



# PROFESSIONALISM

## Lecture 5:

### Continuous Professional Development (CPD)

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| <b>Team members:</b> <ul style="list-style-type: none"><li>- Nouf altwajri</li><li>- Luluh Alzeghayer</li><li>- Malak Alsharif</li></ul> | <b>Color index:</b> <ul style="list-style-type: none"><li>- <b>Important.</b></li><li>- Extra note.</li></ul> | <b>Important links:</b> <ul style="list-style-type: none"><li>- <a href="#">Correction file.</a></li><li>- <a href="#">Quizzes file.</a></li><li>- <a href="#">Lectures file (revised).</a></li></ul> |
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Please note that this file contains summaries and important notes only, your original source for studying is the full lectures file made by team 434, which will be revised by team 435 after each lecture. Link: [Lectures file \(revised\)](#).

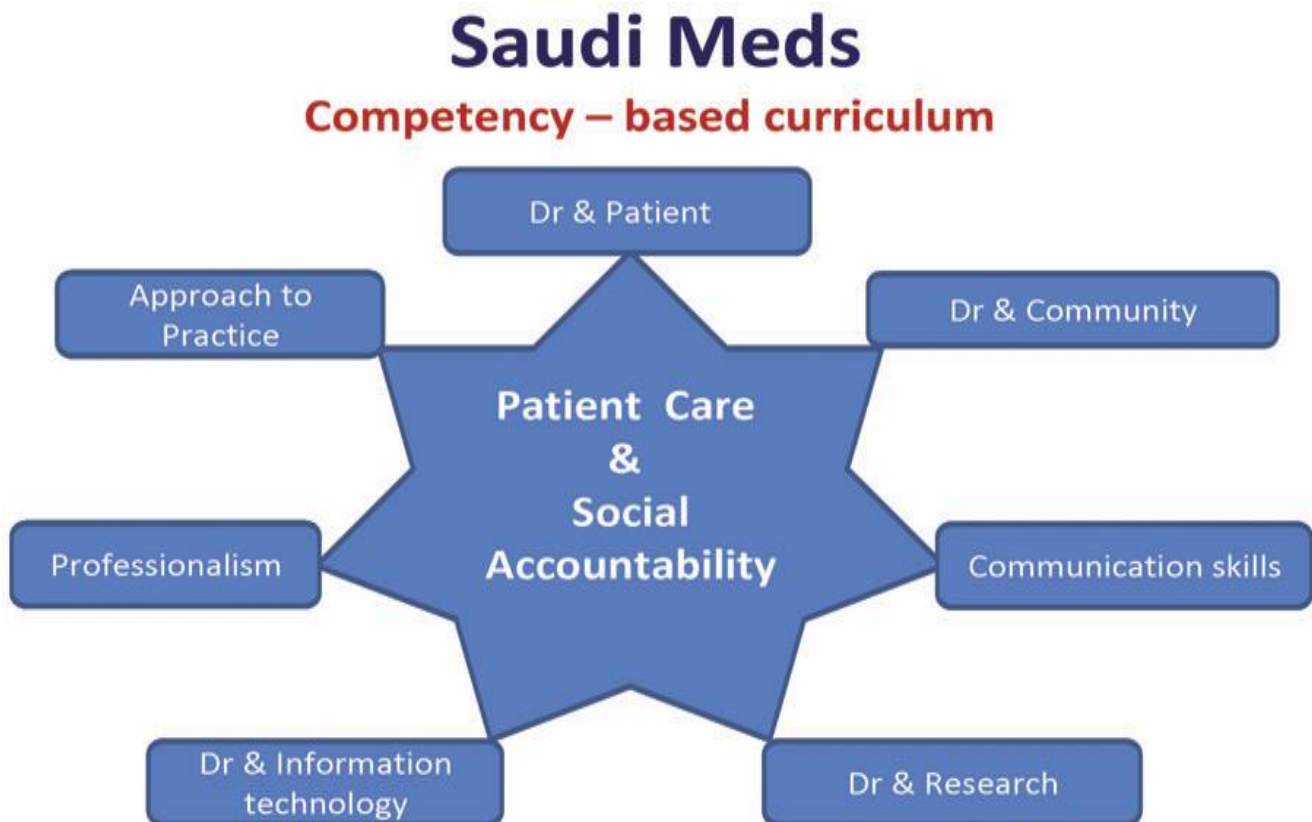
### Objectives:

- ❖ Understand what is Competence and differentiate its Levels?
- ❖ To plan for their own CPD.
- ❖ Appraise, What is Reflective Learning and how to utilize it in day to day learning?

