

Continuing Education as a Contributor to Mitigating Physician Burnout

Burnout is Pervasive and Systemic

Pressure to deliver better outcomes more efficiently and at lower costs while providing care for an ageing population with high rates of chronic disease and co-morbidities is causing strain on healthcare infrastructures around the world, strains that were especially exaggerated by the COVID-19-pandemic [1]. While healthcare professionals' work is central to these efforts to respond to increasing needs, they are also victims of it. With additional demands, more working hours, and ever more complex responsibilities, doctors and other healthcare professionals are stressed, burned out and emotionally exhausted [2,3].

Burnout is Consequential

The consequences of this burnout are already manifest in poor care quality, industrial action, quiet quitting, early retirement, and physician migration – each of which threatens the integrity of the system and has been documented around the globe [3–9]. Busy, burned out and exhausted physicians have low rates of participation, engagement and learning with continuing education (CE) and become especially cynical when forced to complete activities through mandate. In a recent survey, about 40% of respondents found it difficult under the current working conditions to stay up to date with the latest knowledge in their speciality, with even higher rates in younger age groups [4]. Clinicians who experience burnout cannot reliably participate in learning and demonstrate poorer performance, so finding mechanisms to address burnout are essential [10,11].

Participation in CE Reduces Burnout

CE is an important resource for healthcare professionals and helps combat burnout in a manner that is highly cost-effective [12]. Though concerted professional leadership and political action are undeniably needed to address systemic issues affecting clinicians, learning, skill development, and intellectual growth are satisfying and invigorating for healthcare professionals and represent a meaningful opportunity for health system leaders to make an impact [13]. Greater participation in CE has

been demonstrated to be associated with lower burnout, and vice-versa [14,15].

The strongest predictor of burnout is a toxic workplace [16,17]. Workplace learning of the team has been shown to bring people together towards a common mission and understanding, building satisfaction, trust, relationships and retention [12,18,19]. CE that facilitates reflection on data also allows physicians to see the impact and value of their work. Each of these benefits of a constructive learning experience negates burnout [12,14].

CE Must Evolve to Maximize Its Utility and Help Reduce Burnout

None of these benefits of CE accrue unless continuing education professionals build activities and learning experiences that overcome cynicism and mandates and instead create meaningful engagement and positive experiences [20]. Physicians must be given the time and facility to engage in their own learning.

CE itself must evolve so that continuing education continues to, as the International Academy of CPD Accreditation has coined it, support “the joy of learning in the educational setting”. [21] To achieve this goal, CE must ensure and examine whether it fosters empowerment and improvement or instead augments existing distress and burnout [11]. CE must therefore evolve with learners' preferences and must make the transition to meaningful CE activities that are active, participatory, engaging, relevant and customisable to the learner's needs [22]. Costs must be acceptable and reasonable [23,24]. Educational providers should implement opportunities that leverage the facility afforded by educational technology to augment consolidation with reinforcement and reminders. Physicians should be able to designate working time for professional development, rather than relying on learners to utilise their limited leisure time [12,25,26]. Employers should designate an annual learning budget for individual physicians to augment skills, reduce burnout and enhance retention. Accreditors of continuing education

should ensure that they give flexibility to providers, use “trust and verify” rather than “review and approve” approaches to regulatory oversight and ensure that micro- and e-learning activities can be nimbly deployed by educational providers [23].

The Evolution of Online Learning is Part of That Solution

The longstanding dominance of in-person meetings recently yielded to online learning [27,28]. Online and virtual learning benefits from allowing greater flexibility, learner control, and is especially acceptable to younger colleagues and physicians who are located distant from major urban centres [24]. Online education has been more effective in disseminating knowledge under time-critical conditions, and when geographically distributed target groups had to be addressed [29]. Learners can control the material to focus on the material that is most relevant to them and their learning needs, and allows the material to be revisited repeatedly if necessary [30,31]. This control and flexibility help augment empowerment, alleviate the demand strain, reduce stress and reduce burnout. Online learning allows materials to be more readily reminded, reinforced and consolidated. The integration of technology, artificial intelligence, and machine learning in automating time-intensive tasks represents new opportunities in applying virtual CE for healthcare professionals, and their teams [22]. Learners should become aware that e-learning needs a dedicated and protected space to avoid distraction and reduce abandonment rates [32].

In CE systems that have adapted to the changing system and learner demands, the participation and engagement of large populations of healthcare professionals has increased. In the United States, the ACCME has documented record-setting levels of participation in continuing education by physicians and other healthcare professionals in a system where rapid evolution in learning approaches was quickly facilitated [28].

Despite these advantages, online learning has several disadvantages that must be considered. It is harder to track and manage, can be more expensive to produce and disseminate, participation can be passive, distraction is easy, and abandonment rates can be high. Live learning activities still have their place – their distinct advantages include the opportunity to form and deepen interpersonal relationships, build teams, engage, focus, and collaborate more effectively, get feedback, and practice psychomotor skills.

Conclusion

With increased challenges in the healthcare system, requiring even more expectations of physicians and other healthcare professionals, we need to invest in the professional development of that essential workforce. The CE community must avoid falling into the trap of believing that what worked before will work again, since it is clear that the learning preferences and needs of these professionals have changed and changed permanently [33]. Continuing education professionals have much to contribute, but with the support of accreditors around the globe, they must evolve their delivery of education that matters, attend to engagement, leverage adult learning theory to create engaging, effective, and efficient learning experiences that restore a joy in learning and build professional competence [21]. It is now up to all CPD stakeholders to leverage the full potential of best practices in online and virtual education; doing so is essential to ensure the profession and its professionals can deliver a healthcare ecosystem the public deserves.

Disclosure Statement

Disclosure statements of all authors can be viewed under supplementary material.

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