

## Administration and effectiveness of the CME Program in Kuwait - A pilot study

CME Research Group

**Objectives** This study was aimed at obtaining the views of physicians and dentists registered in the CME Program in Kuwait on competencies gained by participating in CME activities, the contribution of CME activities to improving professional performance, the use of the Internet and CME online, and the administration of the CME program.

**Method** A survey was carried out as a pilot study among the registrants in the program. Each of 13 statements in the questionnaire could be rated on a 1 to 5 scale to indicate whether the specific aspect was *low* or *high* in the program.

**Results** 183 responded to the questionnaire. CME activities had been held in subject areas of relevance (mean=3.3), allowing for gains in knowledge (mean=3.5) and, to a lower extent, in skills (mean=2.7). The scientific standards were relatively high (mean=3.2), and had prompted further study

on the topic (mean=3.7). The use of the Internet and CME online received a mean rating of 2.9. The helpfulness of the printed publication in understanding CME activities available was rated at a mean of 3.1, while the webpage received a mean rating of 3.3 regarding its role in explaining the CME program.

**Conclusion** The CME Program has had a positive impact on the competencies and the performances of those who attended the activities. The use of the Internet and CME online was limited. There was general satisfaction with the manner in which the scheme was administered.

*Key words:* CME, clinical competencies, program effectiveness, Kuwait

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### Introduction

CME - Continuing medical education – has become an international discipline, and is defined as any and all ways by which doctors learn after the formal completion of their training.<sup>1</sup> The Kuwait Institute for Medical Specialization (KIMS) of the Ministry of Health launched the CME Program in September 2000, and 3017 medical and 725 dental practitioners in Kuwait have registered in it so far. During the past two years 324 activities coming under Category 1 in the CME Center classification have been conducted by the CME organizers. This has been supplemented with 395 Category 2 activities, which included educational events conducted at health services institutions.

Available evidence suggests that CME should be developed as a process of planning,

doing and reviewing effect. Focusing on the nature and management of that process is considered the most effective strategy<sup>2</sup>. Ongoing review of the organization of educational activities based on the views of the learners constitutes an important aspect of program administration and evaluation. When the target audience comprises practicing clinicians and other academics and scientists, the views offered are likely to be closely related to the needs and problems of day to day practice, and therefore applicable in introducing future modifications to the program.

### Objectives

This study was undertaken to obtain the views of practitioners registered in the CME Program in Kuwait as regards:

- i. Knowledge and skills gained by participation in CME activities;
- ii. Contribution of CME activities to improving professional performance;
- iii. Extent of the use of the Internet and CME online;

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iv. Effectiveness of CME program administration.

## Method

In Phase I of the study, practitioners who had registered in the CME Program, and had given an email address (numbering 2300) were selected. A questionnaire that consisted of 13 statements was emailed to them. In Phase II, CME registrants attached to the Mubarak Al-Kabir, Farwaniya and Jahra Hospitals were handed a copy of the questionnaire by one of the members in the Research Group, which was collected after completion. The statements dealt with the organization of CME activities and participation in them, and the administration of the CME program. Each statement had a five-point scale identified as 1, 2, 3, 4, 5, in which 1 stood for *to a low extent* and 5 denoted *to a high extent*. The respondents were asked to circle the appropriate number in it to indicate their views regarding the specific aspect of the CME Program dealt with. Statement 14 provided space for giving suggestions and comments for improving the CME Program. The completed questionnaire could be returned online: those who preferred were given the option of sending it by fax or for hand delivery.

## ANALYSIS OF DATA

The number of respondents at each point in the scale was multiplied by the number that identified the scale point. The five products that were thus derived were summed, and a mean value for each statement was calculated considering the total number of respondents for the statement. Values above 3.0 for mean were considered as satisfactory and those below as inadequate.

## Results

### BACKGROUND DATA

A total of 183 questionnaires, 83 in Phase I and 100 in Phase II, was available for analysis. The subjects comprised medical and dental practitioners who had graduated during the past four decades.

