To be continued …….Supporting physicians' lifelong learning

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Knowledge valorisation
This chapter summarizes and reflects on how the knowledge created by the research presented in this doctoral thesis can be made suitable for use outside the academic field. We discuss the impact of our scientific findings for the public, for medical societies and other professional organisations interested in medical education. Thereby, we reflect on the societal relevance of our research, and discuss activities performed and future plans.

Overall, the empirical findings of this PhD thesis may function as stimulus for designing and/or re-designing systems to assess and support physicians’ lifelong learning. We call for regular performance evaluations from multiple stakeholders, and for integration of physicians’ learning in daily practice. After all, clinical education is rooted in experiential learning as physicians learn from daily practice, interactions with patients and exchange of experiences and knowledge with peers, (Chapter, 3, 4 and 5). Therefore, recertification systems and lifelong learning need to be aligned with physicians’ daily practice as much as possible, to increase systems’ authenticity and their ability to support learning from experience, feedback and reflection. Otherwise, the recertification may turn into ineffective tick-box exercises with limited learning and change in performance to occur.

This doctoral thesis furthermore dedicates a chapter to a timely topic: patient and public involvement in physician performance evaluation (Chapter 5). Findings of this thesis have shown that patients are rarely involved in recertification processes. While answering increasing calls to include patients’ voices in quality assurance, our work may place a call to action for patient and public involvement in recertification.

MEDICAL SOCIETIES

In addition to re-designing recertification, more steps towards dissemination and implementation of this research are possible. There is an opportunity for medical societies and professional organisations to impact physicians’ continuing professional development through offering formal educational activities as well through influencing and supporting healthcare professionals’ informal learning at their workplace. There are a few examples medical societies could jump on. Overall, diversification of educational activities is advisable to all medical societies to cater the wide range of learning needs across its membership. Here, it is important to withhold from offering more formal training or courses. Instead it would be worthwhile to consider how learning can be facilitated with minimal resources, which could help physicians on a day to day basis.

Medical societies could furthermore support their members in raising awareness and making implicit learning more explicit. This does not
necessarily have to be traditional classroom-based learning. In fact, other approaches have been shown to be more effective, such as creating networks and facilitating peer-to-peer learning through direct observation or discussing difficult cases of communication with patients, and/or sharing stories with a 'what would you do' scenario. Likewise, scientific societies can serve as a community for professional development, where physicians are stimulated to share their learning with peers or other healthcare professionals. Moreover, there may be some specific toolkits or reflection charts that could be developed and shared with physicians to help them to better recognize learning cues, thus helping physicians to build a personal yet evidence-based and deliberately developed performance repertoire.

**EUROPEAN RESPIRATORY SOCIETY**

As most of this research has been located in the field of respiratory medicine, we are going to exemplify the impact based on the case of the European Respiratory Society (ERS). ERS funded this PhD project to understand how Continuing Professional Development (CPD) is organized on an international level, and how it supports medical specialists in remaining competent professionals. Since ensuring quality of care is a core mission of the ERS, the objective was to use the research findings of this doctoral thesis to reflect and refine ERS educational activities in order to match respiratory physicians’ training needs.

With the majority of the societies’ members being trained health care professionals, it may be understandable why so many members become frustrated with bureaucratic recertification systems. With an international membership, the ERS may share the research findings on recertification systems with its members, particularly those residing in the countries examined in this doctoral thesis, and seek ways to support countries in redesigning recertification systems to maximally support assessment of and for learning.

Although ERS members may be considered self-directed and self-regulated learners, they may greatly benefit from receiving support in their continuing professional development. The ERS has a chance to diversify the educational activities and to offer educational activities outside the annual congress and courses; for example with additional courses to support their members in their continuing professional development. Given continuous requirements for accreditation of activities mostly through the European Specialty Board for Accreditation in Pneumology (EBAP) for all possible ERS activities, there remains room to investigate possibilities to recognize and accredit informal activities.
PUBLIC RELEVANCE

This research reinforces that learning also occurs informally, but physicians may need specific tools to assist them in better recognizing and using these learning opportunities. It might be worthwhile to implement practical tools which can help physicians in becoming more aware of what cues constitute potential learning opportunities. This may particularly concern physicians’ communication with patients. Patients’ concerns about healthcare professionals’ skills are mainly linked to communication skills (more empathy, easy vocabulary, involvement of patients in decision-making process) rather than about their medical knowledge or technical skills.

From the perspective of patients, if we are to follow a patient centred care model, patients may have very different views, beliefs and expectations of their physicians. Our findings indicate that many physicians fail to deliberately adapt their communication to different patient encounters. Medical education is not just about acquiring expert knowledge or skills, but also about developing key competencies such as communication, collaboration, and professionalism. Our research clearly highlights the need for more formal learning for physicians in these domain areas, which could be facilitated by scientific societies who can offer dedicated continued training on communication skills, collaboration or professionalism in co-construction with patients.

One potential additional idea to enhance patient engagement in medical societies could be to invite interested patients or patient representatives to screen and select abstract submissions for scientific congresses, and to invite them as chairs of educational sessions or research paper presentations. ERS and European Lung Foundation (ELF) have been collaborating for many years to include patients in ERS activities, through expert patients, testimonials, feedback on content and should most definitely seek possibilities to continue this collaboration.

The results of Chapter 5 will be distributed in a plain language summary to the research participants and wider patient groups. We have shared our research findings with the European Lung Foundation as well as the Dutch Lung Foundation, as a first step. Although the scientific manuscript was shared after publication with those participating in the research and other patients who showed interest, we aim to write a plain summary in English and in Dutch to make our findings more accessible to a wider audience. This plain language summary could be shared on the website or the newsletter of ELF, the Dutch Lung Foundation or the Dutch Patient Federation.
ACTIVITIES AND FUTURE PLANS

Research results have been presented at national and international congresses for medical education and CME as well as for respiratory medicine. All articles included in this doctoral thesis have been published (see Dissemination). Additional non-academic publications have been published for instance in Breathe, the clinical educational journal from the ERS. Breathe aims to distribute educational material to a wide audience and published our summaries of ERS educational meetings and events, such as the ERS Education Research Seminar or the Educational Forum during the ERS Congress. A symposium that was held with an international and interdisciplinary group of experts on CME and CPD at the AMEE congress 2017, was equally followed by a conference report published in the European Journal of CME.

Based on my research on international differences in recertification approaches, the European CME Forum invited me to present the research findings at their annual meetings in 2017 and 2018. The European CME forum brings different European and global CME stakeholders together, with the overall aim to advance quality of CME. With a wide audience including CME providers, medical societies, physician chambers and accreditation bodies as well as patient advocacy groups, I was able to disseminate my findings widely.

Furthermore, the Royal College of Veterinary Surgeons has invited me as a consultant for advice on CPD and to present the research findings on formal recertification systems and informal learning. I gave a talk on “Learning through reflection at work” and engaged in a discussion on an outcome-based approach to CPD with the education council. As a consultant of the CPD working group, I discussed reflective learning, maximising learning impact and impacting physicians’ practice, while avoiding creating an overly bureaucratic system.

This complete doctoral thesis will eventually be shared among national (Dutch) regulatory bodies such as the Dutch Association of Medical Specialists (Federatie van Medisch Specialisten), the Royal Dutch Medical Association (Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst), as well as international bodies such as the European Union of Medical Specialists (UEMS), and its Council for European Medical Specialist Assessments.

The author will further continue the research, as suggested in Chapter 6, as future research into online physician rating platforms as additional feedback source.