"AN EMPIRICAL STUDY OF CPD & PERSONAL EFFECTIVENESS OF THE PEOPLE IN MEDICAL SECTOR"

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ABSTRACT

Medical sector is considered as challenging and high pressure field in which the day to day performance matters and persistent efforts are given. The main aim to identify what prompts in habits the effectiveness of CPD which explores four main broad objectives.

1. To compare and contrast the experiences of continuing professional development across the range of specialties.

2. To identify describe the range of different models of CPD employed across the different specialties and clinical contexts.

3. To consider the educational potential of reflective practice in CPD and its impact on professional practice.

4. To explore how different professionals judge the effectiveness of current CPD practices.

This report explores how new consultants to senior consultants understand.

- *Their own learning, or the learning of other doctors within their organizations.*
- *How this learning relates to conceptions of CPD, its provision and its uptake.*

From this study we can also provide E-learning base study which is very useful nowadays.

Keywords: *Accreditation, Appraisal, Continuing Professional Development Clinical Audit, Continuing Medical Education, Personal Learning Plan, Portfolio, Revalidation*

1. PROBLEM STATEMENT

As past study shows that field medical sector People are facing the highest level of Stress, conflict, Lack of Learning, Lack of coordination, less use of technology, less communication and management and they don't have personnel effectiveness. These stimulate us to study CPD & Personnel Effectiveness faced by field medical People as a result of personnel effectiveness at workplace.

2. INTRODUCTION:

2.1 Definition:

A recent definition provided by Directors of CPD Subcommittee of AOMRC is:

A continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice though the development of knowledge, skills, attitudes and behaviors, CPD should also support specific changes in practice.

Arising from the literature review, it was considered that the definition of CPD could be divided into two parts:

- gaining knowledge
- Improving patient care.

2.2 Doctors' understanding of the term "learning" and the effect on CPD Learning and CPD:

CPD is learning and both are inextricably linked into "doing the job" learning has two forms:

i) the addition of something new and ii) verifying that practice is the same or similar enough to what everybody else is doing CPD can systematize learning by deliberately providing a range of different approaches, variations in practice, and changes in viewpoint in order to enrich the experience, practice and knowledge of professionals. This can be developed further into a more systematic, rigorous and robust tool for validity checking

"keeping up-to-date" and "confirming practice" ranged from attending conference, workshops, external meetings, in-house meetings, through "sharing surgical theatre sessions" to interactions with colleagues professionals may stay within their "comfort zones" when selecting their CPD. Alternatives to the scoring system need to be identified and explored professionals should be able to appraise and critique their own practice.

2.3 The status of workplace learning

Situated workplace learning outcomes are complex and resist quantification. This complexity needs to be reflected in the system occasions for feedback and dialogue as a basis for CPD in the workplace could be developed since "most of what doctors do is talk".

2.4 What does CPD involve?

The Continuing Professional Development cycle according to "Guly" it can be configured as follows:
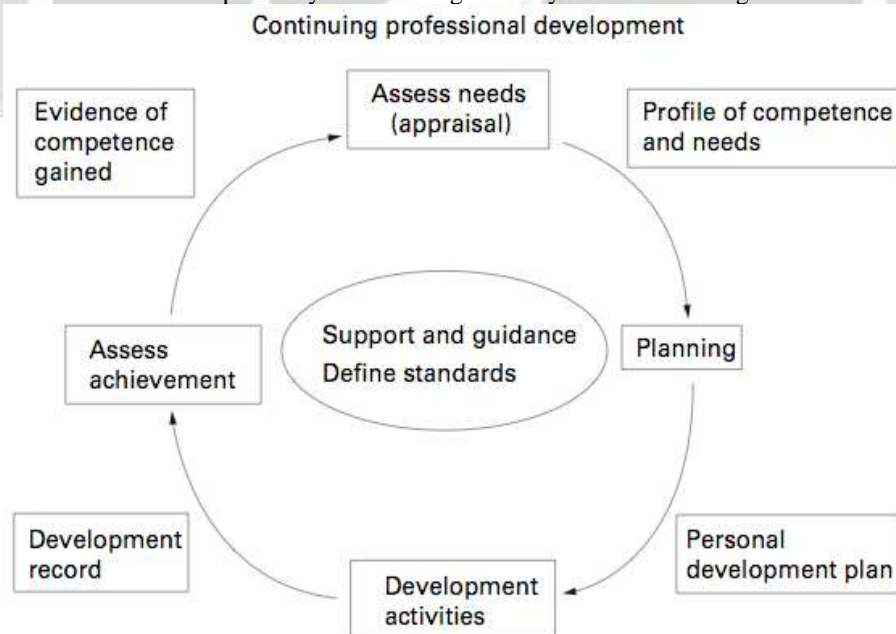
The diagram quite clearly indicates that CPD and high-quality care of patients are irretrievably intertwined. CPD keeps the clinician up to date in knowledge and in practice and thus – theoretically at least – keeps him safe to practice and also improves the quality of care delivered.