The number of respondents from the different specialties is given in Table 1. The practitioners were employed by the Ministry

**Table 1. Distribution of current specialties of respondents**

Specialty	No.
Internal Medicine	43
Family Medicine/General Practice	34
Pediatrics	31
Surgery	15
Dentistry	13
Dermatology	10
Anesthesia	6
Radiology	6
Public Health	3
ENT	2
Physical Medicine	2
Psychiatry	2
Laboratory Medicine	2
Emergency Medicine	2
Obstetrics & Gynecology	2
Nuclear Medicine	1
Total	183

of Health, Kuwait, the Kuwait University, the Armed Forces or the private sector.

## VIEWS ON CME PROGRAM

### I. KNOWLEDGE AND SKILLS GAINED

CME activities that had been organized were in subject areas of relevance to the practices of the respondents (mean = 3.3). The participants had gained in the area of knowledge (mean = 3.5), and in the field of skills, though the latter was to a lower extent (mean = 2.7). The number of activities that had been organized in the different specialties or areas of interest was considered as relatively insufficient (mean = 2.9).

#### *Scientific standard*

The scientific and educational standard of the CME activities organized in the different specialties or areas of interest received a positive rating (mean = 3.2). The respondents also indicated that the benefits gained from the CME activities were worth the time that was spent on them (mean = 3.1).

### II. IMPROVING PROFESSIONAL PERFORMANCE

The new competencies acquired had helped the respondents to improve their professional performances to a satisfactory extent (mean = 3.2).

#### *Interest generated in the topics*

The activities had stimulated the participants to learn more about the topics (mean = 3.5), and about the recent developments in their specialties (mean = 3.7).

### III. INTERNET AND CME

The use of Internet for distance learning and CME online or of computer-based lessons for CME was low (mean = 2.9).

### IV. CME PROGRAM ADMINISTRATION

#### *Facilities Provided by CME Center*

The CME menus in the CME manual (*CME Program*, published by KIMS<sup>3</sup>) were helpful in understanding the CME activities available (mean 3.1). The website of the CME Center was found to be useful by a substantial number in understanding how the CME program was administered (mean = 3.4). The CME Program that had been implemented by KIMS was also indicated as having helped the respondents to improve their professional competencies (mean = 3.2).

### V. SUGGESTIONS

Among the major suggestions that had been offered for improving the implementation of the CME Program of KIMS, were that when scheduling CME, the duty hours should be avoided, and more CME activities/workshops than at present needed to be arranged in some specialties or subspecialties. A period that has been suggested was after 5 p.m. or 6 p.m. on week days, or during the weekend for scheduling, and Dentistry and Pediatrics had been cited as fields that needed more activities. The other views that had been suggested (in descending order of the number of respondents) were to:

- i. Inform practitioners by email about the programs scheduled;
- ii. Restrict attendance to those in the specialty;
- iii. To invite external speakers more frequently;
- iv. Emphasize practical points during sessions;
- v. Update the CME webpage frequently;
- vi. Use good handouts/notes at CME sessions.

### Discussion

It is clear that the activities that had been conducted under the CME Program had enabled the participants to enhance their knowledge and skills. Additionally, the programs had dealt with subject content of relevance to their practice. These in turn had contributed to improving the practitioners' professional competencies and performances.

The practitioners surveyed did not appear to use the Internet and computer-based lessons to an appreciable extent for their own educational advancement. However, it is evident that they use the Internet to a substantial degree, although it was mainly to get information about the CME Program. The Internet and CME online are two forms of educational media that have expanded tremendously during the past decade, and practitioners in Kuwait would lag behind their colleagues in other regions if they do not make optimum use of the learning opportunities offered through them. The insufficient use of CME online is likely to be lack of familiarity with the equipment and how to use them, rather than inability to acquire them, and appropriate measures need to be taken to educate the health professionals on their role and to promote the use of these avenues. With this goal in mind, the CME Center has included a section on the sites that offer CME online in *CME Program*<sup>3</sup>, the publication made available by KIMS. The KIMS homepage [www.kims.org.kw](http://www.kims.org.kw), in addition, has listed sites, and offers opportunities for distant learning in CME.

One of the areas of concern to many of the respondents appears to be the times at which CME activities are conducted. While the practitioners may be interested in attending a given CME program, the routine duties that they have to perform would naturally prevent them from doing so when programs are held during normal working hours. One of the steps that had been introduced by the CME Center is that, where possible, organizers are advised to schedule sessions in the evenings or during the weekends, and at central venues that are accessible to all interested practitioners.

