Original Article

Continuing Medical Education. The point of view of asthmatic patients at the beginning of a mandatory CME system

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Summary. *Background.* CME is well established in the USA and many European countries, but in Italy it became mandatory by law starting from 2002. The patient's opinion is a critical feedback signal for the outcomes of CME. We attempted, through a structured questionnaire, to evaluate the patient's opinion on CME a few months after its introduction. *Methods*. A structured questionnaire involving 8 items concerning several aspects of CME was administered to asthmatic outpatients all over Italy. The questionnaire was anonymous and collected only demographic data.
Results. 298 questionnaires were eligible for analysis. One third of the patients were informed about the Health Ministery Law. 42% of patients indicated the update knowledge as the priority in CME, followed by communication with patients (14.09%) and attention to Quality of Life (13.09%).
Discussion. Independently of the Health Ministery Law knowledge, patients consider that the updating of knowledge has the priority in the professional development plan; the improvement of skills as communication with the patient and his family and the attention for Quality of Life, are recognized as more important than economical aspects of disease management.

Key words: CME, patients, asthma, quality of life, medical knowledge.

Introduction

The role of physicians, as underlined by Blumenthal, has profoundly changed and evolved [1]. One century ago, everything a doctor needed to heal their patients could be found between their ears or in their small bag. In the following one hundred years, doctors began to organize every aspect of patients' assistance through several systems, also involving different professional figures, from home care givers to genetic engineers. Thus, we moved from a "paternalistic" assistance model (with a limited participation of the patient in the care process) to a modern "contractualistic" model (where there is a decisional involvement of the patient), and somewhere until the "utilitaristic" model, where the patient is seen as a client to whom we shall offer a service [2-4].

Within such a complex professional scenery, the main aim of Continuing Medical Education (CME) is giving doctors, following a systematic plan, instruments that allow them to improve the quality of their practice and to answer requirements and pressure of health system, institutions, society and patients [5,6].

A recent commentary [7] underlined that no building company would assign the construction of a bridge to an engineer who cannot prove his knowledge of the most recent technological innovations. In the same way it is difficult to imagine that a patient can trust a doctor who is not careful to his own professional upgrading. What a doctor learns during University is not enough per se to guarantee a constant professional quality. This is due to two main reasons: first, the continuous and fast progress of research requires a constant updating of knowledge, and second, the capability to handle the patient-physician relationship slowly grows with day by day practice.

Scientific Societies and institutional bodies have promoted the foundation of CME programs, as required by the European Union of Medical Specialists and, since the year 2002, also Italian physicians shall certify their own professional upgrading through the participation in accredited educational events. The improvement of the quality of medical assistance is now a priority, not only for institutions, for those who are involved in health policy, for physicians themselves but above all, for the patients. Based on these premises, the patient's point of view assumes a central and active role in the educational process and patient's opinion provides a useful feed-back to evaluate the adequacy of educational programs [8,9]. Since in Italy the CME programs are just at their beginning, we attempted to evaluate the patient's viewpoint on the argument, by means of a structured questionnaire.

Material and methods

Patients

In collaboration with the federation of asthmatic patients association (FEDERASMA) the questionnaires were distributed all over Italy to asthmatic patients. Patients had to be adult and to suffer from ascertained asthma. The survey lasted from April 1, 2002 to July 31, 2002.

Questionnaire

The questionnaire is self-administered, short and simple.

The patient is asked if he is aware of the fact that CME is mandatory by law for physicians. The subsequent questions identified, in order of importance, eight teaching areas which should be part of an hypothetical CME program. The topics that we identified were the following:

- Updated medical knowledge
- Attention to Quality of Life
- Listening capability
- Attention to psychological aspects
- Communication with patients
- Health resource organisation
- Team working capabilities
- Pharmacoeconomics

The choice of these topics was based on the educational aims defined by the Italian National Commission for Continuing Medical Education, the British Continuing Professional Development programs and the international specialised literature [10-12].

The questionnaire was anonymous and the patients had to indicate only demographic data (sex, age, years of education, occupation etc).