## Summary:

### KSU Medical College Outcomes:

- Communication and consultation **skills**.
- Clinical care.
- Health promotion and disease prevention.
- **The family and community context of healthcare.**
- **Personal professional development (CPD).**
- Use of technology and information gathering.
- **Attitudes**, ethics and professionalism.
- Research.



## Definition of competence:

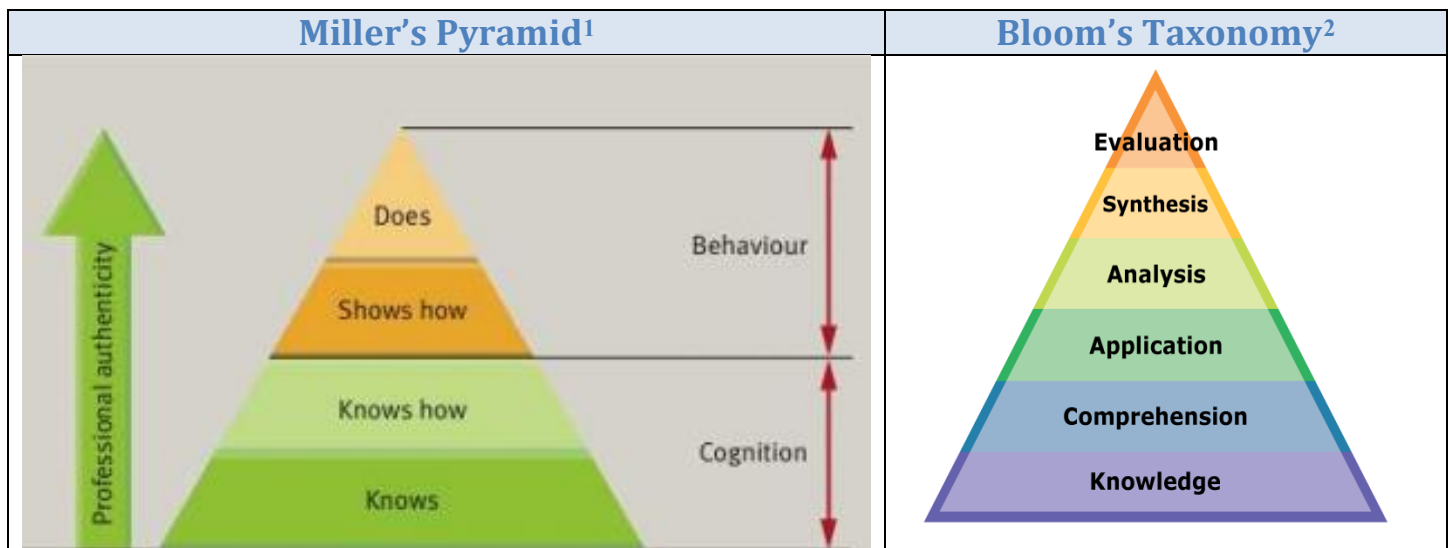
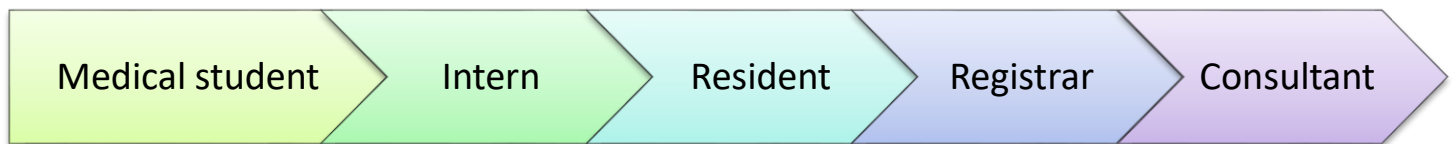
“ The **ability to perform** a **specific task** in a manner that **yields desirable outcomes**”,  
Competence develops over time and is nurtured by **reflection** on experience.

