How and where to start

Organisations appreciate the value of Continuing Professional Development. However, most organisations tend to be too “busy” to ensure that it happens systematically. It is often helpful for organisations to have CPD sessions planned and scheduled – say, during a given month every year. This offers regularity and helps the team to anticipate and prepare for it.

When organisations prepare for their CPD sessions, topics should be chosen with a purpose. Often, when arbitrary themes for CPD are selected – it runs the risk of being uninteresting or irrelevant to the team. CPD can be a powerful stepping stone towards organisational improvement and selection of topics can be identified through an ongoing process of continuous improvement or emerge from a systematic analysis of patient safety incident reports, patient satisfaction reports, and other information collected on an ongoing basis.

Topics can also be selected based on new technology, methods or products that are being introduced into the organisation. Reassessment of individual skills can help to identify gaps that could be addressed through retraining. Make sure that the topic you choose is in alignment with your overall institutional goals.

As CPD sessions are being planned, it is good to pin down responsibilities for different aspects of the process:

• training needs analysis
• communication
• participation
• training delivery and follow-up

It is often useful to include a representative of the audience as a CPD committee member to ensure relevance. This helps to build champions not only for the training, but for the resulting improvement process itself.

Essentials

Ideally all CPD should be developed using good training design principles. Learning objectives should be laid down and clearly accounted for by defining the overall outcomes expected. It is essential to have a clear and focussed goal for the CPD session.

CPD sessions should avoid using old-fashioned didactic lecture format and be designed to be more engaging and interactive. The CPD audience comes with good baseline knowledge and rich experience from the field work. They can be used as a resource in the classroom by facilitating learning from each other. Performance data and real stories from within the organisation are a great resource to make the learning relevant. They also serve to emphasise the problem and highlight the opportunity to improve.

It is important to ensure that the training session includes an assessment element: e.g. a quiz or short test to gauge learning and reinforce the lesson. There are a wide array of interactive group techniques, including role playing and small group demonstrations that can reveal the extent to which learners have learned. This assures that the CPD is accountable and is grounded upon expected outcomes.

Common pitfalls

Lack of institutional “buy-in”: CPD activities can be ineffective, especially when they are deployed as a standalone event without a champion among the organisation’s leadership. The audience must be able to perceive the CPD activity (and the overall improvement process) as a priority for the organisation and directed towards improving patient care.

Have the right people involved: Leaders must ensure that CPD sessions are seen as an important investment. Plan that the right staff are sent to the CPD. Where only a headcount is expected, often the most junior staff are sent to the training when they alone cannot influence the improvement process.

Training alone cannot solve everything: Sometimes, the best planned CPD cannot bring out the desired improvement. It is important to determine if training can create the solution or if policies, procedures, and other systems-related factors require changing.

Addressing barriers to learning

Select appropriate teaching methods: Often, small changes to the training design can help improve learning. If you are teaching a practical skill or process, it helps to keep the session practical: give a demonstration, create an