

## On the Upcoming 13th Congress of the Hellenic Society of Obstetrics and Gynecology 2015



## Vrachnis Nikolaos<sup>1</sup> Grimbizis Grigorios<sup>2</sup>, Kassanos Dimitrios<sup>3</sup>

<sup>1</sup> 2nd Department of Obstetrics and Gynecology, Aretaieio hospital, University of Athens Medical School, Athens, Greece

## Correspondence

Vrachnis Nikolaos, 2nd Department of Obstetrics and Gynecology, University of Athens, Medical School, Aretaieio hospital, 76 Vasilissis Sofias Avenue, GR-11528, Athens, Greece.

**E-mail:** nvrachnis@hjog.org

he Hellenic Society of Obstetrics and Gynecology is organizing the 13th Hellenic Congress of Obstetrics and Gynecology in the city of Volos in Greece. On 28 - 31 May 2015 the Congress will offer a rich variety of events such as lectures, hands-on workshops, videos and debate discussions. The Congress, the crowning event of the Society, is organized every three years to bring together the top health professionals of Greece and elsewhere specialized in the domains of Obstetrics and Gynecology to learn about the latest developments in these fields, further examine the knowledge through the presentation of the latest scientific studies as well as exchange views and experience in each one's area of expertise.

Lifelong learning has always been considered among physicians as a fundamental factor in their career. Its purpose is to strengthen the knowledge of both physicians and other healthcare providers in their area of specialization and/or practice. Continuing medical education (CME) greatly facilitates lifelong learning and, through its methods, including lectures, workshops, conferences and simulation training, ensures safe clinical practice together with improved knowledge, competence and performance.

In 1927 in the United States, the clinical week, "the prototype of the modern CME course," began, which evolved into today's popular Clinical Reviews at the Mayo Clinic. Gradually, other medical schools and eventually specialty societies have also passed on the CME torch. The American Urological Association initiated the first mandatory CME program in 1934, and by 1957 the American Medical Association had published the first set of CME guidelines.

During the 1980s, substantial strides were made in boosting the levels of professionalism and quality of CME, making it truly of, by and for the profession of medicine. Special focus was placed on creating that form of CME that would link educational needs with pressing medical demands and the evaluation of the effectiveness of CME activities in meeting these numerous requirements. In the 21st century, new courses of action have been adopted for the attainment of quality improvement and alignment with emerging and continuing professional development systems, and CME has been redesigned to be increasingly relevant, effective and independent. Accredited CME helps health professionals solve real - world problems, advance team - based care and achieve their institutions' goals, covering the full range of topics vital

<sup>&</sup>lt;sup>2</sup> 1st Department of Obstetrics and Gynecology, Papageorgiou hospital, University of Thessaloniki Medical School, Thessaloniki, Greece

<sup>&</sup>lt;sup>3</sup> Hellenic Society of Obstetrics and Gynecology, Athens, Greece



to their professional development, from the latest breakthroughs in medical research to communication skills.

The emphasis laid on medical education is based on promotion of cognitive, psychomotor and affective domains of learning, originally proposed more than 50 years ago. Lecturing, one of the oldest teaching methods, is still frequently used as an efficient means of providing an overview of the topic, delivering the content uniformly to groups of learners, bringing about rapid understanding and inspiring as well as guiding independent learning. Furthermore, interactive lecturing provides excellent methods of encouraging critical and creative thinking among speakers, and in fact all participants. Some of these methods involve setting a question or a problem to be discussed in 'buzz' groups, solving a problem collectively or asking the participants to invent examples and compare them with those of other participants and frame questions in relation to data, or to make estimates, e.g. incidences of various diseases, costs of operations, risks of infection or complication. Today, however, there is a global shift in the method of medical education towards experiential ('hands-on') medical learning, though applying this concept to real patients is less acceptable to society and has aroused legal and ethical issues. This is why medical simulation through the use of mannequins offers a great many potential strategies for comprehensive and practical training leading to far safer patient care. Simulation - based medical education in our workshops aims to provide correct attitude and skills among obstetricians-gynecologists enabling them to cope competently with real - life critical situations in a planned and prescribed manner without compromising the ethical and legal rights of patients. Simulation is beneficial not only to the individual learner but also to the multidisciplinary team and the hospital as a whole.

Particularly in the field of obstetrics and gynecology, a core method included in CME is the institution of conferences whose orientation aims at promoting excellence in the practice of these fields, hence ad-

vancing women's health through physicians' education. Our Congress includes evidence - based, innovative educational programs and front-line learning applications to meet the CME needs and expectations of obstetricians and gynecologists, midwives and other medical staff. It also features special debate sessions on important issues with analysis of pros and cons in order to examine most perspectives of the issues and thus promote fertile dialogue, thereby taking science a step further. Moreover, our conferences comprise other modern presentation techniques, such as videos via which the audience comes into contact with and witnesses contemporary state - of - the - art techniques and operational methods such as laparoscopic surgery. The agenda in our conferences are patient - and public health-oriented as well as evidence - based and comprehensive, targeting certain goals and objectives. Among these are: development of learning materials that result in the application of clinical practice guidelines in daily practice, dissemination of clinical updates in obstetrics and gynecology, assessment and promotion of new techniques, innovation to encourage participation in interactive educational environments, employment of challenging case studies to animate discussions relevant to clinical practice, enhancement of performance measurement, integration of patient safety, research and development of initiatives, alignment and collaboration with stakeholders and, last but not least, focus on interspecialization continuing education as a core element.

CME is an established method in the process of maintaining lifelong knowledge and skills which are essential for clinical practice and ensure competent practice. The goal of the current Hellenic CME system for obstetrics and gynecology specialists is to improve knowledge through formal courses, workshops, round tables and symposiums. CME is considered a core component of continuous professional development which includes education, training, audit, management, team building and communication. An ideal educational activity system must en-





The poster for the 13th Congress of the Hellenic Society of Obstetrics and Gynecology, designed by the artist and graphic designer Dimitrios Tsigkounis. It depicts two women side by side, one of them pregnant, the other of reproductive or menopausal age, thus denoting how tightly intertwined are the two fields of Obstetrics and Gynecology. The Congress will take place in the seaport city of Volos, a beautiful town situated at the midway point of the Greek mainland, overlooking the Pagasetic Gulf and with the stunning backdrop of richly verdant Mount Pelio (the mythical land of the Centaurs)

sure that an obstetrician - gynecologist's knowledge, psychomotor skills, performance and clinical outcomes are up - to - date for safe medical practice. These factors contribute to clinical competence and performance. Successful CME must be truly continuous and not opportunistic, erratic or casual. Obstetricians and gynecologists must identify their educational needs, develop activities to target those needs and as a result set objective criteria of performance to achieve these targets. CME when developed appropriately can offer the opportunity to

fulfill many of the objectives of specialist recertification and revalidation.

We take advantage of this opportunity to invite all readers to participate in the 13th Congress of the Hellenic Society of Obstetrics and Gynecology which will be conducted on 28 - 31 May in the city of Volos, Greece. It is with great pleasure that we call on you to participate actively in the scientific and social events of the Congress so as to contribute to the success of a scientific meeting of great interest and importance.