

Theory and Practice in Continuing Medical Education

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Abstract

Introduction: Continuing medical education (CME) represents the final and often most poorly understood stage of physician education. The understanding of contemporary theories of physician education and characteristics of effective CME interventions will help CME providers and physician learners to plan productive CME activities and improve learning. This article aims to provide readers with emerging evidences on effective CME, particularly in relation to theories of physician learning and their implications for CME planning. The article also summarises attributes of effective CME interventions. **Methods:** The data and evidence were collected from contemporary medical education journals and published books on medical education. Two electronic databases, Medline and ERIC (Educational Research Information Clearinghouse) were searched for suitable articles. **Results:** Physician learning is a distinct phenomenon with high inclination towards autonomy and self-directed learning. CME interventions are more likely to be fruitful if they are modelled with strong theoretical background, catered towards individual learning needs and preferences, and focused on the learning component of education. Many widely practised CME interventions fail to be effective as those are not based on the above principles. **Conclusion:** Evidence suggests that careful planning and evaluation of CME will improve the key measure of physician's performance and health care outcome.

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