

FACTORS INFLUENCING CONTINUING PROFESSIONAL DEVELOPMENT CHOICES IN DENTAL PROFESSIONALS OF PAKISTAN

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ABSTRACT: Aim of this study was to assess the frequency of attending the continuing professional development CPD courses by dental practitioners working in hospitals and private setup of Punjab. A cross-sectional survey of 330 dental practitioners was done using a self-administered questionnaire. The collected data were processed using SPSS 23.0., percentage contribution of each of the significant variable was obtained. practitioners with 3-8 years of years of dental practice experience are keener in attending CDE courses and 31.5% of them are attending the CDE courses at least once in 6 months while the dentist with least clinical experience are 46.5% who are attending the courses rarely. 38.5% of the dentists who are practicing in Private groups are attending CDE courses at least once in 6 months while 60.8% of dental practitioners working in hospital setups are least bothered in attending CDE courses.

Key Word: Dental Education, Continuing Professional Development, Clinical Skills, Dentists

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INTRODUCTION

Being a doctor is noble profession of serving humanity and while performing on live humans, doctors must have to keep their knowledge up to date. Although becoming a dentist is 4 years under grad and 2- 4 years post grad programs, there is no further formal education for the dentists for the rest of their lives. To keep up with the pace and advancements of the modern era it is crucial to reinvigorate the knowledge and skills by continuing professional development even after years of graduation and cannot be ignored (Siddiqui, 2003).

Continuous professional development (CPD) formerly known as continuous medical/ dental education(CME/CDE) is defined as the means by which members of professional associations maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives (Peck, McCall, McLaren, and Rotem, 2000; lecturer, and Weerasinghe, 2008). All kinds of aided learning chances comes under CPD which ranges from degrees of college level to any professional certificate, etc. as well as learning prospects which are informal in nature that could be observed in regular dental practices. As for dental professional, CPD is a self-paced as well as life-long procedure, constant revelation and achievement of an extensive variety of knowledge familiarity, skills learning and experience seeking makes dental professionals successful (Ryan, 2003; Bullock, Belfield, Butterfield, Ribbins, and Frame, 1999). CPD also enhances the

behavioral, managerial and professional skills in addition to clinical skills of the practitioner (Peck, McCall, McLaren, and Rotem, 2000).

Generally CPD programs are those that are approved for credits. Currently many countries worldwide have made compulsory to attend CPD courses for renewal of licenses (Schleyer, Eaton, Mock, and Barac'h, 2002). In Pakistan, studies on dental practitioner's attendance in formal Continuous Professional Development (CPD) courses are very meager and there is a dire need of organized CPD programs in the country (Siddiqui, 2003). Moreover studies on interests and perceived barriers in CPD are minimal.

Therefore, the aim of this study was to assess the frequency of attending the CPD courses by dental practitioners working in hospitals and private setup, preferences of topics with preferred methods and the barriers in CPD programs in Punjab, Pakistan.

METHODOLOGY

Cross-sectional dental survey was conducted among the dentists working in different cities of province of Punjab, Pakistan using self-administered questionnaire. The gathering of dental experts included in this study comprised of those rehearsing in private clinics and hospital setups at multiple cities of Punjab, Pakistan. Ethical clearance was obtained from IRB of University College of Dentistry, The University of Lahore.

A brief outline about the investigation goals and a survey was given, and the individuals who agreed were remembered for the investigation. From a sample of 402 dentists invited to participate, there were 330 total dentist who consented for participating in the study and returned the forms, 15 forms were not duly filled and were not considered the part of study. Responses of 315 dentists were analyzed of which 202 were from Lahore and 113 were from the other cities of the Punjab, Pakistan.

A pilot study was led ahead of time to affirm the arrangements for the review and lucidity of exceptional terms in a questionnaire that could show up hazy to the participants. The concurred importance was disclosed to the interviewees during an interview to avoid misconception.