Another view that has been proposed by many is that external speakers should be invited to a greater extent than at present as resource persons. While this opinion may bring the issue of subject matter expertise into the picture, it could also be related to inadequate educational planning and lack of skills of effective presentation by some of the lecturers. A workshop that dealt with important educational issues in CME planning and organization has already been conducted with a WHO consultant, and selected CME organizers had been invited to attend it. It is

hoped that a series of workshops could be conducted following this, at which course planning and instructional skills would be analyzed in greater detail. Additionally, the CME Center is in the process of preparing a *Handbook for CME Organizers*, specifically with organizers of CME activities in mind.

This preliminary investigation was a review of the opinions of a sample of practitioners on the usefulness of the CME activities that had been conducted by different CME organizers, and the effectiveness of the administration of the program. However, an important aspect of the success of CME is the interpretation that optimal CME is highly self-directed and that the selection and the design of the most relevant CME is based on data from each physician's responsibilities and performance.<sup>4</sup> This position receives further support from measures that are being taken by the American Medical Association<sup>5</sup> based on the premise that performance measurement offers a way of bringing CME closer to the physician-patient relationship. The CME Center of KIMS is in the process of identifying how the emphasis of CME could be shifted from attendance at lectures or participation in workshops and seminars to activities that directly address the learning needs of the practitioners in the local context so that patient care could be enhanced. The present study would be expanded so that views could be obtained from a larger pool of respondents, and would be continued as an ongoing investigation that would look into use of the competencies gained in practice development.

## Conclusion

This study allows us to conclude that:

- i. The implementation of the CME Program had a positive impact on the knowledge and the skills of the practitioners in Kuwait;

- ii. The CME activities conducted had enhanced the competencies and the performances of the participants;
- iii. There is general satisfaction with the manner in which the CME Program is administered by KIMS;
- iv. The use of the Internet and CME online by practitioners in Kuwait is currently inadequate and needs to be promoted.

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Appendix: Questionnaire (overleaf) *Monitoring of CME Program Implementation*.

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**Monitoring of CME Program Implementation**

**Personal Information**

Fax No.: ..... Email address:..... Year of first degree in Medicine/Dentistry: .....  
 Diploma/Degree/Board Certificate in a specialty (if applicable): ..... Year obtained: .....  
 Current specialty (if applicable): ..... Sub-specialty:.....

**Directions:** Circle the appropriate number in the scale 1, 2, 3, 4, 5 below to indicate your view regarding each of the following aspects of the CME Program. In the scale:

1 stands for *to a low extent*, and 5 denotes *to a high extent*.

	Low				High
1. Were the CME activities organized in subject areas that were relevant to your practice? .....	1	2	3	4	5
2. Were you able to acquire new <b>knowledge</b> from the activities that you attended? .....	1	2	3	4	5
3. Were you able to acquire new <b>skills</b> from the activities that you attended?.....	1	2	3	4	5
4. Did the new knowledge and skills you gained from CME activities help you to improve your professional performance? .....	1	2	3	4	5
5. Were you stimulated to <b>learn more about the topics</b> after attending CME activities? .....	1	2	3	4	5
6. Were you stimulated to <b>learn about recent developments</b> in your specialty after attending CME activities?.....	1	2	3	4	5
7. Was there a sufficient number of CME activities organized in your specialty or area of interest? .....	1	2	3	4	5
8. Was the scientific and educational standard of the CME activities organized in your specialty or area of interest satisfactory?.....	1	2	3	4	5
9. Were the benefits gained from the CME activities worth the time you spent on them?.....	1	2	3	4	5
10. Did you find the CME menus in the CME manual ( <i>CME Program</i> , KIMS Publication) helpful in understanding the CME activities available?.....	1	2	3	4	5
11. Did you find the CME Center webpage in the Internet helpful in understanding how the CME Program operates? .....	1	2	3	4	5
12. Do you use Internet-based and/or computer-based lessons for your CME? .....	1	2	3	4	5
13. Does the CME Program implemented by KIMS help you to improve your professional competence? .....	1	2	3	4	5
14. What suggestions would you offer to improve the implementation of the CME Program of KIMS? ..... ..... ..... ..... ..... ..... ..... ..... .....					

Please return the completed questionnaire to:  
 CME Center, KIMS, 10<sup>th</sup> Floor, Behbehani Complex, Al-Sharq (Fax No.: 2467140)  
 Thank you.