







Professional development and challenges in contemporary education of health professionals -Mentors for professional practice

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Contemporary education of health professionals

Based on 4 paradigms:

- integrated interdisciplinary curriculum based on defined competencies,
- (ii) application of active learning methods, including clinical/professional practice and interprofessional activities,
- (iii) commitment to the population health needs,
- (iv) continuous improvement of teacher competence involved in the innovation/development of education

Trilogy of medical/health education

Trilogy covers all three phases of medical education:

- basic medical/health education;
- postgraduate medical/health education;
- and continuing professional development (CPD)

CPD differs in principle from the preceding two formal phases of medical/health education: basic medical education and systematic postgraduate medical training (these two are conducted according to specified rules and regulations)

CPD context

CPD mainly implies self-directed and practice-based learning activities rather than supervised training. As well as promoting personal professional development, CPD aims to maintain and develop competencies (knowledge, skills and attitudes) of the individual doctor, essential for meeting the changing needs of patients and the health care delivery system, responding to the new challenges from the scientific development in medicine, and meeting the evolving requirements of licensing bodies and society

CPD - definition

- CPD includes all activities that doctors undertake, formally and informally, in order to maintain, update, develop and enhance their knowledge, skills, and attitudes in response to the needs of their patients
- Doctors are autonomous and independent, i.e. they act in the best interest of the patient without undue external influence. Engaging in CPD is a professional obligation but also a prerequisite for enhancing the quality of health care
- The strongest motivating factor for continuous professional life-long learning is the will and desire to maintain professional quality

CPD - Evaluation and recognition

A new development in CPD focuses on monitoring individual daily learning activities. By use of personal portfolio or log-book for registration of CPD activities, and by comparison with similar results of colleagues, a tool is provided for planning an individual self-directed learning or for managing individual development. Doctors accountable to society must thus find means – such as realistic monitoring and documentation of CPD activities – to prove that they are capable of effective practice

CPD – QA in new framework of (international) standard

- quality assurance of medical training programmes must give emphasis to improvement, and provide guidance for advancement, instead of advocating 'fulfilment of standards' as the ultimate goal.
- NEW framework of Standards must be clearly defined, and be meaningful, appropriate, relevant, measurable, achievable and accepted by the users. They must have implications for practice, recognise diversity and foster adequate development
- Standards can used as tools for QA and development of CPD in the following:
 - Participants, Providers, Monitors

WFMA recommended 9 AREAS and 36 sub-areas*

AREAS defined as broad components in the structure, process and outcome of CPD

- 1. Mission and Outcomes
- 2. Learning Methods
- 3. Planning and Documentation
- 4. The Individual Doctor
- 5. CPD-Providers
- 6. Educational Context and Resources
- 7. Evaluation of Methods and Competencies
- 8. Organisation
- 9. Continuous Renewal

Basic standard (must) and standard for quality development (should)

^{*}complex interaction and links between the various areas and sub-areas

Challenges in CDP and education of health professionals

- Academia (teachers)
- Students
- Practice/patients

All participants have their own CPD - preferably to be at a similar level of development

Important influences: development of the health system, development of the education system, socio-economic conditions, cultural background and values

obstracles: lack of finansial resources and lack of time Insufficiently explored phenomena (lack of evidence)

Mentoring - modern definition

- a modern definition of the mentoring relationship is "a dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (protégé) aimed at promoting the career development of both"
- mentorship is both a personal and professional interaction based on mutual respect, trust, understanding, and empathy. A rich mentoring relationship benefits both protégés and mentors, and also their departments, institutions, the organization, and the specialty

Mentors – educator (academia) and development in clinical educational career (clinical practice teacher)

Haines

- mentors with a strong desire to participate,
- mentor/mentee pairs that have a common area of interest,
- sufficient time for the pairs to spend together,
- mentors with a sufficient level of mentoring expertise

Wilkerson and Irby define four stages of faculty involvement in educational careers:

- entry level teachers who are refining basic teaching skills and orienting to academic values, responsibilities, and expectations;
- 2) teachers with greater pedagogical skill and content knowledge;
- 3) educational leaders who direct clerkships and programs,
- teacher scholars who approach educational questions of process and outcomes of teaching interventions and curriculum reforms

Mentor - clinical practice

- Mentor faculty advisor, career advisor, skill consultant and role model. Ideally, mentor provide support, guidance and vision for their students/trainees through formal or informal processes
- Mentors are expected to demonstrate ability to apply four clinical teaching roles:
 - instructor,
 - moderator,
 - coach and guidance,
 - assessment of student / trainee

Medical Institut of USA

Mentors experiences

The school determined their preceptors' training needs and desires related to clinical teaching (mentors with and without training)

- The study showed that mentors had less confidence and desired additional training in the following: working effectively with different learning styles, engaging and motivating students, and communicating with and questioning students effectively
- Preceptors who had received previous training were more confident in clarifying expectations, evaluating a student's knowledge base, and fostering skills related to critical thinking and problem solving

Mitra Assemi P. Development Needs of Volunteer Pharmacy Practice Preceptors, American Journal of Pharmaceutical Education 2011; 75 (1) Article 10.