2.5 The meaning of effectiveness

Any meaning we attribute to "effectiveness" is to be left open because it is complex and multi-dimensional and accordingly, incompatible with measurement. Effectiveness of Continuous Professional Development

Its complexity arises from the need to improve practice (both personally and clinically) and to develop professionally, and from the dynamics of implementation in workplace settings, whatever they may be.

Accordingly, in its broadest sense, effectiveness of CPD involves changes in the totality of professional practice at both the personal and clinical levels.

3. RESEARCH METHODOLOGY:

3.1 Objectives:

3.1.1 Primary Objective(s)

To maintain high standards of competence in terms of knowledge, skills & behavior.

3.1.2 Secondary Objective(s)

(i) To compare and contrast the experiences of continuing professional development across the range of specialties, in terms of:

What do doctors understand by the term, *"learning"* and how does this affect their CPD? How are educational interventions distributed across institutional and more personal settings?

(ii) To identify and describe the range of CPD models employed across the different specialties and clinical contexts, in terms of:

How are learning challenges culturally embeddeded1 in organizational and workplace environments? How does scientific and medical knowledge shape the conceptions and conduct of professional interactions?

How does an organizational perspective shape conceptions of CPD needs? In what ways does it seek to link these understandings to specific medical professional interests?

(iii) To conceptualize the educational potential of reflective practice in CPD and its impact on professional practice, in terms of What do doctors understand by reflection and what examples do they give of impact?

4. Research Design:

Descriptive and Cluster research design.

5. Source of Data Collection

(i) A primary data has been collected through structure questionnaire.

(ii) Secondary data has been collected through website, internet and company premises.

6. Data collection method:

In this study data has been collected by survey method by using questionnaire.

7. Research instrument:

Structured questionnaire.

8. Sampling Design: Cluster sampling

9. Sample Size:

300 samples selected from Gujarat [Hospitals, Institutions) has been selected randomly.

QUE 1:- Which CPD have you done in the past 12 months? Please tick all that apply.

CPD	%
CD room/DVD learning	27
Conference attendance	89
Drug company materials/events	44
eLearning modules	54
Local hospital events	80
Non clinical training	52

| Reading journals/articles	93
Skills training	43
Teaching	80
Online conference	8
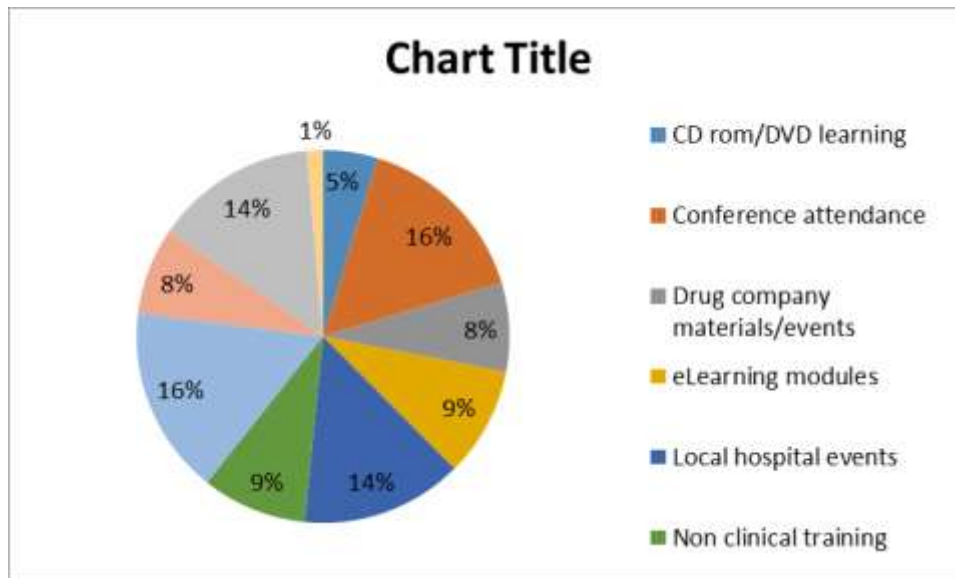
Objective: Conference attendance, local events and journals are the most frequently mentioned with some new and older technologies scoring low.

