

Continuing Medical Professional Development, a look beyond the individual

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ABSTRACT

In a context where the medical community envisions the importance of maintaining the necessary skills for professional performance, I consider it truly valuable for the Interamerican Journal of Health Sciences to be part of this debate, broadening the possible perspectives on this problem.

In a changing world, where knowledge is permanently challenged, where we constantly interact with technology and where the needs of the community require an increasingly complex approach, it is worth questioning whether what we have learned in our undergraduate and postgraduate instances is enough in order to continue performing our tasks in an ideal manner.

The capabilities defined in training programs seem not to be sufficient indefinitely as to guarantee an adequate and responsible response to the population.

For this reason, the concepts of education, training and more recently Continuing Medical Professional Development (CPPD), seek to evoke a debate around this issue, understanding that this new paradigm must be worked on and included.

Historically, we associate staying competent with the access to formal academic spaces and specific training, as a way of maintaining and updating knowledge of care practice. This may be necessary, but it is not sufficient in all areas. Most educational offers emphasize technical content and individual work, despite the fact that nowadays everything suggests that the context of care must be collaborative, social and temporary.

When thinking about the development of professionals, the tendency is to focus almost exclusively on the individual, on their self-development, on the process they have gone through to learn and maintain skills, on the identification of their educational needs and the prioritization according to their personal interests.

Although this focus on the individual is pertinent and accepted, there are other dimensions with relevance in professional development that must be considered, where variables linked to grouping and interpersonal relationships have a significant weight.

The concept of DPMC proposes to include, in addition to the individual, peers, institutions and the community in the definition of training needs.

Self-assessment is an important basis for professional development, helping to define “where I am” and “where I want to be”, yet it is not enough because it is biased by our preferences rather than our areas for improvement.

Peer feedback is another excellent opportunity to detect areas where we need to improve, but in our work culture it is not installed as a useful tool to guide our development.

The exchange of opinions among peers is not a sufficiently valued activity in daily practice; however, it is associated with greater changes in care behavior than formal educational processes, so its regular use is recommended. This is how, traditionally, learning is seen merely as an individual process, yet it influences

and is influenced by the network of relationships and social connections where the person acts. We must ask ourselves about the importance of health institutions in controlling, collaborating and evaluating whether professionals have the situational and contextual skills to carry out their tasks. What is the role of the community in these definitions? Do we understand the professional profile it expects? We are not only talking about knowledge, skills and techniques, but also about everything that surrounds the expectations that the community has regarding what it means to be a professional. Finally, we must consider the factors that intervene in the CPPD in professionals who live in remote areas. Are they contradictory concepts? How can we address this when there are tensions between the interests of professionals and the needs of the community? The enormous importance of this problem limits the retention of professionals in places where they are greatly needed, affecting the quality of life of the communities. I emphasize that there is no definition that can fully represent the complexity of Continuing Medical Professional Development, nor that can be universally valid, but rather that it must be analyzed according to the meanings that people themselves assign to it in their context of performance. Precisely, that is its strength, its dependence on the perceptions, experiences and interpretations that individuals give to it and that is strongly linked to the meanings that people build about what it means to be a professional.

CONFLICTS OF INTEREST

None.

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