Da li uz posao koji obavljate u toku radnog vremena imate vremena za mentorski rad sa studentima	%
Da, imam puno vremena za studenta	1,4
Da, imam dovoljno vremena za studenta	30,3
Ne, nemam dovoljno vremena za studenta	55,6
Ne, nemam uopšte vremena za studenta	12,7
Da li biste prihvatili da budete mentor studenata u okviru stručne prakse?	%
Da, vrlo rado	41,5

Exept from research of Faculty of Pharmacy -CDPP and Pharmacy Belgrade, 2015

Sampe 143 pharmacist (20%) averege age 45 year (20 year experiences)

Da, ali samo ukoliko poslodavac to zahteva od mene

Ne, nisam zainteresovan/a za takve aktivnosti

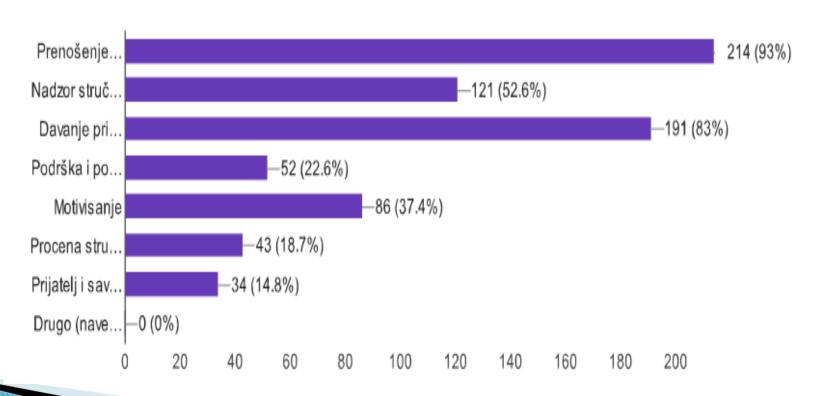
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Da li smatrate da su Vam za mei	ntorski rad sa studentom %	
potrebne dodatne veštine		
Da, definitivno su potrebne brojne do	datne veštine),
Da, pojedine dodatne veštine su potre		-,2/
Ne, dodatne veštine farmaceutu l	koji radi u apoteci nisu 21	1,7
potrebne		

Da li ste zainteresovani da učestvujete u programu obuke za mentore studenata tokom obavljanja stručne prakse?	%
	22 2
Da, vrlo rado	35,5
Da, ali samo ukoliko poslodavac to zahteva od mene	35,5
Ne, nisam zainteresovan/a za takve aktivnosti	31,2

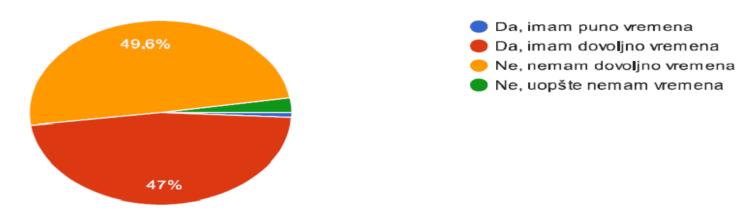


Except from ReFEEHS research - the most important mentors role



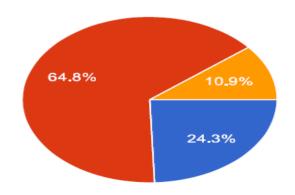
Da li uz posao koji obavljate u toku radnog vremena imate vremena za mentorski rad sa studentima/stažerima:

(230 responses)



10. Da li smatrate da su Vam za mentorski rad sa studentima/stažerima potrebne dodatne veštine (npr. veštine procena njihovih stručnih kompetencija/znanja u toku prakse, veštine potrebne za uspešnu komunikaciju između mentora i studenta i slično)?

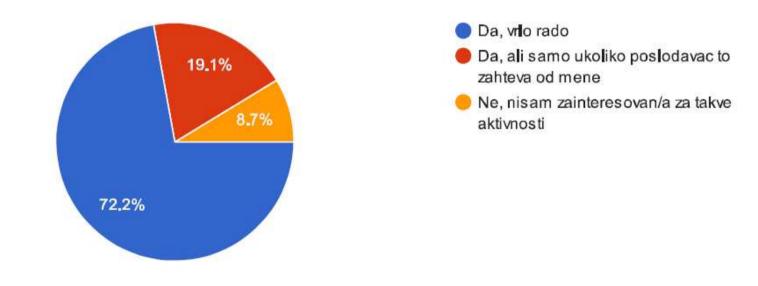
(230 responses)



- Da, definitivno su potrebne brojne dodatne veštine
- Da, pojedine dodatne veštine su potrebne
- Ne, mentoru koji je aktivno radi u praksi dodatne veštine nisu potrebne

11. Da li biste pohađali program edukacije za nastavnike/mentore iz prakse s ciljem razvoja nastavničkih kompetencija?

(230 responses)



Concluding remarks

- Ensuring the quality of teaching within the work setting is based on a complex system involving students, faculty, and mentors from practice and practical placement
- It is necessary to identify the learning outcomes specific to each practical placement, to fulfil appropriate academic, professional and legal requirements and to clearly define duties, responsibilities and expectations of students, mentors and teachers
- Mentors should be prepared for a new role and the challenges that come with it. The responsibility of HE institution is to prepare adequate guidelines, written materials and training of mentors
- Concerning the social accountability a teachers and clinical mentors must improve competence for contemporary education of health professional











Thank you for attention!

Support Marina Odalovic Dragana Lakic Danijele Djukic-Cosic

