Reflections on CME Congress 2012

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This commentary reflects my impressions of CME Congress 2012, a provocative international conference on professional development and quality improvement in the health professions that took place in Toronto, Ontario, last spring. I attended all of the plenary general sessions and one of the 4 to 10 concurrent sessions offered in each time slot, and had read recent articles by many of the other concurrent session presenters. Because I had no major obligations beyond being an attendee, I enjoyed the luxury of mainly listening and reflecting. The sessions I attended and conversations I had with other attendees were interpreted through the lens of my many years as a scholar and practitioner in adult education as well as my experience and beliefs regarding what the scope of professional development for the health occupations should be. I believe that promoting health and well-being requires that stakeholders understand and act at multiple levels, including the societal (policies, standards, resources), organizational (health care, teamwork, educational), and interpersonal (practitioners, patients, caregivers). Progress in continuing professional development depends on cooperation among a broad scope of stakeholders, including policy makers, administrators, funders, coordinators, instructors, participants/practitioners, and patients. The practitioners and scholars who took part in Congress 2012 did much to broaden our understanding of these connections and contribute to our shared goal of learning how to improve health.

The comments I offer in this commentary are intended for anyone in any stakeholder role interested in promoting health and wellness and are organized around three themes: connections, leadership, and inquiry. My reflections include ways to strengthen current professional development.

Connections

Among the influences on health and well-being are the understandings and actions of stakeholders at multiple levels of the health care system, including societal (policies, standards, resources), organizational (health care, teamwork, educational), and interpersonal (practitioners, patients, caregivers). Progress depends on stakeholder cooperation. Practitioners and scholars can contribute to improving health by learning to address each of these connections.

There are many factors that influence health and patients' personal choices are central to improving both health care and wellness. In their interactions with patients, health professionals can greatly influence the quality of care to treat disease and encourage prevention. Other influences include family members, caregivers, and neighbors, along with media and interpersonal relations that affect lifestyle and specific choices that can both enhance and degrade quality of life. Unhealthy neighborhoods can also pose risks to personal health.

The quality of the connection between health professionals and patients is especially important. Patients need knowledge and access to care if they are to benefit from the assistance the health professions can provide. One contribution of individuals and organizations in health-related roles (associations, media, hospitals, clinics, counselors) can be to further enhance patient awareness and access to high-quality care. This connection between patients and health care professionals entails effective communication and trust. Interactions between patients and health practitioners can promote learning and in so doing, strengthen access, assistance, and adherence to healthy practices. These connections between patients and practitioners can be enhanced and supported by contributions from people with expertise regarding health-related commitment, learning and change.

Although there were numerous comments during the conference about the importance of connections between health

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practitioners and patients, I heard few explanations about *how* people engaged in health-related learning and quality improvement can strengthen this exchange between practitioners (who tend to focus on knowledge transfer) and patients (who tend to focus on information seeking). Following one session, I discussed with another participant ways to reduce unnecessary hospital readmissions such as connecting patients, their family members, and community-based caregivers with hospital-related specialists (discharge staff, patient education) and community-based primary care practitioners (family medicine, pediatrics, public health). Another conversation with a participant about wellness focused on health coaches associated with primary care clinics and collaboration with community organizations interested in prevention.

Leaders of professional development sessions for health practitioners should give more attention to these important connections with patients. Patients are, after all, major stakeholders, even though they are seldom present in the sessions. Such connections can be strengthened through a variety of educational strategies including case examples, simulations, and instruction in patient education procedures.

Another link in the systemic chain of effects that influence the quality of health care and wellness is connections between professionals in various organizational settings (associations, professional schools, hospitals, clinics, public health departments). These connections tend to be more formalized in organizations where there are more frequent contacts among health care workers, such as hospitals and clinics (either independent or higher education affiliated), compared with organizations such as associations, public health, and community agencies. There were many comments in the Congress 2012 sessions about interprofessional education (including all types and levels of health care workers) designed to improve communication, teamwork, and quality of care. One issue is how to overcome organizational cultures that present barriers to collaboration across specialities and engender commitment to hospital-based quality assurance standards, cooperation, assessment, feedback, and quality improvement strategies. Leaders of professional development sessions can contribute to these goals by including as participants practitioners from relevant health occupations, or at least include interprofessional practice as a part of the session content.

People who coordinate adult learning and organizational change efforts tend to focus on individuals, teams, and organizational subunits. However, these efforts are typically more beneficial if the stakeholders understand the larger context and appreciate the reasons, procedures, and benefits at those higher levels The people who coordinate learning and change procedures can help to increase awareness of influences on effective practice and quality care by involving stakeholders at organizational and societal levels. During conference sessions, there was some mention of organizational influences on professional performance and quality care, such as faculty development programs for those who lead learning and change sessions and activities, and information systems for providing ongoing evaluation and feedback. I heard less about learning and change strategies at the organizational and societal levels regarding health-related priorities, policies, resources, management, and accountability. Coordinators of professional development sessions can include stakeholders at higher levels (such as policy makers, administrators, experts, and funders) in planning and conducting sessions focused on priorities and resources, which can greatly influence the delivery of health care and prevention.