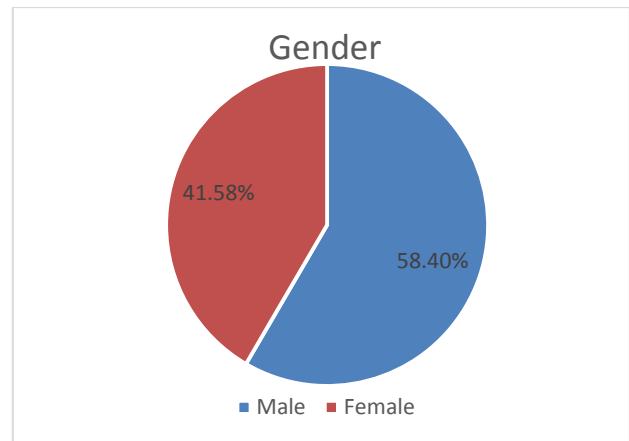
Self-administered questionnaire was designed and altered after the literature review of similar studies (Best, and Messer, 2001; Nayak, Prasad, Jyothi, Roopa, and Sanga, 2015). Questionnaire designed was comprised of three parts; (a) first part consisting of 7 questions requiring the details like gender, age, qualification, practice period, practice type, if employed in any institution and city of dental practice, (b) frequency of attending CDE courses and, (c) consisting of three sections of closed ended questions regarding preferences of the dental course, most preferred method and the barriers in attending CDE courses.

First close ended questions on preferences of CDE courses consists of various subjects of the field i.e. esthetic dentistry, implantology, periodontics, endodontics, orthodontics, oral surgery, paedodontics, crown and bridge, preventive dentistry dental research, practice management and entrepreneurship or career counselling. Second questions were on preferred method i.e. hands-on on live patients, hands-on on simulated clinical situations, live videos, symposiums, seminars/lectures, conference/ workshops. Last questions were inquiring the barriers in not attending the CDE courses i.e. lack of time, cost, loss of income, family commitments, non-relevant CDE courses, travelling, patient acceptance without courses, quality of course and interest of the participants in attending CDE courses. The options for the questions are on 5 point Likert scale (strongly agree, agree, neutral, disagree and strongly disagree) (Barua, 2013).

Questionnaires were distributed among the dentists physically and via google forms to the far residing dentists and the filled responses were ensured by calling the dentists. The collected data was entered and analyzed using SPSS 23.0. Demographic variables were calculated as percentages. Frequencies and percentages were calculated to explore the subject of interest among dental population of Punjab as well as to explore the preferred methods and barriers in continuing dental education.

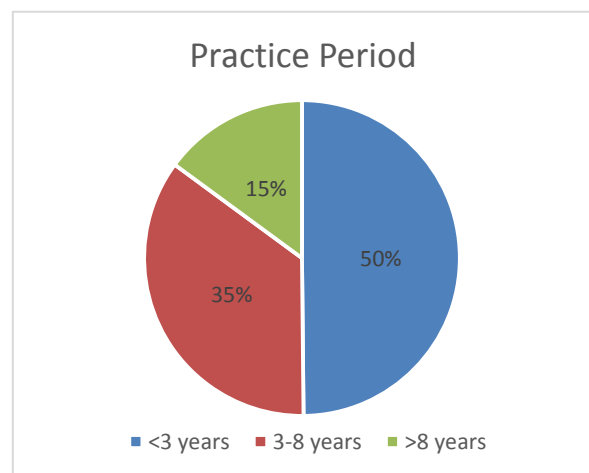
RESULTS

Response rate was 82.08% as 330 dentists responded out of 402 dentists who were asked to fill the questionnaire. 15 forms were unduly filled and hence excluded from the study. The mean age group of the whole study population was 28.89 years. According to gender distribution, 58.4% were male dentists and 41.6% were female dentists.