QUE 2:- In what ways was the CPD successful/worthwhile/inspirational, or otherwise.

CPD	Strongly agree	Agree	Neutral/don't know	Disagree	Strongly disagree
Change in attitude	2	10	38	46	4
Change in departmental/unit practice	4	17	37	39	3
Change in diagnosis practice	2	11	30	54	4
Change in treatment practice	2	6	23	61	8
Impact on immediate colleagues	4	16	46	31	2
Improved practical skills	3	12	32	45	7
Knowledge acquisition	1	1	4	70	24
Learner satisfaction	1	1	11	69	18
Patient outcome	2	5	40	48	5

| Patient (and family) Satisfaction	3	8	52	34	3
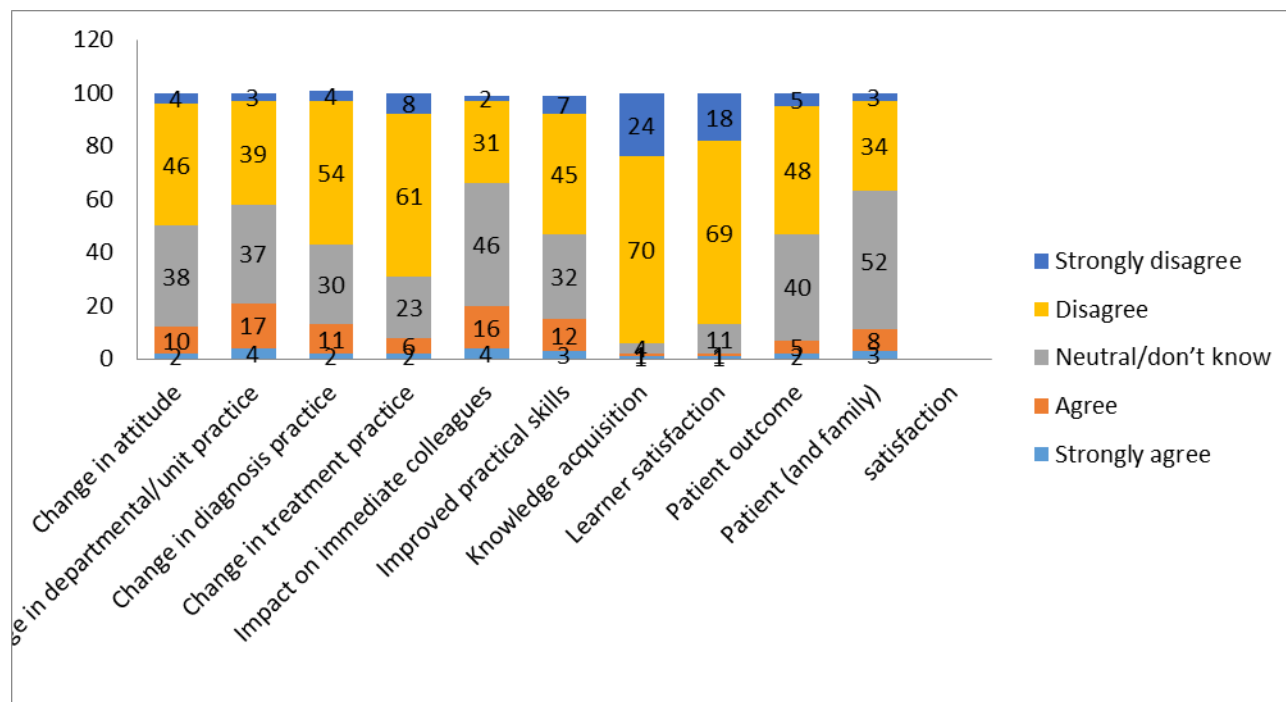
Objective: The skills and the performance are directly effects on the patient's outcome and the satisfaction of the patients' family. The accurate result needs steady or more accuracy for the next performance while the worst performance results in the improvement.