Leadership

Much of Congress 2012 participants' discussions, questions, and session presentations pertained to collaborative leadership approaches for planning, conducting, and improving professional development sessions and quality improvement activities in the health field. The typical focus was how effective leadership could contribute to high-quality clinical care of patients in various specialties and in primary care. I heard some explicit references to underlying models and theories to guide this educational process, such as knowledge translation or organizational change. However, in most instances there was only an implicit rationale regarding intentions, cooperation, activities, and feedback about progress. As important as knowledge translation and clinical expertise are for professional development in primary care and public health, it is important for professional development leaders to address the broader range of influences and health occupations. Sessions can also explore such broader influences on health, wellness, and quality of life including the central contributions of people's lifestyles and societal conditions. Effective sessions with this broader systemic perspective can include multispecialty participants and simulations to enable people from related fields to explore collaborative strategies for understanding ways to enhance health care and wellness.

In addition to giving attention to the process of helping adults learn and improve their individual and collective performance, there was some attention to practical influences on the process such as interpersonal relations and organizational demands and constraints related to resources and priorities. One plenary general session focused on leadership guidelines from research and theory on the process of learning and change. Topics included active learning, informed (peer-assisted) self-assessment, opportunities for participant engagement and feedback, and workplace teamwork. Most of the examples pertained to improved clinical practice by health professionals.

A related theme throughout Congress 2012 (in one plenary general session and a number of concurrent sessions)

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was use of simulations, especially those using advanced technology. Simulations have many potential benefits, especially for providers of professional development activities such as associations that do not have ready access to a worksite such as a hospital or clinic. Simulations can provide risk-free opportunities for practice, exploration, and feedback regarding outcomes and procedural efficacy. I heard some reference to a crucial aspect of effective simulations, which is combining simulations with reflection regarding similarities and differences between the simulation and actual workplace performance.

A brief example of a low-tech simulation at the conference was a short description of a live three-hour role-play that had been conducted regarding children at risk and involving participants from multiple occupations (such as pediatrics, nursing, social work, police, courts, and district attorneys). Participants in these roles from throughout a state interacted through a scripted role-play to discover how lack of communication across such roles greatly increases the risk for children in dysfunctional families. Through experiential learning and self-reflection, the role-play helped participants discover, specific ways to reduce such risk for children in their community, the contributions that people in each role could make, and a renewed commitment to do so in the future. This example illustrates an approach that can be readily emulated in many professional development programs.

Inquiry

Ongoing inquiry and evaluation of professional development and quality improvement activities was another theme in many Congress 2012 sessions. Various examples focused on one or two aspects of inquiry such as analysis and summary of professional knowledge transferred to practitioners through professional development activities; analysis and summary of indicators of quality care to help monitor improvements; needs assessment to identify gaps between current and desired performance to be narrowed by professional development activities; feedback from formative evaluation throughout a professional development activity to guide modification of the evaluation process; and assessment of impact of change efforts on performance and care. Some concurrent sessions were reports on demonstration projects, which included analyses of data on process and impact. Most of the discussion focused on conclusions related to clinical practice by health professionals. These presentations and discussions included agreement on core competencies, self-enhancement, recredentialing procedures and content, especially related to theoretical knowledge from formal preparation.

However, I heard little about indicators and inquiry related to the many other links in the chain of connections among stakeholders interested in societal and organizational influences on quality care. Nor did I hear much about inquiry related to other aspects of professions that influence health and wellness such as (1) detailed attention to interprofessional relations and teamwork; (2) communication and patient education beyond a focus on the clinical process; (3) contributions of communities of practice to the development, application, and dissemination of practical knowledge for solving specific problems; and (4) public acceptance and legal procedures related to ethical practice and penalties for substandard performance. Current and proposed indicators of competence and quality for maintenance of certification and quality improvement can guide the iterative change process. In addition to essential clinical practice competencies, it seems desirable to include some indicators related to influences of other stakeholders on performance, care, and well-being.

The concluding session provided a review of major conference themes, encouraged participants to reflect on specific insights, and provided concepts to further explore in their various roles and settings. This overview emphasized connections among major perspectives on goals and procedures for strengthening professional development and quality improvement in health occupations. Feedback from evaluation and inquiry can enable leaders of professional development and quality improvement sessions to preserve the essential focus on important clinical health care practice, but broaden the session objectives and activities to include standards and educational activities related to societal and organizational influences on prevention and wellness as well as efforts to heal their patients. This broader perspective would help leaders of professional development to build on the foundation that was evident during CME Congress 2012 to embrace a more robust mission for the field.

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