions commonly seen in the emergency departments with medical officers at least once a week or month [1].

CME can impact the practice of Emergency department staff by increasing their awareness of a certain service, a proper approach, investigation modality and treatment options. It can translate onto the clinical grounds and help detect early lesions with proper techniques that had been learnt in the CME [2].

[1] *Emergency Department, Hospital Selayang, Lebuhraya Selayang - Kepong, 68100 Batu Caves, Selangor, Malaysia.*

When the world was hit by Covid-19, many CME were not held or had been altered due to work, busy emergency departments, contact and spacing restrictions. Waiting times for patients had been very long and emergency department staffs were too busy to attend the CME [3].

This has given the academic enthusiast a well-deserved pause to sit back and reflect on the current repetitive trends of CME and improvements strategies in delivering education within departmental learning activities. In this article we introduce the 6 step method that had been done by an emergency department in a local Malaysian Hospital to improve its weekly departmental CME.

METHODS

The first step that was done was to create an academic governance of the CME. A group of officers consisting of specialist, registrars and medical officers were included in the team to cover a wide range of inputs and implementation strategies. This group had come out with the remaining steps, each member has been in charge of one step and ensuring its successful implementation. Continuous open communication between the staff in charge has helped troubleshoot problems and solutions in implementing the other 5 steps to ensure a successful CME.

The second step was to adjust the timing of the CME. The CME has been introduced as the grand ward rounds of education and academics in the department. Thus all the staff will gather at 8 am once a week, similar to a grand ward round from the previous shift and the next shift before passover and start the day with the CME and education before proceeding to the passover and other department related activities.

The third step is to create new presentations without repetitions that were too often. Instead of blocks of topics at the same time, a CME module was created mixing the topics related to medical/surgical and trauma without repetitions for 6 months. Inclusion of topics of subspecialties and special interest groups such as toxicology, Pre hospital care, disaster medicine, traumatology, critical care medicine, wilderness medicine was also included including drills and simulations [4].

The fourth step is to include specialist supervision into the CME. The specialist will be consulted before the medical officer presents the CME. This is to ensure that the CME is in tally with the learning objectives. The same specialist will also be present during the CME presentation on the day to ensure that the learning objective is met and the CME is guided in the right direction.

The fifth step is to include a register input after the CME presentation. This is a senior medical officer with special interest in emergency medicine, pursuing Masters in Emergency Medicine or involved in the parallel pathways of specialization in emergency

medicine. The role of the registrar is to present a slide or verbal input of the latest trails, studies and developments in the topics of the week.

The sixth and final step is inviting other departments to the CME. This will not only help interdepartmental relations but also discuss with subspecialists of other specialties on how to guide the patients treatment within the hospital local protocol and setting.

DISCUSSION

An academic governance of the CME is very important because it acts as a regulatory body of the CME. The academic governance must be represented by all levels of staff involved in the CME such as the medical officers, registrars, specialists and consultants. This is so that the voices of all parties are heard and it creates an awareness to the feasibility of new steps implementation to the CME. The modifications of the schedule, attendance recording, involvement of registrars, involvement of other departments and timing of CME can be better regulated and the highest standards can be maintained [5].

The timing of the CME is also important. This is because a late CME or a CME only involving one shift will lead to reduce number of attendees, tiring the staffs of a certain shift to be in charge of the floor and attend the teachings, and creates a sense of responsibility of the staffs towards a departmental interest of CME rather than an individual interest, creating a team based learning approach towards the CME.

Creating new topics, without repetitions of similar topics, mixing topics without block teachings, involvement of subspecialty of special interest topics will increase the interest of the attendees and increase the compliance of attendee to the CME. Newer methods of teaching and learning material with involvement of drills and practical teaching will diversify the learning methods. Together with the presence of a specialist in the CME to check the presentations to ensure it is in line with the learning objectives and then being present in the CME together with specialist /subspecialist from other departments to help guide the CME in the direction with in hospital protocols will provide a more goal oriented learning with answers to queries on the topics that may arise [6].

CONCLUSION

A CME is an academic effort by the department to improve education knowledge and academics within a department. A well-structured CME, with the right governance to oversee the efforts, with proper time regulation, incorporation of new and special interest topics, latest updates on literature reviews and landmark trials, involvement of specialist from within and outside of the department as supervisors and advisors will help transform the CME into an academic strength which will surely translate into the clinical floor and practice.

REFERENCES:

1. Kanneganti, A., Sia, C.H., Ashokka, B. and Ooi, S.B.S., 2020. Continuing medical education during a pandemic: an academic institution's experience. *Postgraduate medical journal*, *96*(1137), pp.384-386.
2. Harun, H.A., Kamisan, A.A. and Singh, G., POCUS A Valuable Tool in Early Detection of Intracardiac Mass.
3. Singh, G. and Rahman11, M.A.B.H.A., Waiting Times for Covid-19 Patients in The Emergency Department During the Pandemic: Experience from A Single Center In Malaysia.
4. Singh, G., Rahman, M.A.B.H.A. and bin Mohd Hashim, M.A.A., Preparing and Mitigating a Fire Drill During the Covid19 Pandemic.
5. Ring, M., Majd, I. and Mehta, D.H., 2020. Keeping Integrative Medicine Continuing Medical Education on the Cutting Edge—and Compliant. *The Journal of Alternative and Complementary Medicine*, *26*(3), pp.166-171.
6. Armstrong, A. and Hagel, J., 2000. The real value of online communities. *Knowledge and communities*, *74*(3), pp.85-95.