

### **Continuation of Professional Education via self-made Academic Portfolio - A proposed plan for the conversion of a clinician into a life long learner**

A robust and practically do-able professional development plan would be the best way to ensure progression and growth of each and every specialist consultant. Specialist tries his or her best to provide high quality evidence based modern care to patients in both community and academic settings.

Continuation of professional education is an important requirement which need to be formalized and handled in a structured and well-planned manner. This challenge cannot be addressed without a plan. The author would highly recommend a self plan as in the absence of an initiative from the concerned consultant colleague, one cannot expect any major change in patient care. Plunking the life long learner in the driving seat is the key to this proposed self education plan. Changing the attitudes and thought processes of individual consultant is not an easy task. Annual appraisal systems have their own pros and cons and we know that no single best fit solution is perfect. This can only be achieved via a robust well structured and well briefed plan.<sup>1</sup>

Any specialist who is working in the capacity of an educational institute faculty needs to maintain an academic portfolio which can be stratified with broad sections. In an editorial published in the Journal of College of Physicians and Surgeons, Pakistan ( JCPSP ) a suggested plan was proposed for the consideration of our specialist colleagues.<sup>2</sup> The proposed professional development plan was broadly divided into Clinical, Administrative, Research and Teaching sub-sections of the academic portfolios. Every faculty colleague's clinical service has academic aspects as well. Identification of tasks which are relevant to a specialists potential professional growth and development is imperative and it will form the basis of further enhancement of educational activities of consultants, who, as stated earlier can be broadly categorized into academic and community specialists. Every individual is unique and he or she bears a unique thought process by which he or she faces a given challenge. In my view, in this day and age it is a great challenge for a practicing clinician to maintain a vibrant and active academic portfolio which is constructed on a patient centered foundation.

A professional development plan made on the basis of a patient centered approach is the real solution which can lead to positive and meaningful changes in our healthcare system. In the subsequent lines I would try my best to elaborate on this point.

As far as the day-to-day routine clinical practice is concerned we can easily make a task list of services and we can document these tasks in a consultants job description. The story does not end here , as there are three more entries which need to be addressed, viz , administrative, research and educational. The commitments of a specialist directly reflect his or her job role and is linked with some social accountability. Measurement of all goals and objectives defined in our job description does show a desired outcome as well. If the desired outcome is well defined and is not lying in any grey area then we can very easily ascertain our subsequent progression needs. This need assessment will become the basis of further enhancement of patient care and management services.

Administrative tasks can range from simple decision making in a committee meeting to chairing a steering committee for the selection of expensive modern equipment, like the linear accelerator or simulator in the discipline of radiation oncology. A thorough training under a well-structured plan will help a clinician to excel his or his leadership skills.

Research question development also requires a focused practical patient centered approach. We need to get answers for a number of our clinical issues via conducting clinical trials. Critical appraisal of contemporary published material needs to be learnt via specially designed workshops.

Last but not the least is the area of teaching, which in my opinion, is a sacrifice of teachers today's time for next generations tomorrow. The journey of a life long learner does not stop at the result

day of his or her exit examination. Continuation of further skill development and enhancement of existing subject knowledge is a mandatory requirement. Teaching covers all aspects of education which enables a practicing clinician to provide up to date modern evidence-based treatment to patients. A best teacher always looks after the professional development needs of his or her pupil, who is a future teacher of future carers of patients. Educational needs assessment forms the basis of allocation of designated time for each consultant's learning plan. All the above mentioned four broad categories made up a wholesome academic portfolio which can be reviewed and discussed for positive reflections on a regular basis. In our department we start this construction of portfolio from the first year of residency training as we consider our post graduate trainee residents as future consultants who have to look after their professional growth needs via acting at first as mentees but later on as mentors of their junior colleagues.

