5 > Continuous professional development, lifelong learning & professionalism through mentoring

Editing File

Objectives:

1. Describe Competence

2. Identify different levels of competence

3. Recognize essential elements of continuous Professional development

4. Apply the reflective learning in day to day learning

5. Describe the concept of Mentoring

6. Identify the roles of Mentor and Mentee

7. Recognize what is to be expected from Mentoring
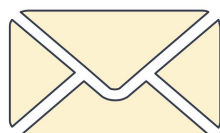
8. Practice the professionalism through Mentoring

Color index:

Slides

Important

Doctors notes

Extra

What is Continuous Professional Development (CPD)?

CPD

refers to any activity, formal or informal, that helps you develop your skills and knowledge, and enhances your professional practice.

CPD has been defined as "a process of lifelong systematic learning for all individuals and teams which meets the needs of patients and delivers the health outcomes and healthcare priorities of the institute and which enables professionals to expand and fulfil their potential".

Examples of CPD

- Training courses & workshops
- Studying for a qualification or accreditation
- Online courses/webinars/podcasts
- Self-reflection, personal reading or research
- Mentoring

- Observation (as either observer or person being observed)
- Peer group exchange, eg via TeachMeets/ Twitter groups/Google groups/professional exchange
- Visiting other schools/colleges
- International visits & exchanges
- Attending exhibitions & conferences

Who is responsible for CPD?

Personal

- ❖ Responsibility to keep up to date

Institute

- ❖ Has a responsibility to ensure that our team keeps up to date

Why CPD? (Importance)

Health system cannot deliver high quality patients' care without a well-trained health workforce of sufficient capacity & competencies/ capabilities

Features of effective CPD

Personalised

i.e. built on individual identified needs and requirements.

Relevant

relates to your teaching theory and/ or subject specialism and the needs of learners.

Collaborative

with your fellow teachers and colleagues.

Supported

by coaching or mentoring from experienced colleagues.

Sustained

New skills and ideas need time to take hold; experimentation and refinement is the best way to embed new ideas into classroom practice.

"stay-up-to date with technical advances and new clinical approaches. This is to ensure safe and effective practice."
(knowledge,competence , skills,attitude)

COMPETENCE

definition

"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

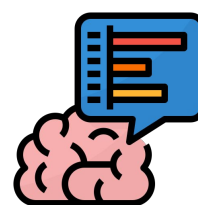**Different Aspects of Competence:**

1 Knowledge 2 Skills 3 Abilities

COMPETENCE

How is competence acquired?

It is gained in the healthcare professions through:

- ❖ Pre-service education.
- ❖ In-service training
- ❖ Work experience

⬆ **CPD**

How can we achieve CPD?

- ❖ Lecture programs.
- ❖ Conferences.
- ❖ Workshops.
- ❖ CME (Continuing Medical Education) courses.
- ❖ Others

Many methods have been tried in the past. Currently, Reflective Practice/Learning is the most favoured

Core competencies

The national competence framework that has been developed by medical schools in the Kingdom of Saudi Arabia (SAUDI MEDS).

