

Editorial

Enhancing Continuing Medical Education (CME) for Improved Patient Care

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As reaccreditation and quality assurance have become more widespread the continuing medical education (CME) program is getting more importance in health care. Sometimes continuing medical education and continuing professional development seems to be confusing. The former is teacher-centered, whereas the latter is learner-centered. Continuing medical education can be defined as the ways through which doctors continue to learn following the formal completion of their training.¹ Lifelong self-directed learning is necessary for medical professionals. Continuing medical education is one form of lifelong learning. And clinical performance is the primary focus of medical education.

Various methods of CME exist, with the most effective ones including learning integrated with clinical practice, interactive educational meetings, and outreach events. Strategies that yield lesser effectiveness encompass audit, feedback, and local consensus processes. Among the least effective approaches are lectures and printed materials.² It is observed that the least effective methods of CME are practiced more frequently. However, the combination of different methods in CME may make it more effective.

Traditional models of medical education primarily focused on initial training, providing the foundational knowledge and skills necessary for clinical practice. CME can

open the window to evidence-based practices. Therefore, the content of CME should be selected based on the demand of the participants. Some types of educational training are necessary for better performance in patient care. However, these types of knowledge seem to be boring, and participants may avoid them, as human tendency is to stay in the comfort zone. These are the challenges of CME that should be overcome organizational and management support.³ Participant expectations in CME activities is met in detailed discussion of evidence-based contents. Whereas self-assessment, practical patient care and barriers of practice in everyday life are rarely addressed.⁴

CME in medical colleges in Bangladesh varies because some medical colleges offer only undergraduate courses, while others offer both undergraduate and postgraduate courses. CME in undergraduate-only medical colleges focus primarily on the Bachelor of Medicine and Bachelor of Surgery (MBBS) program students. Since they do not have postgraduate courses, their CME programs may be more tailored towards basic medical education and the continuing education needs of general practitioners and new medical graduates.

Undergraduate and postgraduate medical colleges offer both MBBS and postgraduate training (such as MD, MS, or diploma programs). Their CME programs might be

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more diverse and comprehensive, catering to a wider audience, including specialists and subspecialists. They may offer more advanced and specialized CME topics, keeping in mind the needs of both practicing doctors and residents undergoing training.

Each medical college should adopt its own CME strategy based on its unique nature and needs.

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