This endeavor is an ongoing process which can easily be explained when it comes to post graduate training of residents under a structured residency programme, but extending this study planning after exiting the residency is not that easy. After slipping through the net and passing through the exit qualifications, the real responsibility of maintenance and continuation of learning process lies on the own shoulders of consultant specialists. I postulated and presented my suggested proposal of, so called, CART ( Clinical, Administrative, Research & Teaching ) Plan with 25% contribution towards each component. This proposal is mainly directed towards those professionals, who are serving in developing countries and they are working towards large scale changes in their specialties. More detailed account of this proposed CART Plan can be reviewed in my editorial published in 2017.<sup>2</sup> Inter professional learning is supplemented in a virtual, longitudinal manner, and learners are allowed the opportunity to put skills into action for real-world problems in Inter disciplinary clinical teams perform inter professional skill development in various settings. According to Kusters et al , these teams function in the most cost efficient manner and they exhibit best time management for all team members.<sup>3</sup>

It is being observed that structured multi-disciplinary activities lead to mutual academic collaborations which were reflected in publication of manuscripts with joint authorships of different disciplines.<sup>4</sup> Belgian interdisciplinary integrated care model experience is being shared in a manuscript which endorses the requirement of development of structured protocols.<sup>5</sup>

Likewise, Deanne Gee and co-authors narrated that individualized professional development plans can be implemented in pharmacy education, which according to the authors, provide a foundation of both personal and professional development planning. According to authors of this manuscript this postulated individualized plan can also become the basis of forming the monitoring and standardization of any institute's accreditation quality.<sup>6</sup>

The establishment of site specific multi-disciplinary tumor boards in comprehensive cancer care models is also a living example of patient centered inter professional activity which is being developed over the past decade. Individual professional growth and development of specialists from various specialties involved in these tumor boards were found to have more enhanced. Improvement in patients care and management is being observed after the advent of multi-disciplinary culture in our clinical practice.<sup>7</sup> Tumor Board is only an example. The system of accredited continuing medical education (CME) activities is in place and if we devise our own self professional development plan with a self-structured academic portfolio, we can expect a positive change in our progression towards achieving better high quality health care for our patients.

#### **REFERENCES :**

1. Childs CB, Greysen SR. Leadership & Professional Development: Having a Backup Plan. J Hosp Med. Sep 2020; **15(9)**: 548.

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2. Abbasi AN, Qureshi BM. A Suggested Plan for Specialist Doctor's Professional Growth and Development. *J Coll Physicians Surg Pak*. Dec 2017; **27(12)**: 741-2.
  3. Kusters IS, Gregory ME, Bryan JL, Hysong SJ, Woodard LD, Naik AD, et al. Development of a Hybrid, Interprofessional, Interactive Quality Improvement Curriculum as a Model for Continuing Professional Development. *J Med Educ Curric Dev*. Jun 2020; 1-7
  4. SM Lateef N, Abdul Basit K, Abbasi N, Kazmi SM, Ansari AB. Malignancies after heart transplant. *Exp Clin Transplant*. Feb 2016; **14(1)**: 12-9.
  5. Goderis G, Colman E, Irusta LA, Van Hecke A, Pétré B, Devroey D, et al. Evaluating Large-Scale Integrated Care Projects: The Development of a Protocol for a Mixed Methods Realist Evaluation Study in Belgium. *Int J Integr Care*. Sep 2020; **20(3)**: 12 (1-15)
  6. Gee D, Schulte M, Matsumoto RR. An Individual Development Plan for Pharmacy Students for Career Planning and Tracking Accreditation Standards. *Am J Pharm Educ*. Aug 2019; **83(6)**: 1282-9.
  7. Abbasi AN, Establishment & Maintenance of Quality of Site Specific Multi disciplinary Tumor Boards in Pakistan; *J Coll Physicians Surg Pak*. Oct 2016; **26(10)**: 805-7.

**Ahmed Nadeem Abbasi**

*Department of Oncology, Aga Khan University, Karachi, Pakistan*