

Executive Summary

Introduction

The 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment, undertaken in the summer and fall of 2008, was designed to determine the educational needs of rural and regional physicians and to identify the barriers that prevent them from taking part in the programs that already exist. Findings presented in this report will inform the development of future rural and regional CPL programs.

Methods

Although the original design of the needs assessment was a multi-modal approach consisting of both a written needs assessment and NGTs, the final process consisted only of the written needs assessment.

Four hundred and three needs assessments were mailed to rural and regional generalists in the summer of 2008 with a second mailing occurring in the fall. Ten of the potential participants were eliminated, leaving a study population of 393. Eighty-three completed surveys were returned for a 21% response rate.

Findings

Study Population Description

The rural and regional generalists in Saskatchewan are predominantly male (69%) physicians who received their training outside of Canada (64%) and have an average of 21 years of service. Forty-four percent of them are working in communities of less than 5,000 people. Caring for geriatric patients and those with chronic disease makes up the bulk of their caseload.

Barriers to Participation in CME

The respondents indicated that the lack of local CME programs and the lack of locum coverage are the two greatest barriers to their participation in CME. Related barriers

include the travel time required to access programs, busy practices and the lack of relevant rural content.

Learning Preferences

Revalidation appears to be impacting the planned participation in CME with 39% of the respondents anticipating that they will take part in more than 50 hours of accredited CME in the future. They would prefer that this education be delivered via self-directed modalities and/or structured education close to their practices and families. Despite the stated desire to increase their participation in self-directed education, the face-to-face learning opportunities (i.e. conferences) remain the most preferred educational format.

Logistics

The respondents indicated that, in keeping with the barriers they identified, they have a preference for events that take place in their own communities although this preference is very nearly matched by events taking place in Saskatoon. Regional locations are also somewhat preferred. Evening events and/or those that take place on weekends other than holiday ones are preferred.

Learning Needs

Emergency medicine was the most frequently written in learn need followed by psychiatry and dermatology. Unfortunately, the respondents did not provide further details about specific topics within these broad areas so further targeted needs assessments will be required.

Discussion

Based on the findings arising from the 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment, the following recommendations have been developed:

1. CPL should develop topic specific needs assessments in the areas of chronic disease management and geriatrics which could then inform the development of educational interventions in these areas.

2. CPL should adjust the program content of the educational programs developed by the Division to better represent the patient profile of rural physicians.
3. Programs in the three high priority learning needs – emergency medicine, psychiatry, and dermatology – should be developed and implemented using one or more of the preferred educational formats.
4. The strong preference for face-to-face education combined with the preference for local continuing education programs suggests that CPL should develop “regional” education opportunities. These opportunities will, however, still have challenges related to travel and time away from practices and families if they only take place in regional centres.
5. CPL should work with Telehealth Saskatchewan, the regional health authorities and the Saskatchewan Ministry of Health to explore ways in which videoconferencing can be made available in more communities. If the expansion of videoconferencing is not possible, then Webex and/or Webinar technologies need to be further investigated.
6. CPL should engage in the development and/or support of online CME, problem based small group learning, PEARLS and self-assessment activities as these are the more highly preferred educational formats.

The 2008 Rural Saskatchewan Family Physician Continuing Professional Learning Needs Assessment has also provided direction for the Saskatchewan Medical Association, who funded the study. The SMA should:

1. Increase their support of distance education initiatives delivered by CPL so as to meet the educational needs of rural physicians. This could include supporting the expansion of videoconferencing, assisting in the development and deployment of regional education, and/or assisting in the development of self-directed education formats.
2. Explore ways in which they can increase the availability of locum coverage for those times when rural physicians want and/or need to attend conferences at a distance.

Conclusions

The 2008 Rural Saskatchewan Family Physician Needs Assessment has provided CPL with direction about the need for relevant and accessible continuing education in rural and regional communities throughout the province. However, to accomplish all that this needs assessment asks for, CPL will need short term financial support so they can research, develop, implement and evaluate the required innovations. It is anticipated that this need will diminish as the new programming becomes self-sustaining.