Saudi Meds: A competence specification for Saudi medical graduates

Saudi Meds Competency - based curriculum

Patient Care and Social accountability

Approach to practice — Dr and patient

Professionalism — Dr and community

Dr and information technology — Communication skills

Dr and research
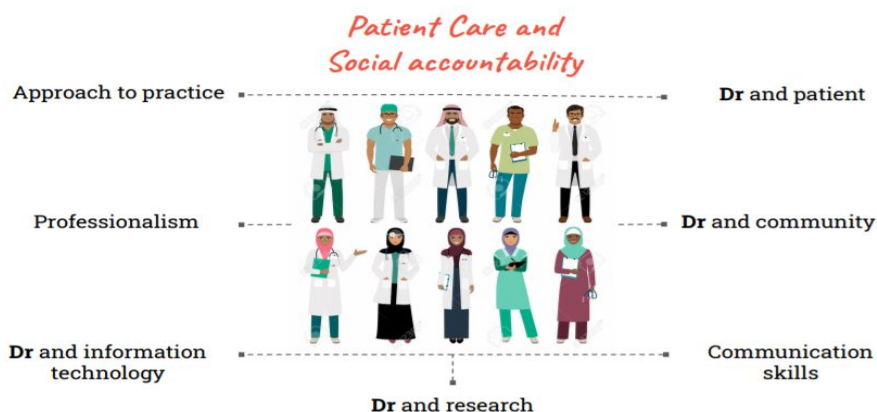
COMPETENCE

Levels of competence

Novice	Advanced beginner	Competent	Proficient	Expert

Medical student 😵	Intern	Resident	Registrar	Consultant اللهم حسد

REFLECTION

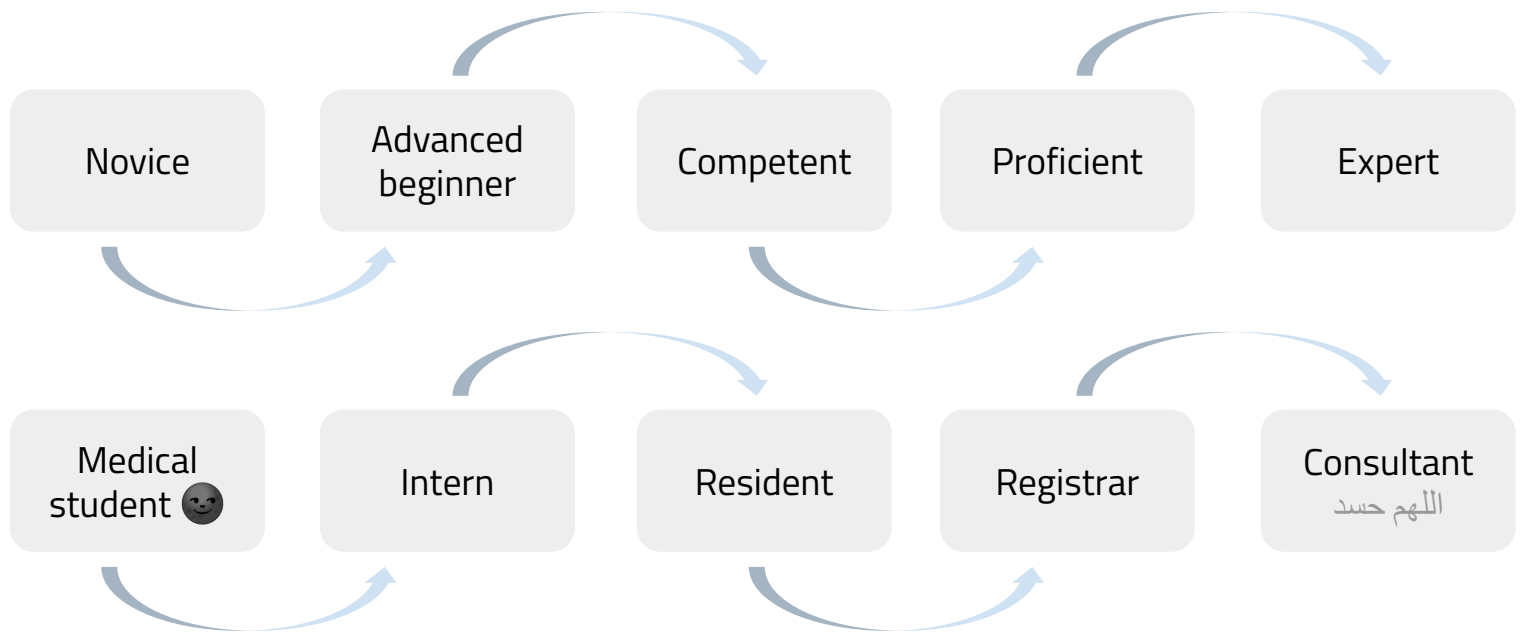☐ Reflective practice concept is a practice-based professional learning in which students, trainees, and doctors learn from their own professional experience rather than just knowledge transfer.