QUE 3:- How do you learn best? (Tick your three methods)

| CPD	% 1st Choices	% 2nd choices	% 3rd choice	% final choice
Group work	2	4	4	11
Experience	42	12	9	4
Lecture	7	12	10	8
Online courses	2	3	0	21
Problem solving	9	14	12	2
Reading	9	11	12	3
Talking to colleagues	9	20	17	2
Work-based learning	10	11	11	4

Workshop	7	7	8	4
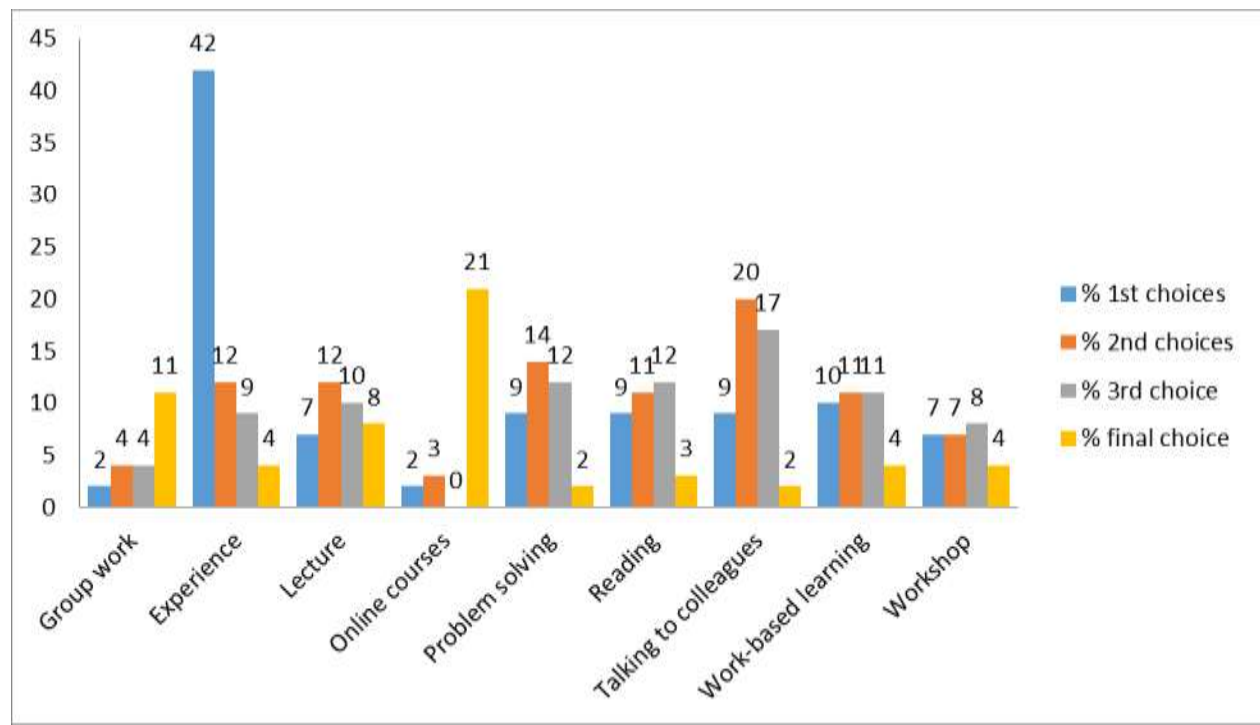
Objective: For improving the performance all the time there is a need to use some techniques and the methodology. In this particular analysis we found some of the most important techniques used generally for the better cause of new performance.

QUE 4:- What are your barriers to CPD learning? Tick all that apply

CPD	YES %	NO %
Availability of study leave	54	46
Cost	69	31
Working timing	11	89
External demands	51	49
Inadequate preparation	8	92
Motivation	11	89
Work-life balance	8	92
Past negative experiences	62	38
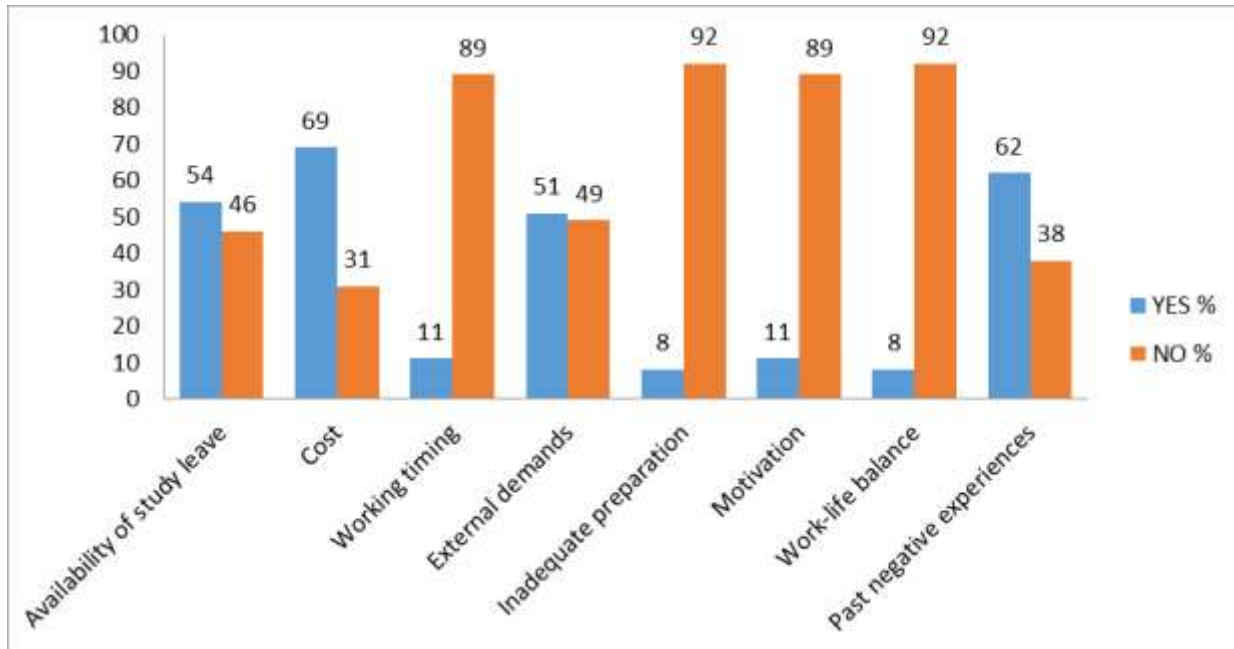
Objective: Where there is an improvement, some hurdles resulted automatically; it may be based on the conditions and availability of working standards. One said that if you provide better to your employees, they provide best to your organization. So there is a need for providing them a better working condition and other benefits also.

