

Attitude Of Anaesthetists Towards Conferences, Seminars And Workshops- Are We Wasting Resources And Time In Organizing These?

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Citation

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Abstract

INTRODUCTION Every year, the Nigerian Society of Anaesthetists organises her annual scientific conference in designated places. Scientific papers are presented with questions following thereafter. Companies also present drugs and equipments. These conferences apart from serving as a forum for continuing medical education (CME), also serve as means of interaction and socialization. It would be interesting to discover the attitudes of the participants to these conferences as well as other seminar and workshops. **MATERIALS AND METHODS** A detailed questionnaire was distributed to anaesthetists to assess the attitude of anaesthetists towards conferences, seminar and workshops and to indicate their perception of such. A database was created and analyzed using the SPSS system. **RESULTS** A majority of the respondents (60%) felt that conferences were more beneficial than workshops and seminars. They regarded conferences as more elaborate and all encompassing, providing the forum to exchange ideas with people from other centres, discussion of innovations; but felt that workshop were more practical and best for skill acquisition. The respondents desired to attend conferences to improve clinical skills (75%), make presentations and renew acquaintances (50%). Of the other options, purchase of scientific materials, meet examiners, escape hospital duty were the less favoured options (20%, 20%, 10% respectively). The least favoured option was the joy of travelling. **CONCLUSION** Conferences, seminars and workshops are beneficial to anaesthetists as they serve as an avenue to keep abreast of recent technological developments

INTRODUCTION

Continuing medical education (CME) is a form of continuing education that is aimed at helping doctors in practice maintain competence and be updated about any new and developing advances in various specialties.

CME may take the form of live events such as conferences, seminars, workshop, written publication, online programmes via audio, video or other electronic media.¹ The content of the programme is usually mapped out by the members of the said clinical area.

CME is important in any modern health system as it assists doctors make independent decisions, improve quality of patient care and allows a more efficient use of health care resources.¹

MATERIALS AND METHODS

A detailed questionnaire was distributed to anaesthetists to assess the attitude of anaesthetists towards conferences, seminar and workshops and to indicate their perception of

such. A database was created and analyzed using the SPSS system.

RESULTS

The age and sex distribution of the respondents are shown in the table below. Fifty percent of these were senior registrars while 35% were consultants and 10% registrars. A majority of the respondents (60%) felt that conferences were more beneficial than workshops and seminars. Fifty-five percent also regarded conferences of more importance. They regarded conferences as more elaborate and all encompassing, providing the forum to exchange ideas with people from other centres, discussion of innovations; but felt that workshop were more practical and best for skill acquisition.

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respectively). The least favoured option was the joy of travelling.

Only 45% of the respondents had made some presentation in particular using power point (78%). All the respondents felt they had benefited from attending conferences citing gains such as: gaining confidence as regards making presentation/acquiring knowledge (50%), while none listed a benefit of escaping hospital duty. The lessons/advantages

gained by attending workshop/ conferences provoked a change in clinical practice in 65% of respondents, prompted advice to junior colleagues 40%, provided information for examinations (35%) and a realization that it was easy to make presentation (15%). The maximum factor that hindered respondents from attending conferences was financial constraints, followed by work schedule. While the least mentioned were bad roads, crime rate at centre, family pressure and late information.

Figure 1

Sex		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	13	65.0	68.4	68.4
	female	6	30.0	31.6	100.0
	Total	19	95.0	100.0	
Missing	System	1	5.0		
Total		20	100.0		

Age in Years		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	30-39	11	55.0	55.0	55.0
	40-49	8	40.0	40.0	95.0
	50-59	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Designation		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	consultant	7	35.0	35.0	35.0
	senior registrar	10	50.0	50.0	85.0
	registrar	2	10.0	10.0	95.0
	principal medical officer	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Attendance		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	20	100.0	100.0	100.0

Presentations made		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	9	45.0	45.0	45.0
	no	11	55.0	55.0	100.0
	Total	20	100.0	100.0	

Type of presentation		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	power point	7	35.0	35.0	35.0
	oral, power point	1	5.0	5.0	40.0
	no presentation	11	55.0	55.0	95.0
	all types	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Conference beneficial		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	20	100.0	100.0	100.0

DISCUSSION

In developed nations such as the USA, doctors must get recertified at set intervals -7-10 years- if they want to retain the status of being board certified.² In Nigeria, recertification is not in practice but various medical specialties, societies organize regular scientific conferences, seminars and workshops as ways of maintaining competence and introducing novel techniques. These assist in keeping doctors abreast with recent development.

During such, scientific papers are discussed and criticized by the attendees. The programme content is developed by the organizing body. Resource persons are chosen to discuss topics relevant to the theme.

Attendance at such conferences, though not mandatory is not cheap. The participants usually foot the bill for transport, feeding, accommodation, conference fees and materials through personal funds except if funded. Dangers abound as one travels. Some would be participants have been involved in road traffic accidents while some have been robbed on the way back home.

CME is important because it assists doctors make independent decisions based on evidence-based practice in order to improve quality of patient care. There is then a promotion of need oriented use of resources instead of the demand oriented use.

Various reasons have been cited for CME attendance. These include learning of recent advances, keeping up to date, staying in touch with other fields of medicine, interaction with colleagues.³ The results of a study done by Chambers et al in the United Kingdom revealed the following reasons: personal enjoyment 75%, keeping up to date with clinical data and teaching 94%, college requirement 58% as well as updating knowledge.⁴

It has been suggested that an effective CME must be practical, efficient, directly related to the clinicians daily practice and use actual cases while demonstrating useful methods for solving problems.¹

Printed educational materials and didactic lectures have been described as having weak effects while well constructed interactive sessions can lead to changes in clinical practice.⁵

Workshops have been found by Nishkarsh Gupta et al to be more beneficial than conferences while Davis D in a study reported that interactive CME sessions that enhance

participant activity and provide an opportunity to practice skills are preferred^{1, 6, 3}

Paper delivery during conferences e.t.c. is usually in the form of oral, poster or power point presentations. In making poster presentations, because of restricted space, text and graphics are combined in order to condense ideas into the little space available. Assessment is thus based on its visual effectiveness, quality of information, relevance, originality as well as balance of text, graphics and illustrations.

Oral presentations on the other hand, provide a good opportunity to practice unaided speaking, improve confidence and groom good listening practice on the part of the audience. The assessment is based on presentation skills and content as well. Oral presentations are easier to prepare, economical, requires limited time for preparation and receive more recognition.¹

Power point presentations require that the presentation be computer literate in order to prepare the paper and also for the actual presentation. The costs may thus be higher as a projector and power source are required.

Regular scientific conferences, workshops must continue to form a visible, integrated and well planned activity with adequate funding. They should last about 2-3 days for maximum attendance.¹ Hospitals need to make out time for its doctors attend such. Hindrances cited which limit attendance include lack of funding, distance to meetings, and difficulty in getting time off.¹

Doctors should be encouraged to attend by adequate funding, prizes for the most number of presentations. It has been suggested that seminars and workshops should have their duration limited to three days to improve participation.

Doctors in developing nations must strive to maintain professional competence because the world is fast becoming a global village. We must keep abreast of recent developments; continue to access information through internet in order to meet public, employers and self expectations. Academic institutions and hospitals should continue to improve their educational competence and find funding for research. Each doctor must strive to improve his or her capabilities by discovering areas of deficiency and dealing with such appropriately.

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