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Continuing Professional Development: A Tool to Develop Practice?

Throughout the world health services are constantly trying to develop and improve the quality of the services they provide. This goal is set in the context of increasingly rapid change in health care delivery, occurring as a result of technological advances, changing health care needs, increasing expectations of consumers and cost effectiveness. This situation places demands on, and requires practitioners to constantly acquire new knowledge and skills to bring about change and so deliver a high quality, effective service. It is recognised that engaging in continuing professional development (CPD) enables individuals and organisations to build capability and capacity to maintain and development their service.

We know that the major goal of learning is to produce new behaviours. For example:

A nurse undertaking a university based course produces a literature review of the use of saline instillation in endotracheal suctioning.
(Learning activity)

As a result she discovers that there is no proven benefit to its use, she wonders why this practice is used routinely in her clinical area and begins to question the practice.
(Reflection on the learning.)

She discusses her findings with colleagues and consider how this information could be used in her practice setting and makes suggestions or recommendations for stopping its routine use
(Consideration of ways of applying new knowledge and skills)

She provides information, collaborates with members of the multidisciplinary team, delivers teaching sessions and acts as a role model
(Develop strategy for incorporating these into practice)

Routine instillation of saline is stopped
(New behaviours observed)

On the surface this looks to be an easy process, however, personal experience indicates that work completed during educational activity is not always readily used in practice. To date there is limited research that demonstrates the impact of education on practice and changes occurring as a result of education are rarely measured (Hicks and Hennessey 2001). Employers have been concerned that whilst of obvious benefit to an individual investment in CPD activity does not bring observable improvements in patient care. As a result there is an increasing focus on the value-for-money of CPD activity. So what can we do? All stakeholders have an equal responsibility and there is a need for collaboration. Health education providers need to ensure that activities and courses are flexible and designed to facilitate learning that is work based, builds on previous experience and provides practitioners with the knowledge and skills necessary to deliver and improve patient care. Health care providers need to establish and maintain an environment which is conducive to learning and accepts change; practitioners need to be supported in managing change through effective leadership and the provision of adequate resources. Practitioners themselves need to embrace CPD, accepting responsibility for their own learning and actively pursuing opportunities to use their learning in practice.

Developing practice demands knowledge, skills, support and long term commitment. It is all too easy to be overwhelmed by the many competing demands and not always easy to see how educational activities can be used and implemented in practice. CPD activity can bring real benefits to patients, practitioners and health care organisations but only if the organisational and social factors that impact on practice are considered and managed through effective partnerships.

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Reference

Hicks C, Hennessey D. (2001) An alternative technique for evaluating the effectiveness of continuing professional development courses for health professionals: a pilot study with practice nurses. *Journal of Nursing Management*. 9, 39 – 49

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