☐ Reflection is a metacognitive process that creates greater understanding of both the self and the situation so that future actions can be informed by this understanding.

Metacognition:

definition

It is an awareness and understanding of one's own thought process.

1 Cognition about cognition.

2 Knowing about knowing.

3 Feedback Thinking about thinking.

REFLECTION

Reflection relates to a complex and deliberate process of thinking about and interpreting experience, in order to learn from it.

Reflection stages: (e.g.)

1 An awareness of uncomfortable feeling.

2 Examination of situation.

3 Exploration of alternative actions.

4 Reflective thoughts results in action.

Reflective Learning

1-Systematic revisiting of a learning.

2-experience with a view to learning from it

Why reflection? (Importance)

☐ Key to become a <u>lifelong learner</u> – if not most learning opportunities are lost

Reflective log: a simplified version

1. What is the learning event?

2. What did I learn?

3. What more do I have to learn?

4. How can I learn it?

5. Evidence for further learning / change of practice?

REFLECTION

- 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.

Example (LBP):

☐ Learning experience:
-This obese person who needed to reduce weight.

☐ What did I learn?
-Learned how the patient's activities have been affected by obesity.

☐ 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?

☐ How do I learn it?
-Refer a book/article. Talk to the dietician

☐ Evidence / 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.

Reflective Practice

1- Reflection in action   **2- Reflection on action**

Kolb's Cycle

What's the event?
Concrete experience

1

What did I learn?
Reflective observation

2

Evidence for learning/change
of practice

5

What more do I have to learn?
Abstract conceptualisation

3

How can I learn?
Active experimentation

4
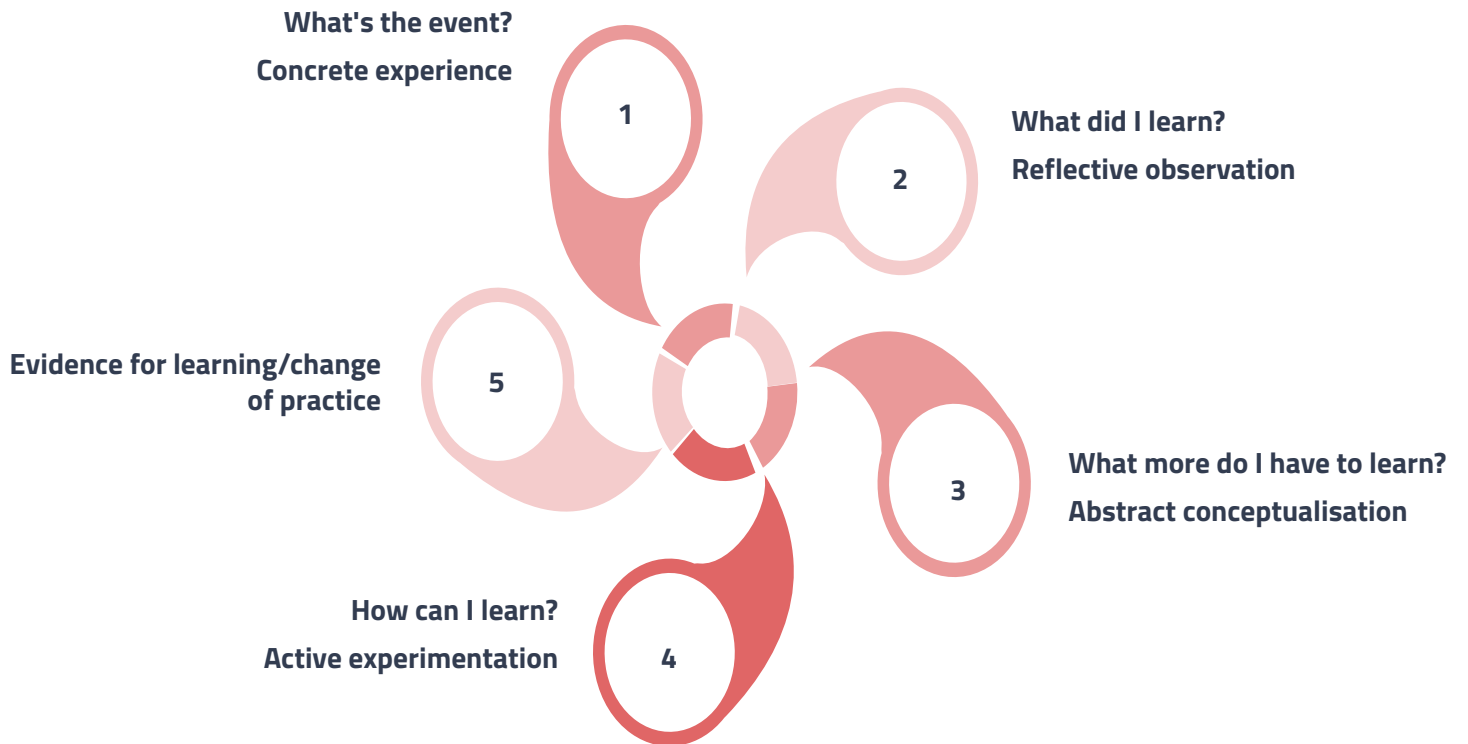
Experiential Learning

Experience   **Reflect**   **Make sense**   **Plan for action**

Lifelong Learning (LLL)

It's voluntary, rather than compulsory, and is completely self motivated – with the main goal being to improve personal or professional development.

Medical students need to be effective lifelong learners in order to continue to develop personally and practice professionally.

This demands an encouragement of diverse learning styles.

It means applying adult learning principles, student autonomy, self-learning, experiential learning reflective learning, computer assisted learning, distance learning, e-learning, use of skill learning laboratories.
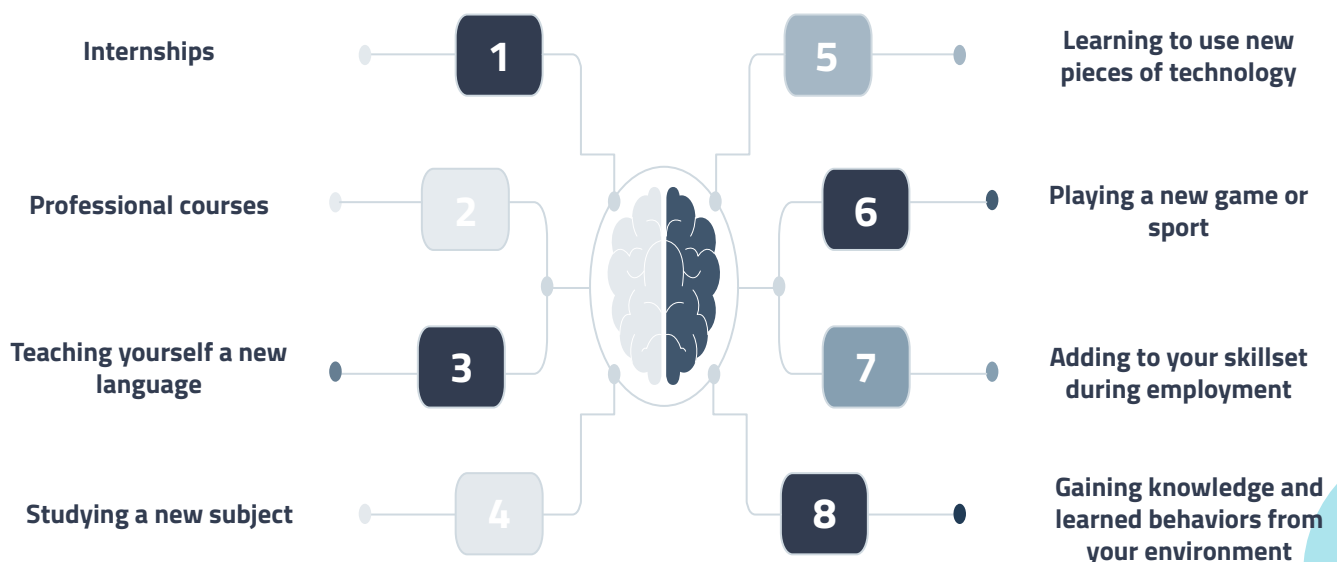
How is it learned?