QUE 5:- Who should be responsible for CPD provision?

Agency	% support
College/faculties	83
Employers	19
Government	2
Patients	9
Self directed	73
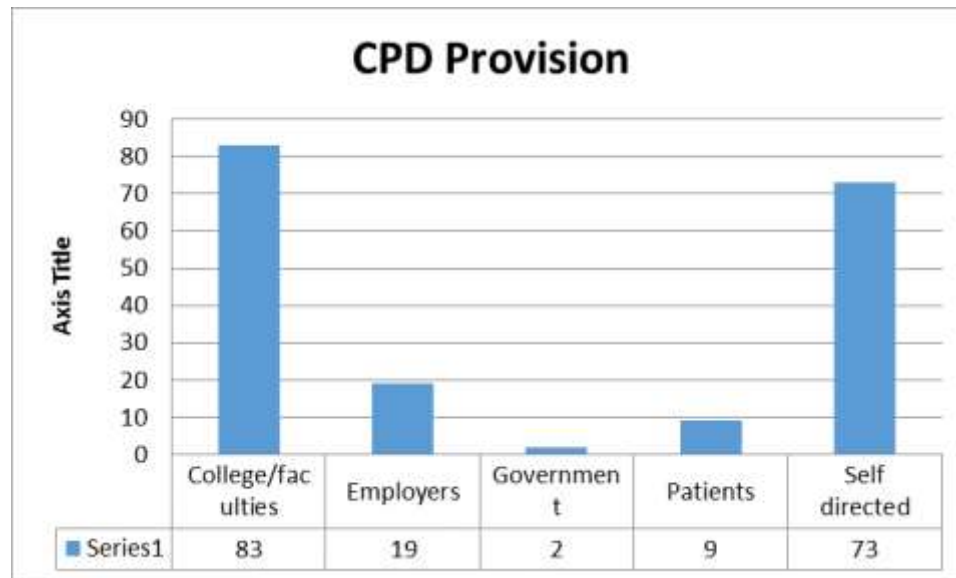
Objective: By this analysis we found that college/faculties and self-directed mostly responsible for CPD provision.

10. FINDINGS FROM AVAILABLE RESEARCH:

Based on the comprehensive Report we found that if you provide better to your employees, they provide best to your organization. So there is a need for providing them a better working condition and other benefits also. For improving the performance all the time there is a need to use some techniques and the methodology. It possible to notice or develop a way of talking about workplace learning that might make it more visible, more learnable and hence easier to develop practices.

11. CONCLUSION:

CPD, then, combines continuous learning and professional development and is associated with career progression and improved patient care defined as an essential part of professionalism, CPD must be recorded by the user and assessed in some manner by some tool, Which, given the scope of demands and issues of effectiveness, is no easy proposition for any institution that carries out assessment and quality assurance. It possible to notice or develop a way of talking about workplace learning that might make it more visible, more learnable and hence easier to develop practices. This motivation results from professionally oriented higher degrees where there is a focus on analyzing practice with view to developing it, rather than on supposing that bits of general knowledge can be learnt and implemented.

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