The questionnaire analysis was performed with SPSS 10.

Results

The questionnaires filled by 298 asthmatic outpatients were eligible for analysis. Out of those patients, 127 (43%) were male and 171 (57%) were female, with an age range between 17 and 86 years (mean 44.26 ± 15.04). 21% of the patients were

Table 1. Sample characteristics.

	n = 298	**(%)**
Gender	M	43
	F	57
Age	44 ± 14 (range 17-81)	
Years of education	0-5	4
	6-8	26
	9-13	49
	more than 14	21

Table 2. Percentage of patients choosing each item as of the greatest importance.

Items	**Percentage of patients who put the item first**
Updated medical knowledge	42.28
Attention to Quality of Life	14.09
Listening capability	13.09
Attention to psychological aspects	8.39
Communication with patients	8.05
Health resouce organisation	6.04
Team working capabilities	6.04
Pharmacoeconomical aspects	1.68

Table 3. Percentage of patients allocating each item in the three first positions of importance.

Items	Percentage of patients who put the item in the first three positions
Updated medical knowledge	42.28
Attention to Quality of Life	14.09
Listening capability	13.09
Attention to psychological aspects	8.39
Communication with patients	8.05
Health resouce organisation	6.04
Team working capabilities	6.04
Pharmacoeconomical aspects	1.68

graduated, 49% had a high school diploma, 26% had a junior school diploma, and 4% had stopped after primary school. Patients' characteristics are shown in Table 1. The statistical analysis for age, sex and studies showed that the demographic characteristics did not affect the awareness about the CME regulations and the position of the areas involved in the survey. Only thirty percent of subjects knew the contents of Italian law on CME. We used two methods to analyse the priorities chosen by the patients: the absolute order of priority and how often a topic was chosen as one of the three most important ones. Invariably, the majority of patients indicated the updated knowledge as the first outcome of the CME program, but quality of life and listening ability were also placed within the first three priorities by most patients. The results are shown in detail in Tables 2 and 3.

Discussion

In our survey, health and well-being are obviously of primary interest for all people interviewed, independently of years of education, age and sex. It is noteworthy that, although magazines and TV shows devoted to well-being are mainly addressed to women, men and women equally pay attention and have the same expectations from continuing medical education. Also, the fact that 30% of the patients were aware of the mandatory CME programs, can be judged overall in a positive way despite the little attention paid by the mass media to the introduction of the law. About 43% of the patients reported that the main aim of CME courses should be the updating of medical knowledge; this can be interpreted as the patients' personal experience and, particularly, the information that they receive from the media concerning medical progress induces to consider the improvement of medical competence essential and a priority.

That is why mass media often dedicate so much attention to divulgate scientific information, to emphasise the trade of new drugs and the availability of excellent diagnostic procedures.

The patient knows that medicine can rely on several resources and often thinks that their needs could find the best answer in a high quality and hyper-specialised medical technology. This creates great expectations regarding diagnosis and treatment. For the patients medical innovation should have an immediate influence on daily practice.

The relational aspect of medicine is also very important for the patients. The results of the survey showed that the percentage of patients who considered relational aspects (attention to quality of life, listening capability, psychological aspects of diseases, communication with patients) as priority is as high as 44%. During the University education maybe too little time is dedicated to medical-patient relationship even if this aspect is critical in the care process. Modern medicine, characterised by high technology and organ related specialists, needs a care plane globally focused on patients.

The aspects related to health resources organization and to pharmacoeconomy are considered of primary importance only by a small percentage of the subjects. This could be the result of the Italian health organization, where the public health system virtually covers all medical expenses.

Continuing medical education, a process fully developing in all the European Countries and through which the health care systems are trying to improve patient care and administration of funds, is an important issue also for the patients. This should be considered while programming educational activities. Promoting those human competences (communication, empathy, listening capability), in addition to medical knowledge will be necessary. Finally, the priorities chosen by patients seem to fit the real aim of CME: continuing education means to pursue a new program that is not limited to the updating of knowledge but that also promotes the continuing professional development.

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