

Bringing Knowledge Home

L. Lee Dupuis

As I write, I am sitting in a large ballroom in an American city waiting for the speaker of the last session of a large pharmacy conference. This conference has reaffirmed my need to pause and reflect on my practice — to evaluate it in light of current knowledge and to compare it with practices that are considered innovative. The conference has offered me the opportunity to strengthen existing professional relationships with colleagues and to connect with colleagues whom I had not yet met. These associations will no doubt be useful when I encounter difficult clinical problems or seek partners for collaborative research projects.

Yet evidence tells us that the type of presentation that formed the bulk of the conference I have just attended, the traditional didactic lecture by an expert, is the least effective method of ensuring that new information leads to changes in practice. If this is true, why do we continue to attend these conferences and why do associations continue to organize them?

A recent survey¹ of a small number of physician attendees of a medical refresher course offered by the University of Ottawa revealed that these physicians came to the course with specific goals. First, they wished to obtain new information that they could apply to their practice. Most acknowledged that they expected practice changes to be small and incremental, but they wanted to bring home a “pearl”, at least. Most wanted to receive this new information from an expert rather than a peer. Many wanted to receive some reassurance about their own standards of practice, that they were not falling behind. In interpreting their findings, the authors speculated that the actual learning that takes place at a conference or course of this nature may differ from the learning that the conference planners anticipated. Although this coincidental learning may lead to small changes in practice that may

be quite important for individual patients, these changes are difficult to measure. Certainly the physicians surveyed in the study strongly believed that they had implemented changes to the care they provide based on the information gained at traditional conferences.

A key factor to whether the acquisition of new knowledge will lead to changes in practice and improvement in patient care is the environment to which the conference attendee returns. If that work environment is not conducive to making changes in response to new information, the recently acquired information will wither on the vine. As well, practitioners will likely be frustrated because they are not able to provide care that meets the current standard.

Over the past 3 days I have attended presentations that are directly related to my daily work. I know that I will apply this information to the care of my patients, just as surely as I know that I will eat the eggs I bought at the supermarket this week for breakfast. Yet I also enjoyed many fascinating presentations on topics that are only tangentially related to what I do. Knowledge is very easy to carry. I firmly believe that the content of all the presentations I attended may not be as important as having the time and the mental space to acquire new information, to reflect on it, and to make decisions about how to integrate it into the care I provide. But as my practice changes in response to new patient problems, perhaps some of that so-called peripheral information will become critical.

Knowledge is the basis of our profession. Without a personal commitment to incorporate new knowledge into our practice, we can be no better a pharmacist than we were at graduation. Our patients and our colleagues within and outside of pharmacy rely on us to actively participate in the acquisition of new knowledge and in



making decisions about how to use it to our patients' best advantage. Each of us must make a point of ensuring that our attendance at traditional conferences such as the Professional Practice Conference makes a difference to the care we provide.

Reference

1. Harrison C, Hogg W. Why do doctors attend traditional CME events if they don't change what they do in their surgeries? Evaluation of doctors' reasons for attending a traditional CME programme. *Med Educ* 2003;37:884-8.

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