Lifelong learning can be through formal training, or something less structured.

By instruction or coaching, but also includes any form of self-taught learning.

Our daily interactions with our colleagues, and the knowledge and behaviors we learn both inside and outside of work, can be classified as lifelong learning.

Examples of LLL

1 Internships

2 Professional courses

3 Teaching yourself a new language

4 Studying a new subject

5 Learning to use new pieces of technology

6 Playing a new game or sport

7 Adding to your skillset during employment

8 Gaining knowledge and learned behaviors from your environment

Benefits of LLL

1 To gain a new qualification.

2 To add to your transferable skills.

3 To increase your employability and promotion prospects.

4 To earn more money.

5 To fill a skills gap & broaden your knowledge.

6 Personal & professional satisfaction.

7 To better contribute to the community.

8 Mental stimulation.

Utilise technology –online resources, eBooks, distance learning course, join forums to continue your development.

Ask your employer – for personal development planning.

Stay motivated.

Tips for lifelong learning (LLL)

Add some structure – Try setting aside the same amount of time for studying each night, or each week, make sure you stick to it, and try and write down a goal for each session. Take your learning seriously, and you're far more likely to stick to it.

Take every opportunity – It isn't just a new certification you can gain from lifelong learning. There are plenty of opportunities out there to add to your knowledge, from taking a class in the local community centre, to joining reading groups or even watching webinars.

Don't make excuses – there are no barriers to lifelong learning. Free courses, nothing stopping you simply picking up a book and learning about a new subject. So, no matter how young or old you are, and no matter how much time you have, there's something out there for you.

What's Mentoring?

- Off-line help by one person to another in making significant transitions in knowledge work or thinking.

OR

- To help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance and become the person they want to be.

Rationale

- To support the professional growth of the individual who is in the early stage of their career and to promote excellence in teaching & learning, research and academic leadership.

Mentoring can help mentees to

- Address the issues and concerns of their daily working life and find solutions that work for them.
- Improve their level of performance and satisfaction levels.
- Build relationships with colleagues and feel part of the community.
- Manage the integration of job, career and personal goals.

Mentoring Principles

- Engagement is on a voluntary basis for both the Mentor and the Mentee.
- The Mentoring relationship is confidential.
- Mentoring is non-directive in its approach.
- It is a relationship built upon trust and mutual respect.
- The Mentor empowers the Mentee to take responsibility for their own learning and career development.
- The relationship places no obligation on either party beyond its developmental intent.

The Mentoring Cycle

Phase 1: Clarifying Expectations

1. Rapport-building   Developing mutual trust and comfort.

2. Contracting/Ground Rules   Exploring each other's expectations of mentoring

Phase 2: Productive phase

3. Direction-setting   Agreeing initial goals for the relationship.

4. Progress making   Experimentation and learning proceed rapidly.

Phase 3: making Maturation & Closure

5. Maturation   Relationship becomes mutual in terms of learning and mentee becomes increasingly self-reliant.

6. Closure   Formal relationship ends, an informal one may continue.

Skills Required By Mentors:

1 **Communication skills**

2 **Feedback skills**

3 **Listening skills**

4 **Interpersonal skills**

5 **Questioning skills**

6 **Ability to build rapport with the mentee**

How Mentors Help Others Learn?

The Guide — Hands on guidance, explaining how and why; creating opportunities to learn.

The Challenge — Making Waves'; challenging, stimulating, questioning, probing.

The Role Model — Unseen, largely unfelt. The Mentee unconsciously adopts aspects of the mentor's thinking behaviours and/or style.

Summary

(Competence)
Acquired through
(Continuous Professional Development)
Acquired through
(Reflection & Reflective Practice)

Team Leaders

Abdulrhman Alsuhaibany   **Nourah Alklaib**

Team Members

Abdulaziz Alrabiah

Abdullah Alsaeed

Abeer Awwad

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