Continuing Medical Education for Community and Hospital Physicians in Israel

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Receive date: Jan 28, 2018; **Accepted date:** Feb 08, 2018; **Published date:** Feb 12, 2018

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Abstract

Background: In this study we aimed to evaluate Continuing Medical Education (CME) activities of primary care physicians.

Methods: An e-mail questionnaire, based on the Jefferson Scale of Physician Life Long Learning (JSPLL), was sent to hospital- and community-based physicians in the Negev District.

Results: Eighty eight hospital-based physicians (38% response rate) and 118 community-based physicians (31% response) participated in the study. Hospital physicians participated more in annual meetings of professional medical associations (P<0.0001). They also gave more talks at professional meetings and took part more in research studies (P<0.0001). The variables that predicted the upper tertile of the most updated physicians were age (OR=0.947; 95% CI 0.926-0.968), male gender (OR=2.502; 95% CI 1.019-4.268), and active participation in teaching (OR=4.013; 95% CI 1.347-11.954).

Conclusion: Both hospital and community physicians have a high level of access to medical journals and the Internet, but CME activities have been adapted more by hospital physicians.

Keywords: Continuing medical education; Community and hospital based [illegible] long medical education

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[illegible] ee (MD) is only the beginning of a lifelong le[illegible] schools provide basic medical knowledge and [illegible] g generally continues in residency programs, which [illegible] d by sub-specialization and fellowship programs that hone skills needed to perform more [illegible] tasks. However, at some point δformalε structured education ends and physicians are [illegible] to face the challenge of updating their knowledge and skills alone in a world of changing and rapidly growing knowledge. With a professional span of activities that may last for several decades [illegible] graduation, and this rapidly growing well of knowledge, lifelong education becomes a must.

Various terms have been used to [illegible] lifelong learning such as self-directed learning, self-educative approach, self-initiative learning, active learning, independent learning, contextual learning, continuing sesomMя tin[illegible]f eedTM h al ` noϰ2 th

Study population

All Primary care physician (PCPs) working in the community, approximately 380, were invited to participate in the study, as were all the senior physicians working at the SUMC, approximately 230 in number. PCPs who were included in the study included general practitioners, board in family medicine, pediatric, and internal medicine working in Clalit Health Services Southern District (CHS-SD) community clinics.

Comparison between the study groups in terms of reading habits and literature updates

Attitudes towards CME

were no between the study groups in terms of attitudes towards CME in terms of either funding by the employer or whether there should be a linkage between CME and licensing exams. more community physicians thought that CME courses should be held during regular work hours (P=0.005).

T e Je f erson Scale of Physician Lifelong Learning (JSPLL)

mean score on the JSPLL questionnaire was higher among hospital physicians than community physicians (64.9 ± 8.2 *vs.* 59.7 ± 7.1, p<0.0001). lifelong learning (Â ng lear

	No	26 (40.0)	2 (3.6)	
Did you participate in the development of teaching programs?	Yes	13 (21.3)	46 (83.6)	<0.0001
	No	48 (78.7)	9 (16.4)	
For PCPs				
Location of main place of work	Urban	27 (61.4)	13 (72.2)	0.417
	Other	17 (38.6)	5 (27.8)	
Position in CHS	Clinic director	6 (13.6)	11 (61.1)	<0.0001
	Primary physician/other	38 (86.4)	7 (38.9)	
Specialty	Family Medicine	19 (42.2)	6 (33.3)	0.514
	Other	26 (57.8)	12 (66.7)	
Average number of patients in a work day (7 hour)	Mean ± SD	43.4 ± 17.8	32.4 ± 13.8	0.027
	Range	9-100	Jul-50	

Upper tertile: LL activity score of 67-76. Bottom tertile: LL activity score of 41-58; JSPLL: Jefferson Scale of Physician Life Long Learning; PCP: Primary care physician; CHS: Clalit Health Services