## Different Aspects of Competence:

### Knowledge, Skills & Abilities

| Skills   | Abilities  |
|--|--|
| <b>Skill is the capacity to perform specific actions. It is a combination of knowledge and strategies.</b> | The performance, <i>power</i> or <i>capacity to do something</i> or act physically, mentally, legally, morally, etc. |
| <b>Acquired</b>  | <b>Innate</b>  |
| <b>What you have learned to do</b>   | <b>What you can actually do!</b>   |

## Levels of competence:



<sup>1</sup> Psychologist *Miller's Pyramid/Prism of Clinical Competence (1990)* ... George Miller proposed a framework for assessing levels of clinical competence back in 1990.

<sup>2</sup> Bloom's Taxonomy was created in 1956 under the leadership of educational psychologist Dr Benjamin Bloom in order to promote higher forms of thinking in education such as analyzing and evaluating, rather than just remembering facts (rote learning).

## How is competence acquired?

through **Continuous Professional Development (CPD)** :

- *pre-service education* (students)
- *in-service training* (interns, residents)
- *work experience*

## What is CPD?

The conscious updating of professional knowledge and the improvement of professional competence throughout a person's working life. It is a commitment to being professional, keeping up to date and continuously seeking to improve. CPD differs from formal learning in that there are no learning curricula nor examinations, where motivation to learning comes from the necessity to improve practice.

## Why CPD?

### Ostensible<sup>3</sup> reason:

- Requirement by the governing bodies of the profession.

### Cardinal<sup>4</sup> reasons:

- Half-life of what we learn is very short.
- If we do not update, we will practice obsolete medicine.
- There is a high chance that patients will not get optimal care.
- We all are helping others/dealing with patients.

## How can we achieve CPD?

- **Lecture programs**
- **Conferences**
- **Workshops**
- **CME<sup>5</sup> courses**
- **Currently, Reflective Practice/Learning is the most favoured.**

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<sup>3</sup> Superficial

<sup>4</sup> Main

<sup>5</sup> *continuing medical education*

## What is the Reflective Learning?

Reflection relates to a complex and deliberate process of thinking about and interpreting experience, in order to learn from it. It is the systematic revisiting of a learned experience with a view to learning from it.

**Reflective log is a cyclical process presented by Kolb's cycle.**

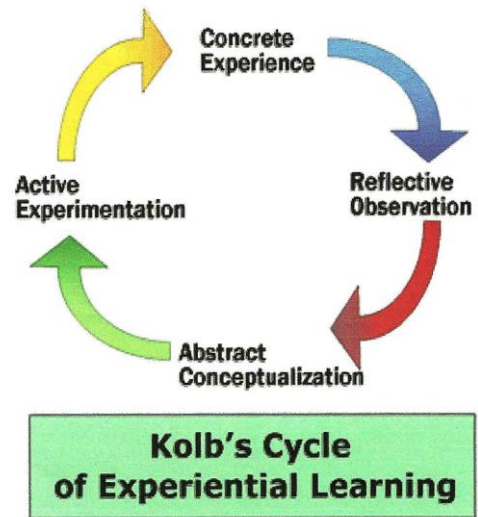


image by Karin Kirk

## A scenario:

A 55 year old man came to clinic with complaint of low back pain (LBP). You have examined his back which was ok. His height was 160 cm, and weight is 100 kg. You would like to manage this patient's LBP contributed due to his excess body weight.

### 1. Learning concrete experience: What is the learning event?

This obese person who needed to reduce weight.

### 2. Reflective observation: What did I learn?

Learned how the patient's activities have been affected by obesity.

### 3. Abstract conceptualisation: What do I have to learn more?

Did not know the advice that should be given to the patient with a given BMI.  
Are there guidelines for interpreting BMI?

### 4. Active experimentation: How can I learn it?

Refer a book/article. Talk to the dietician.

### 5. Evidence for further learning or change of practice:

BMI was accurately interpreted. Patient was advised about the dietary/lifestyle changes and referred to an obesity clinic. References of books referred.

## Constraints on Development:

- Time
- Budgets
- Life Cycle Issues
- Motivation
- Lack of Trust and Real Leadership



*Reflection &  
Reflective  
Practice*

*Continuous  
Professional  
Development*

*Competence*