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Continuing Professional Development: A Web Based Survey among Dentists of Latur

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ABSTRACT

Aim: To assess the preferences of professionals regarding subject, time, cost, etc. as well to assess the awareness and encouragement to attend CPD among dentists of Latur city.

Materials and Methods: A Google form of self-administered questions were inquired regarding awareness, 5 questions on personal interests, 2 questions on personal preferences and on speakers reputation as well.

Results: 63% females and 37% males constituted the study. Only 87% participants were aware of CPD activities. Most preferred CPD activity was hands on and courses with 53 and 52% respectively. Endodontic was preferred at 66%. Time preferences were studied with 66% participants wanting to attend at weekends with 49% preferring morning sessions. 51.1% attended CPD irrespective for wanting of CDE points. For 95.7% participants speakers reputation mattered to attend CPD

Conclusion: Most of the participants are aware of CPD courses. Endodontic was most preferred. More than half of participants preferred to attend CPD courses at weekends and in morning.

Key words: CPD, Endodontic, Dental practitioners, Google forms, Implantology

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INTRODUCTION

Continuing Professional Development is autodriven with the thirst to upgrade ones profession to emerging trends. It is an ongoing process in one's life, adding accrediation to an individual. This knowledge helps build academic and community sectors. The institute is directly benefitted by professional development of its teachers. CPD helps build ones confidence and personality. CPD ranges from Postgraduation to conferences to webinars. It encompasses a wide range of knowlegde through various platforms.

Professionals benefit from Continuing Professional Development:

- It helps broaden professional knowledge.
- It encompasses academic and professional activities.
- It helps to understand new emerging technologies.
- It helps build and maintain professional relationships.
- It boosts with advanced clinical skills and improve treatment aspects.
- It helps build confidence in clinical skills.

- Helps in professional accrediation.
- Professional knowledge, clinical skills and treatment splan are more competent and ethical based.

An effective CPD scheme should have three quality components1:

- Professional improvement that ensures personal learning related to the populations' changing needs and developing healthcare service.
- Effective learning interventions should be designed upon clear, attainable, and measurable learning outcomes and offer relevant and evidence-based content to the physician's clinical practice
- It must be accountable, transparent, amenable to regulation, and useful for assuring quality in the process of relicensure.

MATERIAL AND METHOD

A survey of dental practitioners was conducted in Latur city of Maharashtra. A total of 90 dentists participated in this survey conducted online through Google forms. Ethical clearance was obtained from the Institutional Review Board. Self-administered questionnaire were prepared after going through review of literature. Personal and Professional data were obtained from individuals who

participated in this survey. Personal data included name, age, gender, qualification and professional data included awareness of CPD activity, 5 questions on personal interests, 2 questions on personal preferences and on speakers reputation as well. First question was the preferred mode of learning, second question was the topic of interest for learning. The additional questions were regarding time to attend CPD activities like weekdays or weekends and morning/afternoon/evening. Did the cost factor or topic affected their attendance was studied. Questions about what encouraged to attend CPD like speakers reputation, topic were a few addition.

Statistical analysis

Percentage contribution of each of the variable was obtained. Association between frequencies of information obtained was assessed with Pearson's Chi square test.

RESULTS

A total of 90 Dentists participated in this study. The mean age group for the whole study population was 33.88. Majority of the participants (58.89%) were in the age group of 31-40 years, followed by 22-30 yrs. (26.67%) and 41-45 yrs. (14.44%). The study comprised 56 females (62.22%) and 34 males (37.78%). As per the qualifications, 47 MDS (52.22%) and 43 BDS (47.78%) comprised the study group.

The awareness of Professional Development was seen among 86.67% (91.49% MDS and 81.40% BDS) with majority (52.22%) preferring Conferences, followed by Hands on live patients (48.89%) and simulated clinical situation (47.78%), least being On- Demand-Webinars (8.89%).

Majority (71.11%) of participants preferred Endodontics, 88.37% BDS qualified participants and 55.32% MDS. The order of preference of topics later was Surgical (38.89%), Crown and Bridge (34.44%), Implants (30%), Periodontics and Radiology (21.11%), Preventive Dentistry (16.67%) and Orthodontics (15.56%).

Factors which encouraged Dentists to attend CPD were studied, 89 (98.89%) participants out of 90 and 86 (95.56%) were encouraged by the topic and speakers reputation respectively to attend CPD.

46 (51.11%) participants attendance was independent of CDE points. On the contrary, 49 (54.44%) attended for Certificate or Degree provided.

The participants preferences in relation to time to conduct CPD'S were studied, 67.78% preferred weekends as compared to 32.22% preferred weekdays and 47.78% preferred morning sessions with least (24.44%) preferring evenings. The cost of CPD activity bothered 61.11% participants.

It was found that, there was significant correlation between academic degree and preferences of CPD activity with E-learning, on demand webinars and symposiums (0.0280, 0.0001 and 0.0001 respectively). Significant correlation was also found between topic of interest and academic degree with Endodontics and Surgical activities (0.001 and 0.009) and topic of interest and gender with Implants, 0.0230 respectively (Figures 1 and 2).

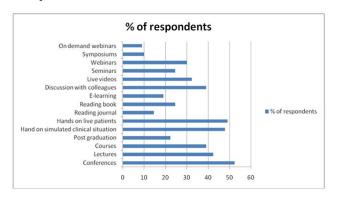


Figure 1: % of respondents.

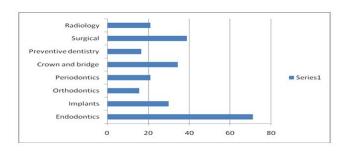


Figure 2: Preferred CPD activity.

DISCUSSION

Continuing Professional Development is self-driven with a sense of fulfilment and a desire to prosper one self. CPD reflects adult learning principles of autonomy, self-direction, goal orientation, and practice-based learning [1]. Discussion with colleagues was a form to gain knowledge in 38.89%. Lectures and Hands-on were preferred choice after conferences showing lectures being effective and cost efficient.

Lectures were acknowledged as a useful method and also an opportunity with meet up with colleagues in a study done by Barnes t al [2]. Hands-on helps to deliver hand skills along with knowledge.

Study conducted by Chan et al [3] found participants requested for CPD in Oral Implantology, Cosmetic Dentistry and root canal therapy in contrast to our study where Endodontics (88.37% BDS & 71.11% MDS) followed by Surgical (53.49% BDS and 38.89% MDS) were preferred by participants holding undergraduate and postgraduate degree. Study conducted by Hopcraft et al. [4] had implantology (39%), endodontics (39%) and esthetic/cosmetic dentistry (37%) as preferred choice.

Table 1. Topics which interests the most.

Which CPD activity preference	BDS	MDS	p-value
Conferences	22	24	0.524
Lectures	19	18	0.97
Courses	27	24	0.691
PG	10	19	0.0300*
Hand on simulated	20	21	0.686
Hands on live	24	28	0.271
Reading journal	9	13	0.271
Reading book	13	14	0.713
E learning	9	18	0.0220*
Discussion with colleagues	17	21	0.301
Live videos	20	14	0.254
Seminars	10	14	0.308
Webinars	14	21	0.093
On demand webinar	0	10	0.0010*
Symposiums	0	11	0.0001*

Table 2: Topic interests.

Topic interests the most	BDS	MDS	p-value
Endo	40	24	0.0010*
Implants	18	21	0.411
Ortho	8	10	0.527
Perio	11	8	0.505
Crown and bridge	24	14	0.051
Preventive dentistry	12	10	0.711
Surgical	23	11	0.0140*
Radiology	13	8	0.258

Our study showed endodontics as the first preferred topic as per academic degree and gender wise. Academic degree wise, the second preferred topic is crown and bridge for BDS graduates and implants for MDS participants. According to gender wise, females preferred surgical and male participants preferred implants as

second choice. This showcases that CPD activities are preferred as per practical aspects to improve hand skills and knowledge. Study done by Nayak et al. [5] concluded that the preferred topics were aesthetic dentistry followed by endodontics and implantology.

Table 3. According to gender wise.

Topic interests the most	BDS	MDS	p-value	
Endo	40	24	0.0010*	
Implants	18	21	0.411	
Ortho	8	10	0.527	
Perio	11	8	0.505	
Crown and bridge	24	14	0.051	
Preventive dentistry	12	10	0.711	
Surgical	23	11	0.0140*	
Radiology	13	8	0.258	

Nayak et al. [5] also concluded that the preferred method of CPD were hands-on treatment on live patients and hands-on in the clinically simulated situation and our study saw hands-on live patients and hands-on clinical simulation as second preferred choice to conference.

Lack of time is well known barrier and thus in our study, the participants preferences to attend CPD were considered in our study. 67.78% preferred weekends and 47.78% preferred mornings to attend CPD.

The topic played a key role to attend CPD in 98.89% with 95.56%encouraged by speaker's reputation. On the contrary, 48.89% attendance was based on CDE points granted and 54.44% attended for certificate or degree provided.

The cost was definitely a barrier for 61.11% participants to attend CPD in our study.

Majority of practitioners were neutral on the cost of CDE courses, whereas study conducted by Gabani et al. [6-8] the most common barrier was cost (82.1%) and time (53.6%).

CONCLUSIONS

CPD assessment should provide information on whether: Target audience needs were addressed, Learning objectives were met, Participants were engaged and Behaviour changes were achieved.

Assessment closes the CPD cycle and involves two components: Reinforcement or finding opportunities in clinical practice to apply new knowledge and skills. Dissemination of new learning to colleagues at practice settings (e.g., rounds, clinical meetings, and unplanned moments during clinical practice)

Accreditation: CPD must be amenable to external evaluation to become transparent, demonstrable, and accountable. If consistently planned, undertaken, and recorded; CPD can be assessed. Ideally always as a self-assessment including regular discussions with peers or a formal examination. More than a process to meet accreditation requirements or to be credit awarded, assessment should be envisioned as a higher value to bring effectiveness to learning.

In the present study, conventional methods such as discussion with colleagues, lectures, courses, hands-on are still given more importance as well as growing interest in modern information technologies with internet usage as a mode of learning. Our study is consistent with the findings from previous studies.

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