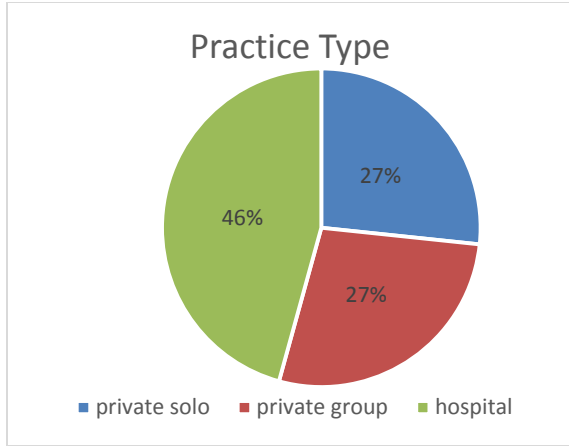


Regarding the qualification of the dentists, 68.89% of the dentists included were simple BDS and 31.11% were specialized.

According to the practice period of the dentist's majority of them 49.8% has experience of less than 3 years of practice, 35.2% has experience between 3 years to 8 years of practice and only 14.9% of them has the experience of more than 8 years.

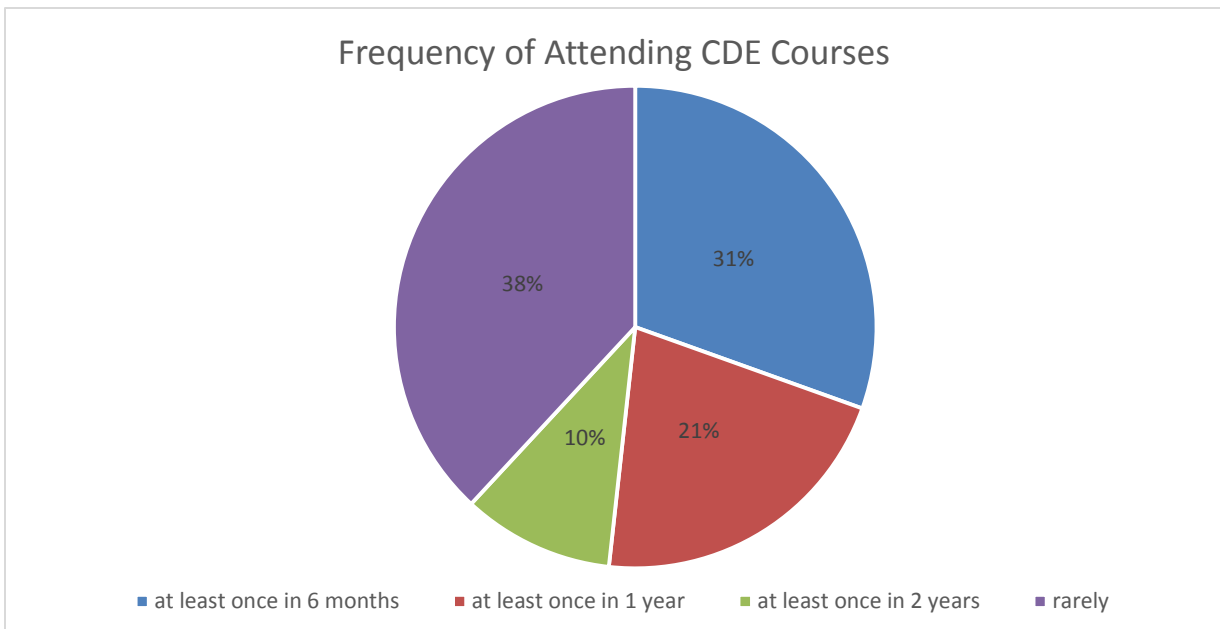


64.1% dentists were practicing in Lahore while 35.9% of the dentists were working at other different cities of Punjab. 46% dentists were working in hospitals.



According to the data received 30.5% of the population said that they attend CDE courses once in half year, 21.3% said that they attend once in one year and somewhat less than half of the population, 48.2% were who attends once in 2 years or rarely attend any CDE course.

