PROVISION AND MONITORING OF CME FOR MEDICAL PRACTITIONERS: UTILIZING E-LEARNING AND MOBILE PLATFORMS

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‘Medicine the Lifelong Study’

• O Lord, grant me an opportunity to improve and extend my training and knowledge

• ...help me supplement my educational defects as the scope of science and its horizon widen daily...

• Give me courage to realize my mistakes so that tomorrow...

• .... I shall be able to understand in better light what I could not comprehend in the dim light of yesterday.

• Ebne Maymoun, a 12th-century physician
Importance of CME

• Critical to the improvement of health care delivery

• As important as research and new discoveries in improvement of medical care.

• 21st century, CME is set to play bigger role, explosion of new drugs and new management practices.

Ronald M et al A New Vision for Distance Learning and Continuing Medical Education, The Journal of Continuing Education in the Health Professions, 2005
Traditional CME practices

- Tremendous expansion of traditional CME.
- Success was defined in terms of attendance, number, quality of lectures.
- Several drawbacks: travel, cost, evaluation.
- Not been effective in changing physicians’ behavior.

Nothing is happening !!!
The Paradigm shift

- CME to focus in supporting individual physicians in making management decision in practice with a responsive learning system.

- Physician has a self-directed curriculum of learning based on need.

- On-the-job learning that makes use of information technology to deliver up-to-date CME materials, cost effectively, timely and conveniently.

Moore DE et al, Creating a new paradigm for CME: Seizing opportunities within the health care revolution. *J Contin Educ Health Prof* 1994
Traditional meetings and conferences declining by -14.6% (5-year CAGR)
Web-based CME growing by 11.1% (5-year CAGR)
Mobile-based CME growing by 39.7% (5-year CAGR)
Revolutionary M-learning and E-learning:

- Versatility
- M-learning-Voice, text, pictures
- E-learning
- Telemedicine
- Ask expert
- Peer education
- Research
- Referral
CRISIS Criteria for Effective CME

By Harden and Laidlaw et al

- C-convenience - right place, time, pace.
- R-relevance - ‘just in time’, day to day practice
- I-individualization - ‘just for you’ based on need
- S-self-assessment - evaluate understanding and then remedy
- I-independent learning - more responsibility with learner
- S-systematic approach

1. Ronald M et al A New Vision for Distance Learning and Continuing Medical Education, The Journal of Continuing Education in the Health Professions, 2005

Why E-learning and M-learning in CME?

• Convenience

• Saves time-‘Avoid temporary brain drain’

• Cost effective

• Improved access with notifications via sms, facebook, twitter

• Individualized development and controlled pace.

• Feed back and pre and post assessment

• Versatility‘ -Ask expert’ and ‘peer education’
Synergy Informatics Ltd.

• Operational for last 2 years.

• Aim to provide IT solutions to health care by software as a service.

• Encourage uptake e-health, medical informatics and mhealth solutions.

• Currently process of supporting the provision of and monitoring CME
Partnership for M-learning and E-learning CME Provision

Medsynergy Ltd Kenya:
Build and maintain the ICT infrastructure for CPD

Kenya Medical Practitioners and Dentist Board:
Regulate, Coordinate and Accredit CPD service provision

Professional Organizations - KAP:
Provide CME content - specialities, CME curriculum, organization of traditional CME
Streamline CPD provision and monitoring

- Real time recording of CPD points and transmission to KMPDB.

- Co-ordinate electronic award of points in traditional CME activities-Smart cards.

- Registration of CME providers.

- Allow for dissemination of CME activities information-localities.
Progress

• KMPDB – mandated Synergy Informatics Ltd to launch M- and e-platforms for CME provision and monitoring.

• ICT Board Kenya-pledged technical support in developing mobile interface for multimedia.

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• Demonstration of online CPD activity