

SHEDDING TEARS AND ANGST AT CME

Text by Dr Wong Sin Hee



My cherished memory of CME

Long before the Singapore Medical Council decided to make continuing medical education (CME) compulsory for all practising doctors in Singapore with effect from 1 January 2003, the College of Family Physicians, Singapore, had been conducting courses and updates for its members as well as interested doctors. However, no CME points were awarded. These sessions took place in the evenings after our clinics and sometimes during the precious weekends. They were conducted voluntarily by senior members of the College and doctors were not compelled to attend. It was a genuine continual learning process and we enjoyed the sessions tremendously, simply because the lectures were centred around patients and the medical practice.

What I perceive now

Currently, many CME events are held in the regional hospitals and the lunches are usually very simple but good enough to fill the empty stomach. On the other hand, there are CME events held in posh hotels and restaurants with sinful lunches and grand dinners (much to the delight of some doctors). Additionally, there are generous sponsors who dish out wonderful overseas events (ie, free trips), much to the pleasure of participating doctors. And I dare say – some of these participants do not really need any more CME credits!

My humble views on some CME events

Some CME events can be boring and painful for both young, struggling GPs and pioneer GPs like myself.

Time is precious to all of us and punctuality is essential for a successful CME event. Delayed programme commencements might easily snowball into long

and boring sessions. Often, we can claim CME credits and the complimentary parking coupon only if we complete the whole session. In my opinion, this is rather draconian and unnecessary. When sessions overrun, many GPs leave earlier without the complimentary parking coupon and the parking charges can be quite hefty! Please do not hold us to ransom if we choose to leave early before the session ends for whatever reason, be it work or personal.

I have also frequently heard lecturers say things like: "... you know all these, so there is no need for me to go through them," or rush through their session, taking for granted that we GPs "know better". This is a shortcut to end the lecture early or to make up for lost time, but it does not do justice to the topic. And as a result, GPs remain unenlightened!

There were also times when I was bombarded with abbreviations. Please keep in mind that GPs may not be conversant with the up-to-date terminology and short forms which are commonly used in a specialist department. Medical knowledge and practices evolve rapidly, especially with sub-specialisations. So please be kind to us GPs.

Some lecturers go into the details of controversial studies; some quote research that supports a certain drug regime from one company and downplays another drug from a rival company. I find this confusing for the average GP and I am also concerned about a potential conflict of interest.

In my years of attending CME activities since graduation in 1973, I have attended a few that remained stagnant over the years: the same slides, questions, case studies and even the same monotonous voices. As we age, some of us have failing eyesight. Some slides are so

busy and crowded with words and information that we just cannot read them! *I have also seen slides so old that they are mouldy.*

Some lecturers seem to use the CME events for self-promotion: a lot of time is spent on telling us about personal achievements, their use of the latest technology, and how modern and stylish their facilities are. I find that this is not the appropriate platform; a brief introduction will do. The content of your session speaks volumes of your abilities and talent. It also reveals much of your humility and professionalism.

My wish for a more enlightened CME

CME events are meant to educate, update and refresh languishing GPs like myself (laugh). We have some really good lecturers who gave us the key points, the essence of the topics, the relevance to GP practice, the red flags to look out for, and the grim and clear take-home messages. I thank them for their time and effort.

I believe that both lecturers and attendees must make the effort to be on time. Organisers can help by facilitating registration and seating, as well as issuing parking coupons as doctors sign in. The proposal to issue parking coupons and give CME credits to doctors who sign out only after sitting through the complete CME session has been heavily frowned upon with strong objection from the GPs. It has been tried before and the reception was rather unpleasant. I sincerely hope that it will never happen again.

GPs are there to learn, to refresh and to be reminded of the signs and symptoms. Help us – drum **red flags** into our tired brains; give us clear, concise **take-home messages**; and point out common **pitfalls** and **clinical omissions**.

From my experience, the maximum number of lectures in an afternoon session, especially on a Saturday afternoon, should be restricted to four with maybe 20 minutes per lecture. Packing six to eight lecturers in an afternoon symposium is a recipe for disaster. Keep it easy, light-hearted and convenient, and doctors will benefit with some new knowledge and reminders.

Spend a few minutes to explain the abbreviations you are using, so that we can better follow your lectures. Rather than spending time on the papers and references during the session, provide the links or resources for those who are interested to do their own further reading. Again, a gentle reminder that as a GP, I want your help to solve common clinical problems which I frequently see in my practice – not the latest controversial research which may be confusing to me and my patients.

Finally: help my ailing eyes with **COLOURFUL** slides and **BIG FONTS!** Thank you. ♦

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