When the frequency of attending CDE courses is cross assessed with the practicing period of the dentists, practitioners with 3-8 years of years of dental practice experience are keener in attending CDE courses and 31.5% of them are attending the CDE courses at least once in 6 months while the dentist with least clinical experience are 46.5% who are attending the courses rarely as shown in Table 1.



Frequency of attending CDE courses also varies with the type of dental practice doing by the dental practitioners as shown in Table 2. 38.5% of the dentists who are practicing in Private groups are attending CDE

courses at least once in 6 months while 60.8% of dental practitioners working in hospital setups are least bothered in attending CDE courses.

Table 1

| Practice Period | At least once in 6 months | At least once in 1 year | At least once in 2 years | Rarely |
|-----------------|---------------------------|-------------------------|--------------------------|------------|
| <3 years | 46 (29.3%) | 28 (17.8%) | 10 (6.4%) | 73 (46.5%) |
| 3-8 years | 35 (31.5%) | 26 (23.4) | 14 (12.6%) | 36 (32.4%) |
| >8 years | 15 (31.9%) | 13 (27.7%) | 8 (17.0%) | 11 (23.4%) |

Table 2

| Frequency | Practice Type | | |
|---------------------------|---------------|---------------|------------|
| | Private Solo | Private Group | Hospital |
| At least once in 6 months | 29 (30.2%) | 37 (38.5%) | 30 (31.3%) |
| At least once in 1 year | 21 (31.3%) | 20 (29.9%) | 26 (38.8%) |
| At least once in 2 years | 11 (34.4%) | 6 (18.8%) | 15 (46.9%) |
| Rarely | 23 (19.2%) | 24 (20.0%) | 73 (60.8%) |

DISCUSSION

In the vast majority of the countries, medical services frameworks are confronting significant changes, driven by political and monetary powers and by the general regard for capable and predictable quality care (Abbott, Burgess, Wang, and Kim, 2010). Response to these challenges embody improving the development of doctors over the continuum of clinical and dental training. To accomplish this continuous professional development, there are different Continuing Dental Education courses that have jumped up everywhere on the world. Nonetheless, the participation of experts in these CPD programs is exceptionally low and needs to be revolutionized in Pakistan (Armed, Hafeez, Wahaj, and Zafar, 2015).

Esthetic dentistry followed by implantology are most favorite topics of the dentists to be learned in CDE courses that is similar to the other studies conducted at different parts of the world (Chan, *et al.*, 2006; Nieri, and Mauro, 2008; Barnes, Bullock, Bailey, Cowpe, and Karaharju-Suvanto, 2012). On approaching on what their favored strategies for CPD courses are, the vast majority of them favored hands-on training on live patients, trailed by hands-on on simulated patients in skills labs as was seen in other studies (Nayak, Prasad, Jyothi, Roopa, and Sanga, 2015; Chan, *et al.*, 2006; Giriraju, Yavagal, and Lakshminarayan, 2013). As hands-on courses give a much clearer portrayal of the clinical circumstance, these might have been the most favored of all. Similarly, results of the survey conducted by Giriraju *et al.*, maximum number of dental practitioners selected the topics of clinical application and topics of recent advances (Giriraju, Yavagal, and Lakshminarayan, 2013). Implantology and esthetic dentistry are the two topics, which are gaining importance these days are clinically oriented and very less touched in the undergraduate programs. These are the topics of highest interest and huge amount of research and advances are taking place in these fields as well (Firmstone, Elley, Skrybant, Fry-Smith, Bayliss, and Torgerson, 2013; Chan, *et al.*, 2006).

Conclusion: Somewhat less than half of the dentists attend CPD courses rarely or once in 2 years. Most preferred topics for the dentists were aesthetic dentistry followed by endodontics and crown and bridge. Most of the dentists were keen in learning new skills on hands-on patients followed by hands-on on simulated patients. Dentist's most perceived barrier in attending the course is cost of the course followed by the quality of